

Benefit Summary Booklet

This summary describes DuPage Medical Group's Health and Welfare benefit options. This information will assist you in making decisions regarding your benefits. This guide does not give you all the details about your benefits but an overview. The complete details are provided in the official plan documents, which rule in the case of any differences between them and this brochure.

Eligibility:

To be eligible for health and welfare benefits, you must be a full-time/regular employee (scheduled to work at least 30 hours per week) and be actively at work on the date your insurance is effective. If you are not in active service, it will be effective on the date you return. There are some benefits offered to all employees regardless of their scheduled hours such as vision coverage, 401(k), profit sharing and others highlighted in this booklet. Summaries of each insurance plan can be found on Ceridian Self-Service under "Company Documents".

As a new DMG physician, insurance benefits are effective on the date of hire. As a new DMG staff member, insurance benefits are effective on the first of the month following two months of employment.

If you become benefit eligible due to a scheduled change in hours, your benefits will be effective the first of the following month if you have been employed two months. If you go part-time and return to full-time status within six months, there is no waiting period.

If you have a change in family status including marriage, divorce, birth, adoption of a child, placement of a child for adoption or loss of other insurance coverage you must enroll within 30 days from the date of the event provided you meet the eligible employment status. Please contact our Benefits representative at 630-942-7912 to enroll.

Dependents: Your spouse/civil union partner, and dependent children are eligible to participate in our benefit plans. Dependent children up to age 26 are eligible for medical and dental coverage. Dependent children up to age 23 can have child life and accidental death and dismemberment insurance and age 25 if a full-time student.

How to Enroll:

Enrollments for the health and welfare plans are processed online through Ceridian Self-Service for newly hired employees. This tool provides you with on-line access to valuable confidential human resources and payroll information. You may enroll in your benefits, process direct deposit, change your address, update your beneficiaries, and change your taxes and much more. Please review the step by step instruction in this booklet to assist you with your enrollment and/or changes. Established employees enrolling in benefits due to a change in family status or loss of other insurance coverage please contact our Benefits representative at 630-942-7912 to enroll.

~Medical Insurance~

DMG offers employees two High Deductible Health Plan's (HDHP) and an HMO. Please carefully examine which plan is right for you and your family. The member selects a plan to participate in for the calendar year and then chooses their health providers under the plan. Under each plan a member can choose a provider in the appropriate Humana In-Network (for HDHP, ChoicePOS and HMO, Select HMO) and the DMG Advantage Network (which consist of DMG physicians and ancillary services, Edward Medical Group, and two hospitals: Edward Hospital and Advocate Good Samaritan). Choosing a provider in the DMG Advantage Network will provide the richest benefit to the member for health services received. Choosing a provider under the Humana In-Network will provide good coverage and allow the member to have access to all physicians and hospitals that participate in the In-Network.

What is a High Deductible Health Plan?

A High Deductible Health Plan (HDHP) generally has a lower monthly premium than the average insurance plan, as their deductibles are much higher. The money saved on premiums can be put into a Health Savings Account (HSA) to cover the higher deductible, once you have met your deductible your HDHP insurance takes over (see example below).

The HDHP combines or integrates your deductibles such as prescription drug costs to the same deductible as medical cost. And, for members who choose "other" than employee only coverage (employee & spouse, employee & child; or full family) costs for all covered members apply to the same deductible.

The two High Deductible Health Plans are listed below:

<u>HDHP 2500</u>	<u>DMG Advantage Network Provider</u>	<u>Humana In-Network ChoicePOS</u>	<u>Out-of-Network</u>
Deductible	\$1,500 Single \$3,000 Other	\$2,500 Single \$5,000 Other	\$5,000 Single \$10,000 Other
Out-of-Pocket Maximum Calendar Year	\$2,000 Single \$4,000 Other	\$3,000 Single \$6,000 Other	\$10,000 Single \$20,000 Other
Preventive Care Routine physicals, Immunizations, Preventive Labs, X-rays, Routing Screenings (vision and hearing screenings not covered)	100%	100%	60% after Deductible
Hospital Services In-patient, outpatient services, outpatient surgery	90% after Deductible Member pays 10%	80% after Deductible Member pays 20%	60% after Deductible
Physician Services Office visits (non-preventive), Lab, X-Ray, Surgery performed in office.	100% after Deductible	80% after Deductible Member pays 20%	60% after Deductible
Emergency Services	100% after Deductible	100% after Deductible	100% after Deductible
Outpatient Surgery ASC	100% after Deductible	80% after Deductible Member pays 20%	60% after Deductible
<u>Prescription Drugs</u>	80% after In-Network Deductible		60% after Deductible

The High Deductible Health Plan 3500 has higher deductibles and out-of-pocket maximums. This is shown on the next page.

HDHP 3500	DMG Advantage Network Provider	Humana In-Network ChoicePOS	Out-of-Network
Deductible	\$3,000 Single \$6,000 Other	\$3,500 Single \$7,000 Other	\$6,000 Single \$12,000 Other
Out-of-Pocket Maximum Calendar Year	\$5,000 Single \$10,000 Other	\$6,000 Single \$12,000 Other	\$10,000 Single \$20,000 Other
Preventive Care Routine physicals, Immunizations, Preventive Labs, X-rays, Routing Screenings (vision and hearing screenings not covered)	100%	100%	60% after Deductible
Hospital Services In-patient, outpatient services, outpatient surgery	90% after Deductible Member pays 10%	80% after Deductible Member pays 20%	60% after Deductible
Physician Services Office visits (non-preventive), Lab, X-Ray, Surgery performed in office.	100% after Deductible	80% after Deductible Member pays 20%	60% after Deductible
Emergency Services	100% after Deductible	100% after Deductible	100% after Deductible
Outpatient Surgery ASC	100% after Deductible	80% after Deductible Member pays 20%	60% after Deductible
Prescription Drugs	80% after In-Network Deductible		60% after Deductible

EXAMPLE

The following example using the HDHP 2500 will show the advantage of using a DMG Advantage provider. **In this example** the employee is enrolled in one of the “other” tiers (employee & spouse) and has elected the HDHP 2500 plan. This employee is aware that all dependents and the employee would have to meet a deductible combined, before co-insurance covers eligible expenses. Once out of pocket maximums are reached then health expenses after that may be covered at 100% depending on where the services are received at the time the deductible was met (i.e., DMG Advantage Network or Humana In-Network).

In March, the employee’s spouse has a claim for \$2700 from a DMG Advantage Network physician and the employee herself has a previous claim for \$500 from an In-Network facility. Total claims to date are \$3,200. These expenses were applied to the DMG Advantage deductible of \$3000 and the Humana In-Network deductible of \$5000. In June the employee had another claim for \$1800 in eligible expenses from a DMG Advantage provider. Since the DMG Advantage deductible had been met from previous claims, the employee’s \$1800 claim is subject to co-insurance. Since the service received was from the ASC the employee’s charges are zero (0) because there is no co-insurance for services at the ASC once the deductible is met. If the employee received surgical services from a different ASC under the Humana In-Network, the charges would have been applied to the Humana In-Network deductible of \$5000 before co-insurance is applied. Assume the employee was charged \$1800 from the In-Network ASC. The employee would have had to pay \$1800 because \$3200 of the \$5000 deductible was previously met.

IMPORTANT: DMG Advantage providers are in the Humana In-Network. So to receive the richest level (DMG Advantage) of coverage or a high level of coverage, always choose a Humana In-Network provider. If you go out of network, your deductible and co-insurance is much higher and does not combine with any deductible costs incurred under the In-Network charges. Note: RX purchases are applied to your deductible. There is no coinsurance on medication until your deductible has been met.

