



## 2014 Benefits Guide

WAXIE Benefit Solutions Make Life Shine



Just as we strive to provide innovative cleaning solutions to our customers, WAXIE Sanitary Supply is committed to providing you with **Benefit Solutions** to enhance your health and make your life shine.



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**About This Guide**

This Benefits Guide describes the benefit plans available to you as an employee of WAXIE Sanitary Supply. The details are contained in the official Plan documents, including some insurance contracts. This Guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (as described by the Employee Retirement Income Security Act). If there is a question about one of these plans, or a conflict between this Guide and the formal language of the Plan documents, the formal wording in the Plan documents will govern. The benefits described in this Guide may be changed at any time and do not represent a contractual obligation on the part of WAXIE Sanitary Supply.



## Benefit Solutions – Make Life Shine

As a leading distributor of sanitary maintenance supplies, WAXIE Sanitary Supply shines. We salute the dedicated employees who support our efforts to provide quality and innovative products, value-added services, and systems that better our communities and enhance our continued growth.

Just as we strive to provide innovative cleaning solutions to our customers, WAXIE is committed to providing you with **Benefit Solutions** to enhance your health and make your life shine. With a comprehensive package that includes medical, dental and vision plans, life and disability insurance, flexible reimbursement accounts, 401(k) savings plan and more, WAXIE proudly offers this valuable program to help keep you and your family healthy, happy and financially secure.

This Benefits Guide provides an overview of the benefits available to you as a WAXIE employee. You will find this Guide to be a helpful resource for answering your questions during open enrollment and throughout the year. If you have questions or need additional information, you are encouraged to contact our carrier representatives or visit the carrier websites. “On the Spot” contact information may be found on the back cover of this Guide.



## What's in Stock?

The table below shows what's in stock with **WAXIE Benefit Solutions**. WAXIE provides many benefits to you at minimal cost, while the cost for dependent coverage is shared jointly by you and WAXIE. To further expand the benefit options, WAXIE also offers voluntary benefits that are paid for solely by you.

BENEFIT	COVERAGE	WHO PAYS
<b>Medical</b>	<ul style="list-style-type: none"> <li>Aetna HealthFund HRA</li> </ul>	<ul style="list-style-type: none"> <li>You and WAXIE share the cost; your share paid with pre-tax dollars</li> </ul>
<b>Dental</b>	<ul style="list-style-type: none"> <li>Aetna DMO</li> <li>Aetna PPO</li> </ul>	<ul style="list-style-type: none"> <li>You and WAXIE share the cost; your share paid with pre-tax dollars</li> </ul>
<b>Vision</b>	<ul style="list-style-type: none"> <li>EyeMed Vision Care</li> </ul>	<ul style="list-style-type: none"> <li>You pay the cost with pre-tax dollars</li> </ul>
<b>Employee Assistance Plan (EAP)</b>	<ul style="list-style-type: none"> <li>Free, confidential counseling and referrals for personal problems</li> </ul>	<ul style="list-style-type: none"> <li>WAXIE pays the cost</li> </ul>
<b>Basic Life and AD&amp;D Insurance</b>	<ul style="list-style-type: none"> <li>Coverage equals 1.5 x annual salary, \$200,000 maximum</li> </ul>	<ul style="list-style-type: none"> <li>WAXIE pays the cost</li> </ul>
<b>Voluntary Life and AD&amp;D Insurance</b>	<ul style="list-style-type: none"> <li>Coverage up to 7x annual salary, \$500,000 maximum</li> </ul>	<ul style="list-style-type: none"> <li>You pay the cost with after-tax dollars</li> </ul>
<b>Voluntary Short-Term Disability</b> (Only available outside California)	<ul style="list-style-type: none"> <li>60% of weekly earnings up to \$1,500 per week; benefits begin after 14 days of illness or injury and continue up to 24 weeks</li> </ul>	<ul style="list-style-type: none"> <li>You pay the cost with after-tax dollars</li> </ul>
<b>Core Long-Term Disability</b>	<ul style="list-style-type: none"> <li>50% of basic monthly salary up to \$1,000 per month; benefits begin after 180 days of disability</li> </ul>	<ul style="list-style-type: none"> <li>WAXIE pays the cost</li> </ul>
<b>Buy-Up Long-Term Disability</b>	<ul style="list-style-type: none"> <li>60% of basic monthly salary up to \$9,000 per month; benefits begin after 180 days of disability</li> </ul>	<ul style="list-style-type: none"> <li>You pay the cost with after-tax dollars</li> </ul>
<b>Flexible Reimbursement Accounts</b>	<ul style="list-style-type: none"> <li>Two separate accounts let you use pre-tax dollars to pay out-of-pocket health care and dependent care expenses</li> </ul>	<ul style="list-style-type: none"> <li>You contribute pre-tax dollars to your accounts</li> </ul>
<b>401(k) Plan</b>	<ul style="list-style-type: none"> <li>Save up to \$17,500* of pre-tax pay in 2014 (additional \$5,500* if at least age 50); WAXIE matches a portion of your savings</li> </ul> <p>* Expected 2014 IRS maximum</p>	<ul style="list-style-type: none"> <li>You contribute pre-tax dollars to your account</li> </ul>



# The Sweep on Eligibility, Enrollment & Making Changes

## Eligibility and Enrollment

You are eligible for **WAXIE Benefit Solutions** if you are a regular full-time employee working for WAXIE at least 30 hours per week. Benefits begin on the first of the month after 30 days of eligible employment.

If you miss your initial eligibility period, you will not be permitted to enroll in most benefits until the next open enrollment unless you experience a qualifying life event during the year (see page 4 for more information). New hires who miss the enrollment deadline will receive only basic life and AD&D insurance, core long-term disability coverage and EAP benefits.

