



Benefits Summary

Employee Signature Page (Employer Copy)

- **KBIC** is our Human Resources Insurance Manager (HRIM). They will be administering your benefits education and completing your enrollment.
- **Waiting Period** – Employees expected to work more than 30 hours per week on average are eligible to enroll in the Mainstreet Asset Management Inc. Insurance benefits on the first of the month following one calendar month of continuous employment. Keep in mind that this period could exceed 30 days. **Example: Hired 9-10-2014 = eligible 11-1-2014.**
 - **List the official date of hire (this will determine your eligibility date):** _____
 - **List the date of eligibility for insurance benefits (Your eligibility date):** _____
 - **List the date you must complete the appropriate enrollment materials before:** _____
- **Eligibility** – Please note the following addendum regarding eligibility on the Mainstreet Asset Management Inc. Group Health Plan.
Spousal Eligibility Provision – Mainstreet Asset Management Inc. will continue to offer health insurance to eligible spouses, but our offering now includes a spousal eligibility provision. In summary, any spouse who can gain health insurance coverage through their employer must access coverage through his/her employer (See official eligibility portion on page 6.)
- **Education Dates:** KBIC and Mainstreet Asset Management Inc. will ensure your understanding of our insurance programs using our enrollment system, video technology and telephone meetings (if necessary). Please complete your follow up action items and KBIC will also be contacting you as you progress through this enrollment (or waiver) process.
- **By signing below**, you are confirming Mainstreet Asset Management Inc. has communicated the action items necessary to begin the process of enrollment in our insurance benefits. Those actions include:
 1. Completing your online enrollment account at <https://mainstreet.enrollmentsite.com/>.
 - a. You will receive a personalized set of instructions concerning this system once your hiring is officially reported to KBIC and during your annual enrollment period.
 - b. Reviewing the materials uploaded to this system, completing your enrollment or waiver through the website above and completing the various follow up action items communicated at the end of this packet.
 2. **These items must be completed by employees regardless if they intend to enroll or waive insurance coverage.**
- **It is your responsibility** to have the proper documents completed **3 WEEKS FROM YOUR DATE OF HIRE**. Failure to promptly complete this process will make you ineligible for the benefits offered.
- **In order to comply with the Patient Protection Act and Affordable Care Act (PPACA), your employer has posted the Summary of Benefits and Coverage and the Exchange Notice in your “Documents Library” at <https://mainstreet.enrollmentsite.com/>.** We have titled these documents “**Government Required Summary of Benefits Comparison**” and the “**Government Required Exchange Notice**”. If you require a paper copy, please contact Rob Brogan in your Insurance Department, and one will be provided to you within 7 days of your request.

Employee Name (Print)	Employee Signature	Today's Date	Email	Cell Phone

Company Administration: Once the new hire has signed this form, please remove this page from the Benefit Summary and place in your KBIC file.



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Benefits Summary

Medical (Health and Prescription Drug) Insurance Effective 12-1-13: (Next Anticipated Plan Change 12-1-14):

The company offers a medical insurance plan and will corporately sponsor a majority of your premium. A brief plan description is listed below and the cost to participate is listed on the following page for eligible employees and dependents. To make your election, please complete your profile on our online enrollment system at <https://mainstreet.enrollmentsite.com/>. An enrollment guide will be given to you during your new hire waiting period or at annual enrollment.

Wellness Incentive - Mainstreet knows that investing in our employees' ability to manage their own health risks and costs is smart business. When our employees are well, we are an efficient, productive and profitable company that has the ability to invest in our people and our business. Mainstreet will continue our corporate wellness program in 2014. The cornerstone of our corporate wellness program encourages covered employees and spouses to get their annual preventive physical examination. All employees who participate in this part of our wellness initiative will receive a corporate H.S.A. deposit of \$200 for both employees and spouses who qualify. In order to qualify for this corporate H.S.A. deposit, the employee and/or enrolled spouse must have their preventative physical exam (performed between 1-1-2014 and 12-31-2014) with their primary care physician. Your physician will need to provide proof that the examination was performed and should complete the simple form located on page 10 of this packet. Remember that the cost of this office visit is covered at 100% by our insurance provider if the visit is considered a preventative physical exam. For more information, please view the embedded link titled "Tips to Scheduling your Preventive Exam" found in your documents library at <https://mainstreet.enrollmentsite.com/>. Please note that each member only gets 1 preventative physical examination covered per calendar year.