What is the advantage of enrolling in a HDHP?

There are two advantages:

1. Lower premium costs
2. Health Savings Accounts (HSA's) are combined with the High Deductible Health Plan.

An HSA works like a personal health care checking account with significant advantages. HSAs are a tax-free way to save and budget for healthcare expenses. Your contributions go in tax-free, it earns interest tax-free, and you can use it tax-free for IRS-approved expenses such as your out of pocket medical expenses. There are no "use it or lose it" rules such as with the Flexible Spending Accounts. Not only do you contribute to your account, but DMG will also contribute to your savings account to assist you with your savings and building a strong financial future for your healthcare needs.

Contribution limitations to an HSA are determined by the IRS and may be withdrawn at any time without penalty to pay for qualified medical expenses. Like an IRA, the account is yours - not DMG's. It's your money and you decide how to invest the savings within the HSA. Any money remaining in your HSA at the end of the year continues to earn interest in the HSA for future medical expenses.

For individuals age 55 and older, additional 'catch-up' contributions are allowed to encourage saving for health expenses after retirement. Once an individual enrolls in Medicare they are no longer eligible to contribute to their HSA, but can still participate in the HDHP plan.

Please refer to page 6 for more detailed information.

HDHP~Health Savings Account (HSA)

When you enroll in the HSA, paying for your health care expenses with the funds from your HSA is simple. You can pay for eligible medical, dental and vision expenses, including prescription drugs, by using your HSA debit card or pay cash. If you pay cash, you can reimburse yourself by debiting funds from your account. However, you must keep your receipts in the event of an audit by the IRS.

Because of the HSA tax advantages, certain restrictions and eligibility requirements apply. Below are IRS rules about HSAs:

- You can have both a Flex Spending Account (FSA) and an HSA; but the FSA becomes a “limited-purpose FSA.” This FSA arrangement would be to pay or reimburse only for vision and dental expenses. No other medical expenses would be covered. However, other medical expenses are eligible through the HSA.
- You can not have an HSA if you are:
 - ❖ Covered by other insurance that pays for medical services. This includes medical plans and spending accounts other than HSAs.
 - ❖ Enrolled in Medicare.
 - ❖ Claimed as a dependent on someone else’s tax return (e.g., dependent child as defined by the IRS). However, you can be claimed as a spouse on your tax return.

Contribution Limits to the HSA.

Based on IRS guidelines total contributions for 2012, to the HSA can not be higher than:

- ◇ \$3,100 for Single
- ◇ \$6,250 for Other (Employee & Spouse; Employee & Child or Full Family)

However, if you are age 55 (or turn age 55 in 2012) or older, you can make additional “catch-up” contributions. The maximum annual catch-up contribution for 2012 and years going forward is \$1000. If you are newly hired or have a change in status/life event, you may contribute a prorated amount (not the full \$1000).

DMG is pleased to inform you that a credit to your account will be made monthly based on the HDHP selected. Please note this amount is subject to change and/or stop in future years.

HDHP 2500	HDHP 3500
Single - \$50.00 monthly	Single - \$62.50 monthly
Other - \$100.00 monthly	Other - \$125.00 monthly

Note: Your contribution and the DMG contribution can not exceed the total IRS limits.

HSA Frequently Asked Questions (source: US Treasury)

Does an HSA pay for the same things that regular insurance pays for?

HSA funds can pay for any “qualified medical expense”, even if the expense is not covered by your HDHP. For example, most health insurance does not cover the cost of over-the-counter medicines, but HSAs can with a prescription. If the money from the HSA is used for qualified medical expenses, then the money spent is tax-free.

How do I know what is included as “qualified medical expenses”?

Unfortunately, we cannot provide a definitive list of “qualified medical expenses”. A partial list is provided in IRS Pub 502 (available at www.irs.gov). There have been thousands of cases involving the many nuances of what constitutes "medical care" for purposes of section 213(d) of the Internal Revenue Code. A determination of whether an expense is for "medical care" is based on all the relevant facts and circumstances. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness. The determination often hangs on the word "primarily."

Who decides whether the money I’m spending from my HSA is for a “qualified medical expense?”

You are responsible for that decision, and therefore should familiarize yourself with what qualified medical expenses are (as partially defined in IRS Publication 502) and also keep your receipts in case you need to defend your expenditures or decisions during an audit.

What happens if I don’t use the money in the HSA for medical expenses?

If the money is used for other than qualified medical expenses, the expenditure will be taxed and, for individuals who are not disabled or over age 65, subject to a 20% tax penalty.

Are dental and vision care qualified medical expenses under a Health Savings Account?

Yes, as long as these are deductible under the current rules. For example, cosmetic procedures, like cosmetic dentistry, would not be considered qualified medical expenses.

Can I use the money in my HSA to pay for medical care for a family member?

Yes, you may withdraw funds to pay for the qualified medical expenses of yourself, your spouse or a dependent without tax penalty. This is one of the great advantages of HSAs.

Can I use my HSA to pay for medical services provided in other countries?

Yes.

Can I pay my health insurance premiums with an HSA?

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

Can I purchase long-term care insurance with money from my HSA?

Yes, if you have tax-qualified long-term care insurance. However, the amount considered a qualified medical expense depends on your age. See IRS Publication 502 for the amounts deductible by age.

I have an HSA but no longer have HDHP coverage. Can I still use the money that is already in the HSA for medical expenses tax-free?

Once funds are deposited into the HSA, the account can be used to pay for qualified medical expenses tax-free, even if you no longer have HDHP coverage. The funds in your account roll over automatically each year and remain indefinitely until used. There is no time limit on using the funds.

What happens to the money in my HSA if I lose my HDHP coverage?

Funds deposited into your HSA remain in your account and automatically roll over from one year to the next. You may continue to use the HSA funds for qualified medical expenses. You are no longer eligible to contribute to an HSA for months that you are not an eligible individual because you are not covered by an HDHP. If you have coverage by an HDHP for less than a year, the annual maximum contribution is reduced; if you made a contribution to your HSA for the year based on a full year’s coverage by the HDHP, you will need to withdraw some of the contribution to avoid the tax on excess HSA contributions. If you regain HDHP coverage at a later date, you can begin making contributions to your HSA again.

Do unused funds in a Health Savings Account roll over year after year?

Yes, the unused balance in a Health Savings Account automatically rolls over year after year. You won't lose your money if you don't spend it within the year.

What happens to the money in a Health Savings Account after you turn age 65?

You can continue to use your account tax-free for out-of-pocket health expenses. When you enroll in Medicare, you can use your account to pay Medicare premiums, deductibles, co-pays, and coinsurance under any part of Medicare. If you have retiree health benefits through your former employer, you can also use your account to pay for your share of retiree medical insurance premiums. The one expense you cannot use your account for is to purchase a Medicare supplemental insurance or "Medigap" policy.

Once you turn age 65, you can also use your account to pay for things other than medical expenses. If used for other expenses, the amount withdrawn will be taxable as income but will not be subject to any other penalties. Individuals under age 65 who use their accounts for non-medical expenses must pay income tax and a 20% penalty on the amount withdrawn.

Can I use my HSA to pay for medical expenses incurred before I set up my account?

No. You cannot reimburse qualified medical expenses incurred before your account is established. We recommend you establish your account as soon as possible.

Who will be the "bookkeeper" for my HSA?

It is your responsibility to keep track of your deposits and expenditures and keep all of your receipts. If you run out of HSA funds (and therefore need to use your HDHP), you may need to send those receipts to your insurer.

How do I use my HSA to pay my physician when I'm at the physician's office?

