Wilbert®

Commemorating Life with Respect℠

Employee Benefits

2017 Enrollment Guide

Welcome
to your benefits

Table of Contents

CONTACT SHEET

GPA *(medical administrator)*

Employees	
Phone	800-827-7223
Email	gpacustomerservice@GPA.com
Providers	
Phone	866-206-3224
Website	www.gpatpa.com

ELAP *(claims resolution representative)*

Phone	1-800-977-7381
Fax	1-888-560-2447
Email	balancebills@elapservices.com
Website	www.elapservices.com

Nurseline *(concierge service to help with medical and Rx questions)*

Phone	1-800-843-6705
Email	nursenavigator@gpatpa.com

CVS Caremark *(prescriptions)*

Phone	866-475-0056
Website	www.caremark.com

Guardian *(dental, life, vision and disability carrier)*

Phone	1-888-600-1600
Website	www.guardianlife.com

Fidelity *(retirement savings plan)*

Phone	1-800-835-5097
Website	www.401k.com

Benefits Direct *(enrollment contact)*

Phone	877-523-0176
Website	www.benefits-direct.com/wilbert
Email	info@benefits-direct.com

BENEFIT ELIGIBILITY & ENROLLMENT

New Employees
You are eligible for benefits the first of the month following a 60 day waiting period. You must sign up and complete your enrollment **by the benefits start date** in order to receive benefits. Failure to do so may result in an inability to gain coverage.

In an effort to make the enrollment process as easy as possible, you will have the opportunity to meet with a benefit counselor from BenefitsDirect in person to enroll or by telephone during open enrollment. Please follow the instructions on the **Enrollment Worksheet** prior to actually completing your enrollment process. No deductions from your pay will take place until the effective date of your coverage. Your enrollment representative will forward you a copy of your final enrollment page with your confirmation number for your records.

Open Enrollment Process
Open enrollment will take place from **November 14, 2016 to December 14, 2016**. WFSI enrollment representatives will be at several of our locations meeting with all eligible employees to explain all our insurance benefits and answer any questions you might have regarding our benefit package. Enrollers will be onsite at the following locations:

- St. Joseph, MO
- San Antonio, TX
- Dallas/Cedar Hill, TX
- Shreveport, LA
- Broadview, IL
- Grandview, MO
- Springfield Area
- Overland Park, KS
- Parson, KS
- Wichita, KS
- Oklahoma City, OK

It is mandatory that each eligible employee meet with a WFSI enrollment representative in order to enroll for benefits in 2017. **Failure to meet with a WFSI enrollment representative to re-enroll will result in no benefits on January 1, 2017!!**

Due to IRS guidelines, you will only be able to change your 2017 elections if you have a qualifying life event. The following list contains the acceptable events.

- Marriage
- Divorce or legal separation
- Death of spouse or child
- Loss of other coverage
- Spouse's termination or commencement of employment
- You or your spouse's change of employment status
- Spouse's open enrollment
- Birth of a child

If you have one of the above life events, you must notify the Benefits Department within 31 days of said event in order to change your benefits.

What to do:
Sign up for a time to meet with a Benefit Counselor. Please see your immediate supervisor for the times the enrollment representatives will be at your work location. **If enrollment counselors will not be onsite, you are required to schedule an appointment to call an enrollment counselor at BenefitsDirect to enroll over the phone.** Complete your enrollment worksheet and bring it to your meeting with the WFSI enrollment representative.

Wilbert Wellness Program

At Wilbert Funeral Services, we are dedicated to your health. We are helping you reach your goal to get and stay healthy by offering the Wilbert Wellness Program. The program supports you in making healthy lifestyle choices and you will be rewarded for your participation. It is simple, fun, and good for your health and well-being.

GET REGISTERED!

First time users will need to setup a personal Wellness account online *(if you registered online last year, proceed to the next section)*. To setup your account:

» Login to **www.gpatpa.com**
You will need to register on the GPA website before you register for Wellness. If you have not yet registered, click "Proceed to our sign up process".

» Click **Wellness**

» Click **Start Registration**

» Enter your **Unique ID** (Social Security Number)

» Enter **Employer Account Number** (**H75397**)
**Note: This number is different than the one you will use to register on the main GPA website in the first bullet.*

» Enter **DOB** (Date of Birth)

» Setup **Security Questions**

» Create a Username and Password

» Login and navigate your personalized Wellness Website!

Wellness Incentive

New this year! Complete the Wellness steps below in order to earn a premium reduction of $10 per paycheck ($260 annually) for the 2017 **AND** 2018 plan years. In subsequent years, the Wellness Incentive steps will be completed the year prior to the Incentive being effective.

Tobacco Surcharge

Effective January 1, 2017, if you use tobacco and did not complete an approved tobacco cessation course in 2016, you will pay $20 more per paycheck ($520 annually). A tobacco cessation program is offered *every year* to avoid the surcharge the *following* year.

