



The CSI Companies  
I N C.



## External Employee Benefits

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The CSI Companies offers the following benefit package to eligible employees.

**You must either enroll in or decline these benefits through our online enrollment system. Enrollment instructions will be sent to you via email during your first week on assignment.**

### American Worker Indemnity Plan

- **Effective Date: Monday following the first payroll deduction**
- Limited indemnity plan
- All employees are eligible to sign up within 30 days of the beginning of an assignment
- Premiums will be paid by a convenient weekly payroll deduction
- This plan pays a set dollar amount towards covered services, such as doctor and hospital visits, lab work, and immunizations.
- You can enroll in this plan in conjunction with the MEC plan through The American Worker or any of the major medical plans through the Cigna network.
- **This is not major medical insurance and does not satisfy the requirements of the Individual Mandate. If you sign up for this plan you may be subject to a penalty.**

### American Worker MEC Wellness & Preventive Plan

- **Effective Date: Monday following the first payroll deduction**
- Minimum Essential Coverage plan
- All employees are eligible to sign up within 30 days of the beginning of an assignment
- Premiums will be paid by a convenient weekly payroll deduction
- This plan covers the 63 mandated benefits to qualify as Minimum Essential Coverage under the Affordable Care Act
- This plan only covers certain wellness and preventive care services and does not provide any benefit for sickness or injury.
- You may not be enrolled in this plan at the same time as a major medical plan through the Cigna network. If you sign up for this plan AND a major medical plan, this plan will be terminated when the major medical plan goes into effect.
- **This plan satisfies the requirements of the Individual Mandate, so if you sign up for this plan you will not be subject to a penalty.**

### Major Medical Plans – Cigna Network

- **Eligibility: First of the month following a 59-day waiting period for all full-time employees**
- Major medical insurance

- Available to all employees who work at least 30 hours per week and **who satisfy a 59-day waiting period.**
- Premiums will be paid by a convenient weekly payroll deduction
- These plans have both inpatient and outpatient benefits
- CSI will pay \$195 towards the total monthly premium of the plan of your choice.
- **These plans satisfy the requirements of the Individual Mandate, so if you sign up for one of these plans you will not be subject to a penalty.**

# FIXED INDEMNITY PLANS

The American Worker Fixed Indemnity Plans provide affordable, first dollar coverage. The plans offer coverage for basic healthcare services and prescription drug discounts. The Fixed Indemnity Plans also pay in addition to other coverage you may have, which can help cover out-of-pocket expenses such as deductibles and coinsurance when receiving medical treatment.

The Fixed Indemnity Plans are underwritten by Nationwide Life Insurance Company. The plans include the New Benefits Discount Program and First Health Network, which are provided by separate vendors.

	Standard	Preferred
PHYSICIAN'S OFFICE	Plan Pays \$60 per Day, 6 Days per Person per Year	Plan Pays \$75 per Day, 6 Days per Person per Year
OUTPATIENT DIAGNOSTIC LAB	Plan Pays \$75 per Testing Day, 3 Days per Person per Year	Plan Pays \$85 per Testing Day, 3 Days per Person per Year
OUTPATIENT DIAGNOSTIC X-RAY	Plan Pays \$75 per Testing Day, 3 Days per Person per Year	Plan Pays \$100 per Testing Day, 3 Days per Person per Year
ADVANCED STUDIES	Plan Pays \$200 per Testing Day, 3 Days per Person per Year	Plan Pays \$300 per Testing Day, 3 Days per Person per Year
ACCIDENTAL INJURY CARE	Plan Pays \$300 Maximum per Occurrence	Plan Pays \$500 Maximum per Occurrence
EMERGENCY ROOM SICKNESS	Plan Pays \$100 per Day, 2 Days per Person per Year	Plan Pays \$150 per Day, 2 Days per Person per Year
SURGICAL Daily Inpatient Daily Inpatient Maximum Daily Outpatient Daily Outpatient Minor Outpatient Benefit Maximum	Plan Pays \$500 per Day, 1 Day per Person per Year Plan Pays \$250 Plan Pays \$50 1 Day per Person per Year	Plan Pays \$1,000 per Day, 1 Day per Person per Year Plan Pays \$500 Plan Pays \$100 1 Day per Person per Year
ANESTHESIA	Plan Pays 30% of Surgical Benefit	Plan Pays 30% of Surgical Benefit
DAILY HOSPITAL INDEMNITY	Plan Pays \$300 per Day, 500 Day Lifetime Maximum	Plan Pays \$500 per Day, 500 Day Lifetime Maximum
HOSPITAL ADMISSION (Lump Sum)	-	Plan Pays \$500 per Confinement
INTENSIVE CARE UNIT	Plan Pays \$600 per Day, 30 Days per Person per Year	Plan Pays \$1,000 per Day, 30 Days per Person per Year
SUBSTANCE ABUSE	Plan Pays \$150 per Day, 30 Days per Person per Year	Plan Pays \$250 per Day, 30 Days per Person per Year
MENTAL ILLNESS	Plan Pays \$150 per Day, 30 Days per Person per Year	Plan Pays \$250 per Day, 30 Days per Person per Year
SKILLED NURSING	Plan Pays \$150 per Day, 60 Days per Person per Stay	Plan Pays \$250 per Day, 60 Days per Person per Stay
FIRST HEALTH NETWORK	Included	Included
NEW BENEFITS DISCOUNT PROGRAM	Included	Included

