

YOUR ULTRADENT PRODUCTS, INC.  
2016-2017 BENEFITS DECISION GUIDE  
OPEN ENROLLMENT: MAY 18 – JUNE 1

# your benefits



## Your Enrollment Checklist

- **Read** this guide for a benefits overview and helpful tips.
- **Visit** Mercer Marketplace to learn more about your personal options.
- **Use** the tools and resources on the website to help you make your choices.
- **Action Required:** Select your benefits for 2016-2017. **If you do not enroll, you will NOT have medical, dental, or vision coverage. You will have 100% employer-paid benefits ONLY (Basic Life and Long-term Disability).**

# Welcome to Open Enrollment!

We're pleased to offer a variety of benefits for 2016-2017 that offer you flexibility and choice, a generous financial contribution from Ultradent Products, Inc., a simple shopping experience, and the ability to take control of your benefits spending.

Here's how it works:

- **Visit** Mercer Marketplace to view your options, learn more about your benefits, and see how the Ultradent Products, Inc. contribution will help you pay for your benefit costs.
- **Review** the benefits available to you, including traditional benefits, like medical, dental, disability, and life insurance, and supplemental benefits, like accident and critical illness.
- **Choose** the plans that best meet your needs and fit your budget.

## YOUR BENEFIT OPTIONS

You'll be able to choose from a wide variety of plans that offer quality coverage with a range of costs. We encourage you to take the time to understand all of your options and then make the best decisions for your needs. To learn more, select the Mercer Marketplace Benefits tab in the Benefits section of your Workday account, or visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

## NEED ASSISTANCE?

If you have questions or need assistance enrolling in your benefits, call one of our Mercer Marketplace benefits counselors at 1-844-344-8830. Benefits Counselors are available 7 a.m. to 9 p.m. Eastern Time, Monday through Friday.

## ACTION REQUIRED

**You must enroll this Open Enrollment. If you do not enroll, you will NOT have medical, dental, or vision coverage. You will have 100% employer-paid benefits ONLY (Basic Life and Long-term Disability).**

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Creditable Prescription Drug Coverage and Medicare Notice in Legal Notices at the back of this booklet for more details.

# What's Inside

This guide provides instructions for how to enroll in your benefits, as well as an overview of the benefits available to you and helpful tips to support your decision making.

## CONTENTS

What's New	Page 3
How to Enroll	Page 4
Ultradent Products, Inc. Contribution	Page 5
Medical Insurance and Spending Accounts	Page 6
Supplemental Medical Insurance	Page 13
Dental and Vision Insurance	Page 14
Life Insurance	Page 16
Disability Insurance	Page 17
Legal Benefits	Page 17
Identity Theft Protection	Page 18
Auto and Home Insurance	Page 18
Pet Insurance	Page 18
Online Discount Mall	Page 19
Health Advocacy	Page 19
Contact Information	Page 20
Legal Notices	Page 21
Non-MMx Benefits	Page 35

Visit Mercer Marketplace to enroll in your benefits beginning May 18!  
[www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts)

# What's New for 2016-2017

Listed below are the coverage offerings that have changed since your last Open Enrollment. More details about the plans can be found in this Benefits Guide.

## MEDICAL PLANS – SelectHealth:

SelectMed Network (UT Only) and SelectCare Network (National Coverage)  
*(Deductibles below are for single coverage only. Refer to page 8 for Family Deductibles)*

- **\$800 Deductible Plan**
- **\$1,500 Deductible Plan with HSA**
- **\$2,500 Deductible Plan with HSA**

## DENTAL PLANS - Cigna

- **Standard Dental Plan**
- **Enhanced Dental Plan with Orthodontia**

## VISION PLANS - Cigna

- **Enhanced Plan**
- **Standard Plan**

## OTHER CHANGES

- **Life and Disability Insurance**
- **Legal Benefits**
- **Identity Theft Protection**
- **Auto and Home Insurance**
- **Pet Insurance**
- **Online Discount Mall**

## SPENDING & SAVINGS ACCOUNTS

**Effective July 1, your HSA account will be through Mercer Marketplace. You will have the following options available to you:**

1. **Transfer current Health Equity HSA balances to Mercer Marketplace\*:** Your Health Equity HSA funds will transfer by July 30th to Mercer Marketplace if your completed HSA transfer form is provided to HR no later than **June 1, 2016\***. There will be a 3 week blackout period July 8 - 29 where your HSA transfer funds will not be available. Refer to the HSA transfer guidelines located in the Resource Center on Mercer Marketplace.
2. **Leave current HSA balances with Health Equity:** If you have more than a \$2,500 balance, there is no monthly charge. For balances less than \$2,500, the fee is \$3.95 per month, which will be automatically deducted from your account monthly.
3. **Transfer your HSA balance to any bank of your choice\*:** You will need to obtain the HSA transfer form from the bank of your choice and follow that bank's instructions for transfers. Provide a copy of the completed form to HR by June 1, 2016 to have the \$25 transfer fee waived.

**\*You will be responsible for the \$25 transfer fee for any requests received after June 1, 2016.**

Note: All HSA investments must be converted to cash prior to July 1<sup>st</sup>, 2016 if transferring funds. Contact Health Equity for more information.