REQUIRED ACTIVITIES

STEP 1

» Health Screening

Health Screenings will be at no cost to employees enrolled in Wilbert's Health Plan. Employees may complete the screening onsite at select Wilbert locations in January 2017 **or** with their doctor by March 31, 2017. **Please see details on next page.**

STEP 2

» Wellness Assessment

This 20-minute online questionnaire is a powerful tool for learning more about your health. Your individual answers will be kept confidential. Complete your Wellness Assessment by March 31, 2017 by:

1. Login to www.gpatpa.com
2. Click **Wellness**
3. Click **Assessments**
4. Click **Take my Wellness Assessment now!**

» Telephonic Tobacco Cessation Program

Instructions to Avoid 2018 Surcharge

1. Dial 855-372-0040 to enroll in the **free** QuitLogix Tobacco Cessation Program between January 1, 2017 – March 31, 2017
2. Complete a minimum of 4-telephonic sessions with your Quit Coach by September 30, 2017

*A tobacco cessation program must be completed **each year** in order to avoid the surcharge for the subsequent plan year, unless you become tobacco-free. Contact Trisa Nickoley upon becoming tobacco-free.

*If your personal physician recommends a different reasonable alternative, then per your request, we will accept their recommendations. Send request to Trisa Nickoley by March 31, 2017.

Rewards for participating in this wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program or avoid the tobacco surcharge, you might qualify for an opportunity to earn the same reward by different means. Contact us at tnickoley@cbiz.com or 877-208-2028 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

HEALTH SCREENING

To qualify for premium reduction, the Health Screening can be completed either during the January onsite health screening at select Wilbert locations or with your primary care physician using the Manual Submission Form (MSF) between January 1, 2017 – June 30, 2017.

OPTION 1

ONSITE

Onsite screenings will be held at the 6 locations below, during January 2017. Please reach out to your site contact for paper sign-up sheet. Dates and times will be released in the later part of 2016.

1) Corporate Office, Overland Park - Contact: Beth Krause, BKrause@Wilbert.com or 913-345-2120
2) Broadview, IL - Contact: Terry Whitlock, TWhitlock@Wilbert.com or 708-681-7040
3) Grandview, MO - Contact: Tabitha Brants, TBrants@Wilbert.com or 816-966-9000
4) Parsons, KS - Contact: Rose Crumley, RCrumley@Wilbert.com or 620-421-4210
5) Dallas, TX - Contact: Debbie Baker, DBaker@Wilbert.com or 214-476-1202

OR

OPTION 2

WITH YOUR DOCTOR

DEADLINE TO COMPLETE : March 31, 2017

1) Go to **www.ehealthscreenings.com/scheduler** or call eHealthScreenings Customer Service at 888-708-8807, ext. 1.
2) If you have not participated in a previous screening facilitated by eHealthScreenings, click on the **Register** tab within the **New User** section and enter all required fields under Personal Information and click on **Register** to continue. If you have participated in a screening, please enter your username and password in the **Existing Member** section.
3) Enter the Screening Key: **76GXXX** in the blank space in the lock icon. Click **Schedule**
4) Scroll to the bottom of the screen, click **Manual Submission**, read and accept that you understand the required criteria by clicking **Continue**, and then accept and sign the two consent forms.

   Once complete, you will be emailed a Manual Submission Form and instructions on how to complete your screening with your doctor within 1 hour. You must print the Manual Submission Form. If you need assistance with printing, contact your Wellness Coordinator, Trisa Nickoley.

If you have any questions about your health screening or have difficulty logging in, please call **eHealthScreenings Customer Services at 888-708-8807, ext 1.** Monday through Friday, 7AM—6PM CST.

WHAT YOU CAN DO

Read this benefit book
This book contains valuable information that can help you get a better understanding of your benefits.

Attend a Group Presentation / Webinar
These online webinars and select onsite group presentations are a great way to get an overview of your WFSI benefits. During these presentations, a BenefitsDirect representative will go over the benefits and answer questions that you may have in order to prepare you for your individual enrollment time.

Schedule your enrollment appointment
Meet with a benefit counselor at your location to complete your enrollment. If a benefit counselor is not going to be at your location, your enrollment can be completed on the phone with our call center team. Feel free to include a spouse in these enrollment meetings!

There are two ways in which to schedule your benefit enrollment appointment:
Online, you may go to

- **http://benefits-direct.com/wilbert/**
- Then Select the "Book Your Enrollment" tab at the top of the menu.
- Then Select an available time at your location or through the call center benefit team.

Call Benefits Direct at 1-877-523-0176

- Just identify yourself as an employee of WFSI and your work location.
- A friendly representative will book your appointment for you.

MEDICAL & PRESCRIPTION DRUG PLANS

WFSI has always had, as one of its strategic goals, concern for the health and welfare of its employees, for it is the employees that make the company successful. Therefore, it is only appropriate that the company focus attention on providing affordable health, dental and prescription drug programs for all employees.

Medical Plan Design

The medical plan has been designed to provide you with an opportunity to have a plan that not only provides adequate coverage, but is also affordable. Please review the following claims process with GPA and ELAP.

You will be able to use physicians within the PHCS Doctors Network. See page 15 for instructions on how to find a provider.

You will have access to most hospitals, outpatient/surgical care, emergency room care and dialysis clinic in the United States. There is no PPO Network for these providers.

