



Employee Benefits Guide

Plan Year: June 1, 2015 – May 31, 2016



Medical and Prescription Drugs

CIGNA

Cigna will administer the Medical/Prescription Drug Plan. The plan does provide coverage for both in and out-of-network providers; however, when an out-of-network provider is utilized, the member may be responsible for additional charges. To find providers visit www.cigna.com.

Services ¹	Option 1 Open Access Plan BASE	Option 2 Open Access Plan MID/HDHP	Option 3 Open Access Plan BUY-UP
	<i>Benefits</i>	<i>Benefits</i>	<i>Benefits</i>
Preventative Care <i>(as outlined by the plan)</i>	100% of Allowable Amount	100% of Allowable Amount	100% of Allowable Amount
Physician Visit <ul style="list-style-type: none"> • In-Office • Telephonic 	100% after Deductible 100% <i>(no copay)</i>	100% after Deductible 100% <i>(no copay)</i>	\$25 Copay 100% <i>(no copay)</i>
Urgent Care	100% after Deductible	100% after Deductible	100% after \$50 Copay
Emergency Room²	Deductible/Coinsurance	Deductible/Coinsurance	100% after \$300 Copay
Deductible	\$6,350 per covered person <i>(2 person family max)</i>	\$3,500 per covered person <i>(2 person family max)</i>	\$1,500 per covered person <i>(2 person family max)</i>
Coinsurance	Plan pays 100% after Deductible	Plan pays 100% after Deductible	Plan pays 80% after Deductible
Out-of-Pocket Max	<i>Includes Deductible</i> \$6,350 per covered person	<i>Includes Deductible</i> \$3,500 per covered person	<i>Includes Deductible</i> \$3,500 per covered person
Prescription Drugs <ul style="list-style-type: none"> - Generic - Preferred - Non-Preferred 	Deductible/Coinsurance	Deductible/Coinsurance	\$10 Copay \$30 Copay \$60 Copay

*For additional details, please refer to the actual benefit summary provided by Cigna.

¹All benefits are shown as in-network. For out-of-network benefits, please refer to the benefit summary.

²Emergency room copay only applies to the facility charge. Deductible/Coinsurance will apply to ER Physician charges.

Medical Cost to You in 2015*

Medical Cost per pay period	Option 1	Option 2	Option 3
Employee Only	\$ 41.08	\$ 68.16	\$ 86.10
Employee & Spouse	\$205.44	\$238.41	\$275.25
Employee & Child(ren)	\$158.97	\$206.22	\$263.10
Employee & Family	\$297.73	\$417.84	\$474.94

*All contributions will be deducted by-weekly on a pre-tax basis

Health Advocacy

freshbenies for GDP Advocate Health

Employees that participate in the health plans will be automatically enrolled into freshbenies for GDP Advocate. Be on the lookout for your card and benefit packet.

Freshbenies services:

- **Telehealth:** *Your 24/7/365 Dr. BFF*
It's like having a best who's a doctor! Did you know up to 70% of medical issues could be solved over the phone? Call anytime, consult with a U.S.doc & get a prescription written, if needed. No additional cost...no kidding!
- **Medical Health Advisor:** *Your Friend in The Insurance Industry!*
Confused and frustrated by paperwork, medical car, insurance... "the system"? Take hours off your "to do" list by calling your person Advisor to figure it out for you!
- **Medical Bill Saver:** *Get The Real Deal!*
Medical bills, bills, bills...who can keep it all straight?! Just send them to your new Advisor, they'll organize it all AND try to negotiate a discount.
- **Online Wellness:** *A Fitness Coach at Your Fingertips!*
Be healthy with tips on nutrition, weight-loss & disease prevention, as well as personalized assessments & workout plans.

freshbenies
SAVE TIME • MONEY • FRUSTRATION

Dental

CIGNA

All dental benefits will be administered by Cigna. Participants can access dental care both in and out of network; however, utilizing an in-network provider could render higher discounts on covered procedures. Network providers can be found by visiting www.cigna.com.

Services	Dental Base Plan	Dental Buy-Up Plan
Preventive Services <i>(Exams/Cleanings/X-Ray)</i>	100% Covered	100% Covered
Deductible <i>(Waived for Preventative)</i>	\$50 per covered member <i>(Maximum \$150 per family)</i>	\$50 per covered member <i>(Maximum \$150 per family)</i>
Basic Services <i>(Fillings/Simple Extractions)</i>	70% Covered	70% Covered
Major Services <i>(Oral Surgery/Root Canal/Crown)</i>	50% Covered	50% Covered
Orthodontics	Not Covered	Not Covered
Annual Maximum	\$1,000 per covered member	\$2,000 per covered member

*All out-of-network benefits are paid based on a usual and customary charge. In some cases, employees may be balance billed for charges that exceed the UCR.

