



EMPLOYEE BENEFITS GUIDE

2013-2014
8/1/2013-7/31/2014

HIGHLIGHTS...

NEW! PTO CASH OUT INCENTIVE POLICY

The first payroll in December of each year, you may opt to have any PTO balance over 60 hours paid to you as a cash bonus at 75% of its value. Maximum PTO cash out is 40 hours.

ENHANCED! NON-TOBACCO USER DISCOUNT

As a reward for staying healthy by being a non-tobacco user, Pediatric Associates is pleased to continue to provide you with a lower premium for your medical insurance. This year, you'll be given **double the discount** for continuing to be tobacco free - saving **\$20 per paycheck/\$480 per year**, regardless of the medical plan you choose! In order to qualify for the non-tobacco user discount, you will need to take a cotinine screening, offered free of charge onsite at all Pediatric Associates locations.

NEW! BIOMETRIC SCREENING PARTICIPATION DISCOUNT!

In addition to earning you access to the Deductible Reimbursement Fund (a value of up to \$6,000 depending on your medical plan and enrollment tier), you will also receive an even deeper discount to your medical premiums for participating in the free, onsite biometric screenings this year - **\$25 per paycheck/\$600 per year!** Screenings are offered free of charge onsite at all Pediatric Associates locations, and you can also opt to request a form from HR in order to see your primary care physician to satisfy the biometric screening if you choose to do so.

EXAMPLE 2013-2014 SAVINGS:

Paycheck Discounts - All Tiers	OAPIN Medical Plan	OAP Medical Plan	Annual Savings
Non-Tobacco User Discount	\$20	\$20	\$480
Biometric Screening Participation Discount	\$25	\$25	\$600
TOTAL 2013-2014 Discounts	\$45	\$45	\$1,080

WELCOME...

BENEFITS FOR YOU AND YOUR FAMILY

Welcome to the Pediatric Associates benefit guide for 2013 - 2014!

We are excited to announce the continuation of our valuable benefits package offering for our employees and their families for the 2013-14 benefit plan year! We hope that you will find the information contained within this guide helpful and refer to it to help you maximize the value of your benefits throughout the entire plan year.

WHO IS ELIGIBLE?

When reading this guide, please be mindful of the following icons, designating which employee group is eligible for that benefit:



All regular full-time employees of Pediatric Associates who are scheduled to work a minimum of 30 hours per week are eligible for benefits, effective the first of the month following 90 days of employment unless stated otherwise. Management with a supervisory role are eligible to participate in the health plan on their date of hire; dental and vision plans the first of the month following date of hire.



If you are a part-time employee working 24-28 hours a week, you are eligible for benefits the first of the month following 90 days of employment, unless stated otherwise.

In conjunction with this benefit handbook you will receive an enrollment application. Please fill out the enrollment application as necessary and provide supporting documentation – if applicable.

Once again, welcome to the Pediatric Associates family and we look forward to your success.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

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REMEMBER: Open Enrollment (or new hire enrollment for those joining our team throughout the year) is the only opportunity to enroll in the benefits program for the 2013 - 2014 plan year. Once enrolled, your elections will apply to the entire plan year, except in the instance of a qualifying event.

Pediatric Associates offers an In-Network Only plan (with lower copays) and an Open Access plan through Cigna to all eligible full-time employees.

MEDICAL INSURANCE PLAN COMPARISON

PLAN DESIGN	IN-NETWORK ONLY (OAPIN) PLAN		OPEN ACCESS (OAP) PLAN	
	In-Network		In-Network	Out-of-Network
Medical				
Deductible- Individual/Family	\$3,500/\$7,000		\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Max- Individual/Family	\$4,500/\$9,000		\$2,250/\$4,500	\$4,250/\$8,500
Deductible Reimbursement Fund- Your Requirement	Individuals are responsible for the first \$500/Families for \$1,000		Individuals are responsible for the first \$500/Families for \$1,000	
Deductible Reimbursement Fund- PA's Commitment	Individuals: up to \$3,000 Families: up to \$6,000		Individuals: up to \$1,750 Families: up to \$3,500	
Coinsurance	70%		80%	60%
PCP Copay	\$15		\$30	60% after deductible
CCN Specialist Copay / Non-CCN Specialist Copay	\$30/\$45		\$60/\$90	60% after deductible
Preventive Care (copays and/or deductibles may apply in some cases)	100%		100%	60%
ER Copay	\$325		\$325	
Urgent Care Copay	\$50		\$50	
Prescription Drug				
Retail				
• Generic	\$10			\$10
• Preferred Brand	\$30			\$50
• Non-Preferred Brand	\$60			\$100
Mail Order				
• Generic	\$20			\$20
• Preferred Brand	\$60			\$100
• Non-Preferred Brand	\$120			\$200