HOSPITAL ADMISSIONS AND OUTPATIENT SURGERY PRIOR AUTHORIZATION AND NOTIFICATION: HealthWatch at GPA will monitor all Hospital Confinements and Outpatient Surgery. **YOU OR YOUR PHYSICIAN MUST CALL 866-206-3224 prior to a hospital admission or outpatient surgery or within twenty-four (24) hours following an emergency Hospital admission or Outpatient Surgery.**

After you are released from the hospital or facility, Group & Pension Administrators (GPA) will process your claims and you will receive a letter from ELAP (ERISA Liability Assurance Program) Services, LLC. ELAP reviews the Provider's invoice to ensure that payment for these claims conform to Allowable Claim Limits as spelled out in your Plan.

This letter advises you to call the ELAP toll free number 1-800-977-7381 if a provider bills you for any amount above your deductible/annual out-of-pocket maximum. **NOTE: THIS STEP IS CRITICAL! You must call ELAP if a provider bills you for any amounts above your deductible or annual out-of-pocket maximum.** If necessary, ELAP will arrange for one of its retained attorneys to represent you at no cost. Future communications (if any) with the medical provider can be directed to ELAP or the attorney assigned to you. Continue to forward any future provider communications to ELAP.

Prescription Drug Plan Design

The GPA medical plan does NOT have prescription drug co-pays in-network. Eligible medications under the GPA medical plan are subject to the plan deductible then covered at 100% in-network. Out-of-network, prescriptions are subject to the plan deductible, then the out-of-network co-pay and coinsurance. Mail order is available for convenience.

Continuing in 2017

We're always looking out for the best interests of all WFSI employees. We will continue the Home Delivery Pharmacy as the preferred way to fill your maintenance medications going forward – those prescriptions taken regularly to treat ongoing conditions. Home Delivery is safe, reliable and convenient. This service will be provided by Caremark for the 2017 plan year.

Action Required – You need to make an important decision about your prescription drugs

CVS/Caremark, the company managing the prescription-drug benefit, needs you to make an important decision about where you get your maintenance medications filled, and then take action by contacting CVS/Caremark with your answer.

Choose **Home Delivery** from Caremark by visiting **www.caremark.com** or by calling 866.475.0056
(Caremark will make the transition easy by contacting your doctor to get a new prescription for HomeDelivery.)

OR

Choose a retail pharmacy to fill those prescriptions.

GPA COST PLUS HSA PLAN WITH CVS/CAREMARK

Deductible & Annual Out-of-Pocket Max	Facility & PPO Physicians	Non-PPO Physicians
Calendar Year Deductible		
• Per Covered Person	$2,600	$2,600
• Family Limit*	$5,200	$5,200
Annual Out-of-Pocket Maximum (Includes Deductible)		
• Per Covered Person	$2,600	$5,200
• Family Limit*	$5,200	$10,400
*Applies collectively to all Covered Persons in the same family.		

LEVEL I FACILITY BENEFITS – Payment Levels:

This section applies to covered expenses for services rendered by Hospitals and other types of facilities which are not included in the Preferred Provider Organization (PPO) network.

Benefit Percentage For:	Facility Benefit*	Maximum Benefits, Limits & Provisions**
Inpatient Hospital Services	Deductible applies	UR Notification required or penalty applies.
Maternity Inpatient Hospital Services	Deductible applies	Contact UR Company for coordination of care.
Routine Newborn Care Inpatient Hospital Services	Deductible applies	Payable under covered mother's claim.
Rehabilitation Facility	Deductible applies	UR Notification required or penalty applies.
Skilled Nursing Facility	Deductible applies	UR Notification required or penalty applies. Limited to 30 days per Calendar year.
Hospital Services for Mental/Nervous Disorders, Chemical Dependency, Drug and Substance Abuse **Inpatient/Residential Treatment Facilities** **Outpatient/Day Treatment Facility**	Deductible applies	UR Notification required or penalty applies.
Hospital Emergency Room (all related charges)	Deductible applies	UR Notification required if admitted Inpatient.
Outpatient Surgical Facility	Deductible applies	UR Notification required or penalty applies.
Routine Colonoscopy (includes polyp removal)	Deductible applies	
Outpatient Therapy/Other Services		
Physical, Occupational & Manipulative Therapy	Deductible applies	Limited to 40 visits combined per Calendar Year.
Speech & Hearing Therapy	Deductible applies	Limited to 20 visits combined per Calendar Year.
Cardiac Rehabilitation	Deductible applies	
Chemotherapy, Dialysis, Radiation Therapy	Deductible applies	Contact UR Company for coordination of care.
Outpatient Diagnostic Services		
Diagnostic Lab & X-ray	Deductible applies	
Preventive & Wellness Lab & X-ray	Deductible waived	

**Based on Allowable Claim Limits.*

***Pre-authorization (UR) required for all Facility Inpatient and Outpatient Benefit.*

GPA COST PLUS HSA PLAN

Preventive & Wellness Care Benefits This benefit is payable for Covered Procedures incurred as part of a Preventive and Wellness Care Program and is not payable for treatment of a diagnosed illness or injury. Services must be identified and billed as routine and not part of a routine physical exam/or as specified below.		
Benefit Percentage For:	**Level II PPO Benefit****	**Limits & Provisions**
All Covered Wellness Benefits	Covered at 100%; Deductible waived	See age & frequency limits and other special provisions below