## Weekly Rates

Employee	\$14.79	\$21.90
Employee + Spouse	\$32.90	\$50.68
Employee + Child(ren)	\$24.61	\$37.41
Family	\$35.28	\$55.31

The Fixed Indemnity Plans are (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.

# ADDITIONAL FIXED INDEMNITY PLAN FEATURES

## New Benefits Pharmaceutical Discount Program\*

The Neighborhood Pharmacy discount program assures members the lowest price on prescription drugs. Pharmacists will calculate the discount at point-of-service and the member pays the discounted price.

- Save 10% to 85% on most prescriptions
- Over 60,000 participating pharmacies across the country
- To view drug prices or locate a pharmacy, visit [www.RxPriceQuotes.com](http://www.RxPriceQuotes.com)

Pharmacy discounts are not insurance and are not intended as a substitute for insurance. **The discount is only available at participating pharmacies.**

## First Health Network

Members have access to the First Health Network, which provides savings on Physician and Hospital services. By visiting a First Health provider you can reduce your out-of-pocket expenses.

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit [www.FirstHealthLBP.com](http://www.FirstHealthLBP.com)

You can visit a First Health or out-of-network provider for service and the Fixed Indemnity Plan will pay the same benefit amount.

## New Benefits Health Services Discount Program\*

This package of health service and discount programs can help reduce out-of-pocket expenses and provide savings on a variety of services that promote healthy living.

- Teladoc<sup>1</sup>: 24/7 access to a network of U.S. board-certified doctors that will diagnose, treat and prescribe medication, when necessary, over the phone for medical issues including cold or flu symptoms, allergies, bronchitis, ear infections and more.
- Medical Bill Saver<sup>TM</sup>: can help lower out-of-pocket costs on medical or dental bills over \$400 through provider negotiation.
- Medical Health Advisor<sup>2</sup>: access to Personal Health Advocates that can assist in resolving insurance claim and billing issues.
- Nurseline<sup>TM</sup> and Personal Counseling Services
- Additional Discounts: Lab and Imaging<sup>3</sup>, Chiropractic, Vision, Hearing, Diabetic Supplies, Vitamins and Durable Medical Equipment

<sup>1</sup>Teladoc is not available to residents of AR or ID. <sup>2</sup>Health Advisor does not replace health insurance, provide medical care or recommend treatment. <sup>3</sup>Savings may vary based on geographic location, provider selected and procedure performed. The lab network portion of this benefit is not available in MA, MD, ND, NE, NJ, NY, RI or SD.

\*Discount benefits administered by New Benefits, Ltd.

## DENTAL (Provided by Ameritas Life Insurance Corp.)

Keep a bright, healthy smile while supporting your overall well-being with affordable dental coverage. You can use any provider, but have access to a dental network to lower out-of-pocket costs. To find a provider, visit [www.AmeritasGroup.com](http://www.AmeritasGroup.com) and select FIND A PROVIDER, then DENTAL.