MEDICAL CONTRIBUTIONS - Per Paycheck Costs

Tier	No Discounts	Non-Tobacco User Discount Only	Biometric Participation Discount Only	Non-Tobacco User & Biometric Screening Participation Discount
In-Network Only (OAPIN) Plan				
Employee Only	\$90.30	\$70.30	\$65.30	\$45.30
Employee + Spouse	\$380.35	\$360.35	\$355.35	\$335.35
Employee + Child(ren)	\$168.52	\$148.52	\$143.52	\$123.52
Family	\$519.41	\$499.41	\$494.41	\$474.41
Open Access (OAP) Plan				
Employee Only	\$93.52	\$73.52	\$68.52	\$48.52
Employee + Spouse	\$404.12	\$384.12	\$379.12	\$359.12
Employee + Child(ren)	\$177.28	\$157.28	\$152.28	\$132.28
Family	\$553.04	\$533.04	\$528.04	\$508.04

DEDUCTIBLE CREDIT PROGRAM

- The board has established a fund to reimburse you and your dependents for your out-of-pocket costs for medical care. Each member is eligible for this reimbursement with proof of eligible expenses.
- Pediatric Associates will reimburse in-network deductible expenses over \$500 (or \$1,000 for employees with dependents). The medical deductible is for major services such as admissions to the hospital, MRI's, CT scans, etc.
- The program does not apply to copays or dental or vision expenses.

DRF	Deductible You Must Satisfy	OAPIN Max Reimbursement	OAP Max Reimbursement
Individuals	\$500	\$3,000	\$1,750
Families	\$1,000	\$6,000	\$3,500

DEDUCTIBLE CREDIT PROCESS

- 1.) Fill out the Medical Deductible Credit Form located on the ADP Portal.
- 2.) Attach a deductible credit statement from Cigna.
- 3.) Submit to Benefit Coordinators via email:
125claims@benefitcoordinators.com or fax: 803-772-0140.

You have the option to set up direct deposit for your deductible credit.

DEDUCTIBLE REIMBURSEMENT REQUIREMENTS

In order to receive the deductible reimbursement, you will need to complete a biometric screening and a health assessment.

1.) Biometric Screening

You can take the biometric screening in one of our offices by our Clinical Managers or you can have it done by your own primary care physician using a form found on the ADP Portal.

2.) "My Health Assessment"

Use your biometric screening results to populate the "My Health Assessment" fields, under www.myCigna.com.

Screening and assessment must be completed within 30 days of joining the medical plan.

LIMITED MEDICAL INSURANCE - CARE ACCESS



Pediatric Associates offers you two limited medical plan options through Care Access that are 100% employee paid. The Low Plan will help pay basic medical expenses, while the High Plan offers more comprehensive benefits for those seeking more coverage.

RATES PER 24 PAY PERIODS:

LOW PLAN Age Band	Employee	Spouse	Child (per child) ¹
> 25	\$33.25	\$33.25	\$33.25
26-35	\$37.95	\$37.95	\$39.75 ²
36-45	\$44.13	\$44.13	
46-55	\$52.78	\$52.78	
56-64	\$74.75	\$74.75	
65 +	\$92.91	\$92.91	

HIGH PLAN Age Band	Employee	Spouse	Child (per child) ¹	2 Children ¹
> 25	\$54.75	\$54.75	\$47.25	\$68.25 ²
26-35	\$61.95	\$61.95		
36-45	\$76.13	\$73.16		
46-55	\$95.28	\$95.28		
56-64	\$143.75	\$143.75		
65 +	\$209.91	\$209.91		