Examples of Covered Wellness Procedures to include but are not limited to:

1. Routine Physical Exam
2. Annual Well Woman Exam
3. *Annual Pap smear and other routine lab
4. *Annual Routine Mammogram
5. *Bone Density test (routine)
6. Annual PSA test (routine)
7. Well Baby Care Exam/Well Child Care Exam
8. Vision Screenings (to age 19)
9. Hearing Screenings for newborns
10. Routine Immunizations
11. Flu vaccine/pneumonia vaccine
12. *Routine lab, x-ray, diagnostic testing and other medical screenings
13. Smoking/Tobacco Use Cessation (1 visit; 1-12 week cycle)
14. *All FDA-approved Women's Contraceptive methods/Sterilization procedures
15. *Routine Colonoscopy (includes polyp removal and anesthesia)

Wellness/preventative paid at 100% if the doctor is IN-NETWORK

*If these services are rendered by providers billing as a Facility, please refer to the appropriate category under Level I for the benefit.
**Based on PPO Negotiated rates
***Based on Usual & Customary fees

CVS/CAREMARK

Prescription Drugs		
Prescription Drug Card	**NETWORK**	**NON-NETWORK**
Retail (30 day supply)*		
Generic	Deductible	Deductible; $5 Copay & 50%
Preferred Brand	Deductible	Deductible; $20 Copay & 50%
Non-Preferred Brand	Deductible	Deductible; $40 Copay & 50%
Mail Order (102 day supply)	Deductible	Deductible; $10 Copay & 50%
Generic	Deductible	Deductible; $40 Copay & 50%
Preferred Brand	Deductible	Deductible; $80 Copay & 50%
Non-Preferred Brand		
Specialty Drugs (retail 30 day supply)*	Deductible	Deductible & 50%

*CVS Retail – 90 day supply available for most maintenance medications

Please refer to your Benefits Worksheet for rates on this insurance.

NURSE NAVIGATOR AND GOODRx

GPA Nurse Navigator will help you find a doctor, schedule a doctor's appointment, compare costs of providers and medications, obtain medical records if you need them.

Review your medical and prescription bills if you need assistance! Your personal Nurse Navigator advisor will help you be a better consumer, making your dollars go further, helping you understand your benefits and get straight answers when you ask questions about your medical benefits. GPA Nurse Navigator's sole purpose is to help your healthcare benefits work for you!

Use GoodRx's website www.goodrx.com to compare prices for your prescription medications at pharmacies near you. Ask Nurse Navigator for more information on GoodRx

Compare prices for all FDA-approved prescription drugs at virtually every pharmacy in America

Save up to 80% at local pharmacies you already know

Find pharmacy coupons, manufacturer discounts, generics, comparable drug choices and savings tips all in one place.

Access a free, easy-to-use mobile app for iPhone or Android users to receive coupons and prices on the go.

Get a GoodRx discount card for free! This card can be used for discounts of up to 80% on most prescription drugs at most U.S. pharmacies.

ELAP

WFSI and GPA will be partnering with ELAP (ERISA Liability Assurance Program) Services, LLC again this year. After you are released from the hospital or facility, GPA will process your claims and you will receive a letter from ELAP Services, LLC. ELAP reviews the Provider's invoice to ensure that payment for these claims conform to Allowable Claim Limits as spelled out in your Plan.

This letter advises you to call the ELAP toll free number 1-800-977-7381 if a provider bills you for any amount above your deductible/annual out-of-pocket maximum. **NOTE: THIS STEP IS CRITICAL! You must call ELAP if a provider bills you for any amounts above your deductible or annual out-of-pocket maximum.** If necessary, ELAP will arrange for one of its retained attorneys to represent you at no cost. Future communications (if any) with the medical provider can be directed to ELAP or the attorney assigned to you. Continue to forward any future provider communications to ELAP.

Helpful facts to assist you with any balance bill or collection notices

Why did I get a bill?

The reimbursement paid by your benefits plan conforms to allowable claim limits that the plan is permitted to pay for the service provided. The provider is seeking reimbursement in excess of what your plan has already paid.

What happens after ELAP is involved

ELAP will ask you to sign a form, officially appointing a lawyer to represent you into this matter. Once you return the signed representation form, you can send all correspondence that you receive from the medical provider to ELAP.

