

# Discover Your Benefits

## Open Enrollment Brochure



**2017**  
Oil

## From The President



Dear Sinclair Services Employee:

Our annual benefits open enrollment will be held from November 1-18. If you determine the current benefits choices you have selected are meeting your needs, no action is necessary, with the exception of Flexible Spending Accounts, which require an annual re-enrollment to continue participation.

Effective this open enrollment period, all changes you wish to make will need to be completed electronically. Those without internet access can obtain such through the local Human Resources office. Please use the Employee Self Service Portal, found via the SinclairNet link, to access forms and information relative to the various benefits plans.

As we continue to monitor benefits trends in the oil industry, it is a pleasure to announce that the Dental Plus premium will reduce by 8.4% in 2017, and the VSP vision plan will be significantly enhanced, including a KidsCare provision, for a nominal premium increase. You can learn more on the dental rate and vision pages in this brochure. Note also that we are changing the name of the POS Plan to the PPO Plan – reflective of oil industry description of this type of plan.

The following changes in our medical plans will apply, effective January 1, 2017:

- Deductibles and Out-of-Pocket (OOP)
  - PPO Plan – In-Network deductible changes from \$500 to \$600 (individual), and from \$1000 to \$1300 (other tiers). The Out-of-Network deductible changes from \$1500 to \$1800 (per individual). The OOP maximums for non-tobacco increase from \$2500 to \$2600 (individual) and from \$5000 to \$5300 (other tiers). Similar increases apply to tobacco OOP (see the medical plan rate sheet in this brochure).
  - HD Plans – **Plus Plan:** In-Network deductible changes from \$1500 to \$1600 (individual), and from \$3000 to \$3300 (other tiers). Out-of-Network deductible changes from \$3000 to \$3200 (individual) and from \$6000 to \$6600 (other tiers). The OOP maximums increase from \$4500 to \$4600 (individual) and from \$7500 to \$7800 (other tiers) – Not to exceed \$7150 (per individual) in a family tier. **Basic Plan:** Deductible changes from \$2500 to \$2600 (individual) and from \$5000 to \$5300 (other tiers). The OOP maximums for non-tobacco increase from \$6000 to \$6100 (individual) and from \$9000 to \$9300 (other tiers) – Not to exceed \$7150 (per individual) in a family tier. Similar increases apply to tobacco OOP (see medical rate sheet in this brochure).
- HD Plans HSA Seeding. **Plus Plan:** Sinclair will contribute \$520 (individual) and \$1320 (other tiers). **Basic Plan:** Sinclair will contribute \$100 (single) and \$200 (other tiers), paid in a lump sum at the beginning of the year, but limited in 2017 to only those who have not previously enrolled in an HD plan, or who are new enrollees in Sinclair's health coverage.

Please direct any questions you may have to your human resources office or the Salt Lake City benefits department (801) 524-2700.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Peter M. Johnson'. The signature is stylized and fluid.

Peter M. Johnson  
President, Sinclair Services Company

# Sinclair Provides....

...an affordable, comprehensive benefits program that offers financial protection, promotes wellness and provides choice. Sinclair provides the programs, and you decide which benefits you want, who to cover and how to use them. From day-to-day protection to future financial security, you make the decisions that are best for you and your family.

Throughout this benefits guide, you will learn more about each of these benefit plans, along with helpful information on how to use your benefits, when you can make changes to your benefits, and resources to get your questions answered.

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*This brochure summarizes some of the benefits and programs offered to Sinclair Services Company employees. It does not contain all of the details, rules and limits that are contained in the official plan documents. If the content of this brochure conflicts with or is inconsistent with the provisions of the official plan documents, the provisions of the plan documents are controlling. Sinclair Services Company reserves the right to amend, change or terminate any of its benefit plans, programs, policies or practices at any time.*

# Eligibility

**NOTE:** *You cannot be covered as a dependent and employee, or as a dependent of more than one employee.*

**If you work 30+ hours per week, you and your eligible dependent(s) are eligible for the following immediately upon hire:**

- Medical
- Dental
- Vision
- Flexible Spending Account
- Health Savings Account

**If you work 40+ hours per week, you and your eligible dependent(s) are eligible for the following immediately upon hire:**

- Employer Paid Life and Accidental Death and Dismemberment Insurance
- Additional Group Term Life and Accidental Death and Dismemberment Insurance
- Employer Paid Short-Term Disability
- Employer Paid Long-Term Disability

## **Other benefits:**

- Capital Accumulation Plan (401(k))\*

\* Any employee – both part-time and full-time – can enroll in the Capital Accumulation Plan. However, you only earn the vested portion of the employer match after working 1,000 hours for three years or more.

## **Eligible dependents include:**

### **Spouse**

- Your legal spouse

### **Children**

- Your legal children or your spouse's (as defined above) children, up to age 26 regardless of student, marital or dependent status
- Dependent children of any age who are incapable of supporting themselves because of a mental or physical disability and the child does not qualify for Medicare coverage (proof of disability is required)

All medical plans offered meet Minimum Essential Coverage (MEC) and the HD Basic Plan meets or exceeds Affordability requirements under PPACA. This means you may not be eligible for a subsidy through the Health Insurance Marketplace.

Employees who work an average of 30 hours or more per week over a 12 month period (11/01/2015 to 10/31/2016) are eligible to participate in the medical, dental, and vision plans. If you are a part-time employee and feel you meet the new hour requirement and are interested in enrolling, contact your Human Resources Department for more information.



# Making Changes

**Selections made during enrollment for Medical, Dental, Vision and Flexible Spending Account plans may not be changed until the next enrollment period unless you have a qualified family status change (Life Event) and notify the Sinclair Services Company Benefits Department within 30 days of that change. A qualified family status change (Life Event) includes but is not limited to:**

- Marriage, legal separation, annulment or divorce
- Birth or adoption of a child or the addition of a dependent
- Death of a spouse or dependent
- Termination or commencement of other health insurance
- Loss of Medicare or CHIP coverage (60 day notification period)

Proof of a qualified family status change must be provided when you request a change in your enrollment. Coverage may be delayed or denied if proof is late or not provided.

## Do you need to update your beneficiaries?

Certain company benefits, such as life insurance, Health Savings Accounts, and retirement savings plans require that you complete a beneficiary designation. As your circumstances change you may need to update this information. For 401(k) contact Wells Fargo at [www.wellsfargo.com](http://www.wellsfargo.com) or by phone at 1-800-728-3123. All other forms are available on the employee self-service portal or from your HR Representative.

If it has been some time since you completed your beneficiary form(s) and you are not sure who your current beneficiary(ies) is (are) for the plan(s) you participate in, please complete a new form. It is a good idea to keep a copy in your home records in the event your family needs this information.

# Open Enrollment Resources

To enroll or make open enrollment selections, go to the employee self-service portal, choose the open enrollment option on the left-hand side and follow the steps.

# Your Enrollment Options

Each option is an independent election from the other plans. For example, you could decline medical and still elect family dental and employee only vision.



