



U.M. FDSP  
ASSOCIATES, P.A.

# NEW EMPLOYEE ORIENTATION

PROVIDED BY:



**FRANKLIN**  
FINANCIAL GROUP, LLC

**Welcome to U.M. FDSP Associates P.A. We're glad you're here.**

We created this simple directory for you. It provides you with important information on your employee benefits and contact info for human resources. Contact Sherry Massey ([smassey@umaryland.edu](mailto:smassey@umaryland.edu)) for more information.

| <b>Claims Advocacy</b>                                     |  |
|--|--|
| <b>Provider Name:</b>                                      | Franklin Financial Group   |
| <b>Number:</b>   | 410-771-0134   |
| <b>Website:</b>  | <a href="http://www.franklin-group.com">www.franklin-group.com</a>       |
| <b>Medical Insurance</b>                                   |  |
| <b>Provider Name:</b>                                      | Cigna  |
| <b>Number:</b>   | 800-244-6224   |
| <b>Website:</b>  | <a href="http://www.mycigna.com">www.mycigna.com</a>                     |
| <b>Dental Insurance</b>                                    |  |
| <b>Provider Name:</b>                                      | United Concordia   |
| <b>Number:</b>   | 800-332-0366   |
| <b>Website:</b>  | <a href="http://www.ucci.com">www.ucci.com</a>                           |
| <b>Vision Insurance</b>                                    |  |
| <b>Provider Name:</b>                                      | Advantica Eyecare  |
| <b>Number:</b>   | 866-425-2323   |
| <b>Website:</b>  | <a href="http://www.advanticabenefits.com">www.advanticabenefits.com</a> |
| <b>HRA and FSA</b>   |  |
| <b>Provider Name:</b>                                      | 125Company   |
| <b>Number:</b>   | 877-303-3539   |
| <b>Website:</b>  | <a href="http://www.125company.com">www.125company.com</a>               |
| <b>Voluntary Life, Long-Term and Short-Term Disability</b> |  |
| <b>Provider Name:</b>                                      | Assurant   |
| <b>Number:</b>   | 816-881-8493   |
| <b>Website:</b>  | <a href="http://www.assurant.com">www.assurant.com</a>                   |
| <b>401(k) / Profit Sharing Plan</b>                        |  |
| <b>Provider Name:</b>                                      | T. Rowe Price  |
| <b>Number:</b>   | 1-800-354-2351   |
| <b>Website:</b>  | <a href="http://www.rps.troweprice.com">www.rps.troweprice.com</a>       |

## **Introduction to Employees**

U.M. FDSP Associates P.A. knows how important we all view providing quality employee benefits at a competitive price for ourselves and family members. We always strive to craft a total benefits package that meets your needs and that of the company.

You may enroll in several benefit plans during the initial eligibility period of 30 days from your date of hire. Choosing not to enroll yourself and/or your eligible dependents during this period will require you to wait until the next annual enrollment period. U.M. FDSP offers benefits to Domestic Partners.

Annual Open Enrollment will be held in November for a December 1<sup>st</sup> effective date.

At other times during the year, you may request a change in your enrollment when you have a “family status change.” A family status change involves any of the following:

- Marriage or divorce;
- Birth, Adoption or change in legal custody of a child;
- A child attaining age 26;
- Death of spouse or child;
- Spouse obtaining new employment or insurance through their work; losing their employment; or losing their insurance NON-VOLUNTARILY.

**Changes, additions or voluntary cancellations cannot be made at any other times during the year, except during the open enrollment period.**

| <b>Benefit Eligibility</b>                                 |   |
|--|---|
| <b>Medical, Dental &amp; Vision</b>                        | You and your dependents will be enrolled for the coverage effective the 1 <sup>st</sup> of the month following 30 days including the Date of Hire.  |
| <b>Voluntary Group Term Life Insurance, STD, &amp; LTD</b> | You are eligible for this coverage effective the 1 <sup>st</sup> of the month following 30 days including the Date of Hire. Entitlement to this benefit may require you to go through medical underwriting. Payroll deductions will begin based upon approval of the carrier. |
| <b>401(k)</b>  | You may start contributing to the U.M. FDSP Associates P.A. 401(k) plan on the first of the month following your start date and having reached age 21.  |
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|  |   |