If you are still covered by your HDHP and have not met your policy deductible, you will be responsible for 100% of the amount agreed to be paid by your insurance policy to the physician. Your physician may ask you to pay for the services provided before you leave the office. If your HSA custodian has provided you with a checkbook or debit card, you can pay your physician directly from the account. If the custodian does not offer these features, you can pay the physician with your own money and reimburse yourself for the expense from the account after your visit.

If your physician does not ask for payment at the time of service, the physician will probably submit a claim to your insurance company, and the insurance company will apply any discounts based on their contract with the physician. You should then receive an "Explanation of Benefits" from your insurance plan stating how much the negotiated payment amount is, and that you are responsible for 100% of this negotiated amount. If you have not already made any payment to the physician for the services provided, the physician may then send you a bill for payment.

For more information you may go to www.ustreas.gov/offices/public-affairs/hsa

HSA Eligible Medical Expenses

An eligible expense is defined as an expense for certain healthcare services, equipments and medication as described in Section 213(d) of the Internal Revenue code. Below are two lists which may help determine whether an expense is eligible.

These lists are not comprehensive, they are meant to serve as a quick reference, and are provided to you with an understanding that DMG is not engaged in rendering tax advice. The information provided is not to be used, and cannot be used, to avoid federal tax penalties. For more detailed information, please refer to IRS Publication 502 titled, "Medical and Dental Expenses," Catalog Number 15002Q. Publications can be ordered directly form the IRS by calling 1-800-Tax Form.

Here are a few important tips to remember regarding Qualified Medical Expenses:

- The expense should be primarily for the prevention of a physical or mental defect or illness. The determination of whether the expense qualifies often hangs on the word 'primarily.'
- Qualified expenses must be incurred on or after the day the HSA was established.
- You, your spouse and any dependents may have your medical expenses paid for out of your HSA, even if your spouse or dependents aren't covered by the HDHP.

Health insurance premiums do not qualify as medical expenses, unless:

- You are receiving unemployment compensation
- You are paying for COBRA continuation coverage
- Certain qualified Long Term Care Insurance Premiums

Eligible Medical Expenses (for HSA Distributions)			
Abdominal Supports	Dermatologist	Oral Surgery	Transportation expenses (relative to health care)
Abortion	Diagnostic fees	Organ transplant (including donor's expenses)	Ultra-violet ray treatment
Acupuncture	Drug addiction therapy	Orthopedic shoes	Vaccines
Air conditioner (when necessary for relief from difficulty in breathing)	Drugs (prescription)	Orthopedist	Vasectomy
Alcoholism treatment	Elastic hosiery (prescription)	Osteopath	Vitamins (if prescribed)
Ambulance	Eye-glasses	Oxygen and oxygen equipment	Wheelchair
Anesthetist	Fees paid to health institute prescribed by a doctor	Pediatrician	X-rays
Arch Supports	FICA and GUTA tax paid for medical care service	Physician	
Artificial limbs	Fluoridation unit	Physiotherapist	
Autoette (when used for relief of sickness/disability)	Guide dog	Podiatrist	
Birth Control Pills (by prescription)	Gynecologist	Postnatal treatments	
Blood tests	Hearing aids and batteries	Practical nurse for medical services	
Blood transfusions	Hospital bills	Prenatal care	
Braces	Hydrotherapy	Prescription medicines	
Cardiographs	Insulin treatment	Psychiatrist	
Chiropractor	Lab test	Psychoanalyst	
Childbirth/Delivery	Lead Paint removal	Psychologist	
Christian Science Practitioner	Lodging (away from home for outpatient care)	Psychotherapy	
Contact Lenses	Metabolism tests	Radium Therapy	
Contraceptive devices (by prescription)	Neurologist	Registered nurse	
Convalescent home (for medical treatment only)	Nursing (including board and meals)	Special school costs for the handicapped	
Crutches	Obstetrician	Spinal fluid test	
Dental Treatment	Operating room costs	Splints	
Dental X-rays	Ophthalmologist	Sterilization	
Dentures	Optician	Surgeon	
	Optometrist	Telephone or TV equipment to assist the hard-of-hearing	
		Therapy equipment	

HMO – Humana HMO Select Network			
Network		DMG Advantage Network	Humana HMO Select Network
Deductible	Deductible only applies toward Inpatient facility care and outpatient surgery. Copayments do not apply to the deductible.	Single: None Other: None	Single: \$500.00 Other: \$1,000.00
Out of Pocket Yearly Maximum	Includes deductible and copayments/co-insurance	Single: \$1,500 Other: \$3,000	Single: \$3,000 Other: \$6,000
Preventive Care	Routine physicals, Immunizations, Preventive Labs, X-rays, Routing Screenings (vision and hearing screenings not covered)	100%	100%
Physician Services	Office Visits (Non-preventive)	Primary Care Physician (PCP): \$25.00 Specialist (must be authorized by PCP): \$50.00	Primary Care Physician (PCP): \$50.00 Specialist (must be authorized by PCP): \$75.00
	Diagnostic lab testing and X-rays	100% after \$25 co-pay per visit (co-pay waived if part of the Office visit)	100% after a \$50.00 co-pay per visit (co-pay waived if part of the Office visit)
	Allergy Testing		
	Allergy Serums and injections		
Surgery performed in physician office			
Facility Services	Inpatient Hospital Care	100% after \$500 co-pay per admission	80% after Deductible Member pays 20%
	Outpatient nonsurgical care	100% after a \$200 co-pay per occurrence	80/20%
	Outpatient surgical care (includes ASC)		80% after Deductible Member pays 20%
	Emergency Room	100% after a \$250 co-pay	100% after a \$250 co-pay

Note: OB/Gynecologist visits are at the Specialist copayment level and do not require a PCP referral. Rx purchases and copayments in the HMO plan are not applied to the deductible or out-of-pocket maximum. Covered Members must select a PCP who directs their care.

~ HMO Prescription Drug Program ~

As a participant in the HMO plan you are automatically covered under the Prescription Drug Program with Humana. When you have your prescriptions filled at a network pharmacy, there are no claim forms to complete. The pharmacy files the claims for you.

The drug benefit is distinguished by a tier and is assigned a copayment. You may review the drug list by tier on-line at www.humana.com, see below for specific instructions. Remember using the mail order benefits through Right Source will allow members to acquire a 90 day supply for 2 x's the applicable copayment. You can find the order form on Ceridian Self Serve under Company Documents.

Tier 1: Low cost generic and brand name drugs	\$15
Tier 2: Higher cost generic and brand name drugs	\$30
Tier 3: High cost mostly brand name drugs and some injectables. These drugs may have generic or brand name alternatives in tier 1 or 2.	\$55
Tier 4: High technology drugs and self administered injectable drugs, which are not Available on other levels	25%/\$2,500 yearly MOOP
Mail Order for 3 Month Supply	2xRetail

How to find a physician and/or medication on the Humana Website

Log into the Humana website at www.Humana.com. Click on “Find a Doctor”. If you are looking to verify medication click on Humana Drug List under “Insurance for Individuals”.

Physician/Specialist – enter your zip code, select network (network for HDHP’s = ChoicePOS Network; HMO = HMO Select), check the agree to terms box and below enter search by address, this will then take you to search provider, select the type of physician you are searching for such as Internal Medicine, Pediatrician, etc. Once you locate a physician, you can click on their name to locate their PCP # if you are choosing the HMO. When you click on their name it will take you to a new page, scroll down and click on “Locations & Affiliations” this will give you their PCP # and if they are accepting new patients.

Prescription Drug - click on Drug List Search. Step 1 – enter your medication name; proceed with Step 2 select **RX4**. This will give you the information you need regarding drug level in terms of cost, estimated retail price and if your medication requires “prior authorization” or there is a limit for this medication.