	New Enrollment Required	Plan Options
Enrollment Option		
Medical	No	PPO, HD Plus, HD Basic
Dental	No	Basic Plan or Plus Plan
Vision	No	VSP
FSA	Yes (FSA plans require an election every year)	Healthcare FSA and Dependent Care FSA
HSA	No	Health Savings Account

*Note: Missing documentation, information or incomplete information may result in a delay of benefit elections or non-acceptance.*

# Questions / Resources

		
<b>Health Services</b> <i>Andrea Carey, Adele Anderson</i>	1-888-800-2230	acarey@sinclairoil.com aanderson@sinclairoil.com
<i>If you do not have access to a local Human Resources representative, or if you have question regarding open enrollment, eligibility, or adding, changing, or cancelling coverages, please contact:</i>		
<b>Debra Robinson</b> <i>(Oil, Ranches)</i>	801-524-2735	drobinson@sinclairoil.com
<b>Angeline Clayson</b> <i>(Hotels, Resorts)</i>	801-258-6015	aclayson@grandamerica.com
<b>Mary Rice</b> , <i>Benefits Manager</i>	801-524-2974	mrice@sinclairoil.com

You will be able to locate physicians, hospitals, and ancillary providers at your healthcare provider's internet site, provided below:

		
<b>Medical Networks</b>		
<b>Preferred Community Care</b> <i>(Oklahoma)</i>	1-800-884-4776	www.ccok.com
<b>**Wise Provider Networks</b> <i>Arizona, Idaho, Utah, Wyoming</i> <i>Select "Sinclair Health Services" under the Group option</i>	1-888-800-2230	www.wiseprovider.net
<b>Interwest</b> <i>(Montana)</i>	1-866-807-6193	www.interwesthealth.com
<b>PHCS</b> <i>(California and All Other States)</i>	1-866-807-6193	www.multiplan.com
<b>Optum Bank</b> <i>(HSA Banking Partner)</i>	1-844-326-7967	www.optumbank.com
<b>Dental Networks</b>		
<b>Total Dental Administrators</b> <i>Utah Dental Network</i>	1-800-880-3536	www.tdadental.com
<b>DenteMax</b> <i>California Dental Network</i>	1-800-752-1547	www.dentemax.com
<b>Vision Network</b>		
<b>VSP Vision Care</b>	1-800-877-7195	www.vsp.com
<b>Pharmacy</b>		
<b>Optum Rx</b>	1-800-797-9791	www.optumrx.com



**\*\*Quickly and easily lookup providers by downloading the Wise Provider App at <http://wiseprovider.net/>.**

# 2017 Monthly Employee Contribution Rates

## Medical, Dental, and Vision Plans

### Non-Tobacco Medical Rates

	HD Basic	HD Plus	PPO
Employee	\$24	\$107	\$131
Employee + Spouse	\$54	\$241	\$296
Employee + Child(ren)	\$50	\$224	\$277
Family	\$71	\$312	\$384

### \*Tobacco Medical Rates

	HD Basic	HD Plus	PPO
Employee	\$77	\$162	\$173
Employee + Spouse	\$91	\$312	\$349
Employee + Child(ren)	\$84	\$291	\$331
Family	\$118	\$406	\$444

### Dental Rates

	Dental Basic	Dental Plus
Employee	\$3	\$17
Employee + Spouse	\$6	\$29
Employee + Child(ren)	\$9	\$40
Family	\$9	\$40

### Vision Rates

Employee	\$6
Employee + Spouse	\$14
Employee + Child(ren)	\$16
Family	\$24

\*If you need to request a reasonable alternative to Sinclair's tobacco policy, please contact the Human Resources Office.

# 2017 Medical Option PPO Plan

Before you join a plan, evaluate your family's needs by conducting a family inventory of medical needs and likely uses over the next year. Choosing a health plan that fits your personal situation is a balance between

your medical needs and the level of premium that you feel comfortable paying. The following comparison represents a summary of the coverage.

	PPO	
	In Network	Out of Network
Deductible per person/family <sup>1</sup>	\$600 / \$1,300	\$1,800 per individual
Out-of-Pocket Maximum (Non-Tobacco)	\$2,600 individual / \$5,300 family	No maximum
Out-of-Pocket Maximum (Tobacco)	\$5,650 individual/\$11,300 family	No maximum
<b>Outpatient Services</b>	<b>You pay...</b>	<b>You pay...</b>
Preventive Services <sup>2</sup>	\$0	40% after ded.
Primary Care Office Visits & Minor Surgery	20% after ded.	40% after ded.
Specialist Care Office Visits & Minor Surgery	20% after ded.	40% after ded.
Allergy Testing	20% after ded.	40% after ded.
Ambulatory Surgical	20% after ded.	40% after ded.
Chiropractic	20% after ded. (12 visits)	40% after ded. (12 visits)
CT/MRI/NMR Major	20% after ded.	40% after ded.
Rehab/Physical Therapy	20% after ded. (15 visits)	40% after ded. (15 visits)
Durable Medical Equipment	20% after ded.	40% after ded.
<b>Emergency Care</b>	<b>You pay...</b>	<b>You pay...</b>
Ambulance	20% after ded.	20% after ded.
Emergency Room	\$200 copay, then 20% after ded.	\$200 copay, then 20% after ded.
Urgent Care	20% after ded.	40% after ded.
<b>Mental Health / Substance Abuse</b>	<b>You pay...</b>	<b>You pay...</b>
Mental Health / Substance Abuse	20% after ded.	40% after ded.
<b>Inpatient Services</b>	<b>You pay...</b>	<b>You pay...</b>
Maternity	20% after ded.	40% after ded.
Hospital Services - Surgery	20% after ded.	40% after ded.
<b>Pharmacy</b>	<b>You pay...</b>	<b>You pay...</b>
Deductible (except generic)	\$100 per individual	
Out-of-Pocket Maximum	\$1,500 individual / \$3,000 family	No maximum
Generic	20%	
Brand Name	30% after ded.	
Non-Formulary	40% after ded.	

## Medical Plan Notes:

<sup>1</sup> Deductibles, co-insurance, and co-payments accrue toward the out-of-pocket maximum, with the exception of emergency room co-payments.

<sup>2</sup> Preventive Services – When provided in conjunction with a preventive diagnosis, as determined by Sinclair Health Services, including annual adult physical examinations, mammograms, well child care, routine immunizations, family planning, minor diagnostic laboratory tests and colonoscopies. Some services you receive during a preventive visit may not qualify as a preventive care service and will be subject to deductibles, copays and/or coinsurance.