¹ Coverage for dependent children to age 26 only

² For each additional child, add \$33.25 to the "2 Children" Rate



BENEFITS	LOW PLAN
Daily In-Hospital	N/A
ICU	N/A
Outpatient physician office visit	\$20 copay
Allergy Treatment	\$25 copay
Specialist office visit	\$35 copay
Outpatient X-ray and Lab	\$25 copy for routine radiology and \$75 copay for high tech; \$0 copay lab
Surgery and Anesthesia	\$150 copay for ambulatory surgical center, \$1,000 max per episode
Inpatient surgical	N/A
Off-job accident/injury	N/A
ER (sickness only)	N/A
Prescription drug	\$15 copay for generics, \$35 copay for non-generic, \$1200 max per year
Eye exam/Vision services	\$30 copay - glasses and contacts 100% covered to \$100 annually
Hearing services/Hearing aids	\$30 copay - aids 100% covered to \$100 annually for adults and \$200 annually for children
Chiropractic services	\$25 copay
Rehabilitation services	\$30 copay, 30 visits per year

BENEFITS	HIGH PLAN
Daily In-Hospital	\$1,000 per day for first 3 days, \$500 per day for next 27 days, not to exceed 30 days per year
ICU	Additional \$500 per day, up to 30 days per year
Outpatient physician office visit	\$20 copay
Allergy Treatment	\$25 copay
Specialist office visit	\$35 copay
Outpatient X-ray and Lab	\$25 copy for routine radiology and \$75 copay for high tech; \$0 copay for lab
Surgery and Anesthesia	\$150 copay for ambulatory surgical center, \$1,000 max per episode Anesthesia 25% of surgery benefit, up to \$325 per year
Inpatient surgical	up to \$2,500 per year
Off-job accident/injury	up to \$500 per accident
ER (sickness only)	\$100 per visit, 1 visit max per year
Prescription drug	\$15 copay for generics \$35 copay for non-generic \$1200 max per year
Eye exam/Vision services	\$30 copay - glasses and contacts 100% covered up to \$100 per year
Hearing services/Hearing aids	\$30 copay - aids 100% covered up to \$100 per year for adults and \$200 per year for children
Chiropractic services	\$25 copay
Rehabilitation services	\$30 copay, 30 visits per year

* Six month pre-existing condition limitation on hospital and surgery benefits.

Dependent coverage available to FT associates as well. Please see HR for a form if interested.

CIGNA Plans- DPPO and DHMO

DPPO Plan Design

PLAN DESIGN	CIGNA DPPO	
	In-Network	Out-of-Network
Annual Maximum	\$1,500	\$1,000
Deductible (Individual/Family)	\$50/\$150	\$100/\$300
Preventive and Diagnostic Care	100% no deductible	100% no deductible
Basic Services	80% after deductible	80% after deductible
Major Services	50% after deductible	10% after deductible
Orthodontia	50% after deductible	50% after deductible
Orthodontia Lifetime Maximum (Separate from Annual Maximum)	\$1,500	\$1,500

DPPO RATES - based on 24 pay periods	
Enrollment Tier	DPPO
Employee Only	\$14.60
Employee + Spouse	\$28.91
Employee + Child(ren)	\$31.98
Family	\$46.65

DHMO Plan

In addition to the dental plan listed above, Pediatric Associates offers you a second dental option, a prepaid plan provided by Cigna Dental. This plan features:

- No Deductibles
- No Waiting Periods
- Coverage for Pre-existing Conditions
- Includes Orthodontic Copayments
- No Claim Forms to File for Plan Dentist and Plan
- No Referrals Required for Specialist Services
- No Annual Maximum for Plan Dentist and Plan
- Preventive services, including two exams and cleanings per year, X-rays, and two fluoride treatments for children.

This prepaid dental plan offers benefits through a nationwide network of Plan Dentists. Please visit www.cigna.com and reference benefit schedule “KASV8” for a complete listing. Once a provider is selected, ID cards will be provided to new enrollees only.