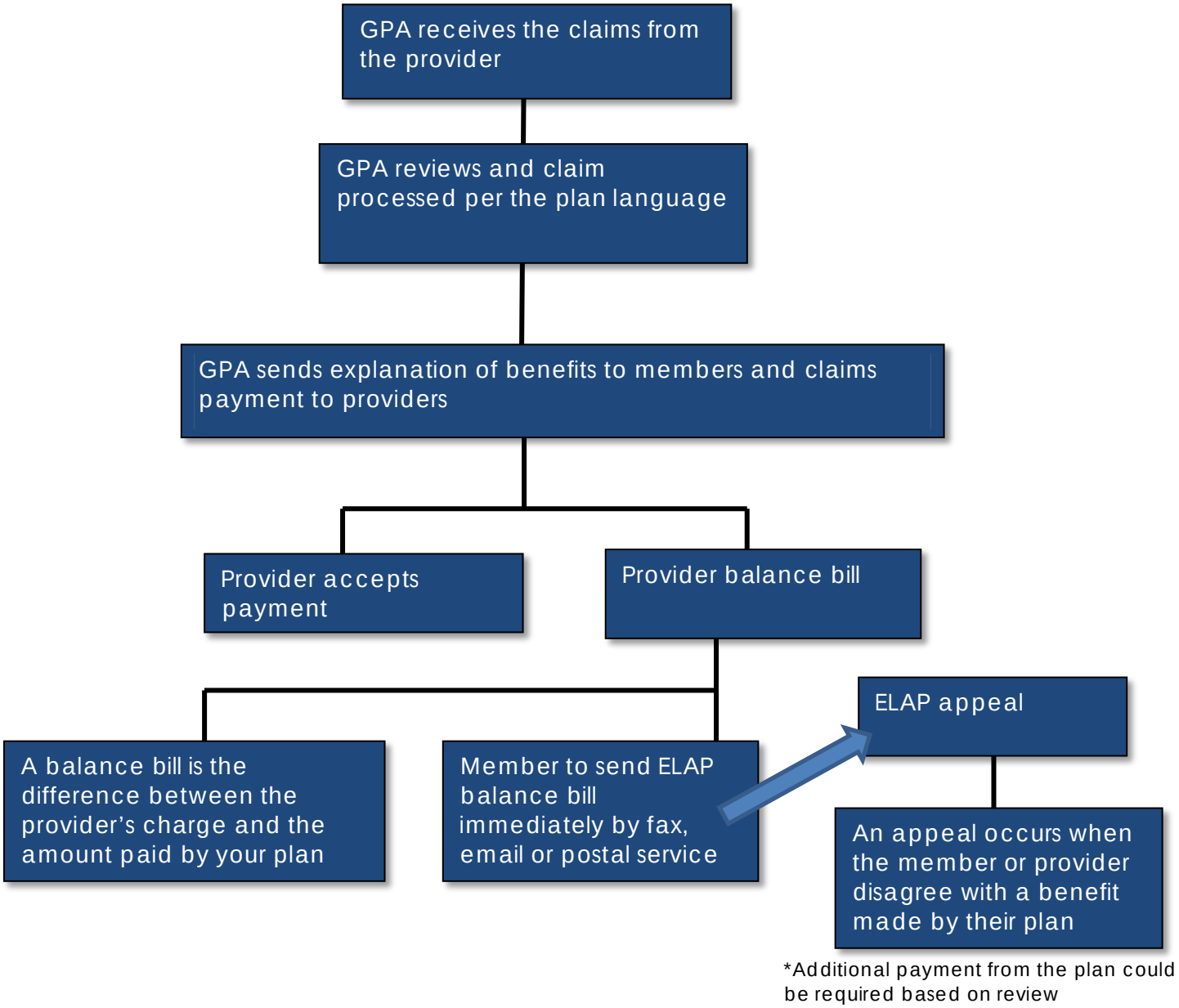
What should I do if I get a bill?

If you receive a bill from the hospital/ facility it is VERY important that you notify ELAP immediately. ELAP will arrange for an attorney to represent you, and that attorney is responsible for your defense in this matter. This defense is made available through ELAP Services. ELAP will work directly with the law firm and the hospital/ facility to limit your involvement. The key for you is the notify ELAP each time you receive a bill or a call.

What do I have to pay under my plan?

Under your plan, you are responsible for paying the out-of-pocket expenses (copay,coinsurance and/or deductible) that are associated with these services. This amount is listed of your Explanation of Benefits (EOB).

ELAP CLAIM CYCLE



*Additional payment from the plan could be required based on review

Phone: 1-800-977-7381

Fax: 1-888-560-2447

Email: balancebills@elapservices.com

Website: www.elapservices.com

ELAP

Frequently Asked Questions

A provider is stating they do not accept my insurance, what do I do?
It is likely that they do not recognize the Physicians Only logo on the ID card. Explain you have health insurance benefits and request that they call GPA to verify your benefits – the number is on your id card. If you are still having difficulties call GPA for assistance.

Could the provider ask me to pay for my procedure upfront?
The hospital performing your medical procedure may request money from you upfront however you as the patient are only responsible for the deductible.

What if the provider asks me to pay more than my deductible?
Your benefits plan does not require you to pay anything upfront outside of your deductible. If the provider will not perform your treatment without money being paid upfront outside of your personal responsibility, contact GPA immediately and have a GPA representative speak to the provider.

What should I do if I am asked to sign a payment plan at the time of my procedure?
NEVER sign a payment plan at a facility/hospital as this will take ELAP out of the process, due to the facility/hospital now having that YOU (the member) are taking responsibility for any outstanding balance. If you are asked to do such an act, please contact GPA immediately.