Dental Cost to You in 2015*

Cost per pay period	Base Plan	Buy-Up Plan
Employee Only	\$11.32	\$12.30
Employee & Spouse	\$23.84	\$25.91
Employee & Child(ren)	\$24.07	\$26.15
Employee & Family	\$37.81	\$41.08

*All contributions will be deducted on a pre-tax basis



Optional Life and Accidental Death & Dismemberment

CIGNA

Employees who wish to elect a life insurance benefits may purchase the Optional Life/AD&D coverage. Rates are based on enrollee's age.

Voluntary Life	
Benefit Amount - Employee	\$30,000 to \$100,000 in increments of \$10k
Benefit Amount - Spouse	\$5,000 to \$30,000 in increments of \$5k
Benefit Amount - Child(ren)	\$10,000 flat amount for all covered children

Total Annual Covered Benefit ÷ 1,000 × Age Banded Rate = Monthly Premium

$$\frac{\text{(amount elected)}}{1,000} \times \text{(age-banded rate)} = \text{(monthly cost)} \times 12 \div 26 = \text{(per pay cost)}$$

<i>Employee</i>					<i>Spouse</i>			
18-34	\$0.190	55-59	\$1.043		18-34	\$0.176	55-59	\$1.029
35-39	\$0.223	60-64	\$1.577		35-39	\$0.209	60-64	\$1.563
40-44	\$0.302	65-69	\$2.855		40-44	\$0.288	65-69	\$2.841
45-49	\$0.434	70-74	\$5.779		45-49	\$0.420	70-74	\$5.765
50-54	\$0.665	75-79	\$11.630		50-54	\$0.651	n/a	
Child rate is \$0.313 which equates to \$1.44 per pay (\$3.12 per month) covers all enrolled children								

**All amounts are auto calculated in the enrollment portal*

Accident Coverage Insurance

AFLAC

Accidents are unexpected and can strike any member of one's family. The costs associated with treatment can mount quickly. An injury as common as a fracture could result in emergency room treatment, and overnight hospital stay, possible surgery, and even physical therapy. Most medical plans include deductibles and/or co-pays which could leave participants financially responsible for a significant portion of the cost of care. Accident Insurance pays a benefit to the participant that can help mitigate potential costs related to the accident.

Accident cost per pay period	
Employee	\$4.22
Employee + Spouse	\$6.25
Employee + Child(ren)	\$7.42
Employee + Family	\$9.45

Benefit Amount is determined by Extent of Injury and Care Required. Benefit is paid directly to You.

Critical Illness w/Cancer

AFLAC

A sudden illness such as a heart attack or stroke can result in devastating physical and financial consequences. For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with critical illness, related expenses such as lost income, child care, travel to and from treatment, high deductibles, a co-insurance levels may quickly diminish savings. Critical Illness insurance pays a fixed benefit upon initial diagnosis of a covered critical illness.

Critical Illness cost per pay period	
Benefit Amount*	Employees can elect from various options
Payroll Deduction	*see benefit portal or enrollment form for specific rates

**Please complete Aflac enrollment form and send to JDS/GDP.*



Hospital Confinement

AFLAC

When someone is hospitalized, whether it's due to an injury or illness there will probably be medical expenses and out of pocket costs that aren't covered under your medical plan. The hospital confinement indemnity insurance policy provides cash benefits to use as you see fit. The hospitalization benefits are predetermined and paid regardless of any other insurance you have, and you have a choice of applying for basic to more robust supplemental hospitalization insurance. Whether you want a hospital indemnity plan that provides hospitalization benefits only, or one that also addresses diagnostic procedures, outpatient surgery and ambulance transportation, the Hospital Confinement benefit can help.

Hospital Confinement cost per pay period	
Employee	\$ 25.60
Employee + Spouse	\$ 49.92
Employee + Child(ren)	\$ 44.80
Employee + Family	\$ 69.12

**Please complete Aflac enrollment form and send to JDS/GDP.*

Annual Notices

HEALTH REFORM NOTICE

Health reform legislation, referred to as the Affordable Care Act (ACA) by the regulatory agencies, has created a set of new notifications employers are responsible to provide to employees. The notice requirements vary depending on the particular situation of a given plan including its grandfathered status.

Grandfathered Status - This group plan is not a 'grandfathered health plan under the Patient Protection and Affordable Care Act.

HIPAA ERISA REQUIREMENTS

Medicaid & Children's Health Insurance Program (CHIP)

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

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

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

Women's Health & Cancer Rights Act (WHCRA)

Under the Women's Health and Cancer Rights Act of 1998, health plans that provide coverage for mastectomies must also cover reconstructive breast surgery following the mastectomy, including:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearances; and
- Prostheses and physical complications at all stages of the mastectomy, including lymphedemas.