Please carefully review the plan summary before making a final dental plan selection.

DHMO RATES- based on 24 pay periods	
Enrollment Tier	DHMO
Employee Only	\$6.99
Employee + Spouse	\$11.78
Employee + Child(ren)	\$15.82
Family	\$20.78

CIGNA DESIGN AND RATES

PLAN DESIGN	CIGNA	
	In-Network	Out-of-Network
Exam Copay	\$10	N/A
Materials Copay	\$20	N/A
Exam	Covered in Full	\$45 allowance
Single Vision Lenses	Covered in Full	\$32 allowance
Bifocal Lenses	Covered in Full	\$55 allowance
Trifocal Lenses	Covered in Full	\$65 allowance
Lenticular Lenses	Covered in Full	\$80 allowance
Frames (Retail Allowance)	\$100 allowance	\$55 allowance
Contact Lenses (Retail Allowance)- Elective	\$100 allowance	\$87 allowance
Contact Lenses (Retail Allowance)- Therapeutic	Covered in Full	\$210 allowance
Frequency of Service		
Exam Copay	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	

VISION RATES - based on 24 pay periods	
Enrollment Tier	Rate
Employee Only	\$2.64
Employee + Spouse	\$5.27
Employee + Child(ren)	\$5.32
Family	\$8.38

COLONIAL HOSPITAL F P CONFINEMENT INSURANCE

Medical Bridge Insurance helps fill the gaps created by major medical deductibles and copayments.

- ☑ Pays \$500 lump-sum benefit (per covered occurrence) for hospital confinement due to a covered accident or sickness.
- ☑ Pays \$500 or \$1,000 outpatient surgery benefit for covered surgical procedures performed by a doctor using anesthesia administered by a licensed anesthesiologist in a hospital or ambulatory surgical center (\$1,500 calendar year max).
- ☑ Pays annual \$50 wellness benefit per calendar year.
- ☑ Pays \$100/day up to 15 days when you're confined in a rehabilitation unit immediately following hospitalization.
- ☑ Coverage is portable if you change jobs or retire.
- ☑ Premiums do not increase with age.

Hospital Confinement Insurance from Colonial Life is being offered to supplement your other insurance coverage and provide added protection for you and your family.

Benefits are paid regardless of other insurance coverage.



INCOME PROTECTION

PEDIATRIC ASSOCIATES PAID BENEFITS

Basic Life and Accidental Death & Dismemberment Insurance - Lincoln Financial F

Pediatric Associates provides basic life and accidental death and dismemberment (AD&D) insurance at no cost to you through Lincoln Financial in the following amounts:

- \$20,000 for Management with a supervisory role
- \$10,000 for FT employees

Group Long Term Disability Insurance - Lincoln Financial F

Group Long Term Disability (LTD) Insurance is provided by Pediatric Associates at no cost to you. In the event that you suffer an extended disability due to illness or accident, and you have been out of work for 90 consecutive days, this program may provide 60% of your monthly salary to a maximum monthly benefit of \$7,500.

VOLUNTARY INSURANCE

VOLUNTARY TERM LIFE INSURANCE - LINCOLN FINANCIAL

In addition to your employer paid life and AD&D insurance, you have the opportunity to purchase additional life insurance protection for you and your family through Lincoln Financial as well:

- **NEW HIRES:** You may elect additional coverage for yourself in increments of \$10,000 up to 5x your annual salary or \$500,000, whichever is lower, and coverage for your spouse in increments of \$10,000 up to 2.5x your annual salary or \$250,000, whichever is lower (spouse election may not exceed 50% of employee election). Lincoln will guarantee elections of up to \$100,000 for yourself and \$50,000 for your spouse, meaning that no Evidence of Insurability is required. If you elect coverage in excess of the guarantee issue amount, Evidence of Insurability will be required.
- **ONGOING EMPLOYEES:** You may elect additional coverage for yourself in increments of \$10,000 up to 5x your annual salary or \$500,000, whichever is lower, and coverage for your spouse in increments of \$10,000 up to 2.5x your annual salary or \$250,000, whichever is lower (spouse election may not exceed 50% of employee election). Lincoln will guarantee elections increasing your current coverage by \$20,000 or your spouse's current coverage by \$10,000, meaning that no Evidence of Insurability is required. If you elect coverage in excess of the guarantee issue amount, Evidence of Insurability will be required.