I've been balance billed; will my account be put into collections?
Each provider treats its billing practices differently. When a provider sends a bill to a collection agency, it does not necessarily mean that it was reported any credit reporting agency impacting your credit score. This means that the provider has ceased their collection efforts within the hospital billing department and sent your bill to an outside vendor to attempt to collect the alleged balance due. IF you receive a collection notice, please send it to ELAP right away. The collection notice will clearly state that you have 30 days to respond and dispute the debt, and it must be sent to an attorney in a timely manner so that they have enough time to respond on your behalf. It is very important to remember that if your bill is sent to collections, once they collection agency is made aware that you are represented by an attorney; they are no longer, by law, permitted to communicate with you in any way other than continued mail notices. Please contact ELAP immediately if you continue to be contacted by the collection agency.

Why is the provider center still calling me?
The provider is within their legal rights to attempt to contact you by telephone, but there is no reason for you to speak to them. If you do speak to a representative, take their name and their phone number and relay that information to your assigned ELAP Claims Examiner.

PHCS DOCTORS NETWORK

FIND A PHCS IN-NETWORK DOCTOR

1. Log onto www.multiplan.com; call PHCS at (888) 611-7427 or GPA (800) 827-7223

2. Click on the "Search for a Doctor or Facility" button on the top right of the screen.

3. Check the box next to PHCS logo. Then click to continue.

4. Choose a Provider Type. Click on Doctor. Then click to continue

5. Refine Provider Criteria. Location is required and must be entered as one of the following combinations: zip code plus distance, city plus state or county plus state.

6. Provider Results. Providers matching your search criteria will be displayed on the pages to follow. Move from page to page by clicking on the page number or Previous and Next arrows. Results are displayed in proximity order but you can re-sort them by clicking on any underlined column heading.

A Printer Friendly icon is available for easy viewing of your search results on a printed page. You may print the listed providers or the details for a specific provider. Simply click on the Printer Friendly icon, send the results to your printer and then close the window.

GUARDIAN

DENTAL

Dental Plan Design

Guardian offers one of the largest dental networks nationwide. Find out if your dentist participates in Guardian's DentalGuard Preferred Network at www.guardianlife.com. Dependents are covered until the end of the year they turn age 26. If you have questions on your benefits or on finding a vision provider please call Guardian's employee benefits hotline at 1-888-600-1600.

The calendar year deductible is combined for Levels II and III. For example, if you have a Level II service and a Level III service within the same calendar year, you will only have to satisfy one deductible for the calendar year. So you only have to pay the $25 deductible for individual or $75 deductible per family one time in any calendar year.

	Bi-Weekly Employee Contribution
EMPLOYEE	$10.90
EMPLOYEE/SPOUSE	$27.00
EMPLOYEE/CHILD(REN)	$20.30
FAMILY	$35.00

Dental – DentalGuard Pref NAP		
What is the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental – DentalGuard Pref NAP network will be most cost effective.	
	In Network	**Out of Network**
Calendar Year Deductible	$25, Once the annual deductible is met by each of the three family members, no further deductible applies.	
Preventive	Waived	
Basic	Not Waived	
Major	Not Waived	
Calendar Year Maximum Benefit	$1,000	
Maximum Rollover	Yes	Yes
	How much does the plan pay?	**How much does the plan pay?** (as a % of reasonable & customary)
Preventive Services:		
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care	100%	100%
Bitewings X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleanings	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Services:		
Fillings (one surface)	80%	80%
General Anesthesia[1]	80%	80%
Simple Extractions	80%	80%
Major Services:		
Scaling & Root Plaining (per quad)	50%	50%
Dentures	50%	50%
Single Crowns	50%	50%

Guardian offers "Maximum Roll Over" as an additional benefit under the dental plan.

With Maximum Rollover, Guardian will roll over a portion of each member's unused annual maximum, called the Maximum Rollover Amount, into his or her Maximum Rollover Account (MRA). The MRA can be used in future years, if a member reaches the plan's Annual Maximum. Roll over balances will be identified and reported at the conclusion of each plan year

NOTE: This Summary of Benefits only represents an overview of your medical benefits and are subject to change.

GUARDIAN

VISION

New this year WFSI will be offering vision coverage through Guardian. Guardian utilizes the VSP network which is one of the largest vision insurer networks in the nation. VSP is the same network your current vision coverages utilizes. Find out if your vision care provider participates in Guardian's VSP Network at www.guardianlife.com. This plan is voluntary which provides you an opportunity to obtain vision coverage should you so desire. If you have questions on your benefits or on finding a vision provider please call Guardian's employee benefits hotline at 1-888-600-1600.