# How to Enroll

To enroll in your benefits for 2016-2017, select the Mercer Marketplace tab in the Benefits section of your Workday account, or visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

## LOGGING IN TO MERCER MARKETPLACE

To access the Mercer Marketplace from work, select the Mercer Marketplace tab in the Benefits section of Workday. You will be prompted to enter your Ultradent Products, Inc. login and password used for Workday. To access the Mercer Marketplace from home, visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

## ENROLLING IN YOUR BENEFITS

Once you've navigated to Mercer Marketplace, click on the "Get started" button and follow these simple steps:

### 1. Profile

- Review your personal information.
- Enter information for any dependents you wish to cover. Be sure to have their Social Security numbers and dates of birth, as this information is required.

### 2. Open Enrollment

- Answer some questions to help identify the best coverage for your needs.
- Compare plan features and costs.
- Use the educational resources to learn more.
- Select the benefits you want to enroll in.

### 3. Confirmation

- Review the summary of your enrollment selections. You can make changes up until the enrollment period ends.
- We recommend you can print a copy of your enrollment confirmation for future reference.

## CHANGING YOUR BENEFIT SELECTIONS

You can change any of your benefit selections before the Open Enrollment deadline on June 1. Simply return to the Mercer Marketplace website to make changes.

After the enrollment deadline, you may be able to make changes to some of your benefits in certain situations. Under IRS rules, you can only make changes to some benefits (such as medical and dental insurance) if you have a change in personal circumstances. For example, if you get married or have a baby, you can add coverage for your spouse or new child. To change your benefits due to a life event, visit Mercer Marketplace or call one of our Mercer Marketplace benefits counselors at 1-844-344-8830.

# Ultradent Products, Inc. Contribution

Mercer Marketplace brings you many advantages — a wide variety of benefit choices, built-in shopping guidance, and a new way to pay for your benefits. With this approach, you see exactly how much Ultradent Products, Inc. is paying for medical and how much you are paying, giving you more control over your benefits spending.

Ultradent Products, Inc. will give you a dollar amount that you can apply toward your medical costs. As you enroll on Mercer Marketplace, you will see how the contribution is being applied. If you spend more on benefits than the company-provided contribution, you will pay the additional amount through payroll deductions.

## SHOPPING TIP

Take advantage of the helpful shopping assistance available through Mercer Marketplace. As you enroll, you'll find key information displayed for each plan, including coverage details and cost. You'll also find a variety of tools, educational videos, and reference documents to help you better understand your benefit options.



# Medical Insurance and Spending Accounts

Medical coverage offers valuable benefits to help you stay healthy and pay for care if you or your covered family members become sick or injured. Coverage is also required as part of the Affordable Care Act. **Most Americans must have medical insurance or pay a federal tax penalty.** It's important to be sure you're covered, either through your employer-sponsored plan or through another option available to you, such as your spouse's employer benefits or a government program like Medicare or Medicaid.

In addition to choosing a medical plan, you also have the option to contribute to tax-advantaged accounts that can help you save money.

## CHOOSING A MEDICAL PLAN FOR 2016-2017

The medical plans available to you include a range of coverage levels and costs, giving you flexibility to select the plan that is right for you. You'll find a summary of each plan's features on page 8. Visit the Mercer Marketplace website at [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts) or call one of our Mercer Marketplace benefits counselors at 1-844-344-8830 for complete details and plan costs.

## Need Help Finding the Best Coverage?

When you go online, answer a few questions about your medical insurance usage, payment preference, and ability to afford an unexpected medical expense. Then, Mercer Marketplace will show you one or more plans that may best match your situation. While the decision is yours, these matches may help you make an appropriate choice.

## Key Words to Know:

**Copay:** An amount you pay for a covered service each time you use that service. It does not apply toward the deductible.

**Deductible:** The amount you pay before the plan begins to pay.

**Flexible Spending Account (FSA):** An account funded by you that allows you to use before-tax money to pay for eligible health care expenses. Your entire annual contribution is available to you from the beginning of the plan year. Any unused funds are forfeited at the end of the plan year.

**Health Savings Account (HSA):** An account funded by you and Ultradent Products, Inc. that lets you use before-tax money to pay for eligible health care expenses. Unused funds remain in your account from year to year. They are NOT forfeited at the end of the plan year.

**Out-of-Pocket Costs:** Expenses you pay yourself, such as deductibles, copays, and uncovered services.

**Out-of-Pocket Maximum:** The maximum amount you pay for covered services in a plan year.

**Plan Coinsurance:** Percentage of the charge that your plan will pay, typically after you have met the deductible.

**Prescriptions:** Medications are grouped into tiers, and the tier that your medication falls into determines your portion of the drug cost.

TIER	YOU PAY	WHAT'S COVERED
1	Lowest Cost Sharing	<b>Most Generic Prescription Drugs</b> Generic prescription drugs use the same active ingredients as brand-name prescription drugs and work the same way. Generic drugs are equivalent to a brand product in dosage form, strength, quality, and intended use.
2	Second Lowest Cost Sharing	<b>Preferred Brand Name Drugs</b> Drugs sold under a specific trade name that are favorably priced by the pharmacy plan.
3	Highest Cost Sharing	<b>Non-Preferred Brand Name Drugs</b> Drugs sold under a specific trade name that have a reasonable, more cost-effective alternative on Tier 1 or Tier 2.