ACCIDENT INSURANCE - UNUM

Eligible to enroll 1st of the month following 90 days of employment.

Covered Injuries Include:

- Broken bones- open fractures up to \$10,000, open dislocations up to \$8,000
- Burns - \$1,500 - \$20,000 based on degree of burn
- Concussion - \$200
- Cuts repaired by stitches - \$50 - \$800 for lacerations

Covered Expenses Include:

- ER treatment - \$150 (includes X-rays)
- Doctor office visit - \$150 for initial and post-accident follow-up
- Hospitalization - \$2,000 per admission, \$500 per day
- Physical therapy - \$50 per treatment, up to 6 treatments

Optional Sickness Rider

This optional rider pays benefits if the insured is confined to a hospital due to a covered sickness. The rider includes a 12 month pre-existing condition limitation and a 9 month pregnancy exclusion. Benefits are paid as follows:

- Employee and Spouse - \$200 per day, max of 30 days
- Children - \$75 per day, max of 30 days

To enroll in Accident Insurance, please call UNUM at 1-877-275-0128

Accident Insurance, Continued

ACCIDENT INSURANCE RATES - based on 24 pay periods			
Enrollment Tier	Accident Base Plan	Sickness Rider	Both Plans
Employee Only	\$8.19	\$1.76	\$9.95
Employee + Spouse	\$11.70	\$3.51	\$15.21
One Parent Family	\$15.60	\$2.99	\$18.59
Two Parent Family	\$19.11	\$4.75	\$23.86

CRITICAL ILLNESS INSURANCE - UNUM



Covered Critical Illness	% of Face Amount Paid
Heart Attack	100%
Stroke	100%
Major Organ Transplant (surgery for heart, lung, liver, kidney, or pancreas)	100%
Permanent Paralysis (due to covered accident and 180 EP)	100%
End-stage Renal Failure	100%
Coronary Artery Bypass Surgery (paid once per lifetime)	25%
To enroll in Critical Illness Insurance, please call UNUM at 1-877-275-0128	

Additional Critical Illness Insurance Riders

Cancer and Carcinoma in Situ Rider

- Date of diagnosis must occur at least 30 days after coverage is elected
- Upon diagnosis of cancer, the insured will be paid 100% of the benefit amount.
- Upon diagnosis of carcinoma in situ, the insured will be paid 25% of the benefit amount (100% for children). These benefits are only payable once per lifetime.

Health Screening Benefit Rider

\$50 paid per calendar year per insured for covered health screenings, like:

- Chest, x-ray, mammogram, pap smear, psa, skin cancer biopsy

SHORT TERM DISABILITY - UNUM F P

BENEFIT PERIOD	Maximum amount of time you can receive benefits after you become disabled: <ul style="list-style-type: none">• 3 months, regardless of EP and Benefit Amount chosen
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ELIMINATION PERIOD	Amount of time that must pass between the first day of disability and the day benefits are paid to you: <ul style="list-style-type: none">• Accident/Sickness: Choose 0/7, 7/7, or 14/14 day elimination period• Pregnancy: 9 month elimination period.• Pre-Existing conditions: 12 month elimination period
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BENEFIT AMOUNT	This is the monthly benefit payable to you: <ul style="list-style-type: none">• Choose amounts between \$400 - \$5,000• (Chosen amount cannot exceed 60% of your gross monthly earnings)
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To enroll in Short Term Disability, please call UNUM at 1-877-275-0128

LONG TERM CARE - UNUM F

- Plan options range from coverage of \$1,000-\$6,000 per month with duration options of 1 year of coverage to lifetime coverage
- Option to elect buy-up coverage for yourself and/or dependent coverage for a variety of family members, including spouses, parents, siblings, grandparents, and in-laws.
- All new elections will be subject to Evidence of Insurability.
- Rates are age-banded and, depending upon the plan you choose, begin at the affordable rate of \$4.50 per month.