Your dependents may be eligible for some benefits, including medical, dental, vision and dependent life insurance. Employees will be required to submit verification of dependent status. Eligible dependents include your:

- Legally married spouse
- Domestic partner if registered with the State of California
- Children up to age 26 (including those of a domestic partner)



## Current Employees

For current employees, open enrollment is your once-a-year opportunity to evaluate your coverage options and make changes for the new plan year. You need to participate in open enrollment if you wish to:

- Enroll in coverage or change existing coverage;
- Add, drop or change information about your eligible dependents for whom you provide coverage under one or more plans;
- Participate in one or both flexible reimbursement accounts for the upcoming year.

If you do not re-enroll by the enrollment deadline, your current benefits will continue for the new plan year, except for your flexible reimbursement account contributions. You must re-enroll in flexible reimbursement accounts each year in order to continue participation.

Once you finalize your benefit choices, they must remain in effect for the entire plan year, January 1, through December 31, 2014, unless you have a “qualified life event” (see page 4 for more information).



## Qualifying Life Events & Changes

Once you enroll, your coverage must remain in effect for the full plan year, January 1 through December 31. If you have a “qualifying life event” during the year, however, you may be eligible to adjust your coverage to reflect the life event change. According to IRS guidelines, qualifying life events include:

- Marriage, legal separation or divorce
- Birth or adoption of a child
- Change in eligibility of a child (i.e. turns age 26)
- Death of a dependent family member
- Change in your, your spouse’s or domestic partner’s employment status that affects benefits eligibility
- Your spouse or domestic partner reaches age 65 and is covered by Medicare
- HIPAA special enrollment rights
- Loss of eligibility under the Children’s Health Insurance Program (CHIP) or Medicaid

If you have a qualifying life event and wish to change your benefits, you must notify Human Resources within 31 days of the life event, or your coverage will remain unchanged for the remainder of the plan year.

### Enrollment Solutions: Take Inventory & Steam Ahead

- **Spot check the present.** Evaluate how well your current benefits are meeting your needs.
- **Plan for the future.** Do you have enough life and disability insurance? Thinking about retirement?
- **Consider your needs and budget.** Review your plan options and costs.
- **Shop for value.** Don’t overlook the pre-tax savings opportunities offered by the flexible reimbursement accounts and 401(k) Plan. Keep in mind that you must re-enroll in flexible reimbursement accounts each year to continue participation.
- **Enroll.** Be sure to complete your enrollment before the deadline.





## Medical Solutions

WAXIE partners with you for your health and well-being by offering the Aetna HealthFund Health Reimbursement Account (HRA) along with a variety of wellness programs. The HRA puts you in charge of your health care decisions. At the same time, it allows WAXIE to fund a portion of your medical coverage and offer valuable preventive care programs aimed at keeping you well.

### Aetna HealthFund HRA Highlights

- Each year, employees enrolled in the plan receive a contribution from WAXIE. This contribution is used to fund your HRA. For 2014, the contribution is \$750 for employees with individual coverage; or \$1,500 for employees with dependent coverage.
- The HRA works like a PPO plan. You can use any doctor, in-or out-of-network, without a referral. Your costs will be less if you use providers in Aetna's network.
- In-network preventive care is covered at 100%.
- Plan benefits include prescription drugs for a copayment (not subject to medical deductible) and **generic contraceptive coverage paid at 100%**.
- After you spend your HRA funds on first-dollar expenses, the remainder of the annual deductible applies and must be met before the plan begins paying benefits.
- The in-network deductible is \$1,500 for employees with individual coverage; \$3,000 for employees with dependent coverage.
- An out-of-pocket limit serves as a safety net to limit the amount you have to spend out-of-pocket in a plan year.
- At the end of the plan year, any unused HRA funds will be rolled over for you to use in the next plan year, up to a maximum of \$3,000 for Employee Only coverage and \$6,000 for Employee + Dependents coverage. (Note: Roll-over maximum applies beginning in 2014.)
- You can track your fund balance at any time by logging on to Aetna's secure member website or by calling Member Services at the toll-free number listed on your ID card.

## How the HRA Works

There are four key parts to your HRA plan – the fund, the deductible, the PPO health plan, and the out-of-pocket limit. Keep in mind, that from day one, your preventive care (such as routine physicals and immunizations) is covered at 100% in-network, so you will not have to use your HRA for these services. Likewise, your prescription benefits are available for a copay so your plan deductible and HRA do not apply. Here’s a look at how the HRA works:

### 1. The Fund

At the beginning of each plan year, WAXIE funds a Health Reimbursement Account (HRA) for you that automatically provides first-dollar coverage for eligible medical expenses. Your HRA also helps you meet your annual deductible.

HRA Funded by WAXIE	
Employee Only	\$750
Employee + Dependents	\$1,500

Whatever you don’t use in a given plan year can be rolled over to the next plan year and added to WAXIE’s contribution for that year, up to a maximum of \$3,000 for Employee Only coverage and \$6,000 for Employee + Dependents coverage.

### 2. Annual Deductible

The annual deductible is the amount you must satisfy each year before the plan begins paying its share of eligible expenses.

Annual Deductible		
	In-Network	Out-of-Network
Employee Only	\$1,500	\$3,000
Employee + Dependents	\$3,000	\$6,000

Before the plan begins paying benefits, you are responsible for paying the difference between your HRA contribution from WAXIE and your annual deductible. This means that if you have individual coverage and no roll-over funds, you must pay \$750 for in-network (or \$2,250 for out-of-network) out-of-pocket expenses before plan benefits begin. If you have dependent coverage with no roll-over funds, you must pay \$1,500 for in-network (or \$4,500 for out-of-network) out-of-pocket expenses before plan benefits begin.

**Note:** in-network preventive care and prescription drug coverage are not subject to the annual deductible.

### 3. Aetna PPO Coverage

Once you meet your deductible, Aetna PPO coverage takes effect. You and the plan share the cost of eligible expenses according to the percentages shown here:

Aetna PPO Coverage		
	In-Network	Out-of-Network
You pay	20%	40%
Aetna pays	80%	60%

### 4. Out-Of-Pocket Maximum

You are protected by a limit on how much you pay in a plan year. If your out-of-pocket medical expenses (including the annual deductible and your share of covered charges after the deductible) reach this limit, then the plan will cover your remaining eligible expenses at 100 percent for the rest of the plan year.