2017 Premium Contributions

	Bi-Weekly Employee Contribution
EMPLOYEE	$3.78
EMPLOYEE/SPOUSE	$7.56
EMPLOYEE/CHILD(REN)	$8.33
FAMILY	$12.11

Vision Insurance Schedule			
Benefit	**Frequency**	**In-Network Member Cost**	**Out-of-Network Benefit**
Vision Exam	Every 12 months	$10 copay	Up to $39
Laser Vision Correction Discount	Once per eye per lifetime	Average 15% off the regular price or 5% off the promotional price. *Discounts only available from contracted facilities.*	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular	Every 12 months	$25 copay (for lenses and frame)	Up to $23 Up to $37 Up to $49 Up to $64
Frames	Every 24 months	$130 allowance for frames of your choice and 20% off the amount over your allowance.	$46
Elective Contact Lenses *Contact lenses are in place of lenses and frames.*	Every 12 months	$130 allowance for contact lens exam (fitting and evaluation) and materials. If you choose contact lenses, you will be eligible for frames 12 months from the date the contact lenses were obtained.	Up to $100
Additional Glasses and Sunglasses Discount	20% off additional glasses and sunglasses from any VSP doctor within 12 months of your last exam.		N/A

HSA

Health Savings Accounts (HSAs) were first made available in January 2004. Since their inception more than a million Americans have begun participation. An HSA plan combines a lower premium for health care as the result of elected coverage under a Qualified High Deductible Health Plan (QHDHP), with an employee directed, tax-advantaged savings account. WFSI in an effort to provide creative, state-of-the-art benefits coverage for its employees has elected to continue to make HSA's available.

Advantages of the HSA

- When you enroll in a Qualified High Deductible Health Plan (QHDHP) you become eligible to participate in a Health Savings Account (HSA) which allows for discretionary employer and employee contributions that may be used to offset the future cost of healthcare expenses.
- An HSA works much like a 401(k) or IRA. All money contributed to the account is yours from the very time you begin participation in the plan, it rolls over from year to year, and you have the ability to select how your money is invested so that it will grow until you may need it.
- Contributions (both your own and the company contribution as well) and investment earnings are tax-free. Also tax-free are any disbursements from your account as long as they are for qualifying medical expenses. Qualified medical expenses include the same type of things as a Section 125, Flexible Spending Account.

Who is eligible to participate in an HSA?

- Employees and dependents covered by a QHDHP and not covered by any non-qualified coverage (such as Medicare, Tricare, spouse's non-qualified plan, and Veteran's Administration, if VA Benefits received in the 3 months preceding coverage under the QHDHP).

Features of WFSI's HSA Plan

- 2017 Maximum annual contribution: Single = $3,400 / Family = $6,750
- Additional "catch-up" contribution available to account holders age 55 and older of $1,000
- The company will match dollar-for-dollar the first $15.00 of employee contributions per pay period. You are required to contribute a minimum of $15.00 per pay period.
- A personal account in your name will be established at Optum Bank which is totally portable should you leave employment of WFSI.
- Optum Bank has a portfolio of 20 investments where you can invest your money once your account reaches $2,000. Prior to accumulating the minimum investment level, your money will be in an interest bearing money market account.
- You may reimburse yourself for qualified unreimbursed medical expenses much like you can through a FSA, but never exceed the amount you have contributed to your plan.
- There is no need to be concerned about a "use it or lose it" provision since any unused money in your account rolls over to the next year.
- As long as you withdraw money for qualified unreimbursed medical expense, even in retirement or after you have left employment with the company your withdrawals are tax-free.
- You can enroll in an HSA during enrollment with your benefits counselor. You will receive a packet in the mail from Optum to authorize your account. Please complete this paperwork as soon as possible or your account will close.

DEPENDENT CARE ACCOUNT PROGRAM

WFSI sponsors the Dependent Care Account.

The Dependent Care Account allows working parents who pay for day care of dependent children under the age of 13 (or any adults or other eligible dependents who are physically or mentally incapable of taking care of themselves) to pay for those expenses with pre-tax dollars by redirecting funds to this option. **You may elect to contribute up to $5,000 each plan year ($2,500 if married and filing separate).**

How Can I Participate?

While you will reduce your taxes immediately by having your group insurance premiums paid with pre-tax dollars through the Premium Savings option, you will need to give some careful thought to the Dependent Care Account. To be sure you maximize the tax savings of the plan, you will want to estimate how much money you should redirect to the Dependent Care Accounts. A good place to start is a review of the expenses you have incurred in the past year. Every ***pay*** *period,* the Flex Plan contributions are deposited into an account established solely for the program. Reimbursements from the plan are then drawn on this account.

DEPENDENT CARE REIMBURSEMENT

- Receipts or supporting documentation are required with claim

GUARDIAN

DISABILITY AND LIFE INSURANCE

NEW! Guardian will now be providing coverage for Disability and Life Insurance. Coverage with Lincoln and USAble will terminate on December 31, 2016. Coverage with Guardian will begin on January 1, 2017.

Disability

WFSI PROVIDES THIS BENEFIT TO YOU AT NO COST

A Summary Plan Description of your Disability Benefit is available upon request from the Human Resources Department.

A **Short-Term Disability** Insurance policy is paid for by the Company. This insurance provides a benefit to employees meeting disability criteria defined as Total Disability for off-the-job illness or injury. After a 0 day elimination period for accidents and a 7 day elimination period for sickness, the duration of the insurance is 13 weeks.

Total Disability: You, the eligible employee, are totally disabled if you cannot perform the duties of your own occupation or any other work for wage or profit. Two periods of disability are separate if they are separated by return to active work for a period of six consecutive months or they arise from totally unrelated causes.