Medical Premiums - Total DMG Contributions and Employee Contributions

HMO	MONTHLY TOTAL PREMIUM	MONTHLY DMG CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE BI-WEEKLY DEDUCTION
Employee	\$ 547.66	\$ 321.44	\$ 226.22	\$ 113.11
Employee & Spouse	\$ 1,124.46	\$ 592.10	\$ 532.36	\$ 266.18
Employee & Child	\$ 1,024.60	\$ 753.14	\$ 271.46	\$ 135.73
Full Family	\$ 1,796.24	\$ 1,106.86	\$ 689.38	\$ 344.69

HDHP 3500	MONTHLY TOTAL PREMIUM	MONTHLY DMG CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE BI-WEEKLY DEDUCTION
Employee	\$ 422.53	\$ 334.61	\$ 87.92	\$ 43.96
Employee & Spouse	\$ 867.50	\$ 623.02	\$ 244.48	\$ 122.24
Employee & Child	\$ 790.46	\$ 684.94	\$ 105.52	\$ 52.76
Full Family	\$ 1,385.47	\$ 1,146.91	\$ 238.56	\$ 119.28

HDHP 2500	MONTHLY TOTAL PREMIUM	MONTHLY DMG CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE BI-WEEKLY DEDUCTION
Employee	\$ 515.05	\$ 363.09	\$ 151.96	\$ 75.98
Employee & Spouse	\$ 1,057.82	\$ 681.72	\$ 376.10	\$ 188.05
Employee & Child	\$ 963.55	\$ 781.21	\$ 182.34	\$ 91.17
Full Family	\$ 1,688.86	\$ 1,240.24	\$ 448.62	\$ 224.31

The bi-weekly payroll deductions are taken out of the first two payrolls of each month.

~Dental Insurance~

DMG offers two dental choices through Delta Dental: a PPO Dental plan and a DHMO.

PPO - The PPO plan allows you to choose any dentist on the Delta Dental PPO and/or the Delta Dental Premier network. However, if the dentist is not on the list, you may still see the dentist but coverage may be less if they charge above the maximum allowed. The PPO also allows you to carryover any qualified unused portion of your annual maximum in a given year to the following year annual maximum.

DHMO - The DHMO plan allows you to select a primary care dentist to coordinate your dental care needs. When you have your care performed by a network dentist, you receive substantially higher benefits with specific co-pays. Note: if services are rendered by a Non-DHMO dentist; these services will not be covered.

You may choose or confirm a network dentist by going to www.deltadentalil.com or calling 1-800-323-1743. Choose Delta Dental PPO and Delta Dental Premier for the PPO plan (two separate networks). Choose DeltaCare USA for the DHMO plan. Since the panel of participating dentist can change, it is always recommended to call the dental office for verification that they are a participating provider.

Treatment Types	PPO Dental			DHMO DeltaCare USA
	Delta PPO	Premier PPO	Non-PPO	
Deductible				
Single	\$100/year	\$100/year	\$100/year	\$0
Other	\$300/year	\$300/year	\$300/year	\$0
Coinsurance				
Preventive	100%	80% no deductible	80% no deductible	100%
Basic Services	80% after deductible	50% after deductible	50% after deductible	Fee Schedule Applies
Major Services	50% after deductible	50% after deductible	50% after deductible	Fee Schedule Applies
Orthodontia	50% up to \$1500 Lifetime maximum - dependents up to age 19			\$2125, dependents up to age 19; \$2,625 adult
Annual Maximum	\$1500/year (per person)			None

Dental Premiums

	PPO		DHMO	
	MONTHLY	BI-WEEKLY CONTRIBUTION	MONTHLY	BI-WEEKLY CONTRIBUTION
Employee	\$ 30.50	\$ 15.25	\$ 14.32	\$ 7.16
Employee & Spouse	\$ 60.38	\$ 30.19	\$ 24.96	\$ 12.48
Employee & Child	\$ 70.86	\$ 35.43	\$ 27.44	\$ 13.72
Full Family	\$ 88.04	\$ 44.02	\$ 41.22	\$ 20.61

~Income Protection~

Life Insurance

Basic Life Insurance

Life insurance is available to all full-time/regular employees. You are automatically covered for one times your benefit pay (annual salary) at no cost to you. The minimum amount of Basic Life Insurance is \$25,000.

Supplemental Life Insurance

During your initial enrollment (new hire or status change) you may purchase up to \$1,000,000 of additional life insurance in increments of \$25,000, but you will have to complete a health questionnaire (i.e., Evidence of Insurability -EOI), for any amount above \$300,000. If you want to change your coverage at a future open-enrollment, you may increase your election by one increment of \$25,000 without providing an EOI, unless you have already exceeded your guarantee issue of \$300,000. However, if you do not enroll in supplemental employee life during your initial enrollment, an EOI will be required for all additional employee life options.

Supplemental Spouse and Child Life Insurance

If you elected supplemental employee life on yourself, during your initial enrollment (new hire or status change) you may purchase \$10,000, \$25,000, \$50,000, or \$100,000 on your spouse and select either \$5,000 or \$10,000 on an eligible child. You may elect up to \$50,000 of Supplemental Spouse life and \$5,000 or \$10,000 of Child life without EOI. EOI will be required if you did not enroll during your initial enrollment or if your Spouse coverage is over \$100,000. *Supplemental employee life is required to apply for Spouse/Child coverage, and spouse life cannot exceed 50% of the total supplemental employee life amount.*

Accidental Death and Dismemberment (AD&D) Insurance

Basic AD&D

You are automatically covered for one times your annual salary for AD&D single coverage. AD&D provides payment amounts if you die or suffer certain losses as a result of an accident.

Supplemental Single and Family AD&D

You may purchase additional Accidental Death and Dismemberment (AD&D) Insurance for yourself or family dependents. Note: Benefit limit can not exceed four times your salary up to maximum of \$500,000.

The benefit for spouse is an amount equal to 100% of the Insured's AD&D Benefit if there are no eligible children. If there are children the benefit for spouse would be equal to 80% of the Insured's AD&D benefit.

The benefit for each eligible child of an Insured is an amount equal to 10% of the Insured's AD&D Benefit if there is spouse coverage, to a maximum of \$50,000. An amount equal to 15% of the Insured's AD&D Benefit if there is no spouse coverage, to a maximum of \$50,000.

~Disability Coverage~

Short-Term Disability

Full-time employees may purchase a Short-Term Disability (STD) policy. STD provides a benefit equal to 60% of your weekly income up to a maximum of \$1,000 per week, if you are unable to work due to a disabling sickness or injury. Physicians may choose a higher benefit level up to a maximum of \$2000.00 per week. There is a 15 day elimination period. During this 15 day period, you will use any sick, personal, and vacation balances to continue your pay. Employees pay the full cost for coverage with after-tax dollars. Any STD benefits received from the plan will not be taxed since the employee is paying the premium on an after tax basis. The STD plan coordinates coverage with other disability plans.

You may come back to work part-time while on STD and still receive pro-rated STD pay. Benefits are payable for up to a maximum of nine weeks, which coordinates with the company-paid Long-Term Disability plan.

Long-Term Disability

DMG will provide a basic Long-Term Disability (LTD) policy for all full-time employees. The LTD benefit is 50% (staff); 60% (physician's) of your benefit pay up to a maximum of \$10,000 per month. There is a 90-day elimination period, which coincides with the Short-Term Disability plan. The LTD plan coordinates coverage with other disability plans, including Workers' Compensation, Social Security (including dependent benefits), or any other state disability programs.

Income Protection Premiums

Supplemental Life – Individual – Coverage must be in increments of \$25,000, not to exceed the maximum of \$1,000,000. Note: Combined Basic Life and Supplemental Life can not exceed \$1,500,000.