Annual Out-of-Pocket Maximum		
	In-Network	Out-of-Network
Employee Only	\$3,000	\$6,000
Employee + Dependents	\$6,000	\$12,000



## How the Aetna HealthFund HRA Pays In-Network Benefits

When you see an in-network Aetna doctor, you do not have to pay anything at the time of the office visit. Your doctor will send your claim directly to Aetna. Aetna processes the claim and sends you an Explanation of Benefits (EOB) that tells you:

- If the services you received are covered under the plan; and
- If so, what portion of the covered services are paid by the plan and what portion are paid by you; and
- If you have met/not met your deductible and whether there is a balance due.

If there are funds available in your HRA, your doctor is paid directly from your HRA. You and your doctor will receive EOBs explaining that payment has been made from your HRA. Your EOB will also tell you how much money is left in your HRA.

If there are no funds available in your HRA, or if the expense is not eligible for payment from your HRA, you will receive an EOB advising you what portion Aetna has paid. Your doctor will send a bill with the amount you should pay.

## How the Aetna HealthFund HRA Pays Out-of-Network Benefits

If you use an out-of-network doctor, you may have to file your own claim forms and you will be responsible for the difference between the amount paid by Aetna and the amount charged by your doctor. Medical claim forms are available on the Aetna website.

Keep in mind, your out-of-pocket costs with out-of-network providers will likely be higher than with an Aetna in-network provider. Services from an out-of-network provider are subject to a higher deductible and fee schedule limitations. Out-of-network providers will be paid based on Aetna's Recognized Charge, which is the charge Aetna determines to be the usual charge level for the geographic area where the covered service is furnished. You may be balance billed for the difference between the out-of-network provider's usual fee and the amount allowed by the plan, in addition to any coinsurance due under the plan provisions.

### Other Things to Know about the HRA

- If you enroll in the Aetna HealthFund HRA and also have a health care reimbursement account (HCRA), any eligible medical claims submitted to Aetna that are reimbursable by the HRA cannot also be submitted through the HCRA. If you wish to use funds in your HCRA, make sure that any claims are submitted directly to WageWorks, our flexible reimbursement accounts administrator, and not to Aetna.
- The HRA can only be used to reimburse eligible medical expenses. It cannot be used to reimburse the cost of prescription drugs, dental or vision care. For these types of non-eligible expenses, you can use your health care reimbursement account.

## Aetna HealthFund HRA Medical Plan At-a-Glance

For complete plan details, including limitations and exclusions, please refer to your summary plan description.

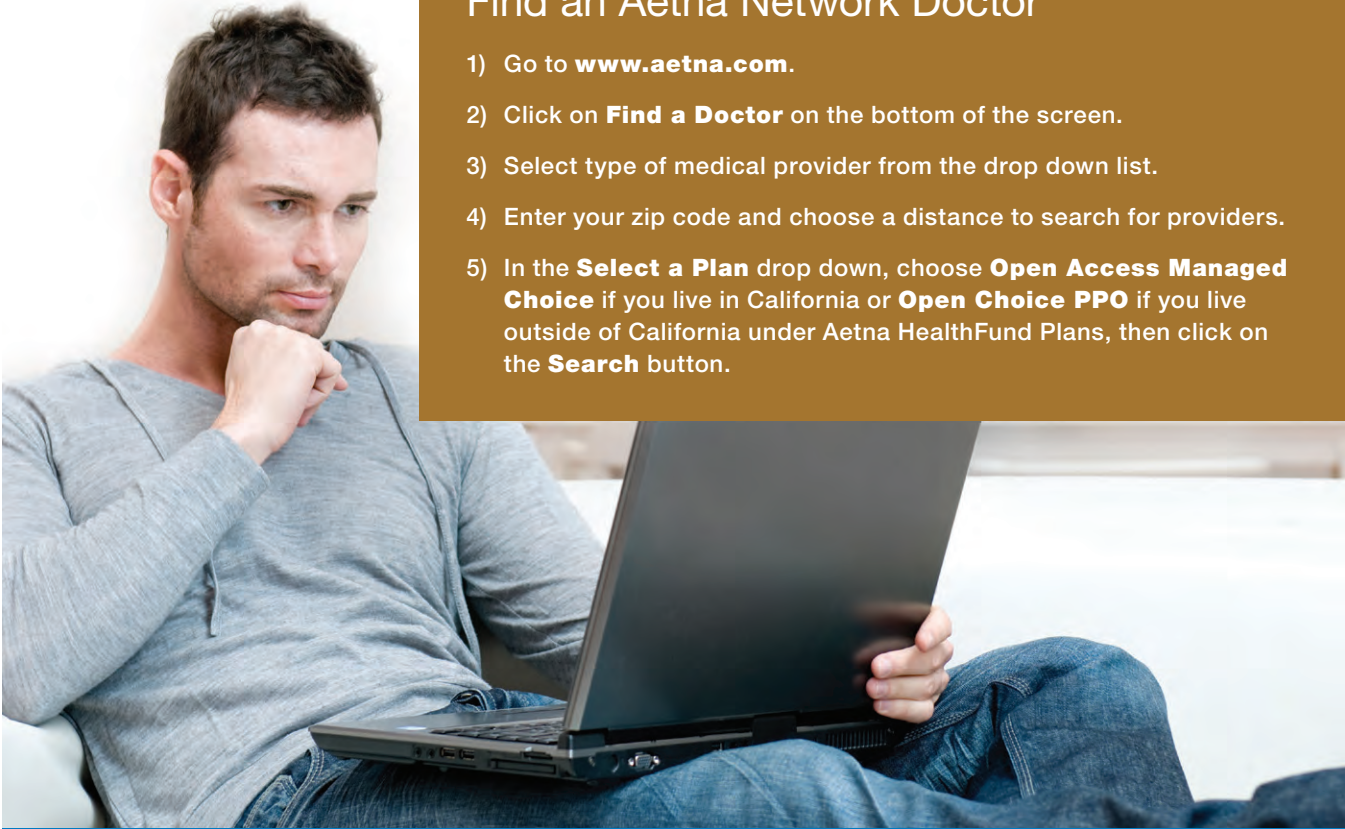
	In-Network	Out-of-Network
<b>WAXIE Contribution to HRA</b>	Employee: \$750, Employee + dependents: \$1,500	
<b>Annual Deductible</b>		
• Employee	\$1,500	\$3,000
• Employee + Dependents	\$3,000	\$6,000
<b>Annual Out-of-Pocket Limit</b>		
• Employee	\$3,000	\$6,000
• Employee + Dependents	\$6,000	\$12,000
<b>Lifetime Plan Maximum</b>	Unlimited	Unlimited
<b>Physician</b>		
• Primary Care Physician/Specialist	80% <sup>1</sup>	60% <sup>1</sup>
<b>Preventive Care</b>		
• Well Child Care & Immunizations	100%	60% <sup>1</sup>
• Well Woman Exam	100%	60% <sup>1</sup>
• Mammograms	100%	60% <sup>1</sup>
• Adult Periodic Exams with Preventive Tests	100%	60% <sup>1</sup>
<b>Hospital Services</b>		
• Inpatient Services	80% <sup>1</sup>	60% <sup>1</sup>
• Outpatient Surgical Services	80% <sup>1</sup>	60% <sup>1</sup>
• Emergency Room/Urgent Care	80% <sup>1</sup>	60% <sup>1</sup>
<b>Other Services</b>		
• Physical, Speech & Occupational Therapy	80% <sup>1</sup> (up to 60 visits per year, combined limit for in-network and out-of-network)	60% <sup>1</sup> (up to 60 visits per year, combined limit for in-network and out-of-network)
• Chiropractic Services	80% <sup>1</sup> (up to 20 visits per year, combined limit for in-network and out-of-network)	60% <sup>1</sup> (up to 20 visits per year, combined limit for in-network and out-of-network)
• Diagnostic X-ray & Lab Tests	80% <sup>1</sup>	60% <sup>1</sup>
• Durable Medical Equipment	80% <sup>1</sup>	60% <sup>1</sup>
<b>Mental Health</b>		
• Inpatient/Outpatient	80% <sup>1</sup>	60% <sup>1</sup>
<b>Alcohol/Substance Abuse</b>		
• Inpatient/Outpatient	80% <sup>1</sup>	60% <sup>1</sup>