Health Plan Summary	Federated Plan 9329	
Network	Cigna	
Non Emergency Out of Network Coverage	OON Deductible, 45% Co-Insurance and OON Max Out of Pocket	
Emergency Out of Network	Covered as In-Network	
Annual Deductible (In-Network Shown Below / Out of Network Amounts See Benefits Summary)		
Individual	\$1,250	
Family	\$2,500	
Embedded Deductible	No. This means that a member enrolled with any number of dependents must first meet the family deductible before coinsurance applies	
Coinsurance	Federated pays 80% for major medical (excluding copays for RX listed below) and you pay 20%	
Annual Out of Pocket Max (In-Network Shown Below / Out of Network Amounts See Benefits Summary)		
Individual	\$3,250	
Family	\$6,500	
Cost for Health Care Services		
Preventive Care	No Charge (See Federated Guidelines and Covered Services in the "Tips to Scheduling your Preventive Exam" link in your Documents Library)	
Physician Office Visit	Deductible then Coinsurance	
Specialist Office Visit	Deductible then Coinsurance	
Urgent Care	Deductible then Coinsurance	
Minor Lab Work (Blood, Urine, Etc.)	Deductible then Coinsurance	
Emergency Room Care	Deductible then Coinsurance	
Hospital - Inpatient Stay	Deductible then Coinsurance	
Major Diagnostic Tests (MRI, CAT Scan)	Deductible then Coinsurance	
Other Major Medical Services	See Benefits Summary for Coverage and Limitations	
Prescription Drugs (*Read Below*)		
<i>You pay the full discounted price for Pharmacy benefits and those costs accumulate towards your deductible. Once you meet your deductible, your plan charges a Copay for Pharmacy Benefits and those Copays count toward your maximum out of pocket. Below is a list of Copays you can expect for RX after your deductible has been met depending on the Tier of the medication.</i>		
Tier	30 Day Supply	90 Day Supply
Tier 1	\$10 Copay	\$20 Copay
Tier 2	\$35 Copay	\$70 Copay
Tier 3	\$50 Copay	\$110 Copay
Tier 4	\$100 Copay	Limited to 30 day supply
Employee Deductions (semi-monthly)		
Cost Per Paycheck	See Age/Gender Rated Grid Below	
Mainstreet Wellness Incentive (read above on how to become eligible for the following Corporate H.S.A. Incentive)		
Enrolled Employee	\$	200.00
Enrolled Spouse	\$	200.00
Summary Purposes Only best information at www.federatedinsurance.com / Plan Document at https://mainstreet.enrollmentsite.com		



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To calculate your per pay period cost to enroll yourself and eligible dependents, use the instructions and chart below.

- a. To find the employee premium, move along the row in which your age dictates and go to the appropriate column – “Male Employee” or “Female Employee”.
- b. To find your spouse’s premium, move along the row in which your age dictates (it is not based on your spouse’s age) and go to the appropriate column – “Male Spouse” or “Female Spouse”.
- c. To find rates for your children, move along the row in which your age dictates and go to the appropriate column – “1 Child”, “2 Children” or “3+Children”.
- d. Then Add the premium amounts from (a.)+(b.)+(c.) to calculate your total per pay period deduction.

Mainstreet Asset Management, Inc.							
Premium Rate Sheet for Health Plan Option							
Proposed Effective Date:		12/1/2013					
Insurance Deductions = 2 x Per month (24 per year)							
Medical - Federated	Male	Female	Male	Female	Additional Premium (all ages)		
Employee Age	Employee	Employee	Spouse	Spouse	1 Child	2 Children	3+ Children
UND 25	\$10.84	\$27.59	\$72.26	\$183.92	\$19.88	\$39.76	\$59.63
25-29	\$10.84	\$27.59	\$72.26	\$183.92	\$19.88	\$39.76	\$59.63
30-34	\$13.80	\$27.59	\$91.96	\$183.92	\$19.88	\$39.76	\$59.63
35-39	\$15.77	\$27.59	\$105.10	\$183.92	\$19.88	\$39.76	\$59.63
40-44	\$19.71	\$28.58	\$131.38	\$190.49	\$19.88	\$39.76	\$59.63
45-49	\$25.62	\$32.52	\$170.78	\$216.77	\$19.88	\$39.76	\$59.63
50-54	\$33.51	\$37.45	\$223.34	\$249.61	\$19.88	\$39.76	\$59.63
55-59	\$44.35	\$45.33	\$295.60	\$302.16	\$19.88	\$39.76	\$59.63
60-64	\$59.13	\$51.24	\$394.13	\$341.57	\$19.88	\$39.76	\$59.63
65-69	\$68.98	\$64.05	\$459.81	\$426.97	\$19.88	\$39.76	\$59.63
70-74	\$88.69	\$78.84	\$591.19	\$525.50	\$19.88	\$39.76	\$59.63
75 +	\$115.30	\$94.60	\$768.55	\$630.60	\$19.88	\$39.76	\$59.63