To enroll in buy-up coverage, please visit UNUM's website at <http://w3.unum.com/enroll/pedassoc002>.



401(K) - THE HARTFORD/MASS MUTUAL AND DWYER & ASSOCIATES

Pediatric Associates provides automatic enrollment into the 401(k) plan on the first of the month following 90 days of employment. This benefit is provided to all full and part-time employees. Your 401(k) investments are with The Hartford/Mass Mutual.

About the Plan

- The company match is \$0.50 for every dollar contributed up to 3% of earnings for the non-highly compensated employees.
- Automatic enrollment: 3% invested on your behalf in a default asset allocation model.

Accessing the Plan

You can access your account by logging in to Retirement Access or call the Retirement Plan Information Line to:

- Obtain current account balances
- Check current investment prices and performance
- Access personalized performance
- Change your investment options
- Transfer (exchange) balances between investment options
- Request a loan
- Model a new loan or obtain outstanding loan information (if applicable)
- Obtain rollover information and forms
- Change your personal identification number (PIN) – available by phone only
- Select Systematic Personal Rebalancing (if applicable)
- Website offers a wide array of educational resources, including articles and interactive tools, to help you make informed decisions about your retirement

To access your account online, visit www.thehartford.com/retirementplans/access.

- 1) Enter your Social Security number (SSN).
- 2) The default password is your birthday in MMDDYYYY format.
- 3) Choose a new password and user name. Your new password must be 8 to 12 characters long and contain at least two numbers and two letters. Your new user name needs to be 8 to 25 characters long.

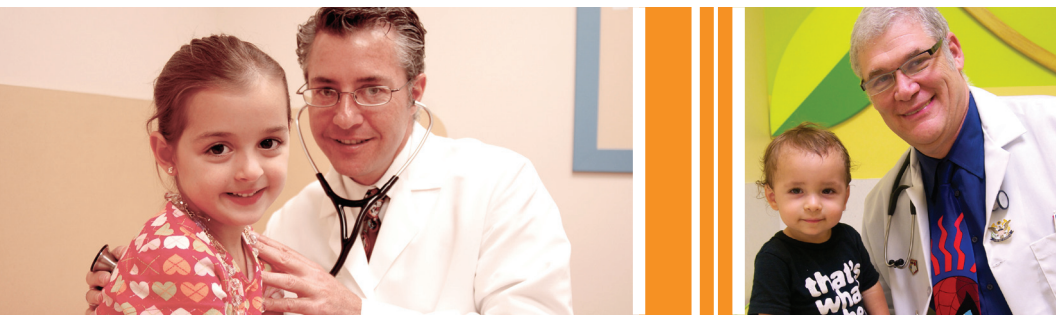
Call the Hartford Retirement Plan Information Line at 800-854-0647.

- 1) Enter your Social Security number (SSN).
- 2) Enter the month and day of your birthday in a four-digit format (MMDD) as your initial personal identification number (PIN).
- 3) Choose a new PIN. Your new phone PIN must be 4 to 8 numeric characters.

Plan Advisors

If you have questions about choosing fund selections, you can contact The Plan Advisors at Dwyer and Associates at 888-657-3767 to assist in this process as well as provide education on the funds.

Details of the 401(k) plan and enrollment materials are distributed to eligible employees prior to their initial eligibility date. Questions related to the company's 401(k) plan should be directed to the Plan Administrator, Director of Human Resources in the Business Office.



FAMILY MEDICAL LEAVE ACT

Eligibility

- Employees who have completed at least twelve (12) months employment, and who have worked at least 1,250 actual work hours during the twelve (12) months immediately preceding the start of a leave are eligible for unpaid leave under FMLA.

Reasons for Leave

FMLA leaves may be taken for the following reasons:

- the birth and/or care of employee's newborn child;
- the placement of a child with employee by adoption or for foster care;
- to care for employee's spouse, child or parent who has a serious health condition;
- to care for employee's own serious health condition that renders employee unable to perform the functions of his or her position.
- Military Leave

Length of Leave

- If a leave is requested for one of the before-listed reasons, each eligible employee may take up to a total of twelve (12) weeks unpaid family or medical leave in any 12-month entitlement period.