# 2017 Medical Options - High Deductible Options

		HD Plus		HD Basic	
		In Network	Out of Network	In Network	Out of Network
<b>Sinclair HSA Funding</b>					
	Single	\$520 (funded over 24 pay periods)		\$100 (first-time HD plan enrollments)	
	All Other Tiers	\$1,320 (funded over 24 pay periods)		\$200 (first-time HD plan enrollments)	
<b>Deductible<sup>1</sup></b>		You pay...	You pay...	You pay...	You pay...
	Single	\$1,600	\$3,200	\$2,600	No benefit
	All Other Tiers	\$3,300	\$6,600	\$5,300	No benefit
<b>Out-of-Pocket Maximum (Non-Tobacco)</b>		You pay...	You pay...	You pay...	You pay...
	Single	\$4,600	\$9,200	\$6,100	No benefit
	All Other Tiers	\$7,800 (not to exceed \$7,150 per individual in a family tier)	\$15,600	\$9,300 (not to exceed \$7,150 per individual in a family tier)	No benefit
<b>Out-of-Pocket Maximum (Tobacco)</b>		You pay...	You pay...	You pay...	You pay...
	Single	\$6,550	\$20,000	\$6,550	No benefit
	All Other Tiers	\$13,100 (not to exceed \$7,150 per individual in a family tier)	\$25,000	\$13,100 (not to exceed \$7,150 per individual in a family tier)	No benefit
<b>Outpatient Services</b>					
		<b>You pay...</b>	<b>You pay...</b>	<b>You pay...</b>	<b>You pay...</b>
	Preventive Services <sup>2</sup>	\$0	40% after ded.	\$0	No benefit
	Primary Care Office Visits & Minor Surgery	20% after ded.	40% after ded.	30% after ded.	No benefit
	Specialist Care Office Visits & Minor Surgery	20% after ded.	40% after ded.	30% after ded.	No benefit
	Allergy Testing	20% after ded.	40% after ded.	30% after ded.	No benefit
	Ambulatory Surgical	20% after ded.	40% after ded.	30% after ded.	No benefit
	Chiropractic	20% after ded.	40% after ded.	30% after ded.	No benefit
	CT/MRI/NMR Major	20% after ded.	40% after ded.	30% after ded.	No benefit
	Rehab/Physical Therapy	20% after ded.	40% after ded.	30% after ded.	No benefit
	Durable Medical Equipment	20% after ded.	40% after ded.	30% after ded.	No benefit
<b>Emergency Care</b>					
		<b>You pay...</b>	<b>You pay...</b>	<b>You pay...</b>	<b>You pay...</b>
	Ambulance	20% after ded.	20% after ded.	30% after ded.	30% after ded.
	Emergency Room	20% after ded.	20% after ded.	30% after ded.	30% after ded.
	Urgent Care	20% after ded.	40% after ded.	30% after ded.	No benefit
<b>Mental Health / Substance Abuse</b>					
		<b>You pay...</b>	<b>You pay...</b>	<b>You pay...</b>	<b>You pay...</b>
	Mental Health / Substance Abuse	20% after ded.	40% after ded.	30% after ded.	No benefit
<b>Inpatient Services</b>					
		<b>You pay...</b>	<b>You pay...</b>	<b>You pay...</b>	<b>You pay...</b>
	Maternity	20% after ded.	40% after ded.	30% after ded.	No benefit
	Hospital Services – Surgery	20% after ded.	40% after ded.	30% after ded.	No benefit
<b>Pharmacy</b>					
		<b>You pay...</b>	<b>You pay...</b>	<b>You pay...</b>	<b>You pay...</b>
	Generic	20% after ded.	40% after ded.	30% after ded.	No benefit
	Brand Name	20% after ded.	40% after ded.	30% after ded.	No benefit
	Non-Formulary	30% after ded.	40% after ded.	40% after ded.	No benefit

## Medical Plan Notes:

<sup>1</sup> Deductibles and co-insurance accrue toward the out-of-pocket maximum.

<sup>2</sup> Preventive Services – When provided in conjunction with a preventive diagnosis, as determined by Sinclair Health Services, including annual adult physical examinations, mammograms, well child care, routine immunizations, family planning, minor diagnostic laboratory tests and colonoscopies. Some services you receive during a preventive visit may not qualify as a preventive care service and will be subject to deductibles, copays and/or coinsurance.

# Dental Options

	Dental Basic	Dental Plus
Annual Deductible - per calendar year	\$25 per individual	\$50 per individual \$150 family maximum
Maximum Coverage Dental - per covered person per year	\$1,000	\$2,000
<b>Diagnostic and Preventive Services</b>	<b>You pay...</b>	<b>You pay...</b>
Diagnostic and Preventive Services	50% after ded.	0%
<b>Basic Services</b>	<b>You pay...</b>	<b>You pay..</b>
Sealants	Not Covered	20% after ded. (for dependents to age 16 years)
Tooth Extraction	50% after ded.	20% after ded.
Oral Surgery including surgical extractions	50% after ded.	20% after ded.
Administration of general anaesthesia	50% after ded.	20% after ded.
Amalgam, silicate, acrylic, synthetic porcelain and composite filling restoration for decayed teeth	50% after ded.	20% after ded.
Endodontics	50% after ded.	20% after ded.
Treatment of periodontal & other diseases of the gums & supporting structures of the mouth	50% after ded.	20% after ded.
<b>Major Dental Expenses</b>	<b>You pay...</b>	<b>You pay..</b>
Installation of crowns, bridges or partials	50% after ded.	50% after ded.
Initial installation of dentures	50% after ded.	50% after ded.
Inlays, onlays, and crowns	50% after ded.	50% after ded.
Necessary replacement of crowns, gold fillings, but only when crown or filling is 5 years old	50% after ded.	50% after ded.
Repair or re-cementing of crowns, inlays or onlays	50% after ded.	50% after ded.
Adjusting relining or re-basing of dentures after installation for 12 months; only one relining or re-basing in a period of 24 months	50% after ded.	50% after ded.
Initial installation of fixed bridge-work	50% after ded.	50% after ded.
Replacement of an existing partial or full removable denture or fixed bridgework	50% after ded.	50% after ded.
<b>Orthodontics</b>	<b>You pay...</b>	<b>You pay..</b>
Orthodontics for all participants	Not Covered	50% after ded. (\$1,500 Lifetime Maximum Benefit)

# Vision - VSP Signature Plan B with KidsCare

## Your VSP Vision Benefits Summary



SINCLAIR SERVICES COMPANY and VSP provide you with an affordable eye care plan.

**VSP Coverage Effective Date:** 01/01/2017

**VSP Provider Network:** VSP Signature

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>KidsCare: Children have two, fully covered WellVision exams, if needed*</li> </ul>	\$15	Every calendar year
<b>Prescription Glasses</b>		\$25	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> <li>KidsCare: Frames for children are fully covered every calendar year*</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>KidsCare: Additional lenses for children are fully covered when needed. Minimum prescription change required.*</li> </ul>	Included in Prescription Glasses	Every calendar year*
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> </ul>	\$50 \$80 - \$90 \$120 - \$160	Every calendar year*
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year*
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$20	As needed
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		

\*Please note, 2017 plan changes include the KidsCare plan enhancement providing additional coverage for dependent children and an enhanced frequency for lenses and, in lieu of glasses, contact lenses (now every calendar year versus every other calendar year).

### Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP network provider.

Exam .....	up to \$50	Lined Bifocal Lenses .....	up to \$75	Progressive Lenses .....	up to \$95
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$100	Contacts .....	up to \$105
Single Vision Lenses .....	up to \$55				

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

## Using your VSP benefit is easy:

**1. Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.

**2. Find an eye care provider who is right for you.**

To find a VSP provider, visit [vsp.com](http://vsp.com) or call **800.877.7195**.

**3. At your appointment, tell them you have VSP.**

There is no ID card necessary. If you would like a card as a reference, you can print one on [vsp.com](http://vsp.com).

Contact us. **800.877.7195** | [vsp.com](http://vsp.com)

<sup>†</sup>Brands/Promotion subject to change.