CALENDAR YEAR MAXIMUM	Up to \$500 per Covered Member per Year	
DEDUCTIBLE	\$20 per Visit	
COVERED SERVICES	WAITING PERIOD	COINSURANCE
PREVENTIVE AND DIAGNOSTIC Routine Exams, Cleanings, X-rays, etc.	None	Covered at 100% (U&C Charges)
BASIC TREATMENT Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	3 Months	Covered at 60% (U&C Charges)
MAJOR TREATMENT Onlays, Crowns, Prosthodontics, etc.	12 Months	Covered at 50% (U&C Charges)

### Weekly Rates

Employee	\$4.75
Employee + Spouse	\$11.88
Employee + Child(ren)	\$8.55
Family	\$12.83

## VISION (Provided by Ameritas Life Insurance Corp.)

A regular eye exam won't just help you see better, it can also detect the first signs of serious health conditions. With this plan you'll get coverage for exams as well as corrective eyewear. Visit a VSP Choice provider to get the most benefit from the plan.

DEDUCTIBLE	\$10 Exam, \$25 Eye Glass Lenses or Frames <sup>1</sup>	
COVERED SERVICES	VSP CHOICE NETWORK	OUT-OF-NETWORK
ANNUAL EYE EXAM	Covered in Full	Up to \$45
LENSES (per pair) Single Vision / Bifocal Trifocal / Lenticular	Covered in Full Covered in Full	Up to \$30 / Up to \$50 Up to \$65 / Up to \$100
CONTACTS Fit and Follow Up Exams Elective Medically Necessary	15% Discount Up to \$105 Covered in Full	No Benefit Up to \$105 Up to \$210
FRAMES	\$105 <sup>2</sup>	Up to \$70
FREQUENCY Exam / Lens / Frames	Based on Date of Service 12 Months / 12 Months / 24 Months	

### Weekly Rates

Employee	\$2.02
Employee + Spouse	\$3.99
Employee + Child(ren)	\$3.72
Family	\$5.70

<sup>1</sup>Deductible applies to a complete pair of glasses or frames, whichever is selected. <sup>2</sup>The Costco allowance will be the wholesale equivalent.

Locate VSP Choice providers at [www.AmeritasGroup.com/member](http://www.AmeritasGroup.com/member)

## SHORT-TERM DISABILITY (Provided by Nationwide Life Insurance Company)

Daily life depends on consistent income, but accidents and serious illnesses can keep you out of work. This plan can help you cover your expenses by paying you cash if you get sick or injured and can't work.

WEEKLY MAXIMUM BENEFIT	Plan Pays up to \$125
MAXIMUM BENEFIT PERIOD	26 Weeks
WAITING PERIOD	14 Days (Accidents and Illnesses)
PERCENT OF WEEKLY SALARY	50% (Excludes Bonuses & Overtime)

### Weekly Rates

Employee	\$3.50
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Coverage includes disability due to pregnancy and childbirth.

## LIFE AND AD&D INSURANCE (Provided by Nationwide Life Insurance Company)

The loss of a loved one is a traumatic event. It can also create financial uncertainty. This plan can help ease the financial burden and protect the future of those that depend on you most.

LIFE AND AD&D INSURANCE Employee	Pays \$20,000
LIFE INSURANCE ONLY Spouse Child(ren)	Pays \$2,500 Pays \$1,250

### Weekly Rates

Employee	\$2.25
Employee + Spouse	\$2.53
Employee + Child(ren)	\$2.53
Family	\$2.88

# MINIMUM ESSENTIAL COVERAGE

The American Worker Minimum Essential Coverage provides affordable coverage that meets the requirements under the Affordable Care Act (ACA), which avoids members from paying the “Individual Mandate” penalty. This plan provides 100% coverage when utilizing a First Health Network provider and 0% coverage when utilizing an out-of-network provider.

## Minimum Essential Coverage

Plan Pays 100% of the ACA Required Preventive Services, When Utilizing a First Health Network Provider	Covered Services for Adults, Women and Children
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### Weekly Rates

Employee	\$17.97
Employee + Spouse	\$27.63
Employee + Child(ren)	\$30.94
Family	\$38.62

## First Health Network

Members have access to the First Health Network, which provides savings on Physician and Hospital services. By visiting a First Health provider you can reduce your out-of-pocket expenses.

