Open Enrollment: February 8 – February 19

Your Caliber Collision 2016 Benefits Decision Guide
YOUR BENEFITS

YOUR ENROLLMENT CHECKLIST

☐ Read this guide for a benefits overview and helpful tips.

☐ Visit Mercer Marketplace beginning February 8 to enroll in your new benefits. To access Mercer Marketplace:

  • From ADP Employee Self Service, simply sign on under “User Sign In” at https://portal.adp.com, then select the link to Caliber’s Benefit Center

  • From the Caliber Portal, under “Employee Information,” select the link to Caliber’s Benefit Center, or

  • Directly from the web at www.mercermarketplace.com/caliber

☐ Use the tools and resources on the website to help you make your choices.

☐ Select your benefits for 2016. All Teammates must actively enroll in coverage for 2016. If you do not elect benefits during Open Enrollment, you will be enrolled in employer-paid benefits only and you will not have a chance to enroll again until next year’s Open Enrollment, unless you experience a qualifying life event.

Beneficios de habla hispana counselors comenzando 08 de febrero llamando al 1-844-213-9961. Si desea una versión en español de esta guía, por favor póngase en contacto con la administración del centro.
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.

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Visit Mercer Marketplace to enroll in your benefits beginning February 8!

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• Directly from the web at
  www.mercermarketplace.com/caliber
Welcome to Open Enrollment!

We’re pleased to offer a variety of benefits for 2016 with choice, flexibility, and the ability to help you take control of your benefits spending.

Here’s how it works:

- **Visit Mercer Marketplace beginning February 8** to enroll in your new benefits. To access Mercer Marketplace:
  - From ADP Employee Self Service, simply sign on under “User Sign In” at https://portal.adp.com, then select the link to Caliber’s Benefit Center
  - From the Caliber Portal, under “Employee Information,” select the link to Caliber’s Benefit Center, or
  - Directly from the web at www.mercermarketplace.com/caliber

- **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.

**Important!**

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.

**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, visit Mercer Marketplace.

**WHAT DO I NEED TO ENROLL?**

When you enroll for benefits, you will need the following information:

- Dependents’ date of birth
- Dependents’ Social Security Number
- Beneficiary information

**NEED ASSISTANCE?**

If you have questions or need assistance enrolling in your benefits, call one of our Mercer Marketplace benefits counselors at 1-844-213-9961. Benefits counselors are available from 7 a.m. to 9 p.m., Eastern Time, Monday through Friday. Spanish speaking benefits counselors are also available.

There is a wealth of information about your benefits just a click away. Caliber Collision has developed a dedicated benefits site to provide benefits information. Simply go online to www.mycaliberbenefits.com to access more information about your benefits.

**ACTION REQUIRED**

All Teammates must actively enroll in coverage for 2016. If you do not elect benefits during Open Enrollment, you will be enrolled in employer-paid benefits only and you will not have a chance to enroll again until next year’s Open Enrollment (2017), unless you experience a qualifying life event.
What’s new this year? Everything! We are proud to offer a brand new comprehensive benefits program through Mercer Marketplace. Be sure to read through this guide to learn about your new benefits. Remember, because the plans are all new, enrollment is mandatory for coverage through Caliber Collision. Submit your elections on the Mercer Marketplace by February 19.

Listed below are your new benefit plans. Details about each of these plans is available throughout this guide.

MEDICAL PLANS
- $350 Deductible Plan
- $800 Deductible Plan with Copays
- $1,850 Deductible Plan with HSA
- $2,850 Deductible Plan with HSA
- $4,500 Deductible Plan with HSA
- Regional Kaiser HMO plans available

DENTAL PLANS
- Basic Plus Dental Plan
- Enhanced Dental Plan with Orthodontia
- Standard Dental HMO

VISION PLANS
- Standard Vision Plan
- Enhanced Vision Plan

OTHER CHANGES
- Supplemental Insurance Plans
- New Voluntary Plans, including Hospital Indemnity, and ID Theft Protection
- A new way to access and enroll in your benefits
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

The medical plans available to you include a range of coverage levels and costs, giving you the flexibility to select the plan that is right for you. You’ll find a summary of each plan’s features on the following pages. Visit the Mercer Marketplace website or call one of our Mercer Marketplace benefits counselors at 1-844-213-9961 for complete details and plan costs. Spanish speaking benefits counselors are available.

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 Supplemental Medical Insurance 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 per paycheck but has a higher deductible.
- **If you’re not confident,** you may want to choose a plan that costs more per paycheck but has a lower deductible. Or, you may want to consider purchasing one or more supplemental medical plans for added protection (see Supplemental Medical Insurance section).