### **Medical Insurance**

# NEW EMPLOYEE ORIENTATION

U.M. FDSP Associates P.A. offers multiple plans with Cigna for 2016; For the HMO OA Plus HRA Plan, we the employer, will cover the first 75% of the deductible- Individual = \$900 Family = \$1,800 Contribution

|                                    | <b>Cigna</b>     |                  |                  |                  |
|------------------------------------|------------------|------------------|------------------|------------------|
|                                    | HMO OA Plus HRA  | HMO OA Plus      | POS OA Plus      |                  |
| <b>Benefits</b>                    |                  |                  | In-Network       | Out-of-Network   |
| Deductible                         |                  |                  |                  |                  |
| Individual                         | \$1,200          | \$0              | \$0              | \$0              |
| Family                             | \$2,400          | \$0              | \$0              | \$0              |
| Coinsurance                        | 90%              | 100%             | 100%             | 80%              |
| Out-of-Pocket Maximum              |                  |                  |                  |                  |
| Individual                         | \$2,400          | \$1,300          | \$1,300          |                  |
| Family                             | \$4,800          | \$2,600          | \$2,600          |                  |
| Lifetime Maximum                   | Unlimited        | Unlimited        | Unlimited        | Unlimited        |
| Office Visit                       | Ded then 90%     | \$20/\$30        | \$10/\$20        | 80%              |
| Adult Wellness                     | 100%             | 100%             | 100%             | 80%              |
| Child Wellness                     | 100%             | 100%             | 100%             | 80%              |
| Hospitalization                    | Ded then 90%     | \$300            | 100%             | 80%              |
| Emergency Room                     | Ded then 90%     | \$50             | 100%             | 100%             |
| Urgent Care                        | Ded then 90%     | \$30             | \$25             | \$25             |
| Prescription Drugs                 |                  |                  |                  |                  |
| Deductible                         | Med Ded Applies  | \$0              | \$0              | \$0              |
| Tier 1                             | \$10             | \$10             | \$10             | 30%              |
| Tier 2                             | \$25             | \$20             | \$20             | 30%              |
| Tier 3                             | \$45             | \$35             | \$35             | 30%              |
| Mandatory Generic                  | Yes              | Yes              | Yes              | Yes              |
| Mail-Order                         | 3 Copays/90 Days | 3 Copays/90 Days | 2 Copays/90 Days | 3 Copays/90 Days |
| <b>Total Employee cost per pay</b> |                  |                  |                  |                  |
| Employee                           | \$34.09          | \$54.26          | \$79.07          |                  |
| Employee + Child(ren)              | \$65.33          | \$103.10         | \$150.25         |                  |
| Employee + Spouse                  | \$78.11          | \$127.52         | \$185.83         |                  |
| Family                             | \$89.45          | \$149.22         | \$217.45         |                  |

### Health Reimbursement Arrangements (HRA)

U.M. FDSP Associates P.A. offers a Health Reimbursement Arrangement (HRA) that is administered by 125Company. The employee will have access to a debit card that will allow the employee to pay for any qualified medical expenses. The employee may have to submit documentation to 125Company to substantiate the charge. To participate in the HRA an employee must be enrolled in the BC HRA Opt.1 Plan. U.M. FDSP Associates P.A. is funding the first 75% of the deductible for each employee enrolled in the BC HRA Opt.1 Plan. For an employee enrolled as an individual U.M. FDSP Associates P.A. will cover \$900 of the deductible and for an employee enrolled in a family plan, they will cover \$1800 of the deductible on a policy year basis. See directions below on how to file a claim with a HRA plan.

### Flexible Spending Account (FSA)

U.M. FDSP Associates P.A. has adopted a Flexible Spending Account (FSA) Plan that is administered by 125Company. A FSA provides compensation alternatives for eligible employees and their dependents. By participating in the Plan you are able to “give up” a part of your taxable compensation and choose certain “tax free” benefits instead. If you would normally pay for these benefits with “after-tax” dollars, the Plan enables you to now pay with “pre-tax” dollars and will save you money. The Plan is intended to qualify as a “cafeteria plan” within the meaning of Section 125(b) of the Internal Revenue Code.

### How to File an HRA/FSA Claim

**Step 1:** Show your Health Insurance ID card

- Prior to each service, you must present your health insurance card (issued by the carrier) to the provider to ensure the expense is applied to your health plan deductible

**Step 2:** You will receive an Explanation of Benefits (EOB) from the carrier once they've processed the claim.

**Step 3:** You will receive a bill from the provider.

- Make sure the balance due matches the EOB you received from the carrier.

**Step 4:** Pay the provider's bill.

You can use the debit card to pay for that qualified expense or submit the claim request to 125Company for reimbursement.

Submit the EOB along with a completed request for reimbursement form to 125Company. In order to be reimbursed claims must be received by 12:00 p.m. the day prior to the scheduled processing date. You will either receive a check, or for faster reimbursement, sign up for direct deposit at [www.125company.com](http://www.125company.com).

You can fax, mail, or submit online the claims to 125Company:

[www.125company.com](http://www.125company.com)

Customer Service: 301-977-8840

Fax: 877-303-0742

**Claim and Correspondence mailing address:**

PO Box 2401

Germantown MD 20875-2401

## NEW EMPLOYEE ORIENTATION

### Dental Insurance

U.M. FDSP Associates P.A. offers 2 Dental options with United Concordia for 2016.