Medicare Eligible (65 & Over)

****If an employee (or a dependent) has reached the attained age of 65yrs or suffer from a qualifying disability, that person is eligible to enroll in Medicare and Medicare Supplement Programs. These programs are separate and independent of the group program illustrated here. These programs are comprehensive (minimum out of pocket expense). Medicare and Medicare Supplement Programs range in cost from \$325-\$400 per month.**

*****The company does not endorse enrollment in either the group program or Medicare, and the premium illustrated above is for educational purposes only.**

******The company will not pay for any portion of your Medicare or Medicare supplement premium if elected.**

Health Savings Account (Next Anticipated Plan Change 12-1-14):

For those employees who choose health coverage on our health plan, you will be able to fund a “Health Savings Account” (H.S.A.) directly from your paycheck on a tax favored basis. How does the funding work?

- a. For Current Employees – You can keep the current account that you have with BMO Harris Bank.
- b. For New Hires - Use the application available for download in the H.S.A. section of your enrollment at <https://mainstreet.enrollmentsite.com/> to open your own personal H.S.A. account (if you have not already done so) with BMO Harris Bank.
- c. Fax this application to (888) 519-3217
- d. You must communicate your per pay period deduction while completing the H.S.A. section of your enrollment on the “E.A.S.E” enrollment system at <https://mainstreet.enrollmentsite.com/>.
- e. We recommend putting an annual budget together for fixed qualified health and welfare expenses to determine an appropriate per pay period deduction.
- f. Remember contributions into your H.S.A. accounts are tax free and are limited to \$3,300 (individual) and \$6,550 (family) for 2014 . Funds roll over from year to year and can be used tax free for qualified health and welfare expenses. Please visit www.hsacenter.com for definitions on what constitutes a qualified health and welfare expense and for up to date information on H.S.A. regulations.



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Dental Insurance (Next Anticipated Plan Change 12-1-14):

The company offers a dental insurance plan and will corporately sponsor \$16/month of your premium. A brief plan description and the cost to participate is listed below for eligible employees and dependents. To make your election, please complete your profile on our online enrollment system at <https://mainstreet.enrollmentsite.com/>. An enrollment guide will be given to you during your new hire waiting period or at annual enrollment.

Dental Plan Summary	Humana
Annual Deductible	
Individual	\$50
Family	\$150
Dental Care Services	
Preventive Care Paid At:	100%, no deductible
Basic Care Paid At:	90%, deductible applies
Major Care Paid At:	60%, deductible applies
Orthodontia Care Paid At:	50%, deductible and lifetime benefit maximum of \$1,000 applies
Annual Maximum Benefit (allowable by insurance)	Humana will stop paying for benefits once an enrolled employee or dependent exceeds \$1,000 in benefits paid. This amount will reset every calendar year except for orthodontia.
Covered Services	See dental benefits summary to see what level of care specific services are covered under
Out of Network Charges	Out of network coinsurance will be 100% for preventive care, 80% for basic care, 50% for major care and 50% for ortho and out of network payments are based on a maximum allowable fee schedule
Employee Deductions (semi-monthly)	
Cost Per Paycheck	Dental
Employee Only	\$ 4.95
Employee Spouse	\$ 21.39
Employee Child(ren)	\$ 20.30
Family	\$ 37.73
Summary Purposes Only best information at www.humana.com / Plan Document at https://mainstreet.enrollmentsite.com	

Group Long Term Disability (Next Anticipated Plan Change 12-1-14):

All full time employees are eligible to receive the following long term disability insurance policy paid for by Mainstreet Asset Management, Inc. at 100%. Please see your online enrolment system at <https://mainstreet.enrollmentsite.com/> to accept your coverage. Exact coverage amounts are directly based on your salary. An enrollment guide will be given to you during your new hire waiting period or at annual enrollment.