## YOUR MEDICAL INSURANCE OPTIONS AT A GLANCE

SelectHealth (SelectMed – For Utah Only) (SelectCare – National Coverage)

For the lowest cost, be sure to find doctors, hospitals and other health care providers in your insurance carrier's network. To access a list of in-network providers, click on the carrier's link from the Mercer Marketplace medical enrollment page or visit the carrier's website listed on the Contact Information page, and select the appropriate carrier/network that is indicated above.

### IN-NETWORK MEDICAL PLAN SUMMARY

	\$800/\$1,600 DEDUCTIBLE	\$1,500/\$3,000 DEDUCTIBLE WITH HSA	\$2,500/\$5,000 DEDUCTIBLE WITH HSA
<b>HSA Eligible</b>	No	Yes	Yes
<b>HSA Funding by employer</b>	No	Employee: Up to \$720/ year Family: Up to \$1,440/ year	Employee: Up to \$720/ year Family: Up to \$1,440/ year
<b>Preventive Doctor's Visit</b>	Covered at 100% in-network*		
<b>In-Network</b>			
Individual/ Family Deductible	\$800/\$1,600	\$1,500/\$3,000	\$2,500/\$5,000
Individual/Family Out-of-Pocket Max	\$2,400/\$4,800	\$3,000/\$6,000	\$4,500/\$6,850
Plan Coinsurance	80%	80%	70%
Office Visit (Primary Care/Specialist)	80%	80%	70%
<b>Retail Prescriptions</b>			
Generic (Tier 1)	70% (min \$10, max \$20)*	80% after deductible**	70% after deductible**
Preferred Brand Name (Tier 2)	70% (min \$25, max \$50)*	80% after deductible**	70% after deductible**
Non-Preferred Brand Name (Tier 3)	55% (min \$40, max \$80)*	80% after deductible**	70% after deductible**
<b>Mail Order Prescriptions</b>			
Generic (Tier 1)	70% (min \$25, max \$50)*	80% after deductible**	70% after deductible**
Preferred Brand Name (Tier 2)	70% (min \$62.50, max \$125)*	80% after deductible**	70% after deductible**
Non-Preferred Brand Name (Tier 3)	55% (min \$100, max \$200)*	80% after deductible**	70% after deductible**

\* Deductible does not apply.

\*\* Deductible waived for some preventive medications.

## Helpful Information About Deductibles

Under the \$1,500 Deductible and \$2,500 Deductible Plans, if you cover any family member(s) in addition to yourself:

- The entire Family Deductible must be met before benefits begin to pay out for *any* family member.
- The entire Family Out-of-Pocket Maximum must be met before the plan pays in full for *any* family member.

For all other plans, if you cover any family member(s) in addition to yourself:

- Once one family member meets the Individual Deductible, benefits begin to be paid for that individual.
- Once one family member meets the Individual Out-of-Pocket Maximum, the plan pays covered benefits in full for that individual.

## Learn More Online

For additional plan details, including any out-of-network benefits, select the Mercer Marketplace Benefits tab in the Benefits section of your Workday account, or visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

## KEY CONSIDERATIONS

To help you select the most appropriate, cost-effective option for your needs, ask yourself these questions:

### Medical insurance usage:

- **Do you expect your usage to be moderate to low (only wellness visits and occasional illness)?** If so, consider plans with higher deductibles. You could save money by paying less from your paycheck for your coverage. If you are concerned about the risk of unexpected expenses, consider purchasing one or more supplemental medical plans for added protection (see next section).
- **Do you expect your usage to be high (you or a dependent has a serious medical condition or you expect a hospitalization)?** If so, you may want to choose a plan with a lower deductible to reduce your costs when you need care.

### Payment preference:

- **Would you rather pay less from your paycheck and more if you need care?**  
If so, select a plan with a higher deductible and lower plan cost.
- **Would you rather pay more from your paycheck and less if you need care?**  
If so, select a plan with a lower deductible and higher plan cost.

### Unexpected Expenses:

If an expensive illness or injury occurred in your family, how confident are you that you could afford the costs your plan does not cover?

- **If you're very confident,** you may want to choose a plan that costs less to buy but has a higher deductible.
- **If you're not confident,** you may want to choose a plan that costs more to buy but has a lower deductible. Or, you may want to consider purchasing one or more supplemental medical plans for added protection (see next section).

## SHOPPING TIP

Consider combining medical insurance with supplemental medical insurance, like hospital indemnity, accident, and critical illness insurance. These options, which are described in the next section, are intended to supplement your medical plan's coverage. In fact, based on your situation, you may be able to save money by purchasing a lower cost medical plan and adding one or more supplemental plans. The combined coverage could offer effective protection against out-of-pocket expenses at a lower plan cost.



### In-Network vs. Out-of-Network

Most plans allow you to see any provider of your choice. However, you will typically pay less for in-network care. Visit your insurance company's website using the links on Mercer Marketplace to search for in-network providers. Using an in-network provider will ensure you receive the preferred cost-sharing on services.