Coverage for the procedures will be the same as that for any other medical/surgical benefit under the health plan you have elected, and certain general coverage limitations may apply, including but not limited to deductibles, co-insurance, co-payments, reasonable and customary charges, approval of your primary care physician, etc. Please refer to your group certificate for additional information.

COBRA

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

SPECIAL ENROLLMENT NOTICE

This notice is being provided to insure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waive coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plans.

Marriage, Birth, or Adoption

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

Example: When you were hired by us, you were single and chose not elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

ENROLLMENT CONFIRMATION:

Section 125 Cafeteria Plan Agreement

I hereby authorize and direct my employer to reduce my salary in the amount necessary to pay for the coverage's I have elected. Such reductions, considered as elective contributions under the plan, shall commence with my paycheck starting 6/1/2015 or when benefits are added under special enrollment. I further authorize future adjustments in the amount of salary reduction in the event that the cost of coverage in any program selected is changed during the plan year.

Pre-Tax Agreement

I understand that the purpose of this program is to allow employees to elect their qualified benefits within the guidelines of the Internal Revenue Code. I understand that an amount equal to the contributions for the coverage's I have elected will be deducted on a pre-tax basis from each of my paychecks to pay for the coverage's I have elected.

This agreement is subject to the terms of the employer's Section 125 premium only plan, as amended from time to time in effect, shall be governed by and construed in accordance with applicable laws, shall take effect as a sealed instrument under applicable laws, and revokes any prior election and compensation reduction agreement relating to such plans.

Taxes

Pre-tax contributions are not subject to federal income or Social Security ("FICA") taxes. This could result in a reduction in the Social Security benefits I receive at retirement if I earn less than the annual FICA "taxable wage base" (\$118,500 for 2015).

Elections and Plan Continuance

Prior to the first day of each Plan Year, I will be offered the opportunity to make a new benefit election for the coming Plan Year. If I do not complete a new enrollment at that time, I will be treated as having elected to continue this benefit election for the new Plan Year. In addition, this reduction agreement will continue by its terms in the amount of the required contribution for the benefit option for the new Plan Year.



BENEFITS ENROLLMENT FORM
Effective 06/01/2015 – 05/31/2016

- Moutainside
 Longhorn
 Southside
 Prima

Employee's Name (Last, First, Middle)	Social Security Number	Store Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address	Phone Number
<input type="text"/>	<input type="text"/>

Dependent Information:

Spouse Name	Social Security Number	Gender	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent Name	Social Security Number	Gender	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical/RX Benefits (Please Check Appropriate Box)

Medical/Rx coverage provided by CIGNA (teledoc included by freshbenies for GDP Advocate)					
Option 1 – OAP Base		Option 2 – OAP		Option 3 – OAP Buy-Up	
Election	Bi-Weekly Deduction	Election	Bi-Weekly Deduction	Election	Bi-Weekly Deduction
<input type="checkbox"/> Employee	\$ 41.08	<input type="checkbox"/> Employee	\$ 68.16	<input type="checkbox"/> Employee	\$86.10
<input type="checkbox"/> EE + Spouse	\$205.44	<input type="checkbox"/> EE + Spouse	\$238.41	<input type="checkbox"/> EE + Spouse	\$275.25
<input type="checkbox"/> EE + Child(ren)	\$158.97	<input type="checkbox"/> EE + Child(ren)	\$206.22	<input type="checkbox"/> EE + Child(ren)	\$263.10
<input type="checkbox"/> EE + Family	\$297.73	<input type="checkbox"/> EE + Family	\$417.84	<input type="checkbox"/> EE + Family	\$474.94

I Choose to waive Medical/RX Coverage. Other Coverage: _____

Voluntary Life provided by Cigna (Rates are Age-Banded*)

- Employee: \$30K \$40K \$50K \$60K \$70K \$80K \$90K \$100K
 Spouse: \$5K \$10K \$15K \$20K \$25K \$30K
 Child(ren): \$1.44 per pay is a \$10,000 benefit for each child (cost covers all children)
 I do not wish to elect voluntary life.

***Cost tiers can be found in 2015 Benefit Guide.** If you are not a new employee, please complete the Cigna Insurance Application and return to JDS/GDP.