Group Life Insurance (Next Anticipated Plan Change 12-1-14):

All full time employees are eligible to receive the following life insurance policy paid for by Mainstreet Asset Management, Inc. at 100%. Please complete the beneficiary section of your online enrolment system at <https://mainstreet.enrollmentsite.com/> to confirm your coverage. An enrollment guide will be given to you during your new hire waiting period or at annual enrollment.

Vision Insurance (Next Anticipated Plan Change 12-1-14):

The company offers a vision insurance plan and will corporately sponsor 100% of the employee only portion of your premium. A brief plan description and the cost to participate is listed below for eligible employees and dependents. To make your election, please complete your profile on our online enrollment system at <https://mainstreet.enrollmentsite.com/>. An enrollment guide will be given to you during your new hire waiting period or at annual enrollment.

Vision Plan Summary	Humana
Exam (Frequency)	100% after \$10 Copay (12 months)
Lenses (Frequency)	Basic plastic lenses (every 12 months in lieu of contact lenses)
Single	100% after \$15 Copay
Bifocal	100% after \$15 Copay
Trifocal	100% after \$15 Copay
	Additional fixed copayments for cosmetic lenses extras (i.e. anti-glare, scratch resistant...etc.)
Contact Lenses (Frequency)	\$150 allowance (every 12 months in lieu of lenses). Please note that not all disposable lenses are covered.
Frames (Frequency)	\$50 wholesale allowance (every 24 months)
Materials (Frequency)	Included Above
Laser correction surgery	Discounts Available (See benefits summary for more details)
Network	VCP (above benefits assume in-network provider - see benefits summary for out of network benefits)
Employee Deductions (semi-monthly)	
Cost Per Paycheck	Vision
Employee Only	\$ -
Employee Spouse	\$ 3.57
Employee Child(ren)	\$ 3.21
Family	\$ 7.08
Summary Purposes Only best information at www.humana.com / Plan Document at https://mainstreet.enrollmentsite.com	



Benefits Summary

Section 125 (Tax Favored Benefits) (Next Anticipated Plan Change 12-1-14):

The company corporately sponsors an IRS arrangement for our employees to pay for their portion of our benefit plans with Tax Favored (In most cases tax free) funds. This is a HUGE benefit as for every dollar you spend on benefits the overall impact on your take home pay is reduced by roughly 20% (if tax free). More information is located on your online enrollment system at <https://mainstreet.enrollmentsite.com/>. Please note this program limits your ability to make plan changes until the next enrollment period because of IRS regulation except for HIPAA qualifying events and allowable life changing events. Please note that employees with higher income levels may be limited in the amount of pre-tax premiums that they can take and that adjustments may have to be made in order to keep our plan in compliance.

ERISA Compliant Plan Documents (The Actual Policies):

As the plan documents become available they will be posted to your online enrollment system at <https://mainstreet.enrollmentsite.com/>.

Follow Up action items:

- **Online Elections** – Go to <https://mainstreet.enrollmentsite.com> to document your insurance elections. Please contact our insurance department directly to clarify an areas of confusion (contact information below).
- **Deductible Credit Transfer (Current Employees Only)** – If you are currently enrolled, your current deductible amount will automatically be transferred.
- **Certificate of Prior Credible Coverage (New Employees Only)** - This is a letter from your former insurance carrier / company / H R department that lists the dates you had “qualified coverage” through their plan. Mail that letter to Commercial Health Administration PO Box 328 Owatonna, MN 55060 or fax 507-446-4719.
- **If this program requires you to change insurance carriers / RX providers** - You will want to confirm if any of your current prescription drugs need pre-authorization. You will also want to confirm that all pharmacies that you use are in network providers as soon as possible to avoid any delays in filling prescriptions. You can do this by calling the customer service number on the back of your prescription drug card.
- **You can contact the Mainstreet Insurance Department** with any questions that you may have about the products offered or how to enroll in those products. 10420 Hague Rd., Suite F, Fishers, IN 46038 - Phone (317)-578-7774 Fax (888)-519-3217 - Andy Kaelin - akaelin@kbicresults.com or Robert Brogan – rbrogan@kbicresults.com