## SPENDING AND SAVINGS ACCOUNTS

You can save money on your health care and dependent care costs through the use of tax-advantaged accounts that allow you to use before-tax dollars to pay for eligible expenses. For additional details about the following accounts, visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

	Contribution Methods	Paying for Eligible Expenses	Unused Money
<b>Health Savings Account (HSA)</b>	<ul style="list-style-type: none"> <li>Available only to participants in the \$1,500 and \$2,500 deductible plans.</li> <li>If you contribute a minimum of \$15/pay period (EE) or \$30/pay period (Family), Ultradent Products, Inc. will contribute \$30/pay period (EE) or \$60/pay period (Family) into your HSA. You must elect an HSA when enrolling in benefits.</li> <li>Contribute up to the annual IRS limit of \$3,350 for individuals or \$6,750 for family coverage (This amount includes your employer's contribution.); \$1,000 additional contribution allowed for employees age 55+.</li> <li>Change your contribution amount or stop contributing at any time.</li> </ul>	<ul style="list-style-type: none"> <li>Works like a bank account that you manage to pay for your health care expenses.</li> <li>Use a debit card to pay for eligible expenses or submit for reimbursement for payments you've made (only money you've already contributed can be spent).</li> </ul>	<ul style="list-style-type: none"> <li>Unused money can be carried over each plan year and invested for the future — you can even take it with you if you leave your job.</li> </ul>
<p><b>Additional Details:</b>                      When you participate in a Health Savings Account, you can also elect to participate in a Combination Flexible Spending Account (Combination FSA). You can use your Combination FSA to pay for eligible dental and vision expenses. Once you have satisfied the IRS-required medical deductible (\$1,300/individual and \$2,600/family) you can use it to pay for eligible medical expenses.</p> <p>Federal law does not permit you to have contributions made to an HSA if any of the following are true:</p> <ul style="list-style-type: none"> <li>You are enrolled in Medicare.</li> <li>You are covered by any health insurance (including Tricare) other than a qualified high deductible health plan.</li> <li>You can be claimed as a dependent on another person's tax return.</li> <li>You have access to reimbursement under a Health Care Flexible Spending Account (FSA) established by another employer for you, your spouse, or other family member.</li> </ul> <p>Ultradent Products, Inc. offers a FSA that permits employees to submit certain claims after the end of the plan year. When enrolling, you will be asked a few questions to determine if you are eligible for HSA contributions.</p> <p><i>Please consult with a tax advisor if you are unsure of your eligibility to contribute to an HSA.</i></p>			

<b>Health Care Flexible Spending Account (FSA)</b>	<ul style="list-style-type: none"> <li>• Contribute up to \$2,550 annually to help cover qualified medical, vision, and dental expenses.</li> <li>• Choose your contribution amount once a year (if your personal situation changes, such as getting married or having a baby, you may be able to change your election during the year).</li> </ul>	<ul style="list-style-type: none"> <li>• Use a debit card to pay for eligible expenses or submit for eligible expenses.</li> <li>• Your entire annual contribution is available to you from the beginning of the plan year.</li> </ul>	<ul style="list-style-type: none"> <li>• Unused money does not carry over at the end of each plan year and will be forfeited. Electing a Health Savings Account will mean that your Flexible Spending Account will be terminated at the end of the plan year, and you will not be able to be reimbursed for claims incurred after the end of the plan year.</li> </ul>
<b>Dependent Care Flexible Spending Account (FSA)</b>	<ul style="list-style-type: none"> <li>• Contribute up to \$5,000 a year to reimburse your qualified dependent care expenses.</li> </ul>	<ul style="list-style-type: none"> <li>• Eligible expenses include child care and care for dependent elders.</li> </ul>	<ul style="list-style-type: none"> <li>• Unused money does not carry over at the end of each plan year and will be forfeited.</li> </ul>

# Supplemental Medical Insurance

## MetLife

Supplemental medical insurance can help protect you from significant or unexpected out-of-pocket expenses. Keep in mind that these plans are intended to supplement a medical plan, and they do not on their own provide the minimum level of medical coverage needed to meet the Affordable Care Act requirement for medical insurance.

Consider your anticipated medical needs for 2016-2017, along with the cost of the insurance plans available to you. Adding a supplemental plan to a lower cost medical plan may help you save money while providing important coverage.

The following three supplemental medical plans may be available to you for 2016-2017. These plans are available in most, but not all states. Complete details about coverage and cost can be found on [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

## ACCIDENT

Accident insurance supplements your medical plan by providing a cash benefit in cases of accidental injuries. Benefits include hospital stays, fractures, dislocations, physical therapy, and more. The cash benefits can be used to help offset out-of-pocket medical expenses (deductibles, coinsurance, etc.), or other expenses (lost income, household bills, etc.) arising from a covered accident. Accident insurance pays in addition to your medical plan and benefits are payable regardless of any other insurance programs. Eligible employees and dependents will be able to elect coverage during Open Enrollment regardless of prior health history.

## HOSPITAL INDEMNITY

When hospitalized, you may not realize that most primary health insurance plans do not cover all hospital costs. Hospital Indemnity Insurance can complement your medical coverage by helping to ease the financial impact of a hospitalization due to an accident or illness. Coverage is available for employees, spouses and families. Benefits are paid directly to employees unless otherwise specified and regardless of any other insurance. Eligible employees and dependents will be able to elect coverage during Open Enrollment regardless of prior health history.