<sup>1</sup> After deductible.

## Prescription Drug Benefits

When you enroll in the Aetna HRA, you automatically receive coverage for in-network prescription drugs without needing to meet the annual deductible. Copayments are based on the type of prescription (generic, brand or non-formulary) and point of sale (retail or mail order). If you take maintenance medications, you can save money by using Aetna's mail order service. With mail order prescriptions, you pay two times the retail copayment for three times the supply.

Prescription Drug Benefits		
	In-Network	Out-of-Network
<b>Retail (30 days)</b>		40% of cost after:
• Generic	\$10 copay	\$10 copay
• Brand	\$30 copay	\$30 copay
• Non-Formulary	\$50 copay	\$50 copay
<b>Mail Order (90 days)</b>		
• Generic	\$20 copay	Not covered
• Brand	\$60 copay	Not covered
• Non-Formulary	\$100 copay	Not covered



## Find an Aetna Network Doctor

- 1) Go to **www.aetna.com**.
- 2) Click on **Find a Doctor** on the bottom of the screen.
- 3) Select type of medical provider from the drop down list.
- 4) Enter your zip code and choose a distance to search for providers.
- 5) In the **Select a Plan** drop down, choose **Open Access Managed Choice** if you live in California or **Open Choice PPO** if you live outside of California under Aetna HealthFund Plans, then click on the **Search** button.

## Other Tools & Resources Available Through Aetna Navigator

Once you are enrolled as an Aetna member, Aetna Navigator is your online resource for personalized benefits, health information and a variety of wellness tools. Here's a look at just a few of the many other programs and tools available:

- **Aetna Health Connections Disease Management Program** to help manage diseases and chronic conditions.
- **24/7 Informed Health Line** for round-the-clock health advice from a registered nurse.
- **Beginning Right Maternity Program** to help improve pregnancy outcomes.
- **Reawakening Center**, which offers resources for people at risk for depression.
- **Healthwise Knowledgebase** to help you learn more about diseases, medical conditions, medications, treatment options, support groups and much more.

Here's how to log in to Aetna Navigator:

- Go to **www.aetna.com**.
- Click on "LOG IN to **Aetna Navigator**".
- Select "Register Now" and click on the selection that is right for you.
- Enter your First Name, Last Name, Date of Birth, Zip Code and Member ID number, which is listed on the back of your Aetna ID Card.
- Provide your preferred e-mail address.
- Create a User Name and Password.
- After reviewing and agreeing to Aetna's Terms & Conditions, you will arrive at your Aetna Navigator home page.

## Aetna HealthFund HRA Frequently Asked Questions (FAQs)

### 1) How is the Aetna HealthFund HRA different from a PPO plan?

The Aetna HealthFund HRA combines a WAXIE-funded Health Reimbursement Account (HRA) with a Preferred Provider Organization (PPO) plan. The HRA pays first-dollar coverage for eligible medical expenses such as in-network preventive care and helps to satisfy your annual deductible.

### 2) WAXIE's contribution for the HRA is less than the annual deductible. What happens after my HRA money is used up?

After your HRA balance is exhausted, you are responsible for the balance of the deductible. Once the deductible is met, Aetna PPO coverage takes effect. Note that prescription drug expenses are not subject to the annual deductible.

### 3) What happens to the deductible and the fund on December 31?

Since WAXIE's plan is based on a calendar year, the deductible and maximum liability will re-set on January 1st, 2014.

Members who met the deductible during the 2013 plan year will begin contributing towards the deductible again in 2014.

### 4) If I have HRA roll-over money from a prior year, when will this be applied to my account?

HRA roll-over funds will become available on January 1st.

If you don't use all of the funds in your HRA one year, the unused amount will roll-over to the next year, and may cover more or all of that next year's deductible, up to a maximum of \$3,000 for Employee Only coverage and \$6,000 for Employee + Dependents coverage.