Dental Benefits provided by Cigna (Please Check Appropriate Box)

BASE DENTAL		OR	BUY UP DENTAL	
Election	Bi-Weekly Deduction		Election	Bi-Weekly Deduction
<input type="checkbox"/> Employee	\$11.32		<input type="checkbox"/> Employee	\$12.30
<input type="checkbox"/> EE + Spouse	\$23.84		<input type="checkbox"/> EE + Spouse	\$25.91
<input type="checkbox"/> EE +Child(ren)	\$24.07		<input type="checkbox"/> EE +Child(ren)	\$26.15
<input type="checkbox"/> EE + Family	\$37.81	<input type="checkbox"/> EE + Family	\$41.08	

I Choose to Waive Dental Coverage. Other Coverage: _____

Accident Plan Coverage and Hospital Indemnity Plan provided by Aflac

Accident		AND/OR	Hospital Indemnity*	
Election	Bi-Weekly Deduction		Election	Bi-Weekly Deduction
<input type="checkbox"/> Employee	\$ 4.22		<input type="checkbox"/> Employee	\$25.60
<input type="checkbox"/> EE + Spouse	\$ 6.25		<input type="checkbox"/> EE + Spouse	\$49.92
<input type="checkbox"/> EE +Child(ren)	\$ 7.42		<input type="checkbox"/> EE +Child(ren)	\$44.80
<input type="checkbox"/> EE + Family	\$ 9.45	<input type="checkbox"/> EE + Family	\$69.12	

**Please complete Aflac enrollment form and send to JDS/GDP*

Critical Illness + Cancer Coverage Plan provided by Aflac*

Election	18-39	40-49	50-54	55-59	60-64	65-69
<input type="checkbox"/> \$5,000 Coverage for Employee	\$ 2.49 <input type="checkbox"/>	\$ 4.98 <input type="checkbox"/>	\$ 7.22 <input type="checkbox"/>	\$ 9.81 <input type="checkbox"/>	\$ 13.73 <input type="checkbox"/>	\$ 14.98 <input type="checkbox"/>
<input type="checkbox"/> \$10,000 Coverage for Employee + \$5,000 for Spouse	\$ 7.48 <input type="checkbox"/>	\$ 14.95 <input type="checkbox"/>	\$ 21.67 <input type="checkbox"/>	\$ 29.42 <input type="checkbox"/>	\$ 41.19 <input type="checkbox"/>	\$ 44.93 <input type="checkbox"/>

Information

Please make your beneficiary designation(s) below. You may designate more than one primary or secondary beneficiary. If you do, make sure to indicate the percentage share each should receive. The total share must equal 100%. If you need more space, attach another sheet to this form. You are not required to designate a contingent beneficiary.

Primary Beneficiary(ies) for Life, Accident and/or Critical Illness			
Name	Social Security #	Relationship	% Share
Name	Social Security #	Relationship	% Share

Authorization

I authorize payroll deduction of above referenced amount(s) from my earnings per pay period.

I certify the above information to be correct and true to the best of my knowledge, and that the children listed under "Dependent Coverage" qualify as my dependents under the plan. I further understand that my elections will remain in effect for the entire plan year and cannot be revoked unless I experience a change in my status or termination of either my employment or my spouse's employment.

Signature	Date

**Online: <http://www.jdsbenefits.com/enroll.html>
Company Identifier is: TEAM WOW**

**Fax: Enrollment form (214) 544-2045
or Call: (800) 473-8697**

OPEN ENROLLMENT

Starts MONDAY, MAY 11, 2015

Ends FRIDAY, MAY 29, 2015

Important Contact Information

GDP Advisors, LLC

Account Management Team

*Shawn Marshall, Dir of Operations JDS	(800) 473-8697	smarshall@gdpadvisors.com
Mikayla Price, Client Services	(800) 473-8697	mprice@gdpadvisors.com
Judith Rosales, Enrollment Specialist	(800) 473-8697	irosales@gdpadvisors.com
Jennifer Gilbreath, Account Manager	(800) 473-8697	jjgilbreath@gdpadvisors.com

*Primary contact for questions, concerns or to get new i.d. cards.

Consulting Team

G. Seth Denson, Co-Founder & Advisor	(800) 473-8697	sdenson@gdpadvisors.com
John Powter, Co-Founder & Advisor	(800) 473-8697	jpowter@gdpadvisors.com
Derek Smith, Consultant	(800) 473-8697	dsmith@gdpadvisors.com

Carrier Contact Information

Medical/Prescription Drugs

Cigna	(866) 494-2111	www.cigna.com
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Dental, Life & Disability

Cigna	(866) 494-2111	www.cigna.com
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Worksite Benefits

AFLAC	(800) 992-3522	www.aflac.com
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Telehealth Services

Freshbenies for GDP Advocate	(855) 647-6762	www.mymemberportal.com
Teladoc	(855) 847-3627	www.teladoc.com/feelbetter
Health Advocate	(866) 272-6009	.Please register at the above sites prior to utilizing services.

ONLINE BENEFIT ENROLLMENT www.jdsbenefits.com/enroll.html

Company identifier is: TEAM WOW



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

All rates included in this guide are estimations based on the time the guide was created. Final enrollment and underwriting may apply. In the case of changed rates, please visit the online benefit portal.