FAMILY MEDICAL LEAVE PROCESS

Requesting FMLA

- Request for a family or medical leave must be submitted to the manager and Human Resources 30 days before the leave is to commence if possible. You must complete the request for leave and the "Physician Certification" form before the leave begins, if possible. If such advance certification is not possible, then you must provide it within 15 days of the request.

Notifications of a Newborn

To add a newborn dependent child:

- You will receive a FMLA package with an enrollment form to complete and send back to the Benefits Department; or
- You can email the Benefits Department

Process to Return to Work after FMLA

- You will be required to present a fit-for-duty certificate from your doctor prior to being restored to employment. This certification is required to return to work. If this certificate from your doctor is not received prior to your return, your employment will be delayed until the certification is provided.

EMPLOYEE ASSISTANCE PROGRAM



Bensinger, Dupont & Associates (BDA)
1.877-757-7587
www.eapadvantage.com
(password = connect)

EMPLOYEE ASSISTANCE PROGRAM

- **NEW!** New EAP vendor with even more resources!
- Up to four face-to-face sessions per issue per year
- Phone assistance, 24/7 and online assistance (assessment tools, article library, online access & referral)
- Phone access to legal counsel and a 25% discount on follow-up services
- Assistance for you or immediate household family members (age 12 or older)

GET HELP WITH:

- Family Concerns
- Child/Parenting/Adoption
- Developmental/Attention Issue
- Marital/Partner
- Abuse: Sexual, Physical, Emotional
- Physical Health
- Grief and Loss Issues
- Anger Management
- Job/Career Issues
- Workplace Aggression
- Community Resources
- Stress/Anxiety
- Depression Concerns
- Alcohol or Drug Problems

ADDITIONAL VOLUNTARY BENEFITS

PURCHASING POWER

Purchasing Power is a program that enables you to purchase computers, electronics, and appliances through payroll deduction over a 12-month period with no interest and no credit check.

Examples of available items: computers, televisions, MP3 players, home appliances, and more!

To enroll, please visit pediatricassociates.purchasingpower.com or call 1-800-903-0801.

HEALTH PERX- LIFESTYLE BENEFITS

For \$15.98 per month, you and all your eligible family members (legal dependents living in your household or away at college) will be covered by the following programs:

Emergency Roadside Assistance (Nation Safe Drivers)

- Up to 15 miles towing per occurrence
- Flat tire, lock-out, and battery assistance
- Fuel, oil, and water delivery

Legal Services (Legal Club of America)

- 20,000+ attorneys
- Free services for consultations, legal documents, small claims representation, simple will, and welfare issues

Tax Help Line (People's Choice)

- Unlimited advice on federal taxation
- Free tax return preparation for forms 1040 EZ, 1040A, and standard 1040
- IRS audit assistance

ID Theft Protection (Safe Identity) – employee only

- Policy covers up to \$25,000 related to ID theft
- Free annual credit reports
- 24-hour customer service

Pet Insurance (Pet Assure™)

- 25% discount on in-network vet services

Fitness Center Discounts (International Fitness Club Network™)

- Guaranteed lowest membership (average savings of \$207) rates at over 8,500 fitness centers nationwide
- Includes: Jazzercise, Curves, 24 Hour Fitness, Gold's Gym, LA Fitness, and more

LEGAL NOTICES

Summary of Benefits and Coverage

To help you make informed plan decisions, Pediatric Associates will make available a Summary of Benefits and Coverage (SBC). These SBC documents are replacing the old plan summaries, previously provided by our carriers. The SBCs are standardized nationwide by the government and summarize information you need to make the right decisions for you and your family. Access a copy of your SBC documents on the ADP portal or contact Human Resources to request a paper copy.

Women's Health Act

The Women's Health and Cancer Rights Act of 1998 requires that all health insurance plans that cover mastectomy also cover the following medical care:

- Reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas, and Mastectomy bras and external prostheses limited to the lowest cost alternative available that meets the patient's physical needs.