## CRITICAL ILLNESS

Critical illness insurance helps protect against the financial impact of certain illnesses, such as heart attack, stroke, cancer and more. A lump-sum payment is paid directly to you and can be used to help offset out-of-pocket medical expenses (deductibles, coinsurance, etc.), or other expenses (lost income, household bills, etc.) arising from the critical illness. Critical illness pays in addition to your medical plan and benefits are payable regardless of any other insurance programs. Eligible employees and dependents will be able to elect coverage during Open Enrollment regardless of prior health history.

# Dental and Vision Insurance

## DENTAL

Cigna (Total Cigna DPPO) – Includes Cigna DPPO Advantage and Cigna DPPO (lower benefit level may apply). Contact Cigna for specific provider coverage levels.

The following dental plans are available to you. You'll find complete details about coverage and cost on [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

### IN-NETWORK DENTAL PLAN SUMMARY

	STANDARD DENTAL PLAN	ENHANCED DENTAL PLAN WITH ORTHODONTIA
Annual Maximum Benefit	\$1,500	\$2,000
IN-NETWORK		
Individual/Family Deductible (waived for preventive services)	\$50/\$150	\$50/\$150
Preventive Services	Plan pays 100%*	Plan pays 100%*
Basic Services	Plan pays 80%	Plan pays 80%
Major Services	Plan pays 50%	Plan pays 50%
Orthodontia Services	Not covered	Plan pays 50%
Orthodontia Maximum Lifetime (in-network and out-of-network)	Not covered	\$1,500**

\* Deductible does not apply.

\*\* Orthodontia coverage available for eligible children and adults.

### Learn More Online

For additional plan details, including any out-of-network benefits, select the Mercer Marketplace Benefits tab in the Benefits section of your Workday account, or visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

### Key Words to Know:

**Deductible:** The amount you pay before the plan begins to pay.

**Preventive Services:** Services designed to prevent or diagnose dental conditions; including oral evaluations, routine cleanings, X-rays, fluoride treatments, and sealants.

**Basic Services:** Services such as basic restorations, some oral surgery, endodontics, and periodontics.

**Major Services:** Services such as crowns, dentures, implants, and some oral surgery.

**Orthodontia:** Services such as straightening or moving misaligned teeth and/or jaws with braces and/or surgery.

## VISION

### Cigna

You can enroll in one of the following vision plans to help you save money on eligible vision care expenses, such as eye exams, glasses, and contact lenses. Complete details are available on Mercer Marketplace.

#### VISION PLAN SUMMARY

	STANDARD PLAN		ENHANCED PLAN	
IN-NETWORK	COPAY	FREQUENCY	COPAY	FREQUENCY
<b>Exam</b>	\$10	1 per 12 months	\$10	1 per 12 months
<b>Lenses</b>	\$25	1 per 12 months	\$10	1 per 12 months
<b>Contact Lens Fitting</b>	Not to exceed \$60*	1 per 12 months	Not to exceed \$60*	1 per 12 months
	RETAIL ALLOWANCE	FREQUENCY	RETAIL ALLOWANCE	FREQUENCY
<b>Frames</b>	Up to \$130; 20% off any amount over	1 per 24 months	Up to \$180; 20% off any amount over	1 per 12 months
<b>Contact Lenses</b> (in lieu of Frames & Lenses)	Up to \$130	1 per 12 months	Up to \$180	1 per 12 months

\*Applied towards contact lense allowance.

#### Learn More Online

For additional details, including any out-of-network benefits and possible discounts on costs that exceed the retail allowance, select the Mercer Marketplace Benefits tab in the Benefits section of your Workday account, or visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

#### Key Words to Know:

**Copay:** An amount you pay for a covered service each time you use that service.

**Retail Allowance:** Maximum allowance paid toward the cost of vision materials. Amounts in excess of the retail allowance are the financial responsibility of the participant.



# Life Insurance

Cigna – TERM LIFE, ACCIDENTAL DEATH & DISMEMBERMENT

Transamerica – PERMANENT LIFE

Life insurance provides important financial protection for you and your family. The following plans are available to you through Mercer Marketplace.

**Employer-Paid Life and Accidental Death and Dismemberment (AD&D)** – Your employer provides you with a base level of term life and accidental death and dismemberment (AD&D) insurance. They will also provide coverage of up to \$20,000 for your spouse or domestic partner and up to \$10,000 for children at no cost to you.

**Employee-Paid Term Life** – To supplement the coverage provided by your employer, you can purchase additional term life insurance for yourself. This coverage is tied to your employment and typically ends if you leave your employer. In most cases, you may be able to retain this coverage with the same insurance carrier if you leave your employer. **You must purchase this coverage if you wish to purchase spouse and child term life.**

**Spouse Term Life** – You can purchase term life insurance for your spouse or domestic partner. This coverage is tied to your employment and typically ends if you leave your employer. In most cases, you may be able to retain this coverage for your spouse or domestic partner with the same insurance carrier if you leave your employer.

**Child Term Life** – You can purchase term life insurance for your dependent children. This coverage is tied to your employment and typically ends if you leave your employer. In most cases, you may be able to retain this coverage for your children with the same insurance carrier if you leave your employer.