You may calculate your cost by finding your age in the chart below. Final cost may vary due to rounding to the next \$1,000.

Age	Supplemental Life Monthly Contribution	Age	Supplemental Life Monthly Contribution
<29	.067	50 - 54	.392
30 - 34	.078	55 - 59	.661
35 - 39	.090	60 - 64	.875
40 - 44	.134	65 +	1.414
45 - 49	.224		

$$\frac{\text{Amount Elected rounded to the next higher \$1000}}{\div \$1,000} = \text{_____} \times \frac{\text{Rate from table above}}{\text{_____}} = \text{_____} \div 2 = \text{_____}$$

Your cost first two pay periods each month

Supplemental – Spouse Life

Supplemental – Child Life

COVERAGE	MONTHLY CONTRIBUTION	COVERAGE	MONTHLY CONTRIBUTION
\$10,000	\$1.88	\$5,000	\$.76
\$25,000	\$4.68	\$10,000	\$1.50
\$50,000	\$9.36		
\$100,000	\$18.72		

Disability Premiums

Short Term Disability – calculation is based upon your annual salary. Complete chart below.

$$\frac{\text{Annual Salary}}{\div 52 \times .60} = \text{_____} \times .0225 = \text{_____} \div 2 = \text{_____}$$

Your Cost First 2 Pay Periods Each Month.

Voluntary Accidental Death and Dismemberment - You may calculate your cost by using the chart below
Note: Benefit amount can not exceed four times your salary up to \$500,000.

EMPLOYEE ONLY	EMPLOYEE PLUS FAMILY
\$.025 per \$1000	\$.048 per \$1000

$$\frac{\text{Amount Elected}}{\div \$1,000} = \text{_____} \times \frac{\text{Rate from table above}}{\text{_____}} \div 2 = \text{_____}$$

Your cost first two pay periods each month

~Reimbursement Accounts~ (FSAs)

Reimbursement Accounts - Flexible Spending Accounts (FSA) allow you the opportunity to take advantage of reducing your taxes and increase your spendable income by redirecting your pre-tax salary. There are two accounts one for health care expenses and a separate account for dependent care expenses. Please note that physician's and other non-physician highly paid employees are unable to participate in the Flexible Spending for Dependent Care.

When you redirect pretax salary to these accounts, you can pay for certain health and dependent care expenses (not covered by the Health Care and Dental Plans) with money that has not been taxed for income or Social Security. That means a significant savings for you.

Health Care-FSA

In general, you can use the Health Care Reimbursement for most medical expenses not reimbursed by an insurance plan or any other source, such as deductibles and co-insurance, and items not covered by insurance, such as vision care, dental costs, and routine physicals are qualified medical expenses. These expenses may be either for you or for your dependents. You may only be reimbursed for expenses incurred for services rendered during the plan year, not for services rendered in a different plan year but paid in the current plan year. Charges in January, February and the first half of March (March 15) of the following year can be applied to the previous year's election. **The deadline for submission of your claims for reimbursement is March 31st of the next plan year (eg: any claim for the plan year of 2012 must be submitted by March 31st of 2013).** The maximum contribution per calendar year is \$3,000. If the money is not utilized in the time period allowed, you will lose the money applied to the plan. Annual enrollment in the Health Care Reimbursement account is required. Apply directly on line – Ceridian Self-Serve.

Note: if you are enrolled in the HDHP, you may only use the Health Care FSA for limited use (dental and/or vision). Please refer to information regarding HSAs.

Dependent Care FSA

In general, you can use this account to pay for dependent(s) under the age of 13 or your dependent or spouse who is physically not able to care for himself or herself is considered to be a qualified dependent if their dependent care expenses could qualify for the federal income tax credit on your tax return. The maximum contribution per calendar year is \$5,000 and must be used within that calendar year (unlike the Health Care FSA). If the money is not utilized in the time period allowed, you will lose the money applied to the plan. **The deadline for submission of your claims for reimbursement is March 31st of the next plan year (ex: any claim for the plan year of 2012 must be submitted by March 31st of 2013).** Annual enrollment in the Dependent Care account is required. Apply directly on line – Ceridian Self-Serve. Please note: The maximum annual contribution is \$2,500 if the employee is married and files a separate income tax return.

Flexible Spending Eligible Expenses - Medical

Below is a sample of eligible expenses for Flexible Spending. Please note this is not the entire listing. Please refer to the IRS Publication 502 for complete details or go to our vendor AmeriFlex at www.flex125.com.

Flexible Spending - Eligible Medical Expenses			
Abortion	Dermatologist	Organ transplant (including donor's expenses)	Vitamins (if prescribed)
Acupuncture	Diagnostic fees	Orthopedic shoes	X-rays
Air conditioner (when necessary)	Drug addiction therapy	Orthopedist	
For relief from difficulty in breathing)	Drugs (prescription)	Oxygen and oxygen equipment	
Alcoholism treatment	Durable Medical Equipment	Pediatrician	
Ambulance	Eyeglasses	Physician	
Anesthetist	Fertility	Physiotherapist	
Artificial limbs	Flu shot	Podiatrist	
Birth Control Pills (by prescription)	Guide dog	Practical nurse for medical services	
Blood pressure monitoring devices	Gynecologist	Prenatal care	
Blood sugar test kit & test strips	Hearing aids and batteries	Prescription medicines	
Blood tests	Hemorrhoid treatment	Psychiatrist	
Blood transfusions	Hospital bills	Psychoanalyst	
Braces	Immunizations	Psychologist	
Cardiographs	Insulin treatment	Psychotherapy	
Chiropractor	Lab test	Registered nurse	
Christian Science Practitioner	Laser eye surgery/Lasik/Radial Keratotomy	Speech Therapy	
Circumcision	Lodging with exceptions	Spinal fluid test	
Contact Lenses, Solutions and Supplies	Mouth Guard	Splints	
Contraceptives	Neurologist	Sterilization	
Counseling	Nicotine gum or patches	Surgeon	
Crutches	Norplant insertion or removal	Telephone or TV equipment to assist the hard-of-hearing	
Deductibles	Obstetrician	Transportation expenses (relative to health care)	
Dental Treatment	Operating room costs	Ultra-violet ray treatment	
Dental X-rays	Ophthalmologist	Vasectomy	
Dentures	Optician		
	Optometrist		
	Oral Surgery		

Ineligible Medical Expenses		
Birthing coach	Feminine hygiene products	Over the Counter drugs (no prescription)
Breast Augmentation	Food and Food Substitutes	Prescription drugs and medicines obtained from other countries
Breast Pumps	Funeral Expenses	Prescription drug discount programs
COBRA Premiums	Hair removal/transplant	Rogaine
Cosmetic procedures or Surgery	Insurance Premiums	Suntan lotion/clothing to block sun
Cosmetics	Late Fees Payments on medical bills	Teeth whitening /bleaching
CPR Classes	Massage therapy	Toothbrushes or toothpaste
DNA Testing	Mastectomy-related bras	Vitamins
Electrolysis	Missed appointment fee	
Face creams, moisturizers	Nutritional supplements	
Face lifts		

DMG Vision Plan @ DMG Eye Specialists

DMG cares about you and your family's vision. DMG is pleased to add to their benefit selection a Vision Plan for **ALL** employees and their dependents regardless of full-time or part-time status.

DMG knows that eye care is about more than just getting glasses or contacts. It's about health. Eye exams can catch early warning signs of serious health conditions, like diabetes, high blood pressure, and high cholesterol. No matter what the age, eye exams are important to your productivity and health.