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# Optum Bank Health Savings Account (HSA)

An Optum Bank HSA is one of the best ways to build a nest egg for health care expenses you may have during retirement.

A health savings account (HSA) is the only savings vehicle that offers triple-tax benefits:

- Deposits into the account are tax-deductible.
- Money grows tax-free.
- Funds can be withdrawn income tax-free at any time to pay for health care expenses.

Consider these helpful tips to help grow your HSA account:

- **Take the Health Savings Checkup** to get a personalized estimate of your healthcare costs in retirement. The Health Savings Checkup is available when you log into your account at [OptumBank.com](http://OptumBank.com).
- **Maximize your HSA contribution.** The Internal Revenue Service (IRS) places guidelines on HSA contribution amounts. For 2017, you can contribute up to the IRS limits of \$3,400 if you have self-only coverage or \$6,750 if you have family coverage. **The contribution limits take into account all sources, please account for your employer contribution before calculating yours.**
- **Your HSA contributions won't affect your IRA limits** - it is another tax-advantaged way to save for retirement. The difference is that with your HSA, you can withdraw the funds at *any time* to pay for health care expenses.
- **Pay out-of-pocket for current medical expenses.** If you can afford to pay for your medical expenses using other means, you can allow your HSA funds to grow. Be sure to save your receipts so that you can make withdrawals from your account tax-free at any future date to reimburse yourself for health care expenses incurred today.
- **Consider catch-up contributions.** If you're 55 years of age or older, you can make larger contributions, called catch-up contributions, to your HSA. The IRS allows you to put an extra \$1,000 into your HSA each year.

Once you are enrolled in Medicare you may no longer contribute to your HSA.

**Have additional questions? We have resources for you.**

More information about health savings accounts (HSAs) can be found at [OptumBank.com](http://OptumBank.com). Additional resources that may be helpful to you are available at [IRS.gov](http://IRS.gov). If you have questions about your particular situation, please consult a tax or legal professional.

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Health savings accounts (HSAs) are individual accounts offered by Optum Bank<sup>SM</sup>, Member FDIC, and are subject to eligibility and restrictions, including but not limited to restrictions on distributions for qualified medical expenses set forth in section 213(d) of the Internal Revenue Code. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state laws and regulations are subject to change.

# Flexible Spending Account (FSA)

Many of us have expenses for health care or dependent care that must be paid out-of-pocket. The Flexible Spending Accounts (FSAs) allow you to save for these expenses on a pre-tax basis and reimburse yourself later with tax-free dollars.

Sinclair offers you two types of FSAs: the Healthcare Account and the Dependent Care Account. The Healthcare Account and the Dependent Day Care Account are separate accounts and you may not transfer money between accounts. You are not able to change your contribution amounts during the year, unless you have a qualified life event. If you want to participate, you must enroll in the FSAs each year.

## Healthcare FSA (not available to HSA participants)

- The Healthcare FSA enables you to reimburse yourself for out-of-pocket expenses that are not paid by other plans, such as medical, dental and vision plan copays and deductibles, with tax free dollars.
- Items used to maintain general health, such as vitamins and toothpaste are not eligible expenses.
- With the Healthcare FSA, you may be reimbursed at any time during the plan year, so you do not have to wait until the money has been deducted from your pay to use it.

- **The minimum contribution is \$20 per month and the maximum contribution is \$208.34 per month (\$2,500 per year).**

## Dependent Care FSA (available to all benefit-eligible employees)

- The Dependent Care Account allows you to pay for certain dependent care expenses with tax free dollars.
- Care can be for your dependent children under age 13, or other dependents who meet the requirements set by the federal government.
- If you are married, you and your spouse must be employed in order to participate in this account unless your spouse is a full-time student or actively looking for work or disabled.
- **The minimum contribution is \$50 per month and the maximum contribution is \$416 per month.**
- With dependent care expenses, you must wait until you have accumulated the funds in your FSA before you can be reimbursed.

For a complete list of eligible expenses, go to [irs.gov/publications](https://www.irs.gov/publications)

- Publication 502 for health care
- Publication 503 for dependent care

**NOTE: All qualified FSA expenses MUST be incurred NO LATER than December 31, 2017. Any unused contributions will be forfeited.**

## Examples of Allowable Health Expenses under the FSA

Medical and Dental Expenses (these expenses must not have been paid under any other health insurance program).

### Medical / Vision / Hearing:

- Acupuncture
- Alcohol/Drug Treatment
- OB/GYN Exams
- Laboratory Fees
- Prescription Drugs
- LASIK
- Eyeglasses
- Contact Lenses
- Hearing Aid

### Dental:

- Orthodontics
- Coinsurance
- Anesthesia

### Ineligible Expenses (General Guidelines)

Any expenses you would not be able to claim on your income tax return, and any expenses covered by your insurance plan. Any procedure(s) performed strictly for cosmetic purposes is(are) NOT ALLOWABLE by law. These include, but are not limited to:

- OTC Medications (without prescription)
- Cosmetic or Elective Surgery
- Health Club Dues
- Life and Disability Insurance

# Life and Accidental Death & Dismemberment (AD&D)

Sinclair Services Company life plans are designed to allow you the coverage amount of your choice, and allow you to pay for it conveniently through payroll deductions. Because the plan gives you the benefit of group rates, the price may be more competitive than it would be if you were to purchase it as an individual. The premiums for this benefit are after-tax, so you can enroll or make changes in your coverage at any time, not only during open enrollment, subject to evidence of insurability. **At each annual open enrollment, all current participants (under age 65) of the employee supplemental Unum life are eligible to purchase an additional \$10,000 without medical evidence of insurability (EOI).**

**As an eligible employee of Sinclair Services Company, your employer is providing the following Basic Life and AD&D coverage at no cost to you.**

Eligible employees have coverage up to 1x your Base Annual Earnings (BAE) up to \$250,000 for both Basic Life and AD&D.

**You may also elect coverage for yourself and your family as follows:**

**Additional Life coverage amounts (paid by employee):**

- Employee
  - Amounts in \$10,000 increments
  - Up to a maximum level equaling the lesser of 5x (base annual earnings) or \$600,000
  - Employee Guaranteed Issue (GI Limit - available to newly eligible employees only): 3x base annual earnings to \$300,000

Spouse

- Amounts in \$10,000 increments
- To a maximum \$600,000
- Spouse Guaranteed Issue (GI Limit - available to newly eligible spouses only): \$30,000

Child

- Flat amount of \$10,000

**Additional AD&D coverage amounts (paid by employee):**

Employee

- Amounts in \$10,000 increments

Spouse

- Amounts in \$10,000 increments
- To a maximum \$600,000

Child

- Flat amount of \$10,000

**Please Note:** *The policy has exclusions and limitations which may affect any benefits payable. See the actual policy for specific provisions and details of availability.*

**Underwritten by:**

Unum Life Insurance Company of America  
2211 Congress Street  
Portland, ME 04122



## Standard Features

- Portability
- Life insurance conversion privilege
- Employee life insurance premium waiver
- Accelerated Death Benefit
- Survivor Financial Counseling Service
- Enroll/Change at any time
- AD&D repatriation benefit
- Employee Assistance Program (EAP)

# Life and AD&D (cont.)

## Additional Life and AD&D Coverage Rates

Your additional Life rate is based on your insurance age. To calculate your insurance age, subtract your year of birth from the year your coverage becomes effective.