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit [www.FirstHealthLBP.com](http://www.FirstHealthLBP.com)

Below is a partial list of services covered by the Minimum Essential Coverage plan. You can view a full list of covered services online at [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/). Request a copy of the plan’s Summary of Benefits and Coverage (SBC) from your manager. The SBC is an easy-to-understand summary of your health care plan’s benefits and coverage. The coverage examples provided in the SBC give a general sense of how a plan would cover services.

### Covered Services For Adults

- Blood Pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Type 2 Diabetes screening for adults with high blood pressure
- Colorectal Cancer screening for adults over 50
- Aspirin use for men and women of certain ages
- Tobacco Use screening for all adults and cessation interventions for tobacco users
- Obesity screening and counseling for all adults
- Diet counseling for adults at higher risk for chronic disease
- Depression screening for adults
- Alcohol Misuse screening and counseling
- Immunization vaccines for adults - doses, recommended ages, and recommended populations vary: Hepatitis, Hepatitis B, Herpes, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40
- Well-woman visits to obtain recommended preventive services
- Contraception coverage for women: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs

### Covered Services For Children

- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Depression screening for adolescents
- Immunization vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella
- Obesity screening and counseling
- Vision screening for all children
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Medical History for all children throughout development; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, and 15 to 17 years.
- Oral Health risk assessment for young children; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
- Developmental screening for children under age 3, and surveillance throughout childhood
- Height, Weight and Body Mass Index measurements for children; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, and 15 to 17 years
- Fluoride Chemoprevention supplements for children without fluoride in their water source
- Hearing screening for all newborns
- Hematocrit or Hemoglobin screening for children

# ENROLLMENT INSTRUCTIONS

After making your benefit decisions, you will need to make your elections. For your convenience, you can enroll in coverage online. If you do not enroll in coverage now, you will not be able to enroll until the next Open Enrollment period, unless you have a Qualifying Event.

## Enroll Online:

<http://thecsicompanies.bswift.com>

- Username: Email Address

- Password: [First time users only] Last 4 digits of SSN

## Temporary ID Cards:

- Visit [www.TheAmericanWorker.com](http://www.TheAmericanWorker.com) (Available anytime)

- Call 855.495.1190 (Available Monday - Friday, 8AM - 8PM ET)

**Questions?:** Call (866) 866-3424

Available Monday - Friday, 8:00 AM - 8:00 PM ET

# DISCLOSURES

**Minimum Essential Coverage (MEC):** This Plan is designed to provide Plan Participants with minimum essential coverage under the federal income tax rules. This Plan is designed so that Plan Participants may enroll in this Plan and not have to pay a federal individual income tax penalty. However, while you are enrolled in this Plan, you will not be eligible for a federal tax credit through a federal or state exchange (sometimes referred to as the insurance marketplace). If you do not enroll in this plan, you may be eligible for a federal tax credit that lowers your monthly premium. If you do not enroll you may receive a reduction in certain cost-sharing if you enroll in a health insurance plan through the federal or state exchange.

Please note that this plan is NOT minimum essential coverage for purposes of the individual health coverage requirements in MA.

**Fixed Indemnity:** This program is not intended nor recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The insurance benefits of the fixed indemnity plan are offered by Nationwide Life Insurance Company. Additional information will be provided upon enrollment in the program. **Plan exclusions and limitations apply.**

**New Hampshire residents** are not eligible for any of the benefit programs offered by The American Worker.

**Massachusetts residents** are eligible for the Fixed Indemnity plan, but this plan does NOT meet Minimum Creditable Coverage standards and will NOT satisfy the individual mandate that you have health insurance.