**Employee-Paid Accidental Death and Dismemberment (AD&D)** – You can purchase additional accidental death and dismemberment (AD&D) insurance for yourself or for yourself and dependents.

**Permanent Life** – You also have the option to purchase permanent life insurance. With a permanent life insurance policy, you could be the policy owner and can maintain the coverage, whether or not you leave your employer, for as long as you choose to continue to pay the premium. This option offers you the ability to provide lasting protection for your family. With the purchase of an employee permanent life policy, you may also purchase additional life insurance for your eligible dependents.

## Evidence of Insurability (EOI)

During this Open Enrollment you can elect up to the Guaranteed Issue Amount without completing an EOI form. After this Open Enrollment period, you will be required to provide EOI for all changes. Guaranteed Issue: \$250,000 for employee, \$50,000 for spouse/domestic partner, and \$20,000 for child.

## Select a Beneficiary

With any life insurance policy, it's important to choose a beneficiary or beneficiaries to receive the policy's benefit payment in the event of the insured person's death. You should designate your beneficiary(ies) on the Mercer Marketplace. For Spouse and Child Term Life policies, you (the employee) are automatically listed as the beneficiary.

# Disability Insurance

Cigna

## SHORT-TERM DISABILITY

When you need to miss work for an extended time due to an illness or accident, short-term disability insurance can replace a percentage of your lost income (up to a maximum weekly benefit) for 13 weeks. Visit Mercer Marketplace for coverage and cost information.

If you live in a state that requires your employer to offer short-term disability benefits, your disability will be coordinated between your employer and the state. This applies to employees in California, New York, New Jersey, Rhode Island, Hawaii, and Puerto Rico.

## LONG-TERM DISABILITY

If you experience a disabling illness or injury that lasts longer than your short-term disability benefit, long-term disability insurance can replace a percentage of your lost income (up to a maximum monthly benefit). This benefit is completely paid by your employer. Visit Mercer Marketplace for coverage information.

### SHOPPING TIP

A disability can be one of the biggest financial risks you face. Your work income will end, but your living expenses will continue. Make sure you protect your income by choosing the disability coverage you need.



# Legal Benefits

The MetLife® Hyatt Legal Assistance Plan offers you economical access to attorneys for common legal services, such as will preparation, estate planning, family law, and more. You, your spouse, and dependents will have access to a nationwide network of 13,500 experienced attorneys. You also have the flexibility to use a non-plan attorney and get reimbursed for covered services according to a set fee schedule.

Legal advice will be just a phone call away. A knowledgeable client service representative can help you locate a plan attorney in your area. You'll also have convenient online access to resources that will assist with court appearances, document review and preparation, or real estate matters.

# Identity Theft Protection

## InfoArmor®

Identity theft protection services from InfoArmor® help assess your risk, deter theft attempts, detect fraud, and manage the restoration process in the event of an identity theft. Your identity will be monitored to uncover fraud at its inception. You will be offered an annual credit report, monthly credit scores, and monitoring of your TransUnion credit file.

InfoArmor® offers privacy advocates that are certified and trained in identity restoration. If they detect suspicious activity, a privacy advocate can act as a dedicated case manager on your behalf and resolve the issue.

# Auto and Home Insurance

## MetLife

Purchasing auto and home insurance through Mercer Marketplace could provide you with savings of up to 15%. MetLife gives you access to a variety of personal insurance policies, including home\*, landlord's rental dwelling, condo, mobile home, renters, recreational vehicle, boat, and personal excess liability.

There is a quote phone line listed under Contact Information that you can use to get a no-obligation comparison from MetLife Auto & Home®, one of the nation's leading auto insurance companies.

\*Home insurance is not part of MetLife Auto & Home's benefit offering in MA & FL.



# Pet Insurance

## Nationwide

For pet owners, the cost of providing unexpected veterinary care if medical issues arise could add up to hundreds or even thousands of dollars. Pet Insurance through Nationwide is a cost-effective way to protect you from the risk of these expenses and provide medical care for your pet with peace of mind. In addition, Mercer Marketplace participants are eligible to receive at least a 5% discount on premiums.

Nationwide offers several policy options to meet a variety of needs and budgets. With this coverage, you are free to use any veterinarian worldwide.

# Online Discount Mall (Free Benefit)

## PerkSpot

This benefit offers you 24/7 access to exclusive prices, discounts, and offers from hundreds of local and national merchants. Choose from health clubs, movie theaters, restaurants, retailers, and all major cell phone providers. Offers are updated frequently.

As a Mercer Marketplace participant, you pay nothing to use the service. Once you register with an email address, you can sign up to receive email alerts for discounts you may be interested in. You will be connected to exclusive discounts and savings of up to 40%.

# Health Advocacy (Free Benefit)

## Health Advocate

Through Health Advocate you have access to a Personal Health Advocate, who is skilled at working with healthcare providers, insurance plans and other health-related organizations to resolve complex issues and help employees get the right care at the right time.