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**Need Help Finding the Best Coverage?**

When you access the Mercer Marketplace website, you can 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.

**Health Savings Account (HSA):** An account funded by you that allows you use before-tax money to pay for eligible health care expenses.

**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 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. See the chart below for more details.

<table>
<thead>
<tr>
<th>TIER</th>
<th>YOU PAY</th>
<th>WHAT’S COVERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lowest Cost Sharing</td>
<td><strong>Most Generic Prescription Drugs</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>2</td>
<td>Second Lowest Cost Sharing</td>
<td><strong>Preferred Brand Name Drugs</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drugs sold under a specific trade name that are favorably priced by the pharmacy plan.</td>
</tr>
<tr>
<td>3</td>
<td>Highest Cost Sharing</td>
<td><strong>Non-Preferred Brand Name Drugs</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drugs sold under a specific trade name that have a reasonable, more cost-effective alternative on Tier 1 or Tier 2.</td>
</tr>
</tbody>
</table>
### Medical Insurance

#### BLUE CROSS BLUE SHIELD BLUECARD NATIONAL PPO PLANS

- $350 Deductible Plan
- $800 Deductible Plan
- $1,850 Deductible Plan*
- $2,850 Deductible Plan*
- $4,500 Deductible Plan*

The Blue Cross Blue Shield (BCBS) plans are Preferred Provider Organizations or PPOs that allow you to use providers of your choice. However, BCBS pays a higher level of benefits when you visit PPO network providers.

Find a provider: [http://www.bcbs.com](http://www.bcbs.com)

#### KAISER PERMANENTE HMO PLANS

- $350 Deductible Plan
- $1,850 Deductible Plan*
- $4,500 Deductible Plan*

Kaiser plans are available only in select locations (parts of CA, GA, DC, MD, and VA). Kaiser offers a network of providers that plan participants must use to receive covered care (except in an emergency). Some specialist referrals must be coordinated through your primary care physician.

Find a provider: [www.my.kp.org](http://www.my.kp.org)

*Compatible with a Health Savings Account (HSA)*

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### IN-NETWORK VS. OUT-OF-NEWORK CARE

Most plans allow you to see any provider of your choice. However, you will typically pay less for in-network care. For the lowest cost, be sure to find doctors, hospitals and other health care providers in your insurance carrier’s network. 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.

### Learn More Online or by Phone

For additional plan details, including any out-of-network benefits:

- Visit Mercer Marketplace at [www.mercermarketplace.com/caliber](http://www.mercermarketplace.com/caliber)
- Go to [www.mycaliberbenefits.com](http://www.mycaliberbenefits.com)
- Call 1-844-213-9961 to speak with benefit counselors for more information. Spanish speaking benefit counselors available.
## IN-NETWORK MEDICAL PLAN SUMMARIES

### Blue Cross Blue Shield PPO Plans

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>$350 DEDUCTIBLE PLAN</th>
<th>$800 DEDUCTIBLE PLAN WITH COPAYS</th>
<th>$1,850 DEDUCTIBLE PLAN WITH HSA</th>
<th>$2,850 DEDUCTIBLE PLAN WITH HSA</th>
<th>$4,500 DEDUCTIBLE PLAN WITH HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSA Eligible</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>In-Network</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Plan Features

| Individual/ Family Deductible** | $350/$700 | $800/$1,600 | $1,850/$3,700 | $2,850/$5,700 | $4,500/$9,000 |
| Individual/ Family Out-of-Pocket Max** | $2,000/$4,000 | $2,400/$4,800 | $6,000/$6,850 (Alt HSA) | $6,550/$13,100 (Alt HSA) | $6,550/$13,100 |

<table>
<thead>
<tr>
<th>Plan Coinsurance</th>
<th>80%</th>
<th>80%</th>
<th>80%</th>
<th>70%</th>
<th>70%</th>
</tr>
</thead>
</table>

### Preventive Care

<table>
<thead>
<tr>
<th>Routine Preventive Care</th>
<th>Covered at 100% in-network*</th>
<th>Covered at 100% in-network*</th>
<th>Covered at 100% in-network*</th>
<th>Covered at 100% in-network*</th>
<th>Covered at 100% in-network*</th>
</tr>
</thead>
</table>

### Office Visits

<table>
<thead>
<tr>
<th>Primary Care Physician</th>
<th>$15 copay*</th>
<th>$40 copay*</th>
<th>80%</th>
<th>70%</th>
<th>70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist</td>
<td>$30 copay*</td>
<td>$80 copay*</td>
<td>80%</td>
<td>70%</td>
<td>70%</td>
</tr>
</tbody>
</table>