**Section 125 Disclaimer:** I hereby elect to participate in the American Worker Plan for benefits made available under the Internal Revenue Code Section 79, 105, 106, 125, and these sections as amended. I understand that the plan will automatically convert to pretax status any eligible payroll deductions which are provided through the Plan. I understand that by participating in this Plan my Social Security benefits may be reduced since these premiums will be deducted before my salary is taxed. This election will remain in effect for the entire Plan Year. My election CANNOT be changed during the Plan Year in accordance with the Internal Revenue Service Guidelines unless a qualifying event occurs. Qualifying events include: marriage, divorce, legal separation, death of spouse, birth or legal adoption of a child, death of a child, or spousal change of employment affecting insurance coverage. **By enrolling you have accepted the terms detailed above.**

**New Benefits Discount Programs** - Residents of WA are not eligible for this program.

**Teladoc is not available to Arkansas and Idaho residents.** © 2016 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Consults are not available outside of the U.S. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc phone consultations are available 24 hours, 7 days a week while video consultations are available during the hours of 7am to 9pm, 7 days a week.

**This plan is NOT insurance.** The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It contains a 30 day cancellation period, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a reimbursement of all periodic membership fees if membership is cancelled within the first 30 days after the effective date. AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309, 800-800-7616. Website to obtain participating providers: [MyMemberPortal.com](http://MyMemberPortal.com).

Enroll Online: <http://TheCSICompanies.BSwift.com>

# MAJOR MEDICAL PLAN - \$6,350 DEDUCTIBLE

The CSI Companies offers employees a Major Medical Plan utilizing the Cigna Network. The Major Medical Plan and the rates that you will be paying for the plan are listed in the charts below. For complete details of the Major Medical Plan contact The CSI Companies for the Summary of Benefits Coverage.

## IN-NETWORK

<b>DEDUCTIBLE &amp; MAXIMUMS</b> Calendar Year Deductible - Individual / Family Coinsurance - Cigna / Employee Calendar Year Out-of-Pocket Maximum - Individual / Family (Includes Deductible) Lifetime Maximum	\$6,350 / \$12,700 100% / 0% \$6,350 / \$12,700 Unlimited
<b>PHYSICIAN SERVICES</b> Preventive Care Routine Exams Primary Care and Specialist Office Visit	Covered at 100% 100% After Deductible
<b>DIAGNOSTIC SERVICES</b> Routine Preventive Care Exams and Screenings Diagnostic X-Ray and Lab Work	Covered at 100% 100% After Deductible
<b>EMERGENCY MEDICAL CARE</b>	100% After Deductible
<b>HOSPITAL CARE</b>	100% After Deductible
<b>MENTAL HEALTH / SUBSTANCE ABUSE</b>	100% After Deductible
<b>OTHER BENEFITS</b> Rx - Generic / Formulary Brand Name / Non-Formulary Brand Name) Rx - Specialty Drugs Rx - Mail Order Routine Eye Exam (Children Only) Skilled Nursing Facility	100% After Deductible 100% After Deductible 100% After Deductible Covered at 100% 100% After Deductible

## OUT-OF-NETWORK

<b>DEDUCTIBLE &amp; MAXIMUMS</b> Calendar Year Deductible - Individual / Family Coinsurance - Cigna / Employee Calendar Year Out-of-Pocket Maximum - Individual / Family (Includes Deductible)	\$12,700 / \$25,400 50% / 50% \$25,400 / \$50,800
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## Weekly Rates

Employee	\$28.62
Employee + Spouse	\$126.23
Employee + Child(ren)	\$106.62
Family	\$174.92

### How to find a provider:

Cigna Choice Fund PPO is the Network provider for the Medical PPO Choice Fund Plans. To find a Provider under this network, members should visit <http://hcpdirectory.cigna.com/web/public/providers> or follow these steps:

1. Go to [Cigna.com](http://Cigna.com)
2. Select "find a doctor"
3. Select the Directory "insurance through work" option
4. Select Pick a Plan & choose PPO Choice Fund
5. Choose a doctor/provider based on zip code, specialty, hospital, name, etc.



# MAJOR MEDICAL PLAN - \$3,000 DEDUCTIBLE

The CSI Companies offers employees a Major Medical Plan utilizing the Cigna Network. The Major Medical Plan and the rates that you will be paying for the plan are listed in the charts below. For complete details of the Major Medical Plan contact The CSI Companies for the Summary of Benefits Coverage.