Life Rates per \$10,000 units		
Age	Employee / Spouse	Child
Less than 25	\$0.57	\$0.80 per \$10,000 (covers all eligible children)
25-29	\$0.61	
30-34	\$0.59	
35-39	\$0.65	
40-44	\$1.02	
45-49	\$1.66	
50-54	\$2.43	
55-59	\$4.16	
60-64	\$6.47	
65-69	\$11.20	
70 and over*	\$23.80	

\*Unum life insurance benefits reduce by 35% at age 70, and 50% at age 75.

Additional AD&D Rates per \$10,000 units		
Age	Employee / Spouse	Child
All Ages 18+	\$0.30 per \$10,000	\$0.30 per \$10,000

## Life and AD&D Worksheet

	Coverage Amount	Increment	Rate
Employee Life	\$ _____	÷ \$10,000 = x	\$ _____ = \$ _____
Spouse Life	\$ _____	÷ \$10,000 = x	\$ _____ = \$ _____
Child Life	\$ _____	÷ \$10,000 = x	\$ _____ = \$ _____
Employee AD&D	\$ _____	÷ \$10,000 = x	\$ _____ = \$ _____
Spouse AD&D	\$ _____	÷ \$10,000 = x	\$ _____ = \$ _____
Child AD&D	\$ _____	÷ \$10,000 = x	\$ _____ = \$ _____
Total Monthly Cost			\$ _____

### Next Steps

- Step 1:** Utilizing this worksheet, determine the amount of Supplemental Life and AD&D insurance you want to elect for you and your eligible dependents.
- Step 2:** Complete the Supplemental Life and AD&D election form with your elections.
- Step 3:** Any increase in Employee or Spouse Life insurance requires a Unum Evidence of Insurability form to be completed. Please contact Human Resources. Unum, at their expense, may request additional medical test to be completed as part of the approval process for amounts above the GI limits.

## Short-Term Disability (STD)

To offer more income protection to you, a Short-Term Disability program is offered to regular, full-time employees (at no cost to the employee). It provides income replacement from 60-100% of pay, depending on your years of service, as outlined in the chart below.

This benefit provides coverage for your non-work related accidents or illnesses. The STD program, coordinated with Sick Leave, is intended to provide financial assistance until you can return to work or when you may become eligible for Long-Term Disability.

Short-Term Disability Benefits		
Years of Service	100% STD Coverage	60% STD Coverage
Less than 1	2 weeks	22 weeks
1 year	4 weeks	20 weeks
2 years	6 weeks	18 weeks
3 years	8 weeks	16 weeks
4 years	10 weeks	14 weeks
5 years	14 weeks	10 weeks
6 years	16 weeks	8 weeks
7 years	18 weeks	6 weeks
8 years	20 weeks	4 weeks
9 years	22 weeks	2 weeks
10 years	24 weeks	n/a

*Maternity coverage is eight (8) weeks.*

**STD Waiting Period:** *There will be a 10 working day (eight hours per day) waiting period before STD begins. Compensation during the STD waiting period will come from sick leave, the STD waiting period bank, or vacation.*

## Long-Term Disability (LTD)

Long-term disability is available to all employees classified as full-time (minimum of 40 hours per week) immediately upon hire. The LTD plan is insured with Unum, the leading provider of LTD benefits in the United States. This benefit provides you the peace of mind that should you be unable to work, there will be financial coverage for you on a long-term basis.

This LTD plan provides the following benefits:

- **Definition of Disability:** Unable to perform your own occupation for the first 24 months; then any occupation to age 65. In some cases, a limited benefit is paid until age 70.
- **Amount of Benefit:** 60% of your base pay, up to a maximum of \$15,000/month. This amount is coordinated with other forms of income, such as Worker's Compensation or other state or federal entitlements, etc.
- **Benefit Premium:** Paid entirely by Sinclair.



# Capital Accumulation Plan (CAP)

## Are you planning for your future financial security?

You will have to rely on yourself to accumulate enough money for retirement through your own supplementary savings. Fortunately your retirement savings CAP provides a convenient and easy way to save by allowing you to automatically defer (contribute) money from your wages every pay period into a 401K.

Your contribution is matched by the company up to a percentage declared annually (currently 6%) by Sinclair Oil Corporation's board of directors. Your contributions, and matching company contributions are deposited into your account after every payroll.

Best of all, you'll be paying yourself first – before any federal income taxes are deducted and before you start spending your paycheck.

- The employer match is currently 6%, dollar for dollar.
- Maximum Allowable Employee Contribution currently is \$18,000 (the basic contribution amount).
- As these limits increase, it is your responsibility to update your contribution election with Wells Fargo at [www.wellsfargo.com](http://www.wellsfargo.com).
- Maximum Catch Up Contribution (for employees 50 years of age & up) is \$6,000.
- You can change your contribution amount as often as you like.
- You can change your investment election as often as you like (some funds may be subject to limitations).
- You can start contributing. Please be advised that the default investment option (for those who have not made an investment election, but have contributions going into the plan) is one of the Vanguard Target Retirement Trusts.
- Additionally, your employer may make a profit sharing contribution to the CAP as declared by the Sinclair Oil Corporation Board of Directors.

## Get started today - there are three ways to enroll:

Go online at [www.wellsfargo.com](http://www.wellsfargo.com)

- Choose *Sign Up* at the top of the page to get online access to your retirement account and any other accounts you have with Wells Fargo.
- The first time you sign on, you'll need your Social Security number (SSN), date of birth, and email address.
- Check the box indicating that you do not have an account number and you will be guided through a short series of questions.
- If you don't automatically see your retirement plan account in your account summary once you've signed in, click the *Account Services* tab, then under *Account Information* select *Add Accounts*. Your retirement account should be available to add.

- or -

Call Wells Fargo directly at 800-728-3123.

- or -

Complete an enrollment form available from your local Human Resources office.

*Refer to page 18 for instructions  
on accessing your  
401K through Wells Fargo.*

# Accessing Your 401K

WELLS  
FARGO

Save. Plan. Enjoy.



## Tools to help you make the most of your retirement plan

### Two easy ways to access and manage your retirement account

You can access and make changes to your account by signing on to the Wells Fargo website or by calling us. This guide is designed to help you manage your account online and learn more about how to access your account by phone.



From the comfort of home or virtually anywhere, day or night, you can access your retirement account online. Once you sign up, you can use the website to do everything from calculating how much you may need in retirement to choosing how much you want to save and how to invest it.

#### First time user?

To get started, follow these simple steps:

1. Choose **Sign Up** at the top of the page.
2. Answer a short series of questions; be sure to check the box indicating you do not have an account number.
3. Click the name of your retirement plan account.
4. Select your ePreferences.

#### Have other Wells Fargo accounts?

Sign on using your existing username and password, then select the name of your retirement plan. Don't automatically see your retirement plan account in your account summary? Once you've signed on, visit the **Account Services** tab, then under **Account Information**, select **Add Accounts**. Your retirement account should be available to add.