### Retail Prescriptions

<table>
<thead>
<tr>
<th>Generic (Tier 1)</th>
<th>$10 copay*</th>
<th>$10 copay*</th>
<th>80%</th>
<th>70%</th>
<th>70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Brand Name (Tier 2)</td>
<td>$30 copay*</td>
<td>70% (min $25, max $50)*</td>
<td>80%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Non-Preferred Brand Name (Tier 3)</td>
<td>$60 copay*</td>
<td>55% (min $40, max $80)*</td>
<td>80%</td>
<td>70%</td>
<td>70%</td>
</tr>
</tbody>
</table>

### Mail Order Prescriptions

<table>
<thead>
<tr>
<th>Generic (Tier 1)</th>
<th>$25 copay*</th>
<th>$25 copay*</th>
<th>80%</th>
<th>70%</th>
<th>70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Brand Name (Tier 2)</td>
<td>$75 copay*</td>
<td>70% (min $62.50, max $125)*</td>
<td>80%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Non-Preferred Brand Name (Tier 3)</td>
<td>$150 copay*</td>
<td>55% (min $100, max $200)*</td>
<td>80%</td>
<td>70%</td>
<td>70%</td>
</tr>
</tbody>
</table>

* Deductible does not apply.

**Deductibles and out-of-pocket maximums are based on a calendar year (January – December) for the HSA plans and a plan year (April – March) for the other plans.
# IN-NETWORK MEDICAL PLAN SUMMARIES

**Kaiser HMO Plans**

*Available only to Teammates in parts of CA, DC, GA, MD, and VA.*

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<thead>
<tr>
<th></th>
<th>$350 DEDUCTIBLE PLAN</th>
<th>$1,850 DEDUCTIBLE PLAN WITH HSA</th>
<th>$4,500 DEDUCTIBLE PLAN WITH HSA</th>
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<tbody>
<tr>
<td><strong>HSA Eligible</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>In-Network</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Plan Features</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family Calendar Year Deductible</td>
<td>$350/$700</td>
<td>$1,850/$3,700</td>
<td>$4,500/$9,000</td>
</tr>
<tr>
<td>Individual/Family Calendar Year Out-of-Pocket Max</td>
<td>$2,000/$4,000</td>
<td>$6,000/$6,850 (Alt HSA)</td>
<td>$6,550/$13,100</td>
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<td>Plan Coinsurance</td>
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<td>80%</td>
<td>70%</td>
</tr>
</tbody>
</table>

* Deductible does not apply.

Note: BCBS offers out-of-network coverage (at a lower benefit level than in-network coverage). Kaiser Permanente does not offer out-of-network coverage. If enrolled in a Kaiser plan, you must use the Kaiser Permanente network to be covered.
INFORMATION ABOUT DEDUCTIBLES

Under the $1,850 Deductible Plan, 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.

Here is an example of how the embedded deductible works in family coverage:

<table>
<thead>
<tr>
<th>IF ONE PERSON MEETS THE INDIVIDUAL $1,850 DEDUCTIBLE WHEN ENROLLED IN FAMILY COVERAGE:</th>
<th>IF THE ENTIRE FAMILY MEETS THE FAMILY $3,700 DEDUCTIBLE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan pays 100% of the benefits for that person</td>
<td>The plan pays 100% of the benefits for all family members</td>
</tr>
</tbody>
</table>

CHECK IT OUT!

Stay connected with Blue Cross and Blue Shield of Texas (BCBSTX) and access important health benefit information wherever you are.

• Find an in-network doctor, hospital or urgent care facility
• Access your claims, coverage and deductible information
• View and email your member ID card

Available in Spanish

Text BCBSTXAPP to 33633 to get the app.
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 Mercer Marketplace.

<table>
<thead>
<tr>
<th>CONTRIBUTION METHODS</th>
<th>PAYING FOR ELIGIBLE EXPENSES</th>
<th>UNUSED MONEY</th>
</tr>
</thead>
</table>
| **Health Savings Account (HSA)** | • Available only to participants in the $1,850, $2,850, and $4,500 deductible plans.  
• Contribute up to the annual IRS limit of $3,350 for individuals or $6,750 for family coverage; $1,000 additional contribution allowed for Teammates age 55+.  
• Change your contribution amount or stop contributing at any time. | • Works like a bank account that you manage to pay for your health care expenses.  
• 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). | • 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. |

**Additional Details:**
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 only 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.

Federal law does not permit you to participate in an HSA if any of the following are true:
• You are enrolled in Medicare.
• You are covered by any health insurance (including Tricare) other than a qualified high deductible health plan.
• You can be claimed as a dependent on another person’s tax return.
• 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.