## IN-NETWORK

<b>DEDUCTIBLE &amp; MAXIMUMS</b> Calendar Year Deductible - Individual / Family Coinsurance - Cigna / Employee Calendar Year Out-of-Pocket Maximum - Individual / Family (Includes Deductible) Lifetime Maximum	\$3,000 / \$6,000 80% / 20% \$6,000 / \$12,000 Unlimited
<b>PHYSICIAN SERVICES</b> Preventive Care Routine Exams Primary Care Office Visit Specialist Office Visit	Covered at 100% \$40 Copay \$60 Copay
<b>DIAGNOSTIC SERVICES</b> Routine Preventive Care Exams and Screenings Diagnostic X-Ray and Lab Work	Covered at 100% 20% After Deductible
<b>EMERGENCY MEDICAL CARE</b> Emergency Room Visit Urgent Care Visit Specialist Office Visit	\$300 Copay \$60 Copay 20% After Deductible
<b>HOSPITAL CARE</b> Inpatient Hospitalization Outpatient Surgery	\$500 Copay per Admssion + 20% After Deductible 20% After Deductible
<b>MENTAL HEALTH / SUBSTANCE ABUSE</b> Inpatient Outpatient	\$500 Copay per Admssion + 20% After Deductible 20% After Deductible
<b>OTHER BENEFITS</b> Rx - Generic / Formulary Brand Name / Non-Formulary Brand Name) Rx - Specialty Drugs Rx - Mail Order Routine Eye Exam (Children Only) Skilled Nursing Facility	\$10 Copay / \$40 Copay / \$70 Copay 25% to \$300 Maximum \$25 Copay / \$100 Copay / \$175 Copay Covered at 100% 20% After Deductible

## OUT-OF-NETWORK

<b>DEDUCTIBLE &amp; MAXIMUMS</b> Calendar Year Deductible - Individual / Family Coinsurance - Cigna / Employee Calendar Year Out-of-Pocket Maximum - Individual / Family (Includes Deductible) Lifetime Maximum	\$6,000 / \$12,000 60% / 40% \$12,000 / \$24,000 Combined With In-Network
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## Weekly Rates

Employee	\$64.62
Employee + Spouse	\$161.31
Employee + Child(ren)	\$129.23
Family	\$204.46

### How to find a provider:

Cigna Choice Fund PPO is the Network provider for the Medical PPO Choice Fund Plans. To find a Provider under this network, members should visit <http://hcpdirectory.cigna.com/web/public/providers> or follow these steps:

1. Go to [Cigna.com](http://Cigna.com)
2. Select "find a doctor"
3. Select the Directory "insurance through work" option
4. Select Pick a Plan & choose PPO Choice Fund
5. Choose a doctor/provider based on zip code, specialty, hospital, name, etc.

# MAJOR MEDICAL PLAN - \$1,000 DEDUCTIBLE

The CSI Companies offers employees a Major Medical Plan utilizing the Cigna Network. The Major Medical Plan and the rates that you will be paying for the plan are listed in the charts below. For complete details of the Major Medical Plan contact The CSI Companies for the Summary of Benefits Coverage.

## IN-NETWORK

<b>DEDUCTIBLE &amp; MAXIMUMS</b>	
Calendar Year Deductible - Individual / Family	\$1,000 / \$2,000
Coinsurance - Cigna / Employee	80% / 20%
Calendar Year Out-of-Pocket Maximum - Individual / Family (Includes Deductible)	\$2,500 / \$5,000
Lifetime Maximum	Unlimited
<b>PHYSICIAN SERVICES</b>	
Preventive Care Routine Exams	Covered at 100%
Primary Care Office Visit	\$25 Copay
Specialist Office Visit	\$45 Copay
<b>DIAGNOSTIC SERVICES</b>	
Routine Preventive Care Exams and Screenings	Covered at 100%
Diagnostic X-Ray and Lab Work	20% After Deductible
<b>EMERGENCY MEDICAL CARE</b>	
Emergency Room Visit	\$200 Copay
Urgent Care Visit	\$60 Copay
Specialist Office Visit	20% After Deductible
<b>HOSPITAL CARE</b>	
Inpatient Hospitalization	20% After Deductible
Outpatient Surgery	20% After Deductible
<b>MENTAL HEALTH / SUBSTANCE ABUSE</b>	
Inpatient	20% After Deductible
Outpatient	20% After Deductible
<b>OTHER BENEFITS</b>	
Rx - Generic / Formulary Brand Name / Non-Formulary Brand Name)	\$10 Copay / \$30 Copay / \$60 Copay
Rx - Specialty Drugs	\$100 Copay
Rx - Mail Order	\$25 Copay / \$75 Copay / \$150 Copay
Routine Eye Exam (Children Only)	Covered at 100%
Skilled Nursing Facility	20% After Deductible