#### Managing your account online

Once you are enrolled in your company's retirement plan, managing and updating your account online is simple. Some of the things you can do online include:

- Check your balance
- Change your contribution rate
- Choose investments
- View your account transaction history
- Update your beneficiaries



**1-800-SAVE-123 (1-800-728-3123)**

You'll need your Social Security number (SSN) and your personal identification number (PIN), which is initially the last four digits of your SSN. You'll be required to change your PIN the first time you call.

The Retirement Service Center offers 24-hour automated account access. Representatives are also available Monday through Friday from 7:00 a.m. to 11:00 p.m. Eastern Time.

#### Managing your account by phone

Accessing, managing, and updating your account over the phone is simple. Some of the things you can do over the phone include:

- Enroll in your plan
- Increase your contribution rate
- Get a free retirement consultation
- Choose investments

Recordkeeping, trustee, and/or custody services are provided by Wells Fargo Institutional Retirement and Trust, a business unit of Wells Fargo Bank, N.A. This information and any information provided by employees and representatives of Wells Fargo Bank N.A. and its affiliates is for educational purposes only and does not constitute investment, financial, tax, or legal advice. Please contact an investment, financial, tax, or legal advisor regarding your specific needs and situation.

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## Additional Information and Notices

### Notice Concerning Cafeteria Plan Benefits

As explained more fully in the Summary Plan Descriptions for your benefit plans, some benefits are paid for, in whole or in part, by premiums deducted from your pay prior to taxes being deducted. This is a benefit to you because it means that you are not required to pay taxes on the amount that is deducted for these premiums. The benefit plans to which this applies are called "Cafeteria Plan Benefits" and are governed by Section 125 of the Internal Revenue Code. The Sinclair Services Company benefit plans which are part of the Cafeteria Plan are: Medical, Dental, & Vision Plans and Health & Dependent Care Reimbursement Plans. When you elect to participate in one of these Cafeteria Plan Benefits, you must elect to participate for a period of at least one year (in this case, January 1, 2017 to December 31, 2017).

Therefore, once you enroll in these plans you must continue participation until the end of the plan year, unless you experience an event in your life which allows for a change in your enrollment status. An event that allows for a change in status is sometimes referred to as a "life event."

### The Women's Health and Cancer Rights Act of 1998

The Women's Health Act includes important protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy.

It requires that group health plans covering mastectomy also provide specific reconstructive and prosthetic benefits.

Therefore, pursuant to the Women's Health and Cancer Rights Act of 1998, in the case of a participant or beneficiary of any Sinclair Employee Medical Plan ("Plan") who has a mastectomy while covered under the Plan, and who elects breast reconstruction in connection with the mastectomy, the Plan will provide coverage for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas in a manner determined in consultation with the attending physician and the patient.

Pursuant to the Women's Health Act, coverage of these benefits are subject to the Plan's annual deductibles and co-insurance limitations consistent with those established for other benefits under the Plan.

The Plan intends to comply with all requirements of the Women's Health Act. If you have any questions regarding coverage explained by this notice, please contact Sinclair Health Services at 1-888-800-2230.



# Special Enrollment Rights

If you decline enrollment for yourself or your dependents (including your spouse) due to other health insurance coverage, you may be able in the future to enroll yourself or your dependents in the Plan provided that you request enrollment within 30 days after your other coverage ends. In addition, if you acquire a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependent within 30 days of the marriage, birth, adoption, or placement for adoption as provided herein. Such "Special Enrollments" must be performed during a "Special Enrollment Period." A "Special Enrollment Period" means either:

1. A period of 30 days from the date you, your spouse or child lose other coverage if you, your spouse or child were eligible for, but declined to enroll in this Plan when first eligible to do so. Such a Special Enrollment Period is available where:
  - a. You, or your dependent seeking enrollment were covered by other insurance at the time you or your dependent were first eligible to enroll in this Plan; and
  - b. You, stated in writing at the time that you, your spouse or child, were first eligible to enroll in this Plan that the other plan or insurance was the reason for declining enrollment; and
  - c. The other plan or insurance:
    - i. Was under a COBRA continuation provision and coverage under that provision was exhausted; or
    - ii. Was not under a COBRA continuation provision and was terminated due to loss of eligibility for the coverage (e.g. as a result of legal separation, divorce, death, termination of employment, or reduction in working hours) or employer contributions toward that coverage were reduced or eliminated.

You need not elect COBRA continuation coverage or exercise similar continuation rights under a prior plan in order to preserve the right to Special Enrollment.

However, you will not have a Special Enrollment right if you lose the other coverage as a result of your failure to pay premiums or for "cause" (such as making a fraudulent claim).

2. A period of 30 days during which you (if you are covered under the Plan or have met the eligibility requirements applicable to enrollment) may apply to enroll (a) a person who has become your dependent by marriage, birth, adoption, or placement for adoption, (b) yourself, and (c) in the case of birth or adoption of a child, a spouse who has not previously been enrolled, but who is otherwise eligible. Such a Special Enrollment Period will begin on the later of:
  - i. The date dependent coverage is made available under this Plan; or
  - ii. The date of the marriage, birth, adoption, or placement for adoption described above.

Application for enrollment and payment of premium must be received during the Special Enrollment Period for enrollment to be effective. A spouse who is enrolled during the Special Enrollment Period following marriage receives coverage effective the date of the marriage. Individuals enrolled during the Special Enrollment Period following a birth, adoption or placement for adoption receive coverage effective as of the date of that birth, adoption or placement for adoption.

**Effective April 1, 2009**, two new special enrollment circumstances were added and they are:

1. The loss of eligibility for Medicaid or coverage under a state children's health insurance program (SCHIP). Special enrollment must be requested within 60 days after the termination of coverage.
2. If an employee or their dependent becomes eligible for a state premium assistance subsidy under the plan through Medicaid or SCHIP. Special enrollment must be requested within 60 days of determination of eligibility for a state premium assistance subsidy.

# Summary Annual Report for Benefit Plan Trust

## **SUMMARY ANNUAL REPORT FOR SINCLAIR EMPLOYEES' BENEFIT PLAN TRUST**

This is a summary of the annual report for Sinclair Employees' Benefit Plan Trust (Plan), I.D. No. 20-3967749 (502 & 503) for January 1, 2015 to December 31, 2015. The annual report has been filed with the Internal Revenue Service as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### **BASIC FINANCIAL STATEMENT**

Benefits under the Plan are provided by Sinclair Employee Benefit Plan. Plan expenses were \$31,113,973. These expenses included \$282,780 in administrative expenses, \$183,317 depreciation of investments and \$30,647,876 in benefits paid to participants and beneficiaries. A total of 6,106 persons were participants in or beneficiaries of the Plan at the end of the Plan year.

The value of the Plan assets, after subtracting liabilities of the Plan, was \$9,600,360 as of December 31, 2015 compared to \$12,556,360 as of December 31, 2014. During the Plan year, the Plan experienced a decrease in net plan assets of \$2,956,000. This decrease is mainly due to an increase in medical claims costs. The Plan had a total income of \$28,157,973 including employer contributions of \$22,153,955, employee contributions of \$5,873,564 and earnings from investment and dividends of \$130,454.