For more information regarding the disability insurance program, contact the Human Resource Department for further assistance. When you are off work on short-term disability, it is the employee's responsibility to make monthly payments to keep their portion of any elected benefits current.

WFSI provides a Group Term Life death benefit for regular full-time employees at **no cost** after the probationary period. The Company also makes available a Supplemental Term Life (Voluntary) product at an additional cost to regular full-time employees with premiums deducted (after tax) from the payroll check.

Life- THE PREMIUMS FOR YOUR $25,000 LIFE/AD&D POLICY ARE PAID BY WFSI

Your **Group Term Life** insurance becomes effective the 1st of the month following 60 days of employment. The face value of the policy is $25,000. The policy has a rider that is referred to as Accidental Death & Dismemberment (AD&D). This means if death is the result of an accident, the value of the policy doubles to $50,000.

WFSI is giving you the opportunity to purchase **Supplemental (Voluntary) Life Insurance;** not only for yourself, but for your spouse and any children that may qualify (you must enroll in order to enroll your dependents). The unique feature of this insurance is that you may apply for a maximum of $300,000 in $10,000 increments. The coverage, up to $200,000, is "guaranteed issue" if you enroll in the supplemental life during this open enrollment or when you are first eligible. This means that regardless of your medical condition, Guardian must accept your application. You may also purchase coverage for your spouse up to 100% of the coverage you are carrying on yourself (in $5,000 increments). The first $50,000 in spousal coverage is guarantee issue, provided coverage is elected when first eligible. In addition, all children in the household may be covered in $1,000 increments up to $10,000 not to exceed 10% of employee's amount for only $.09/$1,000 of benefit per pay period. Only one charge covers all children in the household. This insurance is also "guarantee issue", provided coverage is elected when first eligible.

Please refer to your Benefits Worksheet for rates on this insurance.

401 (k)

WFSI has had a long history of providing the best possible Retirement Benefit available. The Company's 401(k) Retirement Savings Plan, managed by Fidelity Investments (the largest provider of 401(k) services nationally), provides a great opportunity to set aside money for retirement while you are working. In fact, the 401(k) is by far the most popular retirement savings plan existing in the United States today. Your contributions and **matching funds from the Company** accumulate on a tax-deferred basis creating a great investment opportunity. Special care has been taken to provide investments strategies ranging from virtually no risk, through growth and income to aggressive postures.

New employees will be **Auto Enrolled** effective the 1st of the calendar quarter following 90 days of employment unless they "opt out" of the Plan. Materials relating to the enrollment process are mailed to the employee 30 to 45 days prior to the effective date of the auto enrollment.

Even if you opt out of initial participation, you may still enroll at the beginning of any calendar quarter since the 90 day employment waiting period has been accomplished. A portion of your paycheck each pay period is placed in a separate account for your benefits. You choose the amount, within certain guidelines, that will be set aside and how it is to be invested. Moreover, all monies in your account that have been contributed by you, including the earnings, belong to you and you alone. Matching funds contributed by the Company vest (your percentage of ownership increases with time) over a five year period at which time you become 100% owner of all monies and earnings in your account. You owe no tax until such time as your 401(k) assets are distributed to you.

You have complete control of your account and may access it either by phone or on-line. You can view your account balances, see what kind of return you are making, look at your investment history, make changes in your investments, change your deduction amount or even apply for a hardship loan.

Approximately 45 days before you become eligible for participation in the 401 (k), you will receive information directly from Fidelity regarding the Plan and its investment options. You may deal directly with Fidelity either on-line or by phone to complete your enrollment. Your investment elections and salary deferral will become effective the first of the calendar quarter in which you enroll.

You are strongly encouraged to participate since, by not doing so, you are leaving FREE MONEY on the table.

Annual Legal Notices

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However you must request enrollment within 30 days (depending on your carrier plan document) after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage.) This Special Enrollment opportunity is available only if you indicated (or otherwise as required) information regarding your or your dependents' other coverage on your initial enrollment form/waiver.

In addition, if you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You may also be eligible for a Special Enrollment Period if you and/or your dependents are determined to be eligible for premium assistance under a state Medicaid plan or state child health plan. You must request enrollment within 60 days of the date you are determined to be eligible for this premium assistance.

Women's Health and Cancer Rights Act

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? Call your Plan Administrator 913-345-2120 ext. 153 for more information.

HIPAA Disclosure- Your Right to Receive a Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS
You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication

- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you. *Example*: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services. *Example*: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration. *Example*: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**

Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	**IOWA – Medicaid**
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
NEBRASKA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
RHODE ISLAND – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH CAROLINA – Medicaid	**WASHINGTON – Medicaid**
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
SOUTH DAKOTA - Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
TEXAS – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
UTAH – Medicaid and CHIP	**WYOMING – Medicaid**
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VERMONT– Medicaid	
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

Notice Regarding Wellness Program

The Wilbert Funeral Services Wellbeing program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which could include a blood test for lipid and glucose panels. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Beth Krause at bkrause@wilbert.com.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Wilbert Funeral Services may use aggregate

information it collects to design a program based on identified health risks in the workplace, the screening vendor will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) third party health coaches and clinicians in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Beth Krause at bkrause@wilbert.com.