A single, toll-free number, 1-866-695-8622, connects you to a Personal Health Advocate, who can help resolve a wide range of clinical, claims, coverage and billing issues. This includes:

- Finding qualified doctors, hospitals, dentists and other providers nationwide
- Identifying top medical institutions and clinical trials
- Locating leading doctors, hospitals and other providers for second opinions
- Scheduling earliest appointments with hard-to-reach specialists; arranging for specialized treatments and tests
- Estimating and understanding healthcare costs to help you make informed decisions
- Clarifying complex conditions; researching available treatment options
- Resolving insurance claims; uncovering billing errors; negotiating payment arrangements
- Finding options for non-covered services; negotiating provider discounts
- Answering questions about test results, treatments and medications recommended or prescribed by the physician
- Addressing eldercare issues; clarifying Medicare; locating adult day care, assisted living and long-term care; researching transportation to appointments
- Assisting with special needs; finding caregiver support services, in-home care, rehabilitation resources and hospice; expediting coverage for special procedures and medical equipment
- Negotiating pre- and post-claim fees for medical cost savings

# Contact Information

You'll find many details about the Ultradent Products, Inc. benefit plans on the Mercer Marketplace website. For more information or to contact a carrier or plan administrator directly, refer to the chart below. For Non-Mercer Marketplace benefits, such as the Employee Assistance Program, Wellness Program, and 401K, refer to page 35 in the back of this guide for contact information.

BENEFIT	ADMINISTRATOR	PHONE NUMBER	WEBSITE
Medical & Prescription	SelectHealth (Salt Lake City area)	1-801-442-5038	www.selecthealth.org
	SelectHealth	1-800-538-5038	
Spending and Savings Accounts	Mercer Marketplace	1-844-344-8830	www.mercermarketplace.com/ ultradentproducts
Supplemental Medical	MetLife	1-800-638-5000	www.metlife.com
Dental & Vision	Cigna (Pre-enrollment)	1-800-CIGNA24 (1-800-244-6224)	www.cigna.com
	Cigna (Post-enrollment)	1-800-CIGNA24 (1-800-244-6224)	www.mycigna.com
Term Life Insurance/ Accidental Death & Dismemberment	Cigna (Claim Intake)	1-800-362-4462	www.cigna.com/welcome/mercer
	Cigna (Medical Underwriting)	1-800-732-1603	
Permanent Life Insurance	Transamerica	1-888-763-7474	www.tebcs.com
Disability	Cigna (Claim Intake)	1-800-362-4462	www.cigna.com/welcome/mercer
	Cigna (Medical Underwriting)	1-800-732-1603	
Legal	MetLife Hyatt	1-800-438-6388 (1-800.GET.MET8)	www.legalplans.com
Identity Theft	InfoArmor®	1-800-789-2720	www.infoarmor.com/exchange
Auto and Home	MetLife	1-800-438-6388 (1-800.GET.MET8)	www.metlife.com/group-auto
Pet Insurance	Nationwide	1-877-738-7874	www.petinsurance.com
Discount Mall	PerkSpot	1-866-606-6057	www.perkspot.com
Health Advocacy	Health Advocate	1-866-695-8622	www.healthadvocate.com

# Legal Notices

Ultradent Products, Inc. reserves the right to change, amend, or terminate any benefits plan at any time for any reason. Participation in a benefit plan is not a promise or guarantee of future employment. Receipt of benefits documents does not constitute eligibility.

The Benefits Decision Guide, combined with these legal notices, provides an overview of the benefits available to you and your family. In the event of a discrepancy between the information presented in the Benefits Decision Guide and official plan documents, the official plan documents will govern.

## STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the Ultradent Products, Inc. Health and Welfare Benefit Plan and Summary Plan Description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

## SUMMARY OF BENEFITS COVERAGE

A Summary of Benefits Coverage (SBC) for each of the employer-sponsored medical plans is available on Mercer Marketplace. You may also request a paper copy by calling Mercer Marketplace.

## IMPORTANT NOTICE FROM ULTRADENT PRODUCTS, INC. ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Ultradent Products, Inc. medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2016-2017. This is known as “creditable coverage.”

Why this is important: if you or your covered dependent(s) are enrolled in any prescription drug coverage during 2016-2017 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

### Notice of creditable coverage

You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Ultradent Products, Inc. prescription drug plans listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2016-2017. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- \$800 Deductible Plan
- \$1,500 Deductible Plan w/ HSA
- \$2,500 Deductible Plan w/ HSA

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Ultradent Products, Inc. coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Ultradent Products, Inc. plan.

You should know that if you waive or leave coverage with Ultradent Products, Inc. and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if this Ultradent Products, Inc. coverage changes, or upon your request.

### [For more information about your options under Medicare prescription drug coverage](#)

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.

Call your state Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Carol Pugmire

---

505 West 10200 South, South Jordan, UT 84095

---

1-801-553-4410

---

Carol.Pugmire@ultradent.com

---

## HIPAA SPECIAL ENROLLMENT NOTICE

### Notice of special enrollment rights for health plan coverage

If you decline enrollment in an Ultradent Products, Inc. health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in an Ultradent Products, Inc. health plan without waiting for the next Open Enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in an Ultradent Products, Inc. medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

**Note:** If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan. Any other currently covered dependents may also switch to the new plan in which you enroll.



## WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call SelectHealth at 1-801-442-5038 (Salt Lake area) or 1-800-538-5038 for all other.

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA OR "NEWBORNS' ACT") NOTICE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call SelectHealth at 1-801-442-5038 (Salt Lake area) or 1-800-538-5038 for all other.