### 5) How can I keep track of my HRA balance?

After you have enrolled in the Aetna HealthFund HRA, you can see your HRA balance at any time by visiting Aetna's secure member website or calling Member Services at the toll-free number on your ID card.

Also, any time a claim is submitted you will receive an Explanation of Benefits (EOB) form which will tell you how much is left in your HRA.



## 6) Can I see any health care provider I choose?

You are free to see any health care provider you choose; however, the cost is less for services obtained from a provider in the Aetna network and you can be automatically reimbursed from your HRA when you use a network provider. You can search for an Aetna PPO provider by location, by name or by specialty at [www.aetna.com](http://www.aetna.com).

If you decide to see an out-of-network provider, your share of expenses will be higher, because the deductible, coinsurance and out-of-pocket maximums are all higher for “out-of-network” care. In addition, any amount that the provider charges above Aetna’s fee schedule will not be covered. You will also need to submit a claim for reimbursement from your HRA when you use an out-of-network provider.

## 7) How are claims paid?

**When you see an in-network Aetna doctor,** your doctor will send your claim directly to Aetna. If there are funds available in your HRA, your doctor is paid directly from your HRA.

If there are no funds available in your HRA, or if the expense is not eligible for payment from your HRA, you will receive an Explanation of Benefits (EOB) form advising you that payment cannot be made from your HRA and that you are responsible for paying your portion of the bill.

**If you use an out-of-network doctor,** you may be asked to pay any costs up front. You can then submit a medical claim form to Aetna for reimbursement from your HRA.

## 8) What if I haven’t received an EOB?

If you registered on Aetna Navigator (see page 9) your EOB’s can be accessed online by selecting the “View Explanation of Benefits” link from the left hand side of your home page. You can change this preference and receive paper EOB’s in the mail by clicking on the “Your Profile” link at the top of your home page and updating the “Paper Saving Preferences” at the bottom of the page. If you have not received an EOB and are not registered on Aetna Navigator, please call Aetna’s Member Services at (877) 204-9186 to ensure that your correct mailing address is on file.

If your doctor is in the Aetna network, it is important to receive your EOB before paying the claim, since discounts and any HRA fund payments need to be processed.

## 9) Can I use my HRA funds for charges from an out-of-network provider that exceed Aetna’s fee schedule?

No. Amounts charged by out-of-network providers above Aetna’s fee schedule are your responsibility and cannot be paid using HRA funds. In addition, these charges do not apply toward your deductible or annual out-of-pocket maximum.



## Aetna HealthFund HRA Frequently Asked Questions (FAQs) (continued)

### 10) What about prescription drugs?

The deductible does not apply to prescription drugs. If you go to an in-network retail pharmacy or use Aetna's mail order service for maintenance prescriptions, you just pay the applicable copay. HRA funds are not available for your share of prescription drug costs. Contact Aetna's member services or visit [www.aetna.com](http://www.aetna.com) for a list of network pharmacies and to find out more about the mail service.

### 11) How is preventive care covered under the plan?

When members use in-network providers, preventive care is covered at 100%. Members are not required to meet their deductible first. The cost of preventive care is not applied to the deductible and is not deducted from the HRA fund. It is important to verify with your doctor that the service you are receiving is preventive in nature, as the coding your doctor uses will determine whether or not Aetna applies the 100% benefit.

### 12) How does the out-of-pocket maximum work?

If your share of the medical expenses (including the deductible and the coinsurance you pay) reach the annual out-of-pocket maximum, your eligible expenses are covered at 100% for the remainder of the plan year. This reduces the actual maximum liability to \$2,250 for single coverage or \$4,500 for family coverage, less any roll-over funds when in-network providers are used. Prescription copayments do not apply toward the out-of-pocket maximum.

### 13) My spouse needs to have major surgery. What is our maximum liability?

The maximum liability (the out-of-pocket maximum) is \$3,000 for single coverage or \$6,000 for family coverage if in-network providers are used. The maximum liability is doubled if out-of-network providers are used. The HRA fund (\$750 for single coverage or \$1,500 for family coverage) is applied towards this amount, therefore reducing the actual maximum liability to \$2,250 for single coverage or \$4,500 for family coverage (less any roll-over funds) when in-network providers are used.

### 14) If I enroll in the Aetna HealthFund HRA can I also enroll in a flexible health care reimbursement account?

Yes, but the same expenses can only be submitted to the health care reimbursement account (HCRA) or the HRA, not both. Note that the same types of expenses are not always reimbursable by both accounts; for example, you can submit charges above Aetna's fee schedule to your health care reimbursement account (HCRA), provided they are allowable medical expenses, but they cannot be paid from your HRA. Contact takecare® by WageWorks regarding HCRA eligible expenses and Aetna regarding HRA eligible expenses.

Remember that unused funds in your HCRA at the end of the grace period are forfeited, but unused funds in your HRA are available the next year.



# Dental Solutions

There's no better way to polish and protect your smile than with regular dental checkups. **WAXIE Benefit Solutions** includes a dental plan through Aetna that covers routine check-ups and many other types of dental services. You have the option to choose the DMO plan (where available) or the PPO plan. You and all of your enrolled family members must be covered by the same plan.

## Aetna DMO Dental Plan

The Aetna DMO is a managed dental care plan designed to offer comprehensive coverage from participating providers while helping you control the cost of your care. The DMO is available in most areas and all services must be performed by an Aetna DMO provider in order to be covered. There are no deductibles and many services are covered at 100%. Some services require a copay. Each family member may choose a different dentist.

## Aetna PPO Dental Plan

With the Aetna PPO Dental plan you have the flexibility to go to any licensed dentist for covered services. However, you will get the best value for your dollar if you choose a participating dental provider from Aetna's extensive PPO network. PPO network dentists have contracted with the plan to provide services at reduced rates, so using these dentists will save you money. Plus, with in-network dentists, Diagnostic and Preventive services are covered at 100%.

