

2017 Benefits Enrollment Guide



We value people, encourage teamwork, and treat everyone with respect.

2017 Plan Year

What's Inside

Page 2

Welcome, How to Enroll

Page 3

What's New

Page 4

Medical, Telemedicine

Page 5

Medical Plan Features

Page 6

Making the Right Health Care Choice

Page 7

Benefits Value Advisor

Page 8

Health Savings Account

Page 9

Accident, Hospital Indemnity,
Employee Assistance Program,
Business Travel Accident, 401k

Page 10

Dental, Vision

Page 11

Life, Disability

Page 12

Cost of Your Benefits

Page 13

Benefit Contact Information

Page 14

Notes



This guide summarizes the key features of PLH Group Health Benefit Plans. If any conflict arises between the information stated here and any Plan provisions, the terms of the actual Plan documents or other applicable documents will govern in all cases. Provisions of the plans and eligibility for coverage do not constitute a contract of employment with any individual. Plans described in this Guide are subject to change at the discretion of PLH Group.

Welcome

At PLH Group, we think of our employees as our greatest assets and believe our success depends on hiring and retaining the finest people. We proudly offer our full-time benefit-eligible employees a benefits program which allows you to make choices to build the benefits package that best meets your individual needs.

This benefit guide highlights the many benefit options available to you. This year's enrollment period will begin on October 10th and end October 30th. Open enrollment is the only time of year when you can make benefit changes, unless you have a qualified life status change event such as marriage, divorce, death, birth, or loss of coverage, so please choose your benefits carefully.

How to Enroll in Your Benefits

Professional benefit counselors will be available by phone and on-site to help facilitate the enrollment process. Your meeting with the counselor is your opportunity to ask questions, get more information, receive help in selecting the benefits that best fit your needs, and complete the enrollment process. The table below outlines the schedule for enrollment.

Enrollment Schedule		
10/10 - 10/16	10/17 - 10/23	10/24 - 10/30
PLH PLS AIR2 Auger	TESSCO SUN SEDD AIR2	SNELSON TTRS ESS M&M

Benefit counselors are available over the phone for anyone who is unable to meet with one in person. For your convenience, you can pre-schedule your appointment with the benefit counselor online or over the phone. Note: If you are unable to schedule an appointment during your company's assigned enrollment period as noted above, you may schedule a make up appointment for the week of October 24th.

Schedule your appointment today!

There are three easy ways to schedule your appointment.

- Log on to www.plhgroup.schedapple.com
- Call **866-738-0391**, Monday - Friday, 8 a.m. - 6 p.m. Central
- Scan the QR code →



What's New for 2017

The following changes and new programs will become effective as of January 1, 2017:

Medical

There will be three Blue Cross Blue Shield of Texas (BCBSTX) medical plans offered. All three plans offer the same benefits and network of providers. Plan design changes include deductibles, copays, out-of-pocket maximums, non-emergent CT scan/MRI services and extended care services (in-network skilled nursing, hospice and home health care will now be subject to applicable deductible and coinsurance amounts for each plan). Please see the following pages for more information about your medical plan options and page five for a side by side comparison chart for more details.

Blue Value Advisor (BVA) - IMPORTANT

PLH introduced the BVA program as of January 2016 to help BCBSTX members find lower-cost, quality medical services and providers, helping to maximize your benefit plan. As of January 2017 we now have copay waivers and member rewards. Please read page seven of the guide for more information about this important change and how it can save you money.

Pharmacy

Certain drugs will now be subject to Prior Authorization or Step Therapy.

What is Step Therapy? For some drugs (known as step-therapy drugs), you may need to try certain other drugs first before the plan will cover that step-therapy drug. These other drugs are called prerequisite drugs. They are used to treat the same conditions and may actually cost less.

What is Preauthorization? Preauthorization is one way that BCBSTX can help you and your doctor find safe, appropriate drugs and keep costs down. Precertification means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, precertification applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Impacted members will be receiving customized letters from Blue Cross Blue Shield of Texas prior to January 1, 2017 to advise you of what you may need to do in order to continue any of your prescriptions that will now be subject to either Preauthorization or Step Therapy.

Voluntary Hospital Indemnity Plan through Unum

Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization and, in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed, regardless of the actual cost of treatment. Please see page nine for benefit details and page 12 for costs.