Important Plan Information:

Plan Name:	Mainstreet Asset Management, Inc. Insurance Benefits Plan
Type:	Fully insured health (hospitalization, sickness, injury, and pharmacy), dental, life insurance, long term disability and section 125 benefits
Plan Number:	501
Policy Number:	331-58301Fully insured health, 642113dental, 642113life insurance, 642113long term disability and TBD section 125 benefits
Type of Administration:	Fully Insured
Plan Year:	12-1-13 through 11-30-14 (Remember that this is the TOTAL BENEFIT PLAN WRAP) individual portions of the plan may change during the year.
Plan Sponsor:	Mainstreet Asset Management, Inc.
Sponsor Address:	14390 Clay Terrace Blvd, Suite 205, Carmel, IN 46032
Sponsor FEIN #:	20-4371296
Complete Sponsor:	Mainstreet Asset Management, Inc.
Funding Mechanism:	Insured Premiums
Source of Contributions:	Mainstreet Asset Management, Inc. assets / Employee payroll deductions (not held in trust).
Plan Administrator:	KBIC LLC
Administrator Address:	10420 Hague Road STE F Fishers IN 46038
Administrator Phone:	317-578-7774
Trustees (Yes / No):	None
Trustee Titles (Yes / No):	None
Trustee Address (Yes / NO):	None
Plan Fiduciary:	Paul Turner
Fiduciary Roles:	Acting solely in the interest of plan participants and their beneficiaries and with the exclusive purpose of providing benefits to them, carry out their duties wisely, follow the plan documents, holding any plan assets in trust, and paying only reasonable plan expenses.

Eligibility:

1. If you are a full time employee, expected to work more than 30 hours per week on average, you are eligible to participate in our insurance benefits beginning on the first of the month following 1 continuous month of employment.
 - a. If you “might” work more than 30 hours per week, but it cannot be determined upon your hire date, please see additional eligibility rules.
2. A dependent (see definition below) of a full time employee who qualifies and enrolls for in the insurance benefits program.
 - a. Dependent means: The Participant's lawful spouse, who is not employed, employed but does not have other insurance coverage available through his or her employer or former employer including cobra benefits.

****Note:** Spouses are not eligible for this plan if, he or she can access health insurance “coverage” through his/her employer or former employer. A Spouse is considered eligible for coverage under a plan sponsored by his/her employer or former employer beginning on the first date on which he or she could become covered under that plan and continuing throughout any available coverage period, regardless of whether the spouse actually elects to be or remain covered under that plan.**
 - b. Dependent means: The participant’s dependent children (including adopted children) may be covered under this Plan whether or not they are eligible for coverage under a spouse's group health coverage.



Benefits Summary

Discretion:

The plan administrator has discretionary authority to interpret and or administer the plan. If a situation encompasses an insurance contract (group, individual, or stop loss) the insurance carrier will make benefit determinations.

Notices Definition/Access:

This section will include basic definitions and links to official company documents.