## MICHELLE'S LAW NOTICE

### Extended dependent medical coverage during student medical leaves

The Ultradent Products, Inc. plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary, and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, call Mercer Marketplace at 1-844-344-8830 as soon as the need for the leave is recognized by Ultradent Products, Inc.. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

## CHIP/MEDICAID NOTICE

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your State for more information on eligibility.**

<b>ALABAMA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-404-656-4507
<b>ALASKA – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid">http://health.hss.state.ak.us/dpa/programs/medicaid</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 1-907-269-6529	Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949
<b>COLORADO – Medicaid</b>	<b>IOWA – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp">www.dhs.state.ia.us/hipp</a> Phone: 1-888-346-9562
<b>FLORIDA – Medicaid</b>	<b>KANSAS – Medicaid</b>
Website: <a href="https://www.flmedicaidprecovery.com">https://www.flmedicaidprecovery.com</a> Phone: 1-877-357-3268	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884

<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/human_services/dmahs/clients/medicaid/">http://www.state.nj.us/human_services/dmahs/clients/medicaid/</a> Medicaid Phone: 1-609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="http://www.nyhealth.gov/health_care/medicaid">http://www.nyhealth.gov/health_care/medicaid</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofc/public-assistance/index.html">http://www.maine.gov/dhhs/ofc/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 1-919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.state.mn.us/id_006254">http://www.dhs.state.mn.us/id_006254</a> Click Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.state.pa.us/hipp">http://www.dhs.state.pa.us/hipp</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>NEW HAMPSHIRE – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 1-603-271-5218	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
	<b>TEXAS – Medicaid</b>
	Website: <a href="http://gethipptexas.com">http://gethipptexas.com</a> Phone: 1-800-440-0493

UTAH – Medicaid and CHIP	WASHINGTON – Medicaid
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-866-435-7414	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
VERMONT– Medicaid	WEST VIRGINIA – Medicaid
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
	WYOMING – Medicaid
	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 1-307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
**[www.dol.gov/ebsa](http://www.dol.gov/ebsa)**  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

## ULTRADENT PRODUCTS, INC. HIPAA PRIVACY NOTICE

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Ultradent Products, Inc. health plans. This information, known as protected health information (PHI), includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: Medical, Dental, and Vision. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

### The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Ultradent Products, Inc. as an employer — that's the way the HIPAA rules work. Different policies may apply to other Ultradent Products, Inc. programs or to data unrelated to the Plan.

### How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

### How the Plan may share your health information with Ultradent Products, Inc.

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Ultradent Products, Inc. for plan administration purposes. Ultradent Products, Inc. may need your health information to administer benefits under the Plan. Ultradent Products, Inc. agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Human Resources staff are the only Ultradent Products, Inc. employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and Ultradent Products, Inc., as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose "summary health information" to Ultradent Products, Inc., if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Ultradent Products, Inc. information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Ultradent Products, Inc. cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Ultradent Products, Inc. from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

### Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative. The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

<b>Workers' compensation</b>	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
<b>Necessary to prevent serious threat to health or safety</b>	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, If made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
<b>Public health activities</b>	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
<b>Victims of abuse, neglect, or domestic violence</b>	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
<b>Judicial and administrative proceedings</b>	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
<b>Law enforcement purposes</b>	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the plan's premises
<b>Decedents</b>	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
<b>Organ, eye, or tissue donation</b>	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
<b>Research purposes</b>	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
<b>Health oversight activities</b>	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws

Specialized government functions	Disclosures about individuals who are armed forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

## Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right.

### Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.



## Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

## Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested.
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint.
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

## Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested.
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint.
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

## Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations.
- To you about your own health information.
- Incidental to other permitted or required disclosures.
- Where authorization was provided.
- To family members or friends involved in your care (where disclosure is permitted without authorization).
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances.
- As part of a “limited data set” (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

### Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

### Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on July 1, 2016. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice mailed to your home address.

### Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, contact Carol Pugmire at 1-801-553-4410.

### Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact Carol Pugmire at 1-801-553-4410.

# Non-Mercer Marketplace Benefits

---

The following benefits are not administered by Mercer Marketplace, but are offered to you by your employer. If you have questions regarding these benefits, please refer to the Contact Information table at the bottom of the page.

## Employee Assistance Program

### Blomquist Hale

Blomquist Hale Consulting helps you and your family cope with life's challenges. For everyday issues arising from job pressures, relationships, retirement planning, finding child care, and/or the unexpected personal impact of grief, Blomquist Hale can be your resource for professional support.

## Wellness Program

### Vitality

Vitality is an interactive and personalized wellness program that makes it easy for you to live your healthiest life! By completing the Vitality Health Review (VHR) and Vitality Check you will be eligible for premium discounts.

## 401K

### Empower Retirement

## Contact Information

BENEFIT	ADMINISTRATOR	PHONE NUMBER	WEBSITE
Employee Assistance Program	Blomquist Hale	1-801-262-9619 or 1-800-926-9619	<a href="http://www.blomquisthale.com">www.blomquisthale.com</a>
Wellness Program	Vitality	1-877-224-7117	<a href="http://www.PowerofVitality.com">www.PowerofVitality.com</a>
401K	Empower Retirement	1-800-338-4015	n/a