PLH Benefit Communications

We are pleased to announce that PLH now has a Facebook page dedicated to benefits! Please be sure to like us on Facebook at <https://www.facebook.com/PLHBenefits> so that you can receive important updates about the upcoming 2017 open enrollment and other benefit communications throughout the year.

Medical

Because there is nothing more important than your health, PLH offers three medical plan options through Blue Cross Blue Shield: the PPO 1000 Plan, PPO 2000 Plan, and the HDHP Plan.

The difference between the plans is your weekly employee contribution costs and your out-of-pocket costs when utilizing medical services/benefits (deductibles, coinsurance, copays, etc.). New ID cards will be issued to anyone enrolling in the PPO 1000 and PPO 2000 Plans due to copay changes, or if you're enrolling in the HDHP Plan (formerly known as Plan D) for the first time.

The table on the next page features a side by side comparison of all medical plans being offered for 2017. This is a general summary of your benefits; please refer to your Summary of Benefits and Coverage (SBC) or a copy of the policy for additional details. To receive a copy of our medical and pharmacy plan summary, visit the PLH Sharepoint Intranet site or contact your company's Human Resources.

Telemedicine

Telemedicine from Teladoc provides convenient 24/7 access to US board-certified physicians who can diagnose, treat, and prescribe medication for many common medical issues such as cold and flu symptoms, ear infections, and more. There is no cost for using Teladoc; however, you must be enrolled in one of the Blue Cross Blue Shield of Texas medical plans offered by PLH in order to be eligible for the program. New members will receive a welcome kit at home once your enrollment in one of the eligible medical plans becomes effective. Please call 1-800-Teladoc (835-2362) or download the Teladoc app on your smartphone.



IMPORTANT NOTES ABOUT THE MEDICAL PLANS: 1) Coinsurance amounts listed in the table represent the member's responsibility. 2) Out-of-network reimbursements are subject to Usual & Customary (U&C) up to the maximum allowable charge. 3) HDHP Plan - only deductible payments cross-accumulate for both in-network and out-of-network claims. Family deductible is aggregate per family with no individual cap built in. The entire family deductible must be satisfied before benefits are available under the plan. 4) HDHP Plan - family out-of-pocket max is embedded. When the family deductible is met, coinsurance still applies for an individual until the individual's out-of-pocket max is met. After that point, that individual's benefits are paid at 100% for the rest of the plan year.

BlueChoice Network Medical Plan Features						
Benefit	PPO 1000 Plan		PPO 2000 Plan		HDHP Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductibles and Maximums						
Deductible	\$1,000 / \$3,000	\$2,000/ \$6,000	\$2,000 / \$6,000	\$4,000 / \$12,000	\$2,500 / \$5,000	\$3,000 / \$6,000
Out-of-Pocket Maximum	\$3,500* / \$10,500*	\$6,000* / \$18,000*	\$3,500* / \$10,500*	\$10,000* / \$30,000*	\$5,000** / \$10,000**	\$6,000** / \$12,000**
Coinsurance	20%	40%	30%	50%	10%	50%
Covered Services						
Office Visits						
Preventive	Covered 100%	Deductible/ Coinsurance	Covered 100%	Deductible/ Coinsurance	Covered 100%	Deductible/ Coinsurance
PCP / Specialist	\$25/\$40 copay	Deductible/ Coinsurance	\$35/\$50 copay	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Lab/X-Ray						
Preventive	Covered 100%	Deductible/ Coinsurance	Covered 100%	Deductible/ Coinsurance	Covered 100%	Deductible/ Coinsurance
Diagnostic	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Advanced Radiology	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
CT Scan/MRI non-emergency	Deductible/Coinsurance + \$200 copay***		Deductible/Coinsurance + \$200 copay***		Deductible/Coinsurance + \$200 CT/MRI deductible ***	
Prescription Services						
Out-of-Pocket Max	\$1,000/\$3,000		\$1,000/\$3,000		Combined with Medical OOP	
Retail Copay 30 days	\$15/\$30/\$50	Copay + 20% Coinsurance	\$15/\$30/\$50	Copay + 20% Coinsurance	Deductible + \$15/\$30/\$50	Copay + 20% Coinsurance
Mail Order 90 days	\$30/\$60/100	Not Covered	\$30/\$60/\$100	Not Covered	\$30/\$60/\$100	Not Covered
Hospitalization						
Inpatient	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Emergency and Urgent Care						
Urgent	\$40 copay	Deductible/ Coinsurance	\$50 copay	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Emergency	In-network deductible/coinsurance		In-network deductible/coinsurance		In-network deductible/coinsurance	
Mental Health and Substance Abuse						
Inpatient	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Outpatient	\$30 copay	Deductible/ Coinsurance	\$35 copay	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance

*includes coinsurance/deductible/medical copay **includes deductible/coinsurance/Rx copay ***applicable in-network/out-of-network deductible/coinsurance; copay waived if BVA called prior to service

Making the Right Health Care Choice

When choosing a medical plan, it's important to consider what your **total health care costs** would be, not just the premium that is deducted from your paycheck. In order to choose a plan based on your total costs of care, you need to estimate the medical services you will use in the year ahead and what those services will cost you. Below is a sample illustration of how the plans work assuming a family of three (employee, spouse, and child) with the following care expected in 2017.

Costs and Services	PLH Medical Plan Options		
	PPO 1000	PPO 2000	HDHP
Annual Plan Deductible	\$1,000	\$2,000	\$5,000
Annual Medical Premium	\$7,795	\$3,463	\$2,815
Weekly Family Per Paycheck Deduction	\$149.90	\$66.60	\$54.13
Your Total Out-of-Pocket Medical Costs for Services			
	PPO 1000 Your Cost	PPO 2000 Your Cost	HDHP Your Cost
2 Doctor Office Visits <i>\$125 each</i>	\$25 copay per visit \$50	\$35 copay per visit \$70	You pay cost until deductible is met \$250
2 Generic Prescriptions <i>\$50 each</i>	\$15 copay per prescription \$30	\$15 copay per prescription \$30	You pay cost until deductible is met \$100
Preventative Care Visit <i>Annual Physical</i>	\$0 - covered at 100% \$0	\$0 - covered at 100% \$0	\$0 - covered at 100% \$0
1 Urgent Care Visit <i>\$125</i>	\$40 copay per visit \$40	\$50 copay per visit \$50	You pay cost until deductible is met \$125
Total Out-of-Pocket Costs	\$120	\$150	\$475
Your Total Premium and Out-of-Pocket Medical Costs for Services			
	PPO 1000 Your Total Cost	PPO 2000 Your Total Cost	HDHP Your Total Cost
Total Out-of-Pocket Costs for Services	\$120	\$150	\$475
Annual Medical Premium	\$7,795	\$3,463	\$2,815
Total Premium & Out-of-Pocket Cost for Services	\$7,915	\$3,613	\$3,290
Less PLH Annual HSA Family Contribution	\$0	\$0	(\$1,000)
Your Total Out-of-Pocket Annual Cost	\$7,915	\$3,613	\$2,290

Benefits Value Advisor (BVA) – Earn Rewards, Save Money!

IMPORTANT: Effective as of January 1, 2017, one of the plan design changes for all three PLH Medical Plans is a **\$200 copay/deductible*** in addition to the applicable deductible and coinsurance costs for **MRI services** and **CT scans** (non-emergency situations).

GOOD NEWS! You can have your copay/deductible* waived and earn a cash reward!

You can save the \$200 copay/deductible* for MRIs and CT scans by speaking with a Benefits Value Advisor to review the difference in estimated costs of several different in-network providers. It is not required that you seek service or treatment at locations recommended by BVA. However, you will save money and also be eligible for a cash reward between \$50 and \$150 depending on which provider you choose.

Save money – call BVA at 800-521-2227 before you have either a CT scan or an MRI.

*\$200 copay applies to PPO 1000 and PPO 2000 Plans. \$200 deductible applies to the HDHP Plan.

Here is an example:

Knee MRI	Outpatient Clinic	Hospital	Doctor's Office
Out-of-Pocket Cost	\$1,200	\$2,400	\$1,800
Call BVA - Save copay	-\$200	-\$200	-\$200
New Out-of-Pocket Cost	\$1,000	\$2,200	\$1,600

Member Rewards

Your current BCBSTX plans have BVA that helps members find lower-cost, quality medical services and providers, for procedures such as colonoscopy, MRIs, CT scans, ultrasound exams, endoscopy procedures, and more.

As of January 2017 BVA will also include a new program, **Member Rewards**, which could minimize your out-of-pocket costs and help you earn a **cash reward** from \$25 up to \$500 if you elect to have services or a procedure at a quality, lower-cost facility or with a lower-cost in-network provider.