This benefit will allow you to enjoy affordable vision exams and a large array of eyewear. We have reviewed several vision plans and this benefit exceeds what is offered by the other plans. In addition to providing savings for our employees and their dependents, the DMG Vision Plan has no limitation on services. You are not limited to only one pair of frames every 24 months, or have a specific dollar amount allowance for frames only, and we do not limit you to specific lense types such as lined bi-focals or lined tri-focals. We include all the extras and charge no premiums to become eligible for this benefit.

Your Coverage from a DMG Optometrist includes:

- Well Vision Exam - \$65.00
- Prescription glasses including frames, lenses (to include single vision, bi-focal and progressive lenses), tinting, and all the extras at 25% off retail price. Prescription or regular sunglasses included.
- Contact lenses - 5% off retail price

DMG employees are also eligible for LASIK surgery at 50% off standard fee, family members 25% off standard fee.

Remember, even though there are no pre-tax premiums you can still gain pre-tax savings by participating in the Medical Flexible Spending and/or HDHP Health Savings Account (HSA) to assist you with your expenses.

Please contact DMG Eye Specialists at 630-322-8300 to set up an appointment. Please mention that you are a DMG employee when scheduling an appointment for yourself or your dependent.

~Investments~

Fidelity - 401(k) Plan (Traditional)

DMG considers saving for your retirement an important issue. Because of this DMG matches 50% of the first 6% of contributions to your Fidelity account. Employees are eligible to receive employer matching contributions in their 401(k) program after the following criteria have been met:

- 1) Reached 21 years of age;
- 2) Been employed for one anniversary year;
- 3) Worked at least 1,000 hours in anniversary year period;
- 4) Be employed as of the last day of the Plan year.

All new employees (full or part-time) are automatically enrolled in the 401(k) plan for 3% of their payroll, provided they have attained age 21. One time each year, the percent contribution will be increased automatically by 1%. Any employee who does not want to participate will have to follow the directions given by Fidelity for opting out. When you are automatically enrolled, you are also enrolled for the automatic increase. If you do not want the automatic increase you must go on line and unsubscribe.

You may change your percentage contribution at any time. However, it may take 1 to 2 pay periods before your request is reflected on your paycheck. Fidelity also gives you the option to have your deduction automatically increased by 1, 2 or 3%. Therefore, you do not have to go on line each year and change your percentage.

Employees may contribute to a Roth 401(k). The Roth 401(k) allows you to contribute after-tax dollars, but then withdraw tax –free dollars from your account when you retire. An employee may choose both the Roth and the traditional DMG 401(k) as their retirement vehicle. The Roth 401(k) will be matched the same as the traditional DMG 401(k). Note: both are subject to the maximum allowable IRS limits.

IRS 2012 limits - Employees can contribute up to a maximum of \$17,000. Participants who are age 50+ may elect to contribute an additional \$5,500 (catch-up contribution), for a total of \$22,500 for 2012.

Please refer to the Fidelity website at www.fidelity.com for more information.

DMG – Profit Sharing

As a continuing effort to assist you in saving for your retirement, DMG may make annual discretionary profit sharing contributions in an amount to be determined at Plan Year-end by the Board of Directors to your 401(k) account. Employees are eligible to receive profit sharing contributions into their Fidelity 401(k) account provided the following criteria have been met:

- 1) Reached 21 years of age;
- 2) Been employed for one anniversary year;
- 3) Worked at least 1,000 hours in that year and each calendar year following the first anniversary year;
- 4) Be employed as of the last day of the Plan year.

**Fidelity – Match Plan/Profit Sharing
Question and Answers**

- **401(k) - MATCH PLAN**

1. When am I enrolled?

All newly hired employees are automatically enrolled for 3% of their salary. If you choose not to participate you must respond to the Fidelity mailing canceling the automatic enrollment within the 30 day time limit.

All other employees who wish to contribute to their 401(k) must enroll on line at www.fidelity.com.

2. When can I change my % in the plan? How do I change my investment options?

You may change your percentage contribution as of the beginning of each payroll period or administratively possible. You must go to the Fidelity website at www.fidelity.com and change the deduction prior to the pay period.

As for the investment options, you may change at any time by going directly to www.fidelity.com

3. When am I eligible for the match from DMG?

You are eligible for the match provided you have reached 21 years of age; been employed for one anniversary year; worked at least 1,000 hours in your anniversary year period; and be employed as of the last day of the Plan year.

4. Does the match begin on my one year anniversary date?

No, there are only two entry dates in order for the match to begin. The entry dates are January 1st and July 1st.

If your anniversary date is between:

January 1st – June 30th, the match would begin July 1st following your one year anniversary, in which you worked at least 1000 hours, than deposited in a lump sum the following spring. You would then receive ½ of a year match (July 1st – December 31st). For example, if you were hired April 15, 2012, you would meet your one year anniversary on April 15, 2013. The calculation for the match would then begin on July 1, 2013. Provided you were employed through the end of 2013 and met the other criteria, the match would then be made in the spring of 2014 for on your 401(k) contributions during that half of that year (July 1, 2013 – December 31, 2013).

July 1st – December 31st, the match would begin January 1st following your one year anniversary, then deposited in a lump sum the following spring. You would then receive a full year match (January 1st – December 31st). Note: this would be for the calendar year following your one year anniversary. For example, if you were hired September 15, 2012, you would meet your one year anniversary on September 15, 2013. The calculation for the match would then begin on January 1, 2014. Provided you were employed through the end of 2014 and met the other criteria, the match would then be made in the spring of 2015, for 401(k) contributions you made during the entire 2014 calendar year.

5. Is the match contribution made every pay date?

No, the match is made one time a year. Since you must be employed on the last day of the plan year (12/31), the match is not made until the spring of the next year.

6. Can I see the DMG contribution on my paycheck?

No, only your earnings are reported on your paycheck. The contribution will appear on your Fidelity statement as Employer Match for the match contribution and Employer Discretionary for the profit sharing contribution.

● **PROFIT SHARING**

1. When am I enrolled / how do I enroll?

All employees are automatically enrolled. There is not an option to dis-enroll.

2. When am I eligible for the Profit Sharing from DMG?

You are eligible for the profit sharing provided you have reached 21 years of age; been employed for one anniversary year; worked at least 1,000 hours in that year and each calendar year following the first anniversary year; and be employed as of the last day of the Plan year.

3. Does the profit sharing begin on my one year anniversary date?

No, similar to the match plan, there are only two entry dates in order for the profit sharing to begin, provided you meet the above stated criteria. The entry dates are January 1st and July 1st.

If your anniversary date is between:

January 1st – June 30th, the profit sharing would begin July 1st following your one year anniversary, then deposited in the late summer/early fall. You would then receive ½ of a year for the profit sharing (July 1st – December 31st). For example, if you were hired April 15, 2012, you would meet your one year anniversary on April 15, 2013. The calculation for the profit sharing would then begin on July 1, 2013. Provided you were employed through the end of 2013 and met the other criteria, the profit sharing would then be made in the late summer/early fall of 2014 for half of that year (July 1 – December 31).

July 1st – December 31st, the profit sharing would begin January 1st following your one year anniversary, then deposited in the following late summer/early fall. You would then receive a full year profit sharing (January 1st – December 31st). Note: this would be for the calendar year following your one year anniversary. For example, if you were hired September 15, 2012, you would meet your one year anniversary on September 15, 2013. The calculation for the profit sharing would then begin on January 1, 2014. Provided you were employed through the end of 2014 and met the other criteria, the profit sharing would then be made in the late summer/early fall of 2015, for the entire 2014 calendar year.

4. If I do not participate in the 401(k) plan, where do my funds go?

The funds will be deposited into a 401(k) account established in your name and a default election option will be chosen for you. The default election option is based on the Freedom Funds. You may change the fund option at any time.