## OUT-OF-NETWORK

<b>DEDUCTIBLE &amp; MAXIMUMS</b>	
Calendar Year Deductible - Individual / Family	\$3,000 / \$6,000
Coinsurance - Cigna / Employee	60% / 40%
Calendar Year Out-of-Pocket Maximum - Individual / Family (Includes Deductible)	\$6,000 / \$12,000
Lifetime Maximum	Combined With In-Network

## Weekly Rates

Employee	\$105.92
Employee + Spouse	\$252.69
Employee + Child(ren)	\$196.85
Family	\$271.38

## How to find a provider:

Cigna Choice Fund PPO is the Network provider for the Medical PPO Choice Fund Plans. To find a Provider under this network, members should visit <http://hcpdirectory.cigna.com/web/public/providers> or follow these steps:

1. Go to [Cigna.com](http://Cigna.com)
2. Select "find a doctor"
3. Select the Directory "insurance through work" option
4. Select Pick a Plan & choose PPO Choice Fund
5. Choose a doctor/provider based on zip code, specialty, hospital, name, etc.

# IMPORTANT INFORMATION

## CHANGE IN FAMILY STATUS

All benefit selections are binding except in the event that you have a “change in family status.” If one of these situations occurs, you have 30 days to notify The CSI Companies and complete the appropriate paperwork. If you do not make the change within the 30 days following the event, your next opportunity to make a change will occur during the open enrollment period. Examples of status changes include:

- Marriage or divorce
- Birth or death of dependent
- Adoption
- Loss of eligibility for insurance
- Spouse’s employment or termination of employment
- Unpaid leave of absence of worker or spouse
- Reduction or increase in hours worked from part-time to full-time

## SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and your dependents in a health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependent’s other coverage). However, you must request enrollment within 30 days after your or your dependent’s other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. For more information, please contact The CSI Companies.

## NOTICE OF PRESCRIPTION DRUG CREDITABLE COVERAGE

The CSI Companies provides a “Notice of Prescription Drug Creditable Coverage” to all Medicare-eligible participants on an annual basis. This notice states that under The CSI Companies’s medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare prescription Drug Coverage. If you or an enrolled dependent becomes eligible for Medicare, you will receive this notice for your records.

## PRIVATE HEALTH INFORMATION

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as “protected health information” (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plans HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws.

## WOMEN’S HEALTH & CANCER RIGHTS ACT

The CSI Companies’s medical plan, as required by the Women’s Health and Cancer Rights Act of 1998, provide benefits for mastectomy-related services. These services include:

- All states of reconstruction of the breast in which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce asymmetrical appearance
- Prostheses and treatment of physical complications resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

## 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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State that offers these programs, you can 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, you can contact your State Medicaid or CHIP office or dial (877) KIDS-NOW or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free (866) 444-EBSA (3272).

# Major Medical Benefits Summary 2017

January 1, 2017 - December 31, 2017

Benefit Eligibility: First of the month following 59 days of employment for full-time employees who work 30+ hours per week