1. Women's Health and Cancer Rights Act – requires health plans that provide coverage for mastectomy benefits to also cover all stages of reconstructions of the breast on which a mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance and prostheses and physical complications of mastectomy, including lymphedemas.
2. Newborn's and Mother's Health Protection Act – group health plans may not restrict mother and newborns benefits for hospital stays to less than 48 hours following a vaginal delivery and 96 hours following a delivery by cesarean section.
3. COBRA Rights – Portions of this plan (are) subject to COBRA continuation. COBRA allows employees and their dependents to who would otherwise lose group insurance coverage, as a result of a qualifying event, the opportunity to continue group insurance coverage. COBRA communication and administration is administered by Freedom Services 425 W. Travelers Trail | Burnsville, MN 55337-2541 | 952.890.6524.
4. USERRA Rights - If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. If you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.
5. Qualified Medical Child Support Orders (QMSCO) – A copy of these procedures are available upon request of the plan administrator.
6. Genetic Information and Nondiscrimination Act (GINA) - prohibits discrimination in group health plan coverage based on genetic information.
7. Mental Health Parity - The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays, deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. MHPAEA applies to plans sponsored by private and public sector employers with more than 50 employees, including self-insured as well as fully insured arrangements. MHPAEA also applies to health insurance issuers who sell coverage to employers with more than 50 employees.
8. Grandfathered Status - This group health plan believes this is a **NON GRANDFATHERED** plan under the Patient Protection and Affordable Care Act.
9. Notice of Recession – the plan administrator must provide 30 days' notice of a rescission of coverage at least 30 days before the rescission occurs.
10. Patient Protections and Selection of Providers - You have the right to designate any PCP who participates in Our Network and who is available to accept you or your family members. For information on how to select a PCP, and for a list of PCPs, contact the telephone number on the back of your Identification card or refer to the network website. For children, you may designate a pediatrician as the PCP. You do not need prior authorization from us or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services or following a pre-approved treatment plan.
11. Summary of Benefits and Coverage (SBC) – Government regulated document required by Healthcare Reform Legislation that uniformly illustrates what your health insurance covers, and how much it will cost you when you consume health related services. Your SBC is titled "Government Required Summary of Benefits Comparison" and is available in your "DOCUMENTS LIBRARY" at <https://mainstreet.enrollmentsite.com/>. Paper copies are available upon request. These documents will be communicated as required by healthcare reform legislation.
12. Waiver of Annual Limit – This plan includes a health insurance plan that may include an annual limit on covered essential health benefits. If your plan does have a limit on a covered essential health benefit, that will be included in your "DOCUMENTS LIBRARY" at <https://mainstreet.enrollmentsite.com/>.
13. Employee Notice of Exchange – Employers must inform employees about the existence of the exchange and give a description of the services, subsidies, exchange contact information, appeal rights, and impact on their group health program (if applicable). Your exchange notice will be communicated as dictated by healthcare reform legislation, will be housed in your "DOCUMENTS LIBRARY" at <https://mainstreet.enrollmentsite.com/> and is available upon request.
14. HIPAA Special Enrollment Rights - Are provided for individuals who lose their coverage in certain situations, including on separation, divorce, death, termination of employment and reduction in hours. Special enrollment rights also are provided if an employer contribution toward the other coverage terminates and loss of CHIP or Medicaid. Also they are provided for employees, their spouses and new dependents upon marriage, birth, adoption or placement for adoption.
15. Certificates of Prior Creditable Coverage: Will be issued by the insurance carrier or claims administrator associated with the applicable insurance benefit. Please see the specific plan document at <https://mainstreet.enrollmentsite.com/> for the coverage in question.
16. Individual Notice of Pre-existing Conditions Exclusions - Will be issued by the insurance carrier or claims administrator associated with the applicable insurance benefit. Please see the specific plan document the coverage in question.



Benefits Summary

17. General Notice of Preexisting Conditions - Will be issued by the insurance carrier or claims administrator associated with the applicable insurance benefit. Please see the specific plan document for the coverage in question.
18. Notice of Privacy Practices- The plan will notify you of its privacy practices upon your enrollment in the plan, upon request, and within 60 days of a material revision and at least once every three years. Your notice will accompany your annual enrollment and will be housed in your documents library at <https://mainstreet.enrollmentsite.com/>.
19. Notice of Breach of Unsecured PHI – If a plan participant’s Protected Health Information (PHI) is breached by an unauthorized entity, the plan will inform you without unreasonable delay and no later than 60 days after the discovery of that breach.
20. CHIP (Children’s Health Insurance Program) – If you are located in a state that offers low-income children and their families a premium subsidy to help pay for employer-sponsored health coverage, your notice will be communicated annually at enrollment and housed in your documents library at <https://mainstreet.enrollmentsite.com/>.
21. Medicare Part D – If a participant in our prescription drug plan is eligible for Medicare Part D please note that your notice will be distributed annually and will be housed in your documents library at <https://mainstreet.enrollmentsite.com/>.

Claims and Appeals:

Each insurance benefit associated with this plan has a formal and regulated appeals process. Please see the plan document that governs the insurance benefit in question for details on its appeals process.

Termination of Coverage:

If a participant falls outside of the eligibility provisions of this benefit plan or the participant mislead the plan concerning his/her eligibility, there insurance coverage will be terminated in accordance with the plan documents of the particular insurance benefit in question.