#### United Concordia

PPO-Preferred

PPO-Flex (Passive)

| Benefits                           | In-Network   | Out-of-Network | In-Network   | Out-of-Network      |
|------------------------------------|--------------|----------------|--------------|---------------------|
| Deductible                         |              |                |              |                     |
| Individual                         | \$50         | \$75           | \$50         | \$50                |
| Family                             | \$150        | \$225          | \$150        | \$150               |
| Deductible Waived for Preventive   | Yes          | Yes            | Yes          | Yes                 |
| Annual Maximum                     |              |                |              |                     |
| Individual                         | \$1,500      | \$750          | \$1,500      | \$1,000             |
| Plan Reimbursement Level           | Fee Schedule | Fee Schedule   | Fee Schedule | 90th Percentile UCR |
| Diagnostic & Preventive            | 100%         | 80%            | 100%         | 100%                |
| Basic Restorative Services         | 70%          | 60%            | 80%          | 80%                 |
| Major Services                     | 40%          | 30%            | 50%          | 50%                 |
| Endodontics (Root Canal)           | Major        | Major          | Basic        | Basic               |
| Periodontics (Gum Disease)         | Major        | Major          | Basic        | Basic               |
| White Fillings                     | Included     | Included       | Included     | Included            |
| Implants                           | Included     | Included       | Included     | Included            |
| Orthodontics                       | 50%          | 50%            | 50%          | 50%                 |
| Lifetime Maximum                   | \$750        | \$750          | \$1,000      | \$1,000             |
| Age Limitation                     | 19           | 19             | 19           | 19                  |
| Dependent Eligibility              |              |                |              |                     |
| Dependents Eligible to Age         | 26           | 26             | 26           | 26                  |
| Full-Time Students to Age          | 26           | 26             | 26           | 26                  |
| <b>Total Employee cost per pay</b> |              |                |              |                     |
| Employee                           | \$0.00       |                | \$4.63       |                     |
| Employee + Chil(ren)               | \$0.00       |                | \$11.29      |                     |
| Employee + Spouse                  | \$0.00       |                | \$11.29      |                     |
| Family                             | \$0.00       |                | \$11.29      |                     |

### Vision Insurance

# NEW EMPLOYEE ORIENTATION

| U.M. FDSP Associates P.A. offers a Vision Plan with Advantica Eyecare for 2016. |   |                 |
|---|---|-----------------|
|   | <b>Advantica Eyecare, Inc.</b><br>Voluntary Select Plus 100 |                 |
| Benefits  | In-Network  | Out-of-Network  |
| Eye Exam  | \$10  | Up to \$40      |
| Benefit Period  | Every 12 months   | Every 12 months |
| Lenses  | \$10  | Up to \$20      |
| Benefit Period  | Every 24 months   | Every 24 months |
| Frames  | 100%  | Up to \$40      |
| Benefit Period  | Every 24 months   | Every 24 months |
| Contact Lenses  | Up to \$100   | Up to \$60      |
| Laser Vision Correction   | Discounts   | N/A             |
| Total Employee cost per pay   |   |                 |
| Employee  |   | \$2.88          |
| Employee + Child(ren)   |   | \$5.66          |
| Employee + Spouse   |   | \$5.28          |
| Family  |   | \$8.16          |

## Independent & Retail Providers

[www.AdvanticaEyecare.com](http://www.AdvanticaEyecare.com)

Advantica EyeCare's national network is comprised of both independent and national retail optical locations. Please visit their website to view their entire network, or contact their Service Center at (866) 425-2323. When scheduling an appointment, please be sure to inform the provider that you are an Advantica member.








## Voluntary Term Life Insurance

U.M. FDSP Associates P.A. offers a Voluntary Term Life policy administered by Assurant. This is an employee paid benefit when an employee enrolls in the Voluntary Life plan the first time they are eligible that employee will have a Guarantee Issue of \$100,000. If the employee decides to waive the initial enrollment they will not be eligible to receive the Guarantee Issue at any future enrollment into the plan. In no event shall Life Insurance Benefits exceed five times Your Annual Salary. Spousal and dependent coverage is also available. Your lawful spouse or domestic partner can be insured for amounts of life insurance from \$5,000 to 50% of the employee. Your eligible Dependent children can be insured for amounts of life insurance of \$1,000, \$5,000 and \$10,000. In no event shall the Dependent Life Insurance Benefit exceed 50% of Your Life Insurance Benefit. **Please Contact Human Resources for a copy of the Voluntary Term Life Pricing Sheet.**