PROVIDER PLAN NAME/TYPE NETWORK SELECTION OPEN ACCESS PLUS AREAS AVAILABLE	Cigna \$1000 Plan Traditional PPO Yes National			Cigna \$3000 Plan Traditional PPO Yes National			Cigna Value Plan Health Savings PPO Yes National		
NATIONAL	PPO Choice Fund 1000			PPO Choice Fund 3000			PPO Choice Fund Value		
IN-NETWORK									
DEDUCTIBLE & MAXIMUMS									
Calendar Year Deductible (Individual/Family) Coinsurance (Carrier / Employee)	\$1,000 / \$2,000 80% / 20%			\$3,000 / \$6,000 80% / 20%			\$6,350 / \$12,700 100% / 0%		
Calendar Year Out Of Pocket Maximum (Individual / Family)	\$2,500 / \$5,000			\$6,000 / \$12,000			\$6,350 / \$12,700		
Out Of Pocket Maximum (Includes Deductible) Lifetime Maximum	Yes Unlimited			Yes Unlimited			Yes Unlimited		
PHYSICIAN SERVICES									
Preventive Care Routine Exams Primary Care Office Visit Specialist Office Visit	Covered 100% \$25 Copay \$45 Copay			Covered 100% \$40 Copay \$60 Copay			Covered 100% 100% After Deductible 100% After Deductible		
DIAGNOSTIC SERVICES									
Routine Preventive Care Exams and Screenings Diagnostic Laboratory Diagnostic X-Ray Diagnostic X-Ray for Complex Imaging	Covered 100% 20% After Deductible 20% After Deductible 20% After Deductible			Covered 100% 20% After Deductible 20% After Deductible 20% After Deductible			Covered 100% 100% After Deductible 100% After Deductible 100% After Deductible		
EMERGENCY MEDICAL CARE									
Emergency Room Visit Urgent Care Visit Ambulance	\$200 Copay \$60 Copay 20% After Deductible			\$300 Copay \$60 Copay 20% After Deductible			100% After Deductible 100% After Deductible 100% After Deductible		
HOSPITAL CARE									
Inpatient Hospitalization Outpatient Surgery	20% After Deductible 20% After Deductible			\$500 Copay + 20% After Deductible 20% After Deductible			100% After Deductible 100% After Deductible		
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES									
Inpatient Outpatient	20% After Deductible 20% After Deductible			\$500 Copay + 20% After Deductible 20% After Deductible			100% After Deductible 100% After Deductible		
OTHER BENEFITS									
Rx (generic/formulary brand-name/non-formulary brand-name) Specialty Drugs Mail Order (90 Day Supply) Routine Eye Exam (children) Skilled Nursing Facility	\$10 / \$30 / \$60 \$100 \$25 / \$75 / \$150 Covered 100% 20% After Deductible			\$10 / \$40 / \$70 25%/max \$300 per script \$25 / \$100 / \$175 Covered 100% 20% After Deductible			100% After Deductible 100% After Deductible 100% After Deductible Covered 100% 100% After Deductible		
NON NETWORK									
Calendar Year Deductible (Indiv/Fam) Coinsurance (Carrier / Employee) Calendar Year Out Of Pocket Max (Indiv / Fam) Lifetime Maximum Physician Office Visit Inpatient Hospitalization Outpatient Surgery Diagnostic Services Mental Health/Substance Abuse Emergency Room Visit	\$3,000 / \$6,000 60% / 40% \$6,000 / \$12,000 Combined with In-Network 40% After Deductible 40% After Deductible 40% After Deductible 40% After Deductible 40% After Deductible 40% After Deductible 40% After Deductible Same as In-Network			\$6,000 / \$12,000 60% / 40% \$12,000 / \$24,000 Combined with In-Network 40% After Deductible 40% After Deductible 40% After Deductible 40% After Deductible 40% After Deductible 40% After Deductible Same as In-Network			\$12,700 / \$25,400 50% / 50% \$25,400 / \$50,800 Combined with In-Network 50% After Deductible 50% After Deductible 50% After Deductible 50% After Deductible 50% After Deductible 50% After Deductible Same as In-Network		
	Monthly Premium	Employer Contribution	Employee Weekly Deduction	Monthly Premium	Employer Contribution	Employee Weekly Deduction	Monthly Premium	Employer Contribution	Employee Weekly Deduction
Employee	\$654	\$195	<b>\$327.4</b>	\$475	\$195	<b>\$64.62</b>	\$319	\$195	<b>\$28.62</b>
Employee + Spouse	\$1,290	\$195	<b>\$474.0</b>	\$894	\$195	<b>\$161.31</b>	\$742	\$195	<b>\$126.23</b>
Employee + Child(ren)	\$1,048	\$195	<b>\$33.7</b>	\$755	\$195	<b>\$129.23</b>	\$657	\$195	<b>\$106.62</b>
Employee + Family	\$1,371	\$195	<b>\$493.6</b>	\$1,081	\$195	<b>\$204.46</b>	\$953	\$195	<b>\$174.92</b>