Caliber Collision offers an FSA that permits Teammates 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. Please consult with a tax advisor if you are unsure of your eligibility to contribute to an HSA.

| Health Care Flexible Spending Account (FSA) | • Contribute up to $2,550 annually to help cover qualified medical, vision, and dental expenses.  
• 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). | • Use a debit card to pay for eligible expenses or submit for eligible expenses.  
• Your entire annual contribution is available to you from the beginning of the plan year. | • 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. |

| Dependent Care Flexible Spending Account (FSA) | • Contribute up to $5,000 a year to reimburse your qualified dependent care expenses. | Eligible expenses include child care and care for dependent elders. | Unused money does not carry over at the end of each plan year and will be forfeited. |
EXAMPLE OF HOW AN HSA WORKS

11th Floor: ANNUAL DEDUCTIBLE*

- **Employee Only:** $1,850 (in-network)
- **Family:** $3,700 (in-network)

- You are responsible for 100% of the deductible.
- You may use money in your HSA to pay the deductible amount.
- If the deductible amount exceeds the balance in your HSA, you are responsible for the difference.

2nd Floor: COINSURANCE

- Caliber pays 80%
- You pay 20%

- You must meet the deductible before coinsurance begins.
- If funds are available, you may utilize funding from your HSA to pay your share of the coinsurance amount.

1st Floor: ANNUAL OUT-OF-POCKET MAXIMUM*

- **Employee Only:** $6,000* (in-network) — includes deductible
- **Family:** $6,850* (in-network) — includes deductible

- This is the most you pay each year before Caliber pays 100%

Foundation: PREVENTIVE CARE (deductible isn’t required)

- 100% covered by Caliber when you use in-network providers.

*Includes coinsurance and deductible amounts
Supplemental Medical Insurance

UNUM
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, 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. These plans are available in most, but not all states. Eligible Teammates and dependents will be able to elect coverage during Open Enrollment regardless of prior health history. Complete details about coverage and cost can be found on the Mercer Marketplace.

Shopping Tip
Consider combining medical insurance with supplemental medical insurance, like hospital indemnity, accident, and critical illness insurance. These options, described here, 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.

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.

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 Teammates, spouses and families. Benefits are paid directly to Teammates unless otherwise specified and regardless of any other insurance.

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.
DENTAL: CIGNA NATIONAL DHMO, DPPO AND ADVANTAGE NETWORKS

The following dental plans are available to you. You’ll find complete details about coverage and cost on Mercer Marketplace.

<table>
<thead>
<tr>
<th>CIGNA BASIC PLUS AND ENHANCED DENTAL PLANS</th>
<th>CIGNA BASIC DENTAL HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Like medical PPO plans, you have the freedom to visit any in-network or out-of-network dentist of your choice. Generally, the plans pay higher benefits when you visit an in-network dentist, which means you pay less out of your pocket. Plus, if you go to a dentist who is a member of the Cigna DPO network, you can take advantage of the DPO’s discounted rates and reduce your out-of-pocket costs.</td>
<td>Similar to a medical HMO plan, the Cigna DHMO is a network of dental providers that manages dental care for its members. You must designate a Primary Care Dentist who will coordinate your coverage and refer you to specialists when needed. Cigna will assign you one if you don’t select one. There are no deductibles under the Dental Care DHMO, and you pay a flat fee for services. <strong>Please note:</strong> The Cigna DHMO is not available in all areas. Service area is determined by ZIP code.</td>
</tr>
</tbody>
</table>

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.

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Learn More Online or by Phone

- Visit Mercer Marketplace at [www.mercermarketplace.com/caliber](http://www.mercermarketplace.com/caliber)
- Go to [www.mycaliberbenefits.com](http://www.mycaliberbenefits.com)
- Call **1-844-213-9961** to speak with benefit counselors for more information. Spanish speaking benefit counselors available.
**IN-NETWORK DENTAL PLAN SUMMARY**

<table>
<thead>
<tr>
<th></th>
<th>STANDARD DENTAL HMO (DHMO)</th>
<th>BASIC PLUS DENTAL PLAN</th>
<th>ENHANCED DENTAL PLAN WITH ORTHODONTIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>N/A</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>IN-NETWORK</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individual/Family Deductible (waived for preventive services)</strong></td>
<td>N/A</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>Plan pays 100%*</td>
<td>Plan pays 100%*</td>
<td>Plan pays 100%*</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>Varies</td>
<td>Plan pays 70%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>Varies</td>
<td>Plan pays 50%</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td><strong>Orthodontia Services</strong></td>
<td>Plan pays 50%</td>
<td>Not covered</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td><strong>Orthodontia Maximum Lifetime (in-network and out-of-network)</strong></td>
<td>Maximum benefit of 24 months</td>
<td>Not covered</td>
<td>$1,500**</td>
</tr>
</tbody>
</table>

* Deductible does not apply.