### Find an Aetna Network Dentist

- 1) Go to **www.aetna.com**.
- 2) Click on **Find a Doctor** on the left side of the screen.
- 3) On the DocFind page in the "**Search for**" drop down, choose **Dentists** (Primary Care) or **Dentists** (Specialist).
- 4) Select type of dentist from the drop down list.
- 5) Enter your zip code and choose a distance to search for providers.
- 6) a. If you are in the **Aetna DMO Dental Plan**, in the **Select a Plan** drop down, choose **Dental Maintenance Organization (DMO)** then click on the Search button.  
b. If you are in the **Aetna PPO Dental Plan**, in the **Select a Plan** drop down, choose **Dental PPO/PDN** then click on the **Search** button.



### If You Use an Out-of-Network Dental Provider

If you use an out-of-network dental provider under the Aetna PPO Dental Plan, the maximum allowable charge is based on the customary and reasonable charge for professional services as determined by Aetna. You are responsible for any difference between the out-of-network provider's actual charge and the maximum allowable charge, as well as any deductible and/or coinsurance percentage.

## Dental Options At-a-Glance

The table below provides an overview of your Aetna dental options. Refer to the Aetna PPO Dental Plan or DMO Dental Plan materials for a complete description of the benefits including terms of coverage, exclusions and limitations.

Benefit Feature	Aetna DMO In-Network Only	Aetna PPO	
		In-Network	Out-of-Network
<b>Annual Deductible</b>	\$0 \$0	\$100/Individual \$300/Family	\$100/Individual \$300/Family
<b>Annual Maximum Benefit</b>	None	\$1,000 (combined with out-of-network)	\$1,000 (combined with in-network)
<b>Diagnostic &amp; Preventive</b> (Deductible Waived) • Exams • X-Rays • Cleanings • Fluoride Treatments • Sealants	No Charge No Charge \$12 copay; \$10 children 100% \$10 per tooth	100% 100% 100% 100% 100%	80%* 80%* 80%* 80%* 80%*
<b>Basic</b> • Extractions • Fillings • Root Canals • Oral Surgery	Copay varies Copay varies Copay varies Copay varies	80% after deductible 80% after deductible 80% after deductible 80% after deductible	80%* after deductible 80%* after deductible 80%* after deductible 80%* after deductible
<b>Major</b> • Crowns & Bridges • Dentures	Copay varies Copay varies	50% after deductible 50% after deductible	50%* after deductible 50%* after deductible
<b>Orthodontia</b>	\$2,400 Copay (Adults & Children Covered)	50% (Children Only)	50%* (Children Only)
<b>Lifetime Orthodontia Benefit</b>	N/A	\$1,000 (combined with out-of-network)	\$1,000 (combined with in-network)

\* If your dentist charges more than the plan's "reasonable and customary" charge, you may be required to pay the extra amount.





## Vision Solutions

Your eyes are your windows to the world. Keep them healthy and protected with WAXIE's voluntary vision care plan through EyeMed Vision Care.

With EyeMed Vision Care, you have the freedom to choose from an extensive network of private practice optometrists, ophthalmologists, opticians or from leading optical retailers including LensCrafters, Sears, Target Optical, Pearle Vision, JC Penney Optical, and more. You will save money by using in-network providers. If you use an out-of-network provider, you will be reimbursed by EyeMed up to the allowance shown in the table. You will be responsible for any charges that exceed the amounts shown.



Benefit	EyeMed Network Provider*	Out-of-Network Provider**
<b>Eye Exams</b> (Once every 12 months)	\$10 copay	\$35 allowance
<b>Lenses</b> (Once every 12 months)		
• Single Vision	\$25 Copay	\$35 allowance
• Bifocal	\$25 Copay	\$49 allowance
• Trifocal	\$25 Copay	\$74 allowance
• Standard Progressive	\$25, 80% of charge less \$55 allowance	\$49 allowance
• Premium Progressive	\$25, 80% of charge less \$55 allowance	\$49 allowance
<b>Frames</b> (Once Every 24 Months)	\$120 retail allowance; 20% off balance	\$60 allowance
<b>Lens Options</b> (UV Coating, Tint, Scratch Resistance, Standard Polycarbonate, Standard Anti-Reflective)	20% off retail	N/A
<b>Contact Lenses</b> (Once Every 12 Months)		
• Elective (in lieu of lenses)	\$135 allowance; 15% off balance over \$135	\$108 allowance

\* Charges above allowable fees, or for optional services (such as tints, coatings, etc.), or for services not covered by the plan (such as LASIK) may be discounted by EyeMed in-network providers. Please ask your provider or EyeMed about available discounts.

\*\* If using an out-of-network vision provider, member will be reimbursed by EyeMed up to the allotment listed in this table. Amounts above this are the member's responsibility.

## Find an EyeMed Network Provider

- 1) Go to [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).
- 2) Click on the drop down list under **Locate a Provider** on the left side of the screen and choose **"Select"** as your network
- 3) Enter your zip code and click the **Submit** button.

## Employee Assistance Program (EAP) – Stress Solutions

Life has its rough spots and personal challenges. When things go wrong, sometimes it takes the help of a professional to figure out the best solution to make things right.

WAXIE offers an Employee Assistance Plan (EAP) through the Cigna Life Assistance Program. This confidential service offers you and your family members timely, accessible support to get you through difficult times. The EAP can help you manage work/life challenges such as stress, substance abuse, family relations, marital conflicts, elder care concerns, financial issues, and a wide range of other personal matters. Services include:

- 24-hour crisis intervention
- 24-hour telephonic consultations with licensed behavioral-health clinicians
- Referrals for up to three face-to-face counseling visits per incident for behavioral-health issues
- Referrals to community resources
- Large online resource library
- Discounts on care services

Cigna even offers a website with tools to help you balance your work and personal life, and resources for your emotional well-being. Visit [www.cignabehavioral.com/cgi](http://www.cignabehavioral.com/cgi) to learn more.

### Feeling All Washed Up?

Don't let personal problems leave you wrinkled. Cigna's Life Assistance Program can connect you with the help you need when you need it.

