



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 Kristen Ray (kray@umaryland.edu) for more information.

Claims Advocacy	
Provider Name:	Franklin Financial Group
Number:	410-771-0134
Website:	www.franklin-group.com
Medical Insurance	
Provider Name:	CareFirst
Number:	866-520-6099 Pharmacy:800-241-3371
Website:	www.carefirst.com
Dental Insurance	
Provider Name:	United Concordia
Number:	800-332-0366
Website:	www.ucci.com
Vision Insurance	
Provider Name:	Advantica Eyecare
Number:	866-425-2323
Website:	www.advanticabenefits.com
HRA and FSA	
Provider Name:	HFS Benefits
Number:	888-460-8005
Website:	www.hfsbenefits.com claims@hfsbenefits.com
Voluntary Life, Long-Term and Short-Term Disability	
Provider Name:	Assurant
Number:	816-881-8493
Website:	www.assurant.com
401(k) / Profit Sharing Plan	
Provider Name:	T. Rowe Price
Number:	1-800-354-2351
Website:	www.rps.troweprice.com

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.

Please Note If waiving Medical, U.M. FDSP will give you a \$499(\$19.19 per pay) credit to be used towards Dental, Vision, Assurant Lines of Coverage or to be put in your FSA.

Annual Open Enrollment will be held in November for a December 1st 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.

Benefit Eligibility	
Medical, Dental & Vision	You and your dependents will be enrolled for the coverage effective the 1 st of the month following 30 days including the Date of Hire.
Voluntary Group Term Life Insurance, STD, & LTD	You are eligible for this coverage effective the 1 st 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.
401(k)	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.

NEW EMPLOYEE ORIENTATION

Medical Insurance

U.M. FDSP Associates P.A. offers multiple plans with CareFirst for 2012; For the BC HRA Opt.1 Plan, we the employer will cover the first 75% of the deductible- Individual = \$900 Family = \$1,800 Contribution

	CareFirst Blue Cross Blue Shield			
	BC HRA Option 1	BC HMO Option 14	BC Opt-Out OA Option 2	
Benefits			In-Network	Out-of-Network
Deductible				
Individual	\$1,200	\$0	\$0	\$0
Family	\$2,400	\$0	\$0	\$0
Coinsurance	100%	100%	100%	80%
Out-of-Pocket Maximum				
Individual	\$2,400	\$1,300	\$2,100	
Family	\$4,800	\$2,600	\$6,500	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit	Ded then \$15/\$25	\$20/\$30	\$10/\$20	80%
Adult Wellness	100%	100%	100%	80%
Child Wellness	100%	100%	100%	80%
Hospitalization	Ded then \$250	\$300	100%	80%
Emergency Room	Ded then \$100	\$50	\$50	\$50
Urgent Care	Ded then \$25	\$30	\$20	\$20
Prescription Drugs				
Deductible	Med Ded Applies	\$0	\$0	\$0
Tier 1	\$10	\$10	\$10	\$10
Tier 2	\$25	\$20	\$20	\$20
Tier 3	\$45	\$35	\$35	\$35
Mandatory Generic	Yes	Yes	Yes	Yes
Mail-Order	2 Copays/90 Days	2 Copays/90 Days	2 Copays/90 Days	2 Copays/90 Days
Total Employee cost per pay				
Employee	\$25.22	\$34.95	\$78.67	
Employee + Child(ren)	\$51.84	\$69.17	\$152.25	
Employee + Spouse	\$58.78	\$85.56	\$188.31	
Family	\$64.96	\$100.12	\$220.36	

Health Reimbursement Arrangements (HRA)

U.M. FDSP Associates P.A. offers a Health Reimbursement Arrangement (HRA) that is administered by HFS Benefits. 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 HFS Benefits 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 HFS benefits. 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 HFS Benefits for reimbursement.

Submit the EOB along with a completed request for reimbursement form to HFS Benefits. 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.hfsbenefits.com.

You can fax or email the claims to HFS Benefits:

Email: Claims@hfsbenefits.com

www.Hfsbenefits.com

Customer Service: 410-771-0331

Fax: 888-510-4215

NEW EMPLOYEE ORIENTATION

Dental Insurance

U.M. FDSP Associates P.A. offers 2 Dental options with United Concordia for 2012.

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	19	19	19	19
Full-Time Students to Age	23	23	23	23
Total Employee cost per pay				
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

U.M. FDSP Associates P.A. offers a Vision Plan with Advantica Eyecare for 2012.

Advantica Eyecare, Inc.

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	\$2.77
Employee + Child(ren)	\$5.45
Employee + Spouse	\$5.08
Family	\$7.85

Independent & Retail Providers

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 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 Term Life Pricing Sheet.**

Eligibility

Class Definition(s)	Full-time employee, working at least 20 hours weekly and earning at least \$12,000 annually.
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BENEFIT SUMMARY

Benefit Percentage	60% of your current weekly salary
Maximum Weekly Benefit	\$1000
Benefits Begin	
Accident	15
Sickness	15
Maximum Benefit Duration	13 weeks
Pre-existing Conditions Limitations	6/12
Definition of disability	
Disability Option	Own Job Partial & Residual
Zero Day Residual	Included

Long-Term Disability Insurance

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.

Eligibility

Class Definition(s)	Class 1: All eligible employees earning \$80,000 or more
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BENEFIT SUMMARY

Benefit Percentage	60%
Maximum Monthly Benefit	\$5,000
Elimination Period	90 days
Benefit Duration	To Age 65-Graded (ADEA)
Pre-existing Conditions Limitations	6/12
Mental Disorders Limitation	24 months
Drug and Alcohol Limitation	24 Months
Own Occupation Period	3 year(s)

401(k) / Profit Sharing

U.M. FDSP Associates P.A. 401(k) plan is administered by T. Rowe Price. In 2013, 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.
- HFS 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 1st effective date.