Miscellaneous questions

1. How do I roll over my funds from another job?

You can go online on Ceridian Self Service and print an Incoming Rollover form. Complete the form and send directly to Human Resources/Benefits with the check. Human Resources/Benefits will complete and forward to Fidelity.

2. Can I borrow from my account or move my money out of the account while employed?

An employee can not borrow from their 401(k) account for any reason. If you are of age 59 ½, you may process an in-service withdrawal or if you are age 65, you may withdraw all of your funds. Please contact Fidelity directly for complete details at 800-835-5097. Hardship withdrawals are available if you have a qualifying need. Please go to www.fidelity.com for more information and requests for hardship withdrawals .

3. When am I vested?

Employee Contributions 100% immediate

<u>Company Match</u>	<u>Years of Service for Vesting</u>	<u>Percentage</u>
	Less than 1	0
	1	20
	2	40
	3	60
	4	80
	5	100

<u>Employer Discretionary</u>	<u>Years of Service for Vesting</u>	<u>Percentage</u>
	Less than 1	0
	1	20
	2	40
	3	60
	4	80
	5	100

~Other Important Benefits~

HealthCare Associates Credit Union

Employees and their families are eligible to join the HealthCare Associates Credit Union. Some of the benefits the credit union offers are: free checking, no annual fee VISA cards, free ATM cards, new and used car loans, mortgage loans and home equity loans. Members may also receive Financial Counseling and Advice from the Credit Union. For more information go to www.hacu.org or call HACU at (630) 276-5555 or 1-800-942-0158.

Tuition Reimbursement

Full time employees completing one year of service (anniversary date) may participate in the Tuition Reimbursement benefit. Each course must be pre-approved before the start of the semester. Reimbursement is available for grades “A” and “B” up to \$2000.00 in a calendar year and only applies to tuition minus fees, books, supplies, and grants. More information is found under the Tuition Reimbursement Policy under the Human Resources Department on the DMG Intranet and the plan on Ceridian Self Service under Company Documents

Employee Assistance Program – WorkLifeMatters

DMG has contracted with a leader in Employee Assistance Programs to provide employees and their dependents with a confidential source to deal with various issues ranging from personal life adjustment concerns, stress, family concerns, financial difficulties, and other issues that can interfere with job performance. Initial contact is free to employees, with subsequent counseling costs partially covered under our health insurance plans. Employees may reach WorkLifeMatters via the Internet at www.ibhworklife.com (user ID: Matters; password: wlm70101), or by calling toll free 1-800-386-7055. This service is available 24/7.

Legal Plan

Employees may enroll in DMG’s legal plan offered through ARAG. For a low monthly fee of \$25.55, legal plan members can meet with a professional attorney for legal advice, document review and preparation, and legal representation. Attorney fees for most covered services are 100% paid-in-full when you work with one of the 6,000 Network Attorneys nationwide. Additional services available through ARAG include,

- Online Education Tools and Resources lets you create your own legally-valid documents, research everyday legal topics and access a wide variety of tools and useful links.
- Identity Theft Services gives you toll-free access to Certified Identity Theft Case Managers who help you assess your situation, identify options and obtain legal services available to you under your plan to assist with identity theft prevention and recovery.
- Financial Education and Counseling Services provides professional financial counselors and an interactive financial planning web site to help you in various areas of cash and debt management, budgeting, financial planning, tax information and education, and retirement and investment planning.

Discounts

Periodically DMG will participate or receive discounts on a variety of services and items throughout the year. Information will be posted on the DMG Intranet under Employee Discounts.

~Ceridian Self-Service~

Ceridian Self-Service is a self-service tool that allows employees on-line access to your Benefits, Payroll and Human Resources information.

You can access Ceridian Self-Service from any computer at: <https://sourceselfservice2.ceridian.com/dupagemd> and on the DMG Intranet under quick links. This tool allows you to enroll in your benefits, process direct deposit, change your address, update your beneficiaries, change your tax withholdings, enroll in training and much more. There are several sections such as Personal information; Payroll & Tax information and Company information where you can select relevant benefit forms and documents. DMG also uses this tool during open enrollment allowing employees the opportunity to make changes to their benefit elections.

How to access Ceridian Self-Service to enter benefit selection:

Step 1 – User ID and Password – On the Ceridian Self Service home you will be prompted to enter your User Name and Password.

User ID: Your user name is the last 5 digits of your ID Number located on your pay stub; located on the top middle portion of your paycheck. This will always be the number you use as your “user ID”.

Password: The first time you log into the system you will use the last four digits of your social security number as your password. Once you have successfully logged in, you will be required to change your password to a password you choose. The password must be a minimum of 6 characters and no greater than 20 characters. It must be a combination of numeric and alpha characters, no spaces or apostrophes are allowed. The system will request that you create a “password reminder”.

How to Make Benefit Elections/Changes:

- **Enroll in Benefits** – Under the scrolling notice you will click on “[Please enroll now](#)” to begin. Next, a list of Task for Enrolling in Benefits appears; these include reminders as to what should be done to complete your benefit elections.
- **Add, Review or Change Dependents.** The first task will be to enroll your dependents (spouse and/or children) or review your dependents currently enrolled. Once complete, your dependents will be available to select for insurance coverage or be listed as a beneficiary for your life insurance coverage. To accomplish enrollment click on “Dependents” proceed to enter the data for your dependents such as name, birth date, address, etc. The effective date will be the date you entered the information. Once you have completed the information it will show on the task page as (see example) - **Be sure to hit the SAVE button when complete.**

Example of Dependent Enrollment

BENEFITS INFORMATION

DEPENDENT	RELATIONSHIP
Smith, Caitlin M.	Child
Smith, Randy	Spouse

BENEFITS INFORMATION	YOUR INFORMATION	PAGE TO CHANGE
Dependents	(Listed above)	Dependents

- **Enrollment for Benefit Plans** – Once you save your dependents, a listing of Current Elections will appear. Now you are ready to enter the benefit election you want. To do this, you move your cursor on “Change” and click to select.

Medical Insurance – click on “Change.” Select the type of coverage you are electing (such as PPO, HMO, HDHP2500 or HDHP3000) and select the coverage tier (Employee, Employee + Spouse, Employee + Children or Full Family). **YOU MUST CLICK THE BUTTON FOR THE ELECTION TO BE COMPLETE.** If you elect the HMO, you **MUST** select a Primary Care Provider; enter the Code (PCP Number) and Name (see example). Click “Look” to link you to the DMG providers. All other providers can be found at www.humana.com. Once a selection has been made click “Save” to return to the enrollment page. - **Be sure to hit the SAVE button when complete.**

Example of Medical Choice Enrollment

<input type="radio"/>	HMO Select EE	Employee + Children	Code <input type="text"/>	Name <input type="text"/>	Before	(\$129.26)	(\$3,102.24)
			Look				
<input checked="" type="radio"/>	HMO Select EE	Family	Code 716997	Name Arand, W	Before	(\$328.27)	(\$7,878.48)
			Look				

- **If you are electing to cover spouse and/or child(ren)** you **MUST** click on “Cover Dependents” and select which dependent you want to cover. Click on “Dependent”- a drop down box with your dependent’s names will appear. Click on the dependents name and put a check in the box on the left (the √ will show up when you move your cursor to the box and click). Do this for each dependent. If you are electing the HMO plan, you **MUST** select a Primary Care Provider, enter the Code (PCP Number) and provide a name for each dependent family member you want to cover. - **Be sure to hit the SAVE button when complete.**