Call (800) 538-3543 24 hours a day,  
7 days a week or visit  
[www.cignabehavioral.com/cgi](http://www.cignabehavioral.com/cgi).

## Look Great and Save Big — Gym Membership Discounts

Our GlobalFit benefit helps make it easy and affordable to look and feel your best.

### Benefits include:

- Lowest price guarantee on 10,000 gym memberships, including big chains and local favorites.
- Member discounts through the GlobalFit Store, including nutrition programs, home equipment, Nutrisystem®, Total Gym® and Zumba® DVDs.

For more information go to [www.globalfit.com/gymnetwork](http://www.globalfit.com/gymnetwork) or call (800) 294-1500.



## Life Insurance Solutions

WAXIE Sanitary Supply pays the entire cost to provide you with basic life and accidental death and dismemberment (AD&D) insurance to protect family members and loved ones who count on you for support. You are automatically enrolled upon meeting eligibility requirements.

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

Your coverage amount equals one and one-half times your annual salary for basic life, and an additional one and one-half times your annual salary for AD&D insurance. The maximum coverage under each plan is \$200,000. AD&D benefits are paid if your death is accidental, or if you are severely injured as the result of an accident.

### Voluntary Life and AD&D

If you need additional protection, you may purchase voluntary life and AD&D insurance for yourself and for your eligible dependents. You pay the full cost through payroll deduction for any voluntary life coverage you elect.

#### For You

You may purchase coverage up to seven times your annual earnings (in increments of \$10,000) up to a maximum of \$500,000. If you enroll when you are first eligible, coverage up to \$150,000 does not require evidence of insurability.

#### For Your Dependents

You may purchase coverage for your spouse up to 50% of your elected amount to a maximum of \$250,000 in increments of \$10,000. If you enroll your spouse when first eligible, coverage up to \$30,000 does not require evidence of insurability. You may purchase \$10,000 of coverage for your children over six months of age. One rate covers all dependent children.

## Disability Insurance Solutions

Serious illnesses and injuries do happen, sometimes when we least expect them. The short-term disability (STD) and long-term disability (LTD) plans are designed to continue a portion of your salary if you become disabled or injured and are unable to work for an extended time.

### Voluntary Short-Term Disability (STD)

The voluntary short-term disability plan is available in all locations outside California. If you enroll, benefits begin after a 14 day elimination period. The plan pays up to 60% of your pre-disability weekly earnings up to a \$1,500 maximum. Benefits are tax-free and payable for up to 24 weeks.

### Long-Term Disability (LTD)

WAXIE pays the full cost of the core LTD plan, and also allows you to purchase additional LTD benefits on a voluntary basis. Core LTD provides a taxable benefit of 50% of salary, up to maximum of \$1,000 per month. Benefits begin after six months of disability.

If you enroll in buy-up LTD, you will receive 60% of your salary, up to a maximum of \$9,000 per month. Benefits are tax-free and begin after six months of disability.

Disability benefits are coordinated with any other disability benefits you are eligible to receive, such as Social Security, State Disability or Workers' Compensation.

## Safety Benefit

If your death is caused by an automobile accident and you were using a seat belt or were in an automobile equipped with an air bag at the time of your death, the plan will pay your beneficiary an additional benefit. The maximum benefit for use of a seat belt is 10% of the AD&D principal sum, up to \$25,000. The maximum benefit for use of an air bag is also 10% of the AD&D principal sum, up to \$10,000.

# Flexible Reimbursement Accounts – Tax Savings Solutions

WAXIE's flexible reimbursement accounts give you the opportunity to save on taxes. If you are not already participating in these money-saving accounts for medical and/or dependent care expenses, now is the time to sign up. If you are already enrolled, you must re-enroll for the new plan year to continue participation. Plan contributions do not automatically carry forward from one plan year to the next.

## How the Flexible Reimbursement Accounts Work

There are two types of flexible reimbursement accounts – a health care reimbursement account (HCRA) and a dependent care reimbursement account (DCRA).

You can use the HCRA to pay for items such as medical, dental and vision deductibles, copayments and coinsurance, eyeglasses, contact lenses, prescription drugs, and other health expenses not covered by your insurance plans. **Please note: Expenses for over-the-counter medications are not eligible for reimbursement through the HCRA without a doctor's prescription.**

The DCRA can be used for dependent care and elder care expenses that enable you (or you and your spouse, if you are married) to work or attend school full-time. Eligible expenses include daycare,

preschool programs and after-school care for qualifying children under age 13. They also include elder care or care for qualifying dependents and qualifying relatives of any age who are living with you and who are not capable of self-care.

During open enrollment, you decide how much to contribute to either or both accounts. You may contribute:

- up to \$2,500 per plan year to the HCRA
- up to \$5,000 per plan year to the DCRA (or up to \$2,500 if you are married and file separate tax returns).

Each pay period a pre-tax payroll deduction is deposited to your HCRA and/or DCRA. After an expense has been incurred, complete a claim form and mail, fax, or e-mail it to WageWorks along with your receipts. Your reimbursement comes from the pre-tax dollars you previously deposited into your HCRA or DCRA. Keep in mind that the HCRA and DCRA are completely separate from each other. You cannot use funds from one to pay expenses in the other. In addition, you cannot change your contribution amounts during the plan year unless you have a qualifying life event as described on page 4.



## Flex Debit Card for Easy Reimbursements

Reimbursement for eligible health care expenses is fast, convenient and easy with your flex debit card. The card, **offered at no charge to you**, may only be used at eligible merchant locations such as health care providers and pharmacies and general merchandise stores that have an IRS-approved system that can identify health care reimbursement account eligible items at the register. In most instances, your card transaction will be automatically verified at checkout, which means you will not have to submit a receipt to WageWorks after the transaction. You are required to keep each receipt for tax purposes, and in the event it is needed for verification by WageWorks. Receipts are also required for non-copayment amounts paid at medical facilities.

If you are already participating in the HCRA and have a debit card, your 2014 election will be loaded onto your existing card. Please note that you will be unable to use your debit card to access leftover funds from the 2013 plan year. Qualified expenses incurred during the 2013 plan year grace period (January 1 through March 15, 2014) can be submitted for reimbursement by submitting the claim online or via fax, e-mail or mail.