### **YOUR RIGHTS TO ADDITIONAL INFORMATION**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report.

1. An accountant's report
2. Assets held for investment
3. Transactions in excess of 4 percent of Plan assets

To obtain a copy of the full annual reports, or any part thereof, write or call the office of C. E. Barlow, 550 East South Temple, P. O. Box 30825, Salt Lake City, Utah 84130-0825, telephone (801) 524-2736.

You also have the right to receive from the Plan administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the Plan at 550 East South Temple, Salt Lake City, Utah and the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N4677, Pension and Welfare Benefit Programs, Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20216.

# Premium Assistance Under Medicaid and CHIP

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2016. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ALASKA – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Medicaid</b>	<b>IOWA – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>FLORIDA – Medicaid</b>	<b>KANSAS – Medicaid</b>
Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512

# Premium Assistance Under Medicaid and CHIP (cont.)

<b>NEVADA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>SOUTH CAROLINA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, contact either:

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

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

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

# Premium Assistance Under Medicaid and CHIP (cont.)

<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a>            Phone: 1-800-635-2570</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a>            Phone: 603-271-5218</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>            Phone: 1-888-695-2447</p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>            Medicaid Phone: 609-631-2392            CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>            CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>            Phone: 1-800-442-6003            TTY: Maine relay 711</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a>            Phone: 1-800-541-2831</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a>            Phone: 1-800-462-1120</p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a>            Phone: 919-855-4100</p>
<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a>            Phone: 1-800-657-3739</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>            Phone: 1-844-854-4825</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>	<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>            Phone: 1-888-365-3742</p>
<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084</p>	<p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a>  <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a>            Phone: 1-800-699-9075</p>
<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a>            Phone: 1-855-632-7633</p>	<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a>            Phone: 1-800-692-7462</p>



# HIPPA Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Certain employer-sponsored health plans are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of your health information that the plan creates, requests, or is created on the Plan’s behalf, called Protected Health Information (“PHI”) and to provide you, as a participant, covered dependent, or qualified beneficiary, with notice of the plan’s legal duties and privacy practices concerning Protected Health Information.

The terms of this Notice of Privacy Practices (“Notice”) apply to the **following plans (collective and individually reference in this Notice as the “Plan”):**

## **All Medical, Dental, Vision, Life and Disability Plans**

This Notice describes how the Plan may use and disclose your PHI to carry out payment and health care operations, and for other purposes that are permitted or required by law.

The Plan is required to abide by the terms of this Notice so long as the Plan remains in effect. The Plan reserves the right to change the terms of this Notice as necessary and to make the new Notice effective for all PHI maintained by the Plan. Copies of revised Notices in which there has been a material change will be mailed to all participants then covered by the Plan. Copies of our current Notice may be obtained by calling the Privacy Office at the telephone number or address below.

## **DEFINITIONS**

**Plan Sponsor** means **Sinclair Services** and any other employer that maintains the Plan for the benefit of its associates.

**Protected Health Information (“PHI”)** means individually identifiable health information, which is defined under the law as information that is a subset of health information, including demographic information, that is created or received by the Plan and that relates to your past, present, or future physical or mental health or condition; the health care services you receive; or the past, present, or future payment for the health care services you receive; and that identifies you, or for which there is a reasonable basis to believe the information can be used to identify you.

## **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

The following categories describe different ways that the Plan may use and disclose your PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

**Your Authorization** – Except as outlined below or otherwise permitted by law, the Plan will not use or disclose your PHI unless you have signed a form authorizing the Plan to use or disclose specific PHI for an explicit purpose to a specific person or group of persons. Most uses and disclosures of psychotherapy notes will be made only with your authorization. Uses and disclosures of your PHI for marketing purposes and/or the sale of your PHI require your authorization. You have the right to revoke any authorization in writing except to the extent that the Plan has taken action in reliance upon the authorization.

## HIPPA Privacy Notice (cont.)

**Uses and Disclosures for Payment** –The Plan may use and disclose your PHI as necessary for benefit payment purposes without obtaining an authorization from you. The persons to whom the Plan may disclose your PHI for payment purposes include your health care providers that are billing for or requesting a prior authorization for their services and treatments of you, other health plans providing benefits to you, and your approved family member or guardian who is responsible for amounts, such as deductibles and co-insurance, not covered by the Plan.

For example, the Plan may use or disclose your PHI, including information about any medical procedures and treatments you have received, are receiving, or will receive, to your doctor, your spouse's or other health plan under which you are covered, and your spouse or other family members, unless you object, in order to process your benefits under the Plan. Examples of other payment activities include determinations of your eligibility or coverage under the Plan, annual premium calculations based on health status and demographic characteristics of persons covered under the Plan, billing, claims management, reinsurance claims, review of health care services with respect to medical necessity, utilization review activities, and disclosures to consumer reporting agencies.

**Uses and Disclosures for Health Care Operations** – The Plan may use and disclose your PHI as necessary for health care operations without obtaining an authorization from you. Health care operations are those functions of the Plan it needs to operate on a day-to-day basis and those activities that help it to evaluate its performance. Examples of health care operations include underwriting, premium rating or other activities relating to the creation, amendment or termination of the Plan, and obtaining reinsurance coverage. Other functions considered to be health care operations include business planning and development; conducting or arranging for quality assessment and improvement activities, medical review, and legal services and auditing functions; and performing business management and general administrative duties of the Plan, including the provision of customer services to you and your covered dependents.

**[Note: the following statement is required only if the plan engages in underwriting]**

**Use or Disclosure of Genetic Information Prohibited.** The Genetic Information Nondiscrimination Act of 2009 (GINA), and regulations promulgated thereunder, specifically prohibit the use, disclosure or request of PHI that is genetic information for underwriting purposes. Genetic information is defined as (1) your genetic tests; (2) genetic tests of your family member; (3) family medical history, or (4) any request of or receipt by you or your family members of genetic services. This means that your genetic information cannot be used for enrollment, continued eligibility, computation of premiums, or other activities related to underwriting, even if those activities are for purposes of health care operations or being performed pursuant to your written authorization.

**Family and Friends Involved in Your Care** – If you are available and do not object, the Plan may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and the Plan determines that a limited disclosure is in your best interest, the Plan may share limited PHI with such individuals. For example, the Plan may use its professional judgment to disclose PHI to your spouse concerning the processing of a claim. If you do not wish us to share PHI with your spouse or others, you may exercise your right to request a restriction on our disclosures of your PHI (see below), including having correspondence the Plan sends to you mailed to an alternative address. The Plan is also required to abide by certain state laws that are more stringent than the HIPAA Privacy Standards, for example, some states give a minor child the right to consent to his or her own treatment and, under HIPAA, to direct who may know about the care he or she receives. There may be an instance when your minor child would request for you not to be informed of his or her treatment and the Plan would be required to honor that request.

**Business Associates** – Certain aspects and components of the Plan's services are performed through contracts with outside persons or organizations. Examples of these outside persons and organizations include our third party administrator, reinsurance carrier, agents, attorneys, accountants, banks, and consultants. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations. However, if the Plan does provide your PHI to any or all of these outside persons or organizations, they will be required, through contract or by law, to follow the same policies and procedures with your PHI as detailed in this Notice.