** Orthodontia coverage available for eligible children and adults.
**VISION: VISION SERVICE PROVIDERS**

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 at the Mercer Marketplace.

**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.

**VISION PLAN SUMMARY**

<table>
<thead>
<tr>
<th>IN-NETWORK</th>
<th>STANDARD PLAN</th>
<th>ENHANCED PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COPAY</td>
<td>FREQUENCY</td>
</tr>
<tr>
<td>Exam</td>
<td>$10</td>
<td>1 per 12 months</td>
</tr>
<tr>
<td>Lenses</td>
<td>$25</td>
<td>1 per 12 months</td>
</tr>
<tr>
<td>Contact Lens Fitting</td>
<td>Not to exceed $60</td>
<td>1 per 12 months</td>
</tr>
</tbody>
</table>

**RETAIL ALLOWANCE**

<table>
<thead>
<tr>
<th>IN-NETWORK</th>
<th>STANDARD PLAN</th>
<th>ENHANCED PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FREQUENCY</td>
<td>FREQUENCY</td>
</tr>
<tr>
<td>Frames</td>
<td>Up to $130; 20% off any amount over</td>
<td>1 per 24 months</td>
</tr>
<tr>
<td>Contact Lenses (in lieu of Frames &amp; Lenses)</td>
<td>Up to $130</td>
<td>1 per 12 months</td>
</tr>
</tbody>
</table>

Learn More Online or by Phone

For additional plan details, including any out-of-network benefits:

- Visit Mercer Marketplace at [www.mercermarketplace.com/caliber](http://www.mercermarketplace.com/caliber)
- Go to [www.mycaliberbenefits.com](http://www.mycaliberbenefits.com)
- Call 1-844-213-9961 to speak with benefit counselors for more information. Spanish speaking benefit counselors available.
LIBERTY MUTUAL – TERM LIFE, ACCIDENTAL DEATH & DISMEMBERMENT

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 Teammate term life and accidental death and dismemberment (AD&D) insurance at no cost to you. Visit the Mercer Marketplace to access your coverage information.

Teammate-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.

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.

Teammate-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.

Statement of Health

Life insurance over a certain amount may require a statement of health, and is subject to additional underwriting. After electing coverage, you will receive more information. If you do not provide the required information, coverage will not be provided.

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) at the Mercer Marketplace. For Spouse and Child Term Life policies, you (the Teammate) are automatically listed as the beneficiary.
Disability Insurance

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 or 26 weeks depending on the plan you select. Visit the 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 Teammates in California, Hawaii, New Jersey, New York, Puerto Rico, and Rhode Island.

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). Visit the Mercer Marketplace for coverage and cost 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.
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.

PET INSURANCE: VETERINARY 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. Veterinary Pet Insurance (VPI)/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. VPI/Nationwide offers several policy options to meet a variety of needs and budgets. With this coverage, you are free to use any veterinarian worldwide.

PAYROLL PURCHASING: PURCHASING POWER®
This industry-leading purchase program makes it possible for you to buy products you need and want using payroll deduction. Purchasing Power gives you the flexibility to turn to a payroll purchasing program when you may not have cash on hand or have limited credit options. Purchasing Power is a responsible financing program that offers you the ability to buy products and services from a selection of more than 7,000 brand-name options. Through payroll deduction, you can make manageable payments over a 12-month period with no interest, hidden fees, or credit check.

ONLINE DISCOUNT MALL: 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%.

For More Information
Visit Mercer Marketplace to learn about these plans and programs. To access Mercer Marketplace:
- From ADP Employee Self Service, simply sign on under “User Sign In” at https://portal.adp.com, then select the link to Caliber’s Benefit Center
- From the Caliber Portal, under “Employee Information,” select the link to Caliber’s Benefit Center, or
- Directly from the web at www.mercermarketplace.com/caliber
YOUR OPEN ENROLLMENT CHECKLIST

☑️ Review your enrollment materials. Read this guide carefully and go online to www.mycaliberbenefits.com to learn more about your benefit options for the coming year.

☑️ Review your health care expenses from last year. This will help you determine which benefit plans best meet your needs for the coming year.

☑️ Share information with your family. Share all of the information with your family or anyone who helps you make important benefit decisions.

☑️ Gather all of the information you will need to enroll. To enroll, you will need the names, social security numbers (SSN), and date of birth for all dependents and beneficiaries you will enroll in coverage. You will need this information before you access Mercer Marketplace or call the benefits counselors.