If you are a new health care reimbursement account participant, be sure to sign the back of your debit card and read the user agreement carefully.

## Important:

The IRS has a “use it or lose it” rule that applies to the flexible reimbursement accounts. Any funds set aside for eligible expenses that were incurred during the plan year and through the following March 15 must be submitted by March 31 or they will be forfeited. For example, expenses incurred from January 1, 2014 through March 15, 2015 must be submitted by March 30, 2015. Be conservative when estimating your annual contributions.

## Flexible Reimbursement Account Frequently Asked Questions (FAQs)

### 1) How can I check the status of my claim or balance on my account?

You may contact WageWorks by phone: (800) 950-0105 and online: [www.MyFlexOnline.com](http://www.MyFlexOnline.com), or [www.MyFlexMobile.com](http://www.MyFlexMobile.com) for smartphone users. The “My Flex Mobile” app enables you to take pictures of receipts and submit claims remotely.

### 2) Where can I find a list of eligible expenses for reimbursement?

Visit [www.takecarewageworks.com](http://www.takecarewageworks.com) for a complete list.

### 3) Can expenses reimbursed through a reimbursement account be deducted on my federal tax return?

No, because the amount you contributed to the account was not taxed.

### 4) I just joined the plan in March; can expenses from February be reimbursed since it's the same calendar year?

No, only expenses incurred while you are contributing to your flexible reimbursement account are eligible for reimbursement.

### 5) Are there any restrictions if my spouse also contributes through his/her employer's plan?

You may each contribute an amount up to your respective employer's plan limit. However, you may only claim reimbursement of each expense from one plan (not the same expense under both plans).

### 6) Can expenses reimbursed through the Dependent Care reimbursement account be used toward the child care credit?

No. Check with your tax advisor, but as a rule of thumb, a family with an income below \$40,000 may benefit more from the child care credit.

# 401(k) Plan – Solutions for Retirement Savings

Participation in WAXIE'S 401(k) plan gives you the pre-tax edge when it comes to saving for retirement. Simply complete an enrollment form and start saving pre-tax dollars that will compound and grow to make your future more financially secure.

## 401(k) Advantages

**Save more and pay less in taxes:** When you save with pre-tax dollars, the money is deducted from your paycheck before income taxes are taken out – your taxable income is reduced, so you can save more. The plan lets you save from 1% to 100% of your salary, up to \$17,500\* in 2014. Employees age 50 and older can make an additional “catch-up” contribution of up to \$5,500\* in 2014. You are eligible to begin making deferrals to the plan on January 1, April 1, July 1, or October 1 on or after your hire date. You can cancel your deferral at anytime and can change your deferral during quarterly enrollment periods.

**Matching contributions:** After one year of service, at the next quarterly enrollment period, WAXIE will match a portion of your contribution. It's like getting “free” money! You earn ownership to matching contributions based on a five-year vesting schedule.

**Convenience:** Your contributions are automatically deducted from your paycheck, which reduces the temptation to spend the money elsewhere.

**Investment Choices:** The plan's investment funds are professionally managed by Principal Financial Group. Invest your savings any way you wish; Principal offers tools and resources to guide you and help you achieve your savings goals.

**Flexibility:** You're never locked in. Each quarter, you can increase, decrease or stop your contributions, or change your investment funds.

**Track Your Progress.** You will receive quarterly statements summarizing your account activity. You can also check your account balance at any time by visiting Principal's website.

\* Expected 2014 IRS maximum

## Important IRS Rules

Because the 401(k) plan is designed for long-term savings, there are rules that specify when you can withdraw funds from the plan. Before age 59½, you may withdraw funds only if you:

- Leave the company;
- Become disabled;
- Experience a financial hardship; or
- Request a loan (which must be paid back).

Any funds you receive before age 59½ may be subject to current taxes and possibly a financial penalty. If you leave WAXIE, you may avoid the financial penalty and postpone paying taxes on your distribution by rolling it over into another qualified plan, such as an Individual Retirement Account (IRA).



For more information

About the 401(k) Plan, contact Principal Financial Group at (800) 547-7754 or visit their website at [www.principal.com](http://www.principal.com)

About individual investment advice, contact Preston Barnes at (949) 460-9898 x256 or [PrestonB@401kadvisors.com](mailto:PrestonB@401kadvisors.com)

A large, grey, three-dimensional sign for Waxie Sanitary Supply. The sign is mounted on a base of stacked, reddish-brown stone blocks. The word "WAXIE" is rendered in large, black, block letters with a white outline, set against a grey background. To the right of "WAXIE" is a yellow logo consisting of three curved, overlapping shapes. Below "WAXIE" is the text "SANITARY SUPPLY" in white, sans-serif capital letters. A circular logo with a grid pattern is positioned above the "IE" part of "WAXIE".

**WAXIE**  
SANITARY SUPPLY

# On the Spot Assistance – Important Contact Information

Plan	Telephone	Website
<b>Medical</b> Aetna HealthFund HRA	(877) 204-9186	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Dental</b> Aetna PPO & DMO	(877) 238-6200	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Vision</b> EyeMed	(866) 939-3633	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
<b>Life and AD&amp;D Insurance</b> Cigna	(800) 362-4462	<a href="http://www.cigna.com">www.cigna.com</a>
<b>Short and Long Term Disability Insurance</b> Cigna	(800) 362-4462	<a href="http://www.cigna.com">www.cigna.com</a>
<b>Employee Assistance Plan (EAP)</b> Cigna Life Assistance Program	(800) 538-3543	<a href="http://www.cignabehavioral.com/cgi">www.cignabehavioral.com/cgi</a>
<b>Flexible Spending Accounts (FSAs)</b> WageWorks	(800) 950-0105	<a href="http://www.myflexonline.com">www.myflexonline.com</a>
<b>401(k) Retirement Plan</b> Principal Financial Group	(800) 547-7754	<a href="http://www.principal.com">www.principal.com</a>