Call BCBSTX Customer Service at **800-521-2227** and ask to speak to a Benefits Value Advisor and start saving money. Most of us look for value when we're shopping – why not apply this practice to shopping for health care services?



Health Savings Account (HSA)

The HSA is a tax-advantaged, interest bearing account used to pay for eligible health care expenses. Both you and PLH can make contributions to the HSA, and all the money in the account is yours to keep, even if you leave or retire from PLH. You can use this money to cover eligible medical, prescription drug, dental, or vision expenses. With the HSA, funds go in tax-free, grow tax-free, and come out tax-free (when withdrawn for eligible health care expenses)—that's a triple tax savings! You must be enrolled in the HDHP medical plan to be eligible for the HSA.

You can withdraw funds from your HSA to pay for current health care expenses, or you can keep the money in your account to pay for future expenses. You never pay taxes on the money you withdraw when you use it to pay for current or future eligible expenses. For a list of eligible expenses see IRS publication 969, at www.irs.gov/publication/p969. If you use HSA funds for ineligible expenses, tax penalties will apply. At the end of the year, any money in the HSA rolls over to the next year - you never lose it!

HSA Eligibility Rules:

- Must be covered by a Qualified HDHP and not be covered by any other non-HDHP insurance
- You cannot be enrolled in Medicare Part A or Part B or Tricare
- You cannot be claimed as a dependent on someone else's tax return

Important Note: If you have an HSA you may only have a limited Flexible Spending Account (FSA).

2017 HSA Contributions			
	PLH Contribution	Employee Contribution	Max Contribution
Single Coverage	\$150 upon effective date, \$350 over remaining pay periods	\$2,900	\$3,400
Dependent Coverage	\$300 upon effective date, \$700 over remaining pay periods	\$5,750	\$6,750
Employees Age 55+: You may contribute an additional \$1,000 to your HSA above the \$3,400 max.			

Flexible Spending Account (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using pre-tax dollars, which lowers your taxable income. Unused funds in your account cannot carry forward, so plan carefully.

A **Health Care Spending Account** helps you pay for medical, dental, and vision expenses not covered by insurance. You can use this account to pay for things like deductibles and copayments, orthodontia, glasses, and contact lenses. 2017 maximum limit of \$2,550.

A **Limited Purpose Health Care Spending Account** is available for those who are enrolled in the HDHP Plan with an HSA. This account only reimburses you for eligible dental and vision expenses. 2017 maximum limit of \$2,550.

A **Dependent Care Account** can help fund the care of children under the age of 13 or a disabled spouse or parent while you work. You can use this account to pay for things like payments to a licensed daycare provider or nursery school, before and after school care or summer day camp program, and elder care. 2017 maximum limit of \$5,000 if married and filing singly or \$2,500 if married and filing separately.

2017 FSA Contribution Limits		
Health Care	Limited Purpose	Dependent Care
\$2,550	\$2,550	\$5,000

Accident Insurance

Accident insurance from Unum can help cover the out-of-pocket costs associated with an off-the-job accident by paying you a benefit depending on the injuries you suffer and the treatment you receive. You can use the money as you see fit, whether to pay for expenses associated with your accident, like an emergency room copay, or to pay for childcare so you can get to the doctor for a follow up visit. The policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. Events covered by this policy include:

- Emergency room
- Ambulance transportation
- Fractures and dislocations
- Burns
- Physician care
- Follow up care
- Surgery
- Medical imaging
- and more!

Hospital Indemnity Insurance - **NEW for this year!**

This year you have the option to enhance your medical plan with additional hospital benefits through Unum. These benefits are designed to provide financial protection by paying you a benefit for hospital admission and daily benefits for inpatient days and days in the ICU. You can use this benefit to pay for out-of-pocket expenses and extra bills that can occur relating to your hospitalization.

Hospital Indemnity Plan Features	
Event	Benefit
Hospital Admission	\$1,500 per confinement
Hospital Confinement	\$100 per day, up to 15 days
Hospital Intensive Care	\$200 per day, up to 15 days

Employee Assistance Program (EAP) and Work-Life Services

The EAP, provided by Humana, offers up to three short-term counseling sessions per year to help you and members of your household manage everyday life issues. Caring counselors are available to assist you with many issues, such as depression and anxiety, emotional issues, relationship concerns, and more. Free and confidential assistance is available 24/7 at 866-219-1232 or www.humana.com/eap (username and password: power).