☑️ Complete open enrollment between February 8 and February 19. You must actively enroll in coverage for 2016. If you do not elect benefits during Open Enrollment, you will be enrolled in employer-paid benefits only and you will not have a chance to enroll again until next year’s Open Enrollment, unless you experience a qualifying life event.
**How to Enroll**

There are three ways you can access Mercer Marketplace beginning February 8 to enroll in your benefits for 2016:

- From ADP Employee Self Service, simply sign on under “User Sign In” at [https://portal.adp.com](https://portal.adp.com), then select the link to *Caliber’s Benefit Center*
- From the Caliber Portal, under “Employee Information,” select the link to *Caliber’s Benefit Center*, or
- Directly from the web at [www.mercermarketplace.com/caliber](http://www.mercermarketplace.com/caliber)

**Logging in to Mercer Marketplace**

The first time you visit Mercer Marketplace, click on “Create an Account” and use your Social Security number (SSN), last name, and date of birth to identify yourself. Then, you will be prompted to select a unique username and password that you will use going forward.

**Enrolling in Your Benefits**

Once you’ve logged in, 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.
   - If you’d like, you can print a copy of your enrollment confirmation for future reference.

**Questions?**

If you have questions or need assistance enrolling in your benefits, call one of our Mercer Marketplace benefits counselors at 1-844-213-9961. Benefits counselors are available from 7 a.m. to 9 p.m. Eastern Time, Monday through Friday. Spanish speaking benefits counselors are available.

**Changing Your Benefit Selections**

You can change any of your benefit selections before the Open Enrollment deadline on February 19. 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. You have 30 days from the date of the qualifying life event to make a change. To change your benefits due to a life event, visit Mercer Marketplace or call one of our Mercer Marketplace benefits counselors at 1-844-213-9961. Spanish speaking benefits counselors are available.
You’ll find many details about the Caliber Collision benefit plans on the Mercer Marketplace website. For more information or to contact a carrier or plan administrator directly, refer to the chart below.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>ADMINISTRATOR</th>
<th>PHONE NUMBER</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Kaiser</td>
<td>1-800-464-4000</td>
<td><a href="https://healthy.kaiserpermanente.org">https://healthy.kaiserpermanente.org</a></td>
</tr>
<tr>
<td>Medical</td>
<td>BCBS</td>
<td>972-766-6900</td>
<td><a href="http://www.bcbs.com/">http://www.bcbs.com/</a></td>
</tr>
<tr>
<td>Spending and Savings Accounts</td>
<td>Mercer Marketplace</td>
<td>1-844-213-9961</td>
<td><a href="http://www.mercermarketplace.com/caliber">www.mercermarketplace.com/caliber</a></td>
</tr>
<tr>
<td>Supplemental Medical</td>
<td>UNUM</td>
<td>1-866-679-3054</td>
<td><a href="http://www.unum.com/">http://www.unum.com/</a></td>
</tr>
<tr>
<td>Dental</td>
<td>Cigna</td>
<td>1-800-997-1654</td>
<td><a href="http://www.cigna.com/">http://www.cigna.com/</a></td>
</tr>
<tr>
<td>Vision</td>
<td>VSP</td>
<td>1-800-877-7195</td>
<td><a href="https://www.vsp.com/">https://www.vsp.com/</a></td>
</tr>
<tr>
<td>Term Life Insurance/ Accidental Death &amp; Dismemberment</td>
<td>Liberty Mutual</td>
<td>1-800-426-9898</td>
<td><a href="https://www.libertymutual.com/">https://www.libertymutual.com/</a></td>
</tr>
<tr>
<td>Disability</td>
<td>Liberty Mutual</td>
<td>1-800-426-9898</td>
<td><a href="https://www.libertymutual.com/">https://www.libertymutual.com/</a></td>
</tr>
<tr>
<td>Identity Theft</td>
<td>InfoArmor®</td>
<td>1-800-789-2720</td>
<td><a href="http://www.infoarmor.com/exchange">www.infoarmor.com/exchange</a></td>
</tr>
<tr>
<td>Auto and Home</td>
<td>MetLife</td>
<td>1-800-438-6388</td>
<td><a href="http://www.metlife.com/group-auto">www.metlife.com/group-auto</a></td>
</tr>
<tr>
<td>Pet Insurance</td>
<td>VPI®/Nationwide</td>
<td>1-877-738-7874</td>
<td><a href="http://www.petinsurance.com">www.petinsurance.com</a></td>
</tr>
<tr>
<td>Payroll Purchasing</td>
<td>Purchasing Power®</td>
<td>1-888-923-6236</td>
<td><a href="http://www.mercermarketplace.purchasinpowers.com">www.mercermarketplace.purchasinpowers.com</a></td>
</tr>
<tr>
<td>Discount Mall</td>
<td>PerkSpot</td>
<td>1-866-606-6057</td>
<td><a href="http://www.perkspot.com">www.perkspot.com</a></td>
</tr>
</tbody>
</table>
Caliber Collision 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.