Plan Sponsor Authority:

The plan sponsor has the right to terminate, amend or eliminate benefits under the plan including participant eligibility requirements. Material changes to the plan will be communicated in accordance with the law.

ERISA Rights:

As a plan participant you are entitled to: Examine all plan documents, including insurance contracts, and annual reports and plan descriptions filed with the US. Department of Labor, obtain copies of all plan documents and other plan information upon written request to the plan administrator (the administrator may make a reasonable charge for copies), if a claim for benefits is denied, you are entitled to receive a written explanation of the reason, and have the right to have the claim reconsidered, no one may dismiss or discriminate against you to prevent you from obtaining benefits or exercising your rights under ERISA.

Foreign Language Statement:

If you have difficulty understanding any part of this booklet, contact the Plan Administrator, at the contact information listed at the front of this summary.

Si tiene dificultad para comprender cualquier parte de este folleto, póngase en contacto con el Administrador del Plan, a la información de contacto aparece en la parte delantera de esta programación.

Disclaimer:

Accept in the event of eligibility, a conflict between this summary and the plan document, the plan document controls.



Benefits Summary

ADDITIONAL COMPANY BENEFIT INFORMATION

Payroll - For your convenience, our payroll provider offers every employee access to a Mainstreet “Employee Self-Service” website. The following information will help you create your personal account.

Please contact Melissa Snelbaker before attempting to log in.

- a. Go to www.paychex.com and the Mainstreet Company ID is **0451 K716**
- b. Your username will be the first initial of your first name and your entire last name in all lowercase letters (e.g. John Smith’s username would be *jsmith*).
- c. Your password will be the first initial of your first name (capitalized), the first initial of your last name (capitalized) and the last four digits of your social security number (e.g. John Smith – SSN# xxx-xx-6789 – the password would be JS6789). *It is recommended that you change your password after initial logon.*
- d. We have posted a more thorough set of instructions in the “links to frequently needed materials” found in the documents library at <https://mainstreet.enrollmentsite.com/>.

401k (Basic Outline Below) - Mainstreet is proud to support your journey to financial security in retirement. If you would like to take advantage of our 401k plan, please contact Michelle Rodriguez at Mainstreet. (mrodriguez@mainstreetcap.net) She will set up a time for you to have a conference call with our provider for education and enrollment purposes. All paperwork for the 401k flows through Michelle’s office.

Mainstreet 401(K)							
Eligibility:							
Rollover contributions: immediately eligible, requires rollover contribution forms approved by the plan sponsor							
Requirements:							
Must be at least 18 (an age requirement does not apply for employees hired on or before 1/1/2011) Must be working a minimum of 1000 hours per year							
Employees who have met the eligibility requirements may enter the plan immediately.							
Your Contributions							
You can contribute for 0% to 100% of your gross pay							
You can increase or decrease your contribution percentage on a daily basis							
You may also stop your contributions at any time							
Each calendar year, tax law limit pre-tax savings to a maximum dollar amount. The limit for 2014 is \$17,500.							
Your Contributions							
Your employer may make a discretionary Profit Sharing contribution as determined by them each year							
Mainstreet makes a QACA SAFE HARBOR Match. Mainstreet matches 100% of the first 1% you contribute to the plan and 50% of the next 5% you contribute							
Vesting							
No employee classes are excluded							
Employee contributions are always 100% vested							
The EMPLOYER PROFIT SHARING employer contribution source is always 100% vested							
QACA ER MATCH SAFE HARBOR							
Year	0	1	2	3	4	5	6
% Vested	0%	0%	100%	100%	100%	100%	100%
There are no penalties for withdrawals for the following events: Attainment of age 59 1/2							
Disability							
Death							
Termination of employment after age 55							
Hardship withdrawals are only available if provided for in your company's plan document							



Benefits Summary

Preventative Exam Incentive Verification Form

The most important action you can take for your health is to have a relationship with your primary care physician, and we appreciate that you have completed your annual preventative physical exam. By doing so, you will qualify for an incentive. To verify the completion of your physical, please have your physician complete the information below and return to rbrogan@kbicresults.com or fax 888-519-3217

Name (Last, First, MI):	
Address (Street, City, State):	
Employer Name: Mainstreet Asset Management, Inc.	Date of exam:
Primary Care Doctor:	

Physician Signature Verifying Date of Preventative Physical

Primary Care Doctor Signature: _____