Business Travel Accident Insurance

Business travel accident (BTA), offered through Chubb Group of Insurance Companies, is paid for by PLH and provides 24/7/365 life and AD&D coverage while you are traveling on company business. Your spouse and dependent children are covered while traveling with you on business.

401k Plan

A 401k plan is an employer-sponsored retirement plan designed for long term investment of savings. Once enrolled, you will choose the deferral amount you would like withheld from your paycheck on a weekly basis. If you wish to make contributions to the plan on an after-tax basis, there is a Roth 401k option available as well.

401k Features	
Eligibility	Age 21
Employer Contribution	Safe Harbor matching contribution equal to 100% of your salary deferrals (including catch-up contributions) that do not exceed 3% of your compensation plus 50% of your salary deferrals between 3% and 5% of your compensation. The compensation used to determine the amount of match you receive will be determined on a payroll period basis.

Dental

Part of staying healthy includes obtaining regular dental care for you and your family. PLH offers BlueCare Freedom Dental through Blue Cross Blue Shield of Texas. Although you have the option to see any provider you wish, you will receive the greatest savings when you choose an in-network dentist.

BlueCare Dental Plan Features	
Calendar Year Deductibles and Maximums	
Deductible Individual/Family	\$50 / \$150
Maximum (per participant)	\$1,500
Covered Services	
Diagnostic and Preventive	100%, deductible waived
Restorative	80%
General	80%
Endodontic	80%
Periodontal	80%
Oral Surgery	80%
Prosthodontic	50%
Crowns and Inlays/Onlays	50%
Orthodontia - Adult & Child	50%



To locate a dentist in your area, please visit www.bcbstx.com.

Vision

We are proud to offer vision benefits through VSP. Although you have the option to see any provider you wish, you will receive the best value when you choose an in-network provider.

VSP Vision Plan Features		
	In-network	Out-of-network
Vision Examination		
Every 12 months	\$25 for exam and glasses	Up to \$45
Eyeglasses every 12 months		
Frames every 24 months	\$150 allowance	Up to \$70
Standard lenses	\$55	Single vision up to \$30
Premium lenses	\$95 - \$105	Bifocal/trifocal up to \$50/\$65
Custom lenses	\$150 - \$175	Progressive up to \$50
Contact Lenses		
Medically Necessary, Conventional, and Disposable	\$150 allowance for contacts Up to \$60 for contact lens exam	Up to \$105

To locate a VSP provider in your area, log on to www.vsp.com or call 800-877-7195.



Life Insurance

Life insurance is a key part of proper financial planning and helps provide financial stability and protection for families in case of an early death. As a full-time employee, you have access to a variety of life insurance options to ensure you have the amount of coverage that best fits your needs.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance is paid for by PLH and provided at no cost to you. The amount of your AD&D coverage is equal to your basic life insurance benefit.

Tier	Benefit Amount
Group 1 Director level and up	Two times earnings to \$500,000
Group 2 Exempt	One times earnings to \$250,000
Group 3 All other hourly and non-exempt	One times earnings to \$100,000

Voluntary Term Life and AD&D Insurance is available in addition to your PLH-provided basic life. You may purchase insurance for your dependents if you purchase additional coverage for yourself.

Tier	Benefit Amount
Employee	Up to five times salary, not to exceed \$500,000, Guaranteed Issue up to \$150,000
Spouse	Up to 50% of employee amount, not to exceed \$100,000
Children	Up to 50% of employee amount, not to exceed \$10,000

Voluntary Whole Life Insurance from Unum provides the flexibility to tailor a life insurance program to meet your needs. With a guaranteed death benefit that will never decrease and premiums that will never increase, whole life insurance can offer protection beyond your working years, potentially for your lifetime. Be sure to ask a counselor for your customized quote.

Disability Insurance

Disability insurance can help protect your income if you are unable to work due to an accident or illness.

