

The CSI Companies

FEBRUARY 1, 2016 OPEN ENROLLMENT MAJOR MEDICAL PLAN

The CSI Companies recognizes the importance of providing comprehensive Major Medical Plans to our Full-Time eligible employees. This benefits summary is specifically designed to help you further understand the plans that are being offered to you.

ELIGIBILITY

You have met the Full-Time eligibility requirements by working an average of 30 hours or more per week as well as having satisfied the 59-day waiting period. Dependents can also be covered under these plans.

KEY FEATURES OF THE MAJOR MEDICAL PLANS

- Satisfies the ACA's "Individual Mandate" so you won't incur a tax penalty while enrolled
 - **For 2016 the "Individual Mandate" penalty is 2.5% of household income, or \$695 per adult and \$347.50 per child, whichever is greater**
 - 100% Coverage for Preventive Services, not subject to Deductible
 - Covered services include:
 - Physician Office Visits
 - Diagnostic Tests
 - Prescription Drugs
 - Emergency Room Visits
 - Hospital Stays
 - Surgical Procedures
 - Unlimited Lifetime Maximum
 - Weekly Rates Vary Based on Plan Chosen
-

FIND A CIGNA NETWORK PROVIDER

Online: Visit <http://hcpdirectory.cigna.com/web/public/providers>

ENROLL NOW - PAPER APPLICATION ENROLLMENT

Employees must elect or waive coverage by January 22, 2016. Enrollments will be processed through bswift and DocuSign. Eligible employees will receive an email with instructions on how to enroll in or decline coverage in the bswift system. Once employees complete the enrollment process in bswift, they will receive a separate email via DocuSign with a health statement. This health statement must be completed electronically in order for the enrollment or waiver to be processed.

ADDITIONAL COVERAGE OPTIONS ARE AVAILABLE EFFECTIVE APRIL 1, 2016.

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

DEDUCTIBLE & MAXIMUMS 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
PHYSICIAN SERVICES Preventive Care Routine Exams Primary Care and Specialist Office Visit	Covered at 100% 100% After Deductible
DIAGNOSTIC SERVICES Routine Preventive Care Exams and Screenings Diagnostic X-Ray and Lab Work	Covered at 100% 100% After Deductible
EMERGENCY MEDICAL CARE	100% After Deductible
HOSPITAL CARE	100% After Deductible
MENTAL HEALTH / SUBSTANCE ABUSE	100% After Deductible
OTHER BENEFITS 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

DEDUCTIBLE & MAXIMUMS 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
---	---

Weekly Rates

Employee	\$27.46
Employee + Spouse	\$114.23
Employee + Child(ren)	\$96.23
Family	\$159.00

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

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

OUT-OF-NETWORK

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

Weekly Rates

Employee	\$57.69
Employee + Spouse	\$146.54
Employee + Child(ren)	\$117.00
Family	\$186.00

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

DEDUCTIBLE & MAXIMUMS	
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
PHYSICIAN SERVICES	
Preventive Care Routine Exams	Covered at 100%
Primary Care Office Visit	\$25 Copay
Specialist Office Visit	\$45 Copay
DIAGNOSTIC SERVICES	
Routine Preventive Care Exams and Screenings	Covered at 100%
Diagnostic X-Ray and Lab Work	20% After Deductible
EMERGENCY MEDICAL CARE	
Emergency Room Visit	\$200 Copay
Urgent Care Visit	\$60 Copay
Specialist Office Visit	20% After Deductible
HOSPITAL CARE	
Inpatient Hospitalization	20% After Deductible
Outpatient Surgery	20% After Deductible
MENTAL HEALTH / SUBSTANCE ABUSE	
Inpatient	20% After Deductible
Outpatient	20% After Deductible
OTHER BENEFITS	
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

DEDUCTIBLE & MAXIMUMS	
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	\$95.77
Employee + Spouse	\$230.31
Employee + Child(ren)	\$179.08
Family	\$247.38

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 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 or by calling toll-free (866) 444-EBSA (3272).