Continuation Required by Federal Law for You and Your Dependents

The Continuation Required by Federal Law does not apply to any benefits for loss of life, dismemberment or loss of income.

Federal law enables you or your dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your dependents to continue health insurance if their coverage ceases due to your death, divorce or legal separation, or with respect to a dependent child, failure to continue to qualify as a dependent. Continuation must be elected in accordance with the rules of your employer's group health plan(s) and is subject to federal law, regulations and interpretations.

Newborns' and Mothers' Health Protection Act

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length

of hospital stay to less than 48 hours for a normal delivery or 96 hours for a Cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for Cesarean delivery.

Health Insurance Portability and Accountability Act (HIPAA)

Pediatric Associates, in accordance with HIPAA, protects your Protected Health Information (PHI). Pediatric Associates will only discuss your PHI with medical providers and third party administrators when necessary to administer the plan that provides your medical, dental, and vision benefits or as mandated by law. A copy of the Notice of Privacy Practices is available upon request in the Human Resources Department.

Medicaid and the Children's Health Insurance Program (CHIP)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the next page, you can contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your

dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in certain states, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility. To see if any more States have added a premium assistance program since January 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

Women's Preventive Health - In-Network Only

There are several new or enhanced benefits that will be in place as a result of the Affordable Care Act (health care reform). These benefits will be covered at 100% and may include:

- Contraceptive (birth control) counseling and FDA-approved birth control methods that need a prescription
- Breastfeeding support, supplies and counseling for females
- HPV (female) testing
- Screenings during pregnancy

Details can be found in the separate summary plan descriptions (SPDs) or by calling member services.

Affordable Care Act Status - Open Access Plan Only

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans; for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act; for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 954-965-7337, You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Disclaimer

This brochure summarizes the healthcare and income protection benefits that are available to Pediatric Associates employees and their eligible dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

IMPORTANT CONTACTS

BENEFIT CONTACTS:

BENEFIT	PHONE	WEBSITE
Medical, Dental, Vision Cigna	1-800-244-6224	www.cigna.com
Life and AD&D, Long-Term Disability Lincoln Financial	1-800-423-2765	www.lincoln4benefits.com
Accident/Critical Illness Insurance, Short-Term Disability Unum	1-877-275-0128	www.unum.com
Long Term Care Unum	N/A	http://w3.unum.com/enroll/pedassoc002
Hospital Confinement Indemnity Colonial Life	Current Policyholders: 1-800-325-4368 Enrollment: 1-888-808-1080x318	www.coloniallife.com
Deductible Reimbursement Fund Benefit Coordinators	1-800-951-1012 x 108 Fax: 1-803-772-0140	email: 125claims@benefitcoordinators.com
401 (K) The Hartford/Mass Mutual	Account Access: 1-800-854-0647 Plan Advisors: 1-888-657-3767	thehartford.com/retirementplans/access
Employee Assistance Program BDA	1.877-757-7587	www.eapadvantage.com (password = connect)
Purchasing Power	1-800-903-0801	pediatricassociates. purchasingpower.com
Lifestyle Benefits Health Perx	1-800-800-7616	www.hperx.com

HUMAN RESOURCE CONTACTS:

HR Team	PHONE	EMAIL
Angela Caruso Director of Human Resources	954-965-7324	acaruso@pediatricassociates.com
Diane Deppen Human Resources Manager	954-965-7382	ddeppen@pediatricassociates.com
Victoria Fortier HR Recruiter	954-965-7768	vfortier@pediatricassociates.com
Joseph Perry HR Recruiter	954-965-7337	jperry@pediatricassociates.com
Tangee Miller HR Assistant	954-965-7358	tmiller@pediatricassociates.com
Noi Ceballos Manager, Training & Staff Development	954-965-7380	ncebillos@pediatricassociates.com
Courtney Salata Payroll Administrator	954-965-7344	csalata@pediatricassociates.com
Nicole Dubovik Benefits Administrator	954-965-7375	ndubovik@pediatricassociates.com
Simona Maria Benefits & Compensation Analyst	954-965-7769	smaria@pediatricassociates.com

PEDIATRIC ASSOCIATES



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