	Short Term Disability	Long Term Disability
Eligibility and Rates		
Groups 1 and 2	Employer-paid	Employer-paid
Group 3	Employee-paid \$0.625 per \$10 of benefit	Employee-paid \$0.21 per \$100 of benefit
Plan Details		
Benefits Begin	On the 8th day	After 180 days
Benefit Duration	25 weeks	Groups 1 and 2: max benefit up to SSNRA Group 3: 2 years if disabled prior to age 68, to age 70 for at least one year if disabled at age 68, one year if disabled at age 69 or older
Benefit Amount	Increments of \$100	Increments of \$100
Maximum Benefit	60% of salary, not to exceed: Groups 1 and 2: \$2,000 per week Group 3: \$1,000 per week	Groups 1 and 2: 60% of salary, not to exceed \$15,000 per month Group 3: 50% of salary, not to exceed \$6,000 per month
Minimum Benefit	None	\$100 per month
Pre-existing Conditions	Groups 1 and 2: none Group 3: 3 months/6 months	Groups 1 and 2: 3 months/12 months Group 3: 12 months/12 months

The Cost of Your Benefits

The benefits that PLH offers are a valuable part of your overall compensation package. The tables below show the weekly employee cost for our various benefit plans.

Weekly Contributions: Medical			
	PPO 1000 Plan	PPO 2000 Plan	HDHP Plan
Employee Only	\$50.03	\$22.53	\$18.31
Employee and Spouse	\$104.56	\$46.61	\$37.89
Employee and Child(ren)	\$89.44	\$39.96	\$32.48
Employee and Family	\$149.90	\$66.59	\$54.13

Weekly Contributions: Dental, Vision, and Accident			
	Dental	Vision	Accident
Employee Only	\$2.50	\$0.25	\$3.42
Employee and Spouse	\$6.50	\$0.50	\$5.71
Employee and Child(ren)	\$3.75	\$0.53	\$6.84
Employee and Family	\$11.00	\$0.85	\$9.13

Weekly Contributions: Hospital Indemnity				
Age Band	Employee	Employee and Spouse	Employee and Child	Employee and Family
Plan 1				
17-49	\$6.34	\$11.37	\$9.13	\$14.16
50-59	\$8.72	\$17.40	\$11.52	\$20.19
60-64	\$12.39	\$25.86	\$15.18	\$28.65
65+	\$17.71	\$36.78	\$20.50	\$39.57

Sample Contributions: Life Insurance			
Issue Age	Term Life		Whole Life \$25,000 Benefit
	Rates per \$1,000 Benefit		Lifetime Premium
25	\$0.14	\$4.19	\$4.92
35	\$0.22	\$6.44	\$7.76
45	\$0.34	\$10.80	\$13.92

Whole life rates are for illustrative purposes only and represent non-tobacco rates. Premium rates vary by age, coverage amount, and tobacco use. Speak with a benefit counselor for your customized quote.

Benefit Contact Information				
Plan	Plan Provider	Phone	Website	
Medical <i>Including prescription coverage</i>	Blue Cross Blue Shield of Texas Group# 009089	Customer Service & BVA 800-521-2227 Prime Mail Rx 877-357-7463 24 Hour Nurse Line 800-581-0393		www.bcbstx.com
Telemedicine	Teladoc	800-Teladoc (835-2362)		www.teladoc.com
Health Savings Account	HSA Bank	800-357-6246		www.hsabank.com
Dental	Blue Cross Blue Shield of Texas Group# 009089	800-521-2227		www.bcbstx.com
Vision	VSP Group# 30046159	800-877-7195		www.vsp.com
Flexible Spending Accounts	Infinisource	866-370-3040		www.infinisource.com
Voluntary Life/AD&D Short Term Disability Long Term Disability	Mutual of Omaha #G000AGF1	Contact PLH Group HR Life/AD&D Disability Help Line 800-877-5176		www.mutualofomaha.com
Accident, Hospital Indemnity, Whole Life	Unum	866-679-3054		www.unum.com
Business Travel Accident	Chubb Group	Claims 800-252-4670		
401k	Chernoff Diamond & Co., LLC / Charles Schwab	877-343-2791		www.PLH401K.com
EAP/Work-Life	Humana	866-219-1232 Username: power Password: power		www.humana.com/eap



Notes

TIME-SENSITIVE BENEFIT INFORMATION: OPEN IMMEDIATELY

Name
Address 1
Address 2
City, State Zip

Good news! It's time to enroll in your 2017 benefits. Look inside for more details about the plans and enrollment process.

**Log on or call to schedule
your appointment with a
benefit counselor today!**

866-738-0391

M-F, 8 a.m. - 6 p.m. Central
www.plhgroup.schedapple.com



PLH
GROUP