**Voluntary Short-Term Disability Insurance**

U.M. FDSP Associates P.A. offers a Voluntary Short Term Disability policy administered by Assurant. This is an employee paid benefit. Short-Term Disability (STD) provides weekly income in the event you are unable to work due to an injury or sickness. The elimination period (the period of time from the point you are unable to work to the point when you will begin receiving benefits) is 15 days. **Please Contact Human Resources for a copy of the Voluntary Short-Term Disability Pricing Sheet.**

| <b>Eligibility</b>         |   |
|----------------------------|---|
| <b>Class Definition(s)</b> | Full-time employee, working at least <b>20</b> hours weekly and earning at least \$12,000 annually. |

| <b>BENEFIT SUMMARY</b>                     |   |
|--|---|
| <b>Benefit Percentage</b>                  | 60% of your current weekly salary   |
| <b>Maximum Weekly Benefit</b>              | \$1000  |
| <b>Benefits Begin</b>                      |   |
| <b>Accident</b>                            | 15 <sup>th</sup> day  |
| <b>Sickness</b>                            | 15 <sup>th</sup> day  |
| <b>Maximum Benefit Duration</b>            | 13 weeks  |
| <b>Pre-existing Conditions Limitations</b> | 6/12  |
| <b>Definition of disability</b>            |   |
| <b>Disability Option</b>                   | Own Job Partial & Residual  |
| <b>Zero Day Residual</b>                   | Included  |
| <b>Limitation</b>                          | Your benefit may be reduced by disability benefits from retirement or government plans, other group disability plans, no-fault benefits, and return-to-work earnings. If your benefit is reduced, a minimum weekly benefit of \$25 applies. |

**Voluntary Long-Term Disability Insurance**

## NEW EMPLOYEE ORIENTATION

U.M. FDSP Associates P.A. offers a Voluntary Long Term Disability policy administered by Assurant. This is an employee paid benefit. Long-Term Disability (LTD) provides monthly income in the event you are unable to work due to an injury or sickness. The elimination period (the period of time from the point you are unable to work to the point when you will begin receiving benefits) is 90 days.

| <b>Eligibility</b>         |   |
|----------------------------|---|
| <b>Class Definition(s)</b> | Full-time employee, working at least <b>20</b> hours weekly and earning at least \$12,000 annually. |

| <b>BENEFIT SUMMARY</b>                     |   |
|--|---|
| <b>Benefit Percentage</b>                  | 60%   |
| <b>Maximum Monthly Benefit</b>             | \$5,000   |
| <b>Elimination Period</b>                  | 90 days   |
| <b>Benefit Duration</b>                    | To Age 65-Graded (ADEA)   |
| <b>Pre-existing Conditions Limitations</b> | 6/12  |
| <b>Mental Disorders Limitation</b>         | 24 months   |
| <b>Drug and Alcohol Limitation</b>         | 24 Months   |
| <b>Own Occupation Period</b>               | 3 year(s)   |
| <b>Limitation</b>                          | Your benefit may be reduced by disability benefits from retirement or government plans, other group disability plans, no-fault benefits, salary continuance, sick leave pay sponsored by the policyholder or any return-to-work earnings. If your benefit is reduced, a minimum monthly benefit of \$100 for employees working 30 hours or more per week applies. |

401(k) / Profit Sharing

## NEW EMPLOYEE ORIENTATION

U.M. FDSP Associates P.A. 401(k) plan is administered by T. Rowe Price. In 2016, employees may contribute an annual amount up to \$17,500. Under the 2005 adoption of the Safe Harbor Amendment to U.M. FDSP Associates P.A. 401(k) plan, the employer will match 100% of employees' savings equal to the first 6% of wages. Employees are immediately 100% vested in employer Safe Harbor match monies. Employees may enroll in the 401(k) plan at any time after eligibility requirements have been met. Review the Summary Plan Description for additional details regarding the 401(k) plan.

## Questions & Answers

### What Forms **MUST** be completed?

- Kelly & Associates Enrollment Form - whether applying for or waiving coverage.
- 125Company FSA Election Form
- Assurant Voluntary Life & Disability Form - Please indicate beneficiary.

### When are forms due and where do I return them?

- All forms must be completed, signed, dated and returned to the H.R. Team no later than 30 days from your full-time date of hire.

### Who do I contact with questions?

- Contact the H.R. Team or Franklin Financial Group with any questions you may have.

### Other Information:

- The next enrollment period will be Open Enrollment and will be held in November for a December 1<sup>st</sup> effective date.

### Please note:

*This booklet provides a summary of the benefits available. The Company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without any prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the plan explanations in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts will govern. In addition, you should not rely on any oral descriptions of these plans since the written descriptions in the insurance contracts or plan documents will always govern.*



**FRANKLIN**  
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