**STATION OF MATERIAL MODIFICATIONS**

This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the Caliber Holdings Corporation Employee Benefit Plan SPD, 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 the Mercer Marketplace website. You may also request a paper copy by calling Mercer Marketplace at 1-844-213-9961.

**IMPORTANT NOTICE FROM CALIBER COLLISION 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 Caliber Collision medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2016. 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 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.

If you or your family members aren’t currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice doesn’t apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Caliber Collision and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

**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 Caliber Collision 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. 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.
• BCBS $350 Deductible Plan
• BCBS $800 Deductible Copay Plan
• BCBS $1,850 Deductible Plan with HSA
• BCBS $2,850 Deductible Plan with HSA
• BCBS $4,500 Deductible Plan with HSA
• Kaiser $350 Deductible Plan
• Kaiser $1,850 Deductible Plan with HSA
• Kaiser $4,500 Deductible Plan with 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 Caliber Collision 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 Caliber Collision plan.

You should know that if you waive or leave coverage with Caliber Collision 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 Caliber Collision 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:


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 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:

Mary Lu Moreland, PHR
Manager, Benefits & HR Records
401 E. Corporate Dr., #150
Lewisville, TX 75057
Ph: 469-948-9626
Fax: 214-390-9277
Email: Marylu.Moreland@CaliberCollision.com
HIPAA SPECIAL ENROLLMENT NOTICE

Notice of special enrollment rights for health plan coverage

If you decline enrollment in a Caliber Collision 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 a Caliber Collision 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 a Caliber Collision 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 Kaiser at 1-800-464-4000 or BCBS at 1-972-766-6900.

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 Kaiser at 1-800-464-4000 or BCBS at 1-972-766-6900.
**MICHÈLLE’S LAW NOTICE**

**Extended dependent medical coverage during student medical leaves**

The Caliber Collision 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 1-844-213-9961 as soon as the need for the leave is recognized by Caliber Collision. In addition, contact your child’s health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

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.