# HIPPA Privacy Notice (cont.)

**Plan Sponsor** -- The Plan may disclose a subset of your PHI, called summary health information, to the Plan Sponsor in certain situations. Summary health information summarizes claims history, claims expenses, and types of claims experienced by individuals under the Plan, but all information that could effectively identify whose claims history has been summarized has been removed. Summary health information may be given to the Plan Sponsor when requested for the purposes of obtaining premium bids, for providing coverage under the Plan, or for modifying, amending or terminating the Plan. The Plan may also disclose to the Plan Sponsor whether you are enrolled in or have disenrolled from the Plan.

**Other Products and Services** -- The Plan may contact you to provide information about other health-related products and services that may be of interest to you without obtaining your authorization. For example, the Plan may use and disclose your PHI for the purpose of communicating to you about health benefit products or services that could enhance or substitute for existing coverage under the Plan, such as long term health benefits or flexible spending accounts. The Plan may also contact you about health-related products and services, like disease management programs that may add value to you, as a covered person under the Plan. However, the Plan must obtain your authorization before the Plan sends you information regarding non-health related products or services, such as information concerning movie passes, life insurance products, or other discounts or services offered to the general public at large.

**Other Uses and Disclosures** -- Unless otherwise prohibited by law, the Plan may make certain other uses and disclosures of your PHI without your authorization, including the following:

- The Plan may use or disclose your PHI to the extent that the use or disclosure is required by law.
- The Plan may disclose your PHI to the proper authorities if the Plan suspects child abuse or neglect; the Plan may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- The Plan may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- The Plan may disclose your PHI in response to a court order specifically authorizing the disclosure, or in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request), provided written and documented efforts by the requesting party have been made to (1) notify you of the disclosure and the purpose of the litigation, or (2) obtain a qualified protective order prohibiting the use or disclosure of your PHI for any other purpose than the litigation or proceeding for which it was requested.
- The Plan may disclose your PHI to the proper authorities for law enforcement purposes, including the disclosure of certain identifying information requested by police officers for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; the disclosure of your PHI if you are suspected to be a victim of a crime and you are incapacitated; or if you are suspected of committing a crime on the Plan (e.g., fraud).
- The Plan may use or disclose PHI to avert a serious threat to health or safety.
- The Plan may use or disclose your PHI if you are a member of the military, as required by armed forces services, and the Plan may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- The Plan may disclose your PHI to state or federal workers' compensation agencies for your workers' compensation benefit determination.
- The Plan may, as required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of the HIPAA Privacy Rules.

**Verification Requirements** -- Before the Plan discloses your PHI to anyone requesting it, the Plan is required to verify the identity of the requester and the requester's authority to access your PHI. The Plan may rely on reasonable evidence of authority such as a badge, official credentials, written statements on appropriate government letterhead, written or oral statements of legal authority, warrants, subpoenas, or court orders.

# HIPPA Privacy Notice (cont.)

## RIGHTS THAT YOU HAVE

To request to inspect, copy, amend, or get an accounting of PHI pertaining to your PHI in the Plan, you may contact the Privacy Officer at **Chris Cozzens** at **801-526-3914**.

**Right to Inspect and Copy Your PHI** – You have the right to request a copy of and/or inspect your PHI that the Plan maintains, unless the PHI was compiled in reasonable anticipation of litigation or contains psychotherapy notes. In certain limited circumstances, the Plan may deny your request to copy and/ or inspect your PHI. In most of those limited circumstances, a licensed health care provider must determine that the release of the PHI to you or a person authorized by you, as your “personal representative,” may cause you or someone else identified in the PHI harm. If your request is denied, you may have the right to have the denial reviewed by a designated licensed health care professional that did not participate in the original decision. Requests for access to your PHI must be in writing and signed by you or your personal representative. You may ask for a *Participant PHI Inspection Form* from the Plan through the Privacy Office at the address below. If you request that the Plan copy or mail your PHI to you, the Plan may charge you a fee for the cost of copying your PHI and the postage for mailing your PHI to you. If you ask the Plan to prepare a summary of the PHI, and the Plan agrees to provide that explanation, the Plan may also charge you for the cost associated with the preparation of the summary.

**Right to Request Amendments to Your PHI** – You have the right to request that PHI the Plan maintains about you be amended or corrected. The Plan is not obligated to make requested amendments to PHI that is not created by the Plan, not maintained by the Plan, not available for inspection, or that is accurate and complete. The Plan will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your personal representative, must state the reasons for the amendment request, and must be sent to the Privacy Office at the address below. If the Plan denies your amendment request, the Plan will provide you with its basis for the denial, advise you of your right to prepare a statement of disagreement which it will place with your PHI, and describe how you may file a complaint with the Plan or the Secretary of the US Department of Health and Human Services. The Plan may limit the length of your statement of disagreement and submit its own rebuttal to accompany your statement of disagreement. If the Plan accepts your amendment request, it must make a reasonable effort to provide the amendment to persons you identify as needing the amendment or persons it believes would rely on your unamended PHI to your detriment.

**Right to Request an Accounting for Disclosures of Your PHI** – You have the right to request an accounting of disclosures of your PHI that the Plan makes. Your request for an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2004. Not all disclosures of your PHI must be included in the accounting of the disclosures. Examples of disclosures that the Plan is required to account for include those pursuant to valid legal process, or for law enforcement purposes. Examples of disclosures that are not subject to an accounting include those made to carry out the Plan’s payment or health care operations, or those made with your authorization. To be considered, your accounting requests must be in writing and signed by you or your personal representative, and sent to the Privacy Office at the address below. The first accounting in any 12-month period is free; however, the Plan may charge you a fee for each subsequent accounting you request within the same 12-month period.

**Right to Place Restrictions on the Use and Disclosure of Your PHI** – You have the right to request restrictions on certain of the Plan’s uses and disclosures of your PHI for payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that the Plan not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. The Plan is not required to agree to your request, but will attempt to accommodate reasonable requests when appropriate. The Plan retains the right to terminate an agreed-to restriction if it believes such termination is appropriate. In the event of a termination by the Plan, it will notify you of the termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. Requests for a restriction (or termination of an existing restriction) may be made by contacting the Plan through the Privacy Office at the telephone number or address below.

## HIPPA Privacy Notice (cont.)

**Request for Confidential Communications** – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. The Plan is required to accommodate reasonable requests if you inform the Plan that disclosure of all or part of your information could place you in danger. The Plan may grant other requests for confidential communications in its sole discretion. Requests for confidential communications must be in writing, signed by you or your personal representative, and sent to the Privacy Office at the address below.

**Right to a Copy of the Notice** – You have the right to a paper copy of this Notice upon request by contacting the Privacy Office at the telephone number or address below.

**Right to Notice of Breach** - You have the right to receive notice if your PHI is improperly used or disclosed as a result of a breach of unsecured PHI.

**Complaints** – If you believe your privacy rights have been violated, you can file a complaint with the Plan through the Privacy Office in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

### FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact our Privacy Office by writing to:

Chris Cozzens  
**Sinclair Services Company**  
**550 East South Temple**  
**Salt Lake City UT 84102**

This Notice is effective 9/20/16.