HMO Example

Elect Covered Dependents				
HMO Select EE - Family				
Cover	Dependent	Primary Care Provider Office		
<input checked="" type="checkbox"/>	Smith, Randy	Code	716997	Name Arand, W
<input checked="" type="checkbox"/>	Smith, Caitlin	Code	716997	Name Arand, W

Dental Insurance – click on “Change” – and follow the same instruction as provided under medical. **YOU MUST CLICK THE BUTTON FOR THE ELECTION TO BE COMPLETE.** Remember, if you elect the DHMO, you **MUST** select a Primary Care Dentist, enter the Code (PCP Number) and Name (see example). The list of participating dentist is found on the Delta Dental website. Click “Look” to link you to www.deltadentalil.com. Once a selection has been made hit “Save” to return to the enrollment page. - **Be sure to hit the SAVE button when complete.**

- **If you are electing to cover spouse and/or child(ren)** - follow the same instruction as provided under medical. Remember, if you elect the DHMO, you **MUST** select a Dental Primary Care Provider for each dependent. Enter the Code (PCP Number) and name for each dependent family member you want to cover. - **Be sure to hit the SAVE button when complete.**

Life Insurance – Basic Life insurance paid for by DMG. Even though DMG provides it, you **MUST** elect the coverage and complete the beneficiary section. Click on “change” to enroll then **YOU MUST CLICK THE BUTTON FOR THE ELECTION TO BE COMPLETE...** If you are electing the Voluntary Life click on the **button** and select the amount to be elected. If you do not want to elect the voluntary do not click the elect button. Refer to previous section in this booklet for limits.

Has	Elect	Benefit	Coverage	Tax	Employee Cost/Credit Per Pay	Employee Cost/Credit Annual
	<input checked="" type="radio"/>	Basic Life EE	\$52,000.00	After	+\$0.00	+\$0.00
	<input checked="" type="radio"/>	Voluntary Life EE	\$100,000.00	Before	(25.00)	(300.00)
	<input type="radio"/>	None				

- **Beneficiaries** – click on beneficiaries – you may select your dependent to be beneficiary for the life insurance or if no dependents you may select a “Non-Dependent” such as a parent, friend, significant other, etc. The “primary” is the first person to receive the benefit should something happen to you; “secondary” is if the primary is no longer living they would receive the benefit. **YOU MUST CLICK THE BUTTON FOR THE ELECTION TO BE COMPLETE (see below).** – **Be sure to hit the SAVE button when complete.** – Example of Beneficiary below.

Basic Life EE					
None	Dependent as Beneficiary	Non-Dependent		Primary %	Secondary %
<input type="radio"/>	<input checked="" type="radio"/> Smith, Randy	<input type="radio"/> Name	Relation (none)	100	
<input type="radio"/>	<input checked="" type="radio"/> Smith, Caitlin	<input type="radio"/> Name	Relation (none)		100

- **Dependent Life Insurance** – if you are electing supplemental life insurance for your spouse and/or dependent child click on the “change” button then **YOU MUST CLICK THE BUTTON FOR THE ELECTION TO BE COMPLETE.** REMEMBER, you must elect voluntary/supplemental life

coverage for yourself to be eligible to enroll for spouse and/or dependent coverage. If you elect supplemental life for your spouse above the \$25,000 max, you are required to complete the Evidence of Insurability form. Your spouse and child life election cannot exceed 50% of your total supplemental life amount. Please refer back to description of Supplemental Spouse and Child Life Insurance. –After electing, **be sure to hit the SAVE button when complete.**

Example of Dependent Life

Has	Elect	Benefit	Coverage	Tax	Employee Cost/Credit Per Pay	Employee Cost/Credit Annual
	<input checked="" type="radio"/>	Life Child 10,000 EE	\$10,000.00	After	(\$0.75)	(\$18.00)
	<input type="radio"/>	Life Child 5,000 EE	\$5,000.00	After	(\$0.38)	(\$9.12)
	<input type="radio"/>	None				
	<input type="radio"/>	Life Spouse 10,000 EE	\$10,000.00	After	(\$0.94)	(\$22.56)
	<input checked="" type="radio"/>	Life Spouse 25,000 EE	\$25,000.00	After	(\$2.34)	(\$56.16)

- **NOW PROCEED TO ENROLL IN OTHER BENEFITS BY SELECTING THE “CHANGE” BUTTON AND DON’T FORGET TO HIT SAVE.**

- **OTHER BENEFIT ELECTIONS**

- Short-Term Disability – if electing, you do not need to elect beneficiaries.
- Long-Term Disability – provided by DMG. However, you are required to elect it.
- AD&D Insurance (Accidental Death & Dismemberment) – if electing, you do not need to elect beneficiaries (limit – four times your salary)
- Flexible Spending Accounts – you will need to elect this benefit the same as the other benefits. The limits are listed to remind you the maximum amount of dollars you can set aside yearly for both the Health Care and Dependent Care accounts. (Note: Physicians and other non-physicians highly paid employee are not eligible to participate in the Dependent Care account)

You are almost done..... The box at the bottom shows you a summary of your cost of the benefits that are pre-taxed (Health, Dental, and Flexible Spending) and those benefits after tax (Supplemental Life, AD&D and STD).

Summary		
	Per Pay	Annual
Total Credits	+\$0.00	+\$0.00
Total Before Tax Cost	(\$482.33)	(\$11,575.82)
Total After Tax Cost	(\$9.60)	(\$230.40)
Total Employee Costs	(\$491.93)	(\$11,806.22)

REVIEW YOUR SELECTIONS. At this time you may

- **Complete Enrollment;**
- **Save Selections and Enroll Later;**
- **Start Over;**
- **Cancel.**

If you are unsure and want to review at a later time within your enrollment period, **Save Selections and Enroll Later**. This will allow you to come back and review and/or change your elections.

If you are **DONE**....hit **COMPLETE ENROLLMENT**. This will submit your enrollment and you will be unable to revise. Before you complete your enrollment, be sure you have added all of your dependents, checked the right level of coverage, listed your beneficiaries for the LIFE benefits. If this has been done, you are done!!

Important Phone Numbers and Web Sites

For questions or to get more information about the benefit plans, contact the appropriate resources below:

Human Resources	You have general benefit questions: Eligibility, Enrolling, Qualified Status change, etc.	Benefits 630-942-7912 dmgbenefits@dupagemd.com http://DMG.Humana.com
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Humana Medical	You have questions about your Medical claims You need to locate a participating provider You need an ID card EyeMed Vision Discount Program Customer Service	866-427-7478 PPO 800-448-6262 HMO www.humana.com 800-448-6262 800-392-6056 877-872-4414
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Delta Dental	You have questions about your dental claims You need to locate a participating provider You need an ID card	800-233-4013 PPO Dental 800-942-3772 DHMO Dental www.deltadentalil.com
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Guardian Life, AD&D, and Disability	Evidence of Insurability (EOI) question You have a claim question You wish to convert life You have a short-term disability claim You have questions about coverage	888-600-1600 888-600-1600 888-600-1600 888-262-5670 888-600-1600 (DMG Plan Group # 468309) www.GuardianAnytime.com
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AmeriFlex Flexible Spending Accounts	Question about claims General information	888-868-3539 www.flex125.com
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Fidelity Investments	You want to enroll in the 401(k) plan Or change deferral percentage You have questions about the 401(k) plan	800-835-5097 www.fidelity.com Visit the local office at 1415 W. 22 nd Street, Suite 100 Oak Brook, Illinois 800-526-7260
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WorkLifeMatters Employee Assistance Program		800-386-7055 www.ibhworklife.com (user ID: Matters; password: wlm70101)
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Record your usernames and passwords (keep protected)

Benefit plan	Username	Password
Ceridian Self Serve		
Humana		
Fidelity Investments		