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**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).
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Medicaid Customer Contact Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA – MEDICAID</td>
<td>Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a></td>
<td>Phone: 1-855-692-5447</td>
</tr>
<tr>
<td>ALASKA – MEDICAID</td>
<td>Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid">http://health.hss.state.ak.us/dpa/programs/medicaid</a></td>
<td>Phone (Outside of Anchorage): 1-888-318-8890</td>
</tr>
<tr>
<td>COLORADO – MEDICAID</td>
<td>Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a></td>
<td>1-800-221-3943</td>
</tr>
<tr>
<td>FLORIDA – MEDICAID</td>
<td>Website: <a href="https://www.flmedicaidtplrecovery.com">https://www.flmedicaidtplrecovery.com</a></td>
<td>Phone: 1-877-357-3268</td>
</tr>
<tr>
<td>GEORGIA – MEDICAID</td>
<td>Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> – Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)</td>
<td>Phone: 1-404-656-4507</td>
</tr>
<tr>
<td>INDIANA – MEDICAID</td>
<td>Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a></td>
<td>Phone: 1-800-889-9949</td>
</tr>
<tr>
<td>IOWA – MEDICAID</td>
<td>Website: <a href="http://www.dhs.state.ia.us/hipp">www.dhs.state.ia.us/hipp</a></td>
<td>Phone: 1-888-346-9562</td>
</tr>
<tr>
<td>KANSAS – MEDICAID</td>
<td>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a></td>
<td>Phone: 1-800-792-4884</td>
</tr>
<tr>
<td>KENTUCKY – MEDICAID</td>
<td>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></td>
<td>Phone: 1-800-635-2570</td>
</tr>
<tr>
<td>LOUISIANA – MEDICAID</td>
<td>Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a></td>
<td>Phone: 1-888-695-2447</td>
</tr>
<tr>
<td>MAINE – MEDICAID</td>
<td>Website: <a href="http://www.mainemdhhs.gov/public-assistance/index.html">http://www.mainemdhhs.gov/public-assistance/index.html</a></td>
<td>Phone: 1-800-977-6740</td>
</tr>
<tr>
<td>MASSACHUSETTS – MEDICAID AND CHIP</td>
<td>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></td>
<td>Phone: 1-800-462-1120</td>
</tr>
<tr>
<td>MINNESOTA – MEDICAID</td>
<td>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</td>
<td>Phone: 1-800-657-3739</td>
</tr>
<tr>
<td>MISSOURI – MEDICAID</td>
<td>Website: <a href="http://www.msshh.state.mo.us/participants/pages/hipp.htm">http://www.msshh.state.mo.us/participants/pages/hipp.htm</a></td>
<td>Phone: 573-751-2005</td>
</tr>
<tr>
<td>MONTANA – MEDICAID</td>
<td>Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a></td>
<td>Phone: 1-800-694-3084</td>
</tr>
<tr>
<td>NEBRASKA – MEDICAID</td>
<td>Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a></td>
<td>Phone: 1-855-632-7633</td>
</tr>
<tr>
<td>NEVADA – MEDICAID</td>
<td>Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a></td>
<td>Medicaid Phone: 1-800-992-0900</td>
</tr>
<tr>
<td>NEW JERSEY – MEDICAID AND CHIP</td>
<td>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
<td>Medicaid Phone: 1-609-631-2392</td>
</tr>
<tr>
<td>NEW YORK – MEDICAID</td>
<td>Website: <a href="http://www.nyhealth.gov/health_care/medicaid">http://www.nyhealth.gov/health_care/medicaid</a></td>
<td>Phone: 1-800-541-2831</td>
</tr>
<tr>
<td>State</td>
<td>Medicaid Website</td>
<td>CHIP Website</td>
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<tr>
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</tr>
<tr>
<td>North Carolina – Medicaid</td>
<td><a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a></td>
<td></td>
</tr>
<tr>
<td>Pennsylvania – Medicaid</td>
<td><a href="http://www.dhs.state.pa.us/hipp">http://www.dhs.state.pa.us/hipp</a></td>
<td></td>
</tr>
<tr>
<td>Rhode Island – Medicaid</td>
<td><a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td></td>
</tr>
<tr>
<td>South Carolina – Medicaid</td>
<td><a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a></td>
<td></td>
</tr>
<tr>
<td>South Dakota - Medicaid</td>
<td><a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td></td>
</tr>
<tr>
<td>Texas – Medicaid</td>
<td><a href="http://gethipptexas.com">http://gethipptexas.com</a></td>
<td></td>
</tr>
<tr>
<td>Virginia – Medicaid and CHIP</td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
</tr>
<tr>
<td>West Virginia – Medicaid</td>
<td><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></td>
<td></td>
</tr>
<tr>
<td>Wisconsin – Medicaid and CHIP</td>
<td><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a></td>
<td></td>
</tr>
</tbody>
</table>

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       U.S. Department of Health and Human Services
Employee Benefits Security Administration Centers for Medicare & Medicaid Services
1-866-444-EBSA (3272)     1-877-267-2323, Menu Option 4, Ext. 61565

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

1. The Kaiser plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Kaiser at 1-800-464-4000.

2. For children, you may designate a pediatrician as the primary care provider.

3. You do not need prior authorization from Kaiser or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a preapproved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser at 1-800-464-4000.

CALIBER COLLISION 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 Caliber Collision 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 Caliber Collision as an employer — that’s the way the HIPAA rules work. Different policies may apply to other Caliber Collision 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 Caliber Collision

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Caliber Collision for plan administration purposes. Caliber Collision may need your health information to administer benefits under the Plan. Caliber Collision agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Human Resources, benefits and finance staff are the only Caliber Collision 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 Caliber Collision, as allowed under the HIPAA rules:

• The Plan, or its insurer or HMO, may disclose “summary health information” to Caliber Collision, 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 Caliber Collision 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 Caliber Collision cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Caliber Collision 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:
<table>
<thead>
<tr>
<th><strong>Workers’ compensation</strong></th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Necessary to prevent serious threat to health or safety</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Public health activities</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Victims of abuse, neglect, or domestic violence</strong></td>
<td>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 if 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)</td>
</tr>
<tr>
<td><strong>Judicial and administrative proceedings</strong></td>
<td>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)</td>
</tr>
<tr>
<td><strong>Law enforcement purposes</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Decedents</strong></td>
<td>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</td>
</tr>
</tbody>
</table>
### Legal Notices

#### Organ, eye, or tissue donation
- Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death

#### Research purposes
- 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

#### Health oversight activities
- 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.

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.

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 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 April 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, the updated policy will be posted on the company portal and emailed to Teammates.

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 Mary Lu Moreland at the contact information provided below:

Contact

For more information on the Plan’s privacy policies or your rights under HIPAA, contact:

Mary Lu Moreland, PHR
Manager, Benefits & HR Records
401 E. Corporate Dr., #150
Lewisville, TX 75057
Ph: 469-948-9626
Fax: 214-390-9277
Email: Marylu.moreland@calibercollision.com