

2019

BENEFITS
GUIDE



The CSI Companies

2019 External Benefits

The CSI Companies values the contributions of our employees. In appreciation of your dedicated service, we are pleased to offer the Minimum Essential Coverage (MEC) Plan provided by The American Worker. In addition, employees will have an opportunity to elect ancillary benefits including: fixed indemnity, dental, vision, disability, critical illness and accident, and life insurance. Also available to all eligible employees who work at least 30 hours per week and who have satisfied the 59 day waiting period are Major Medical Plans. **Please review this enrollment guide carefully so you understand the benefits being provided and can make the right choices for you and your family.**

Eligibility

All active employees are eligible for coverage. Major Medical plans are only available to employees who work 30 or more hours per week.

About Your Coverage Choices

Elections you make at this time will remain in effect until our next Open Enrollment period. In addition, if you decline coverage for yourself and/or your dependent(s) when first becoming eligible, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event during the year, you may make changes to your elections at that time.

Qualified life events include:

- Change in status: Marriage, divorce, legal separation, annulment or death
- Change in number of dependents: Birth, death, adoption/placement for adoption or dependent reaching limiting age
- Change in employment status of employee, dependent or spouse that affects the individual's eligibility
- Change in employee, spouse or dependent coverage on spouse's plan during spouse's Open Enrollment
- Change in entitlement to Medicare, Medicaid or State Children's Health Insurance Program (CHIP)* for employee
- Change in eligibility for group health plan premium assistance under Medicaid of CHIP* for employee, dependent or spouse

We offer the following coverage options:

- Minimum Essential Coverage (MEC) Preventive Plan
- Fixed Indemnity Plans
- Dental, Vision, Short-Term Disability, Life and AD&D Insurance
- Major Medical Plans
- Critical Illness and Accident

Employee Assistance Program (EAP)

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: (800) 272-7255

TDD: (800) 697-0353

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: CSIEAP

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

TAKE THE NEXT STEP

After making your benefit decisions, you will need to enroll through our online enrollment portal, bswift.

Enrollment Deadline:

30 days from hire date

Effective Date:

American Worker: Monday following first payroll deduction

Major Medical: First of month following 59-day waiting period

To enroll in coverage :
theasicompanies.bswift.com

WHAT YOU NEED TO KNOW

All employees are required to log in to the benefits system to complete enrollment. If you wish to decline coverages, you need to log in to the system to decline each coverage. Enrollment instructions will be sent to you via email by the end of your second week on assignment. You must be fully set up in the payroll system to gain access to the benefits system.

theasicompanies.bswift.com

Benefits

Minimum Essential Coverage (MEC): The American Worker

Effective Date: Monday following the first payroll deduction

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

MEC	
Plan pays 100% of the 71 ACA required preventive services when utilizing a First Health Network Provider.	Covered services for adults, women and children
Weekly Rates	
• Employee only	\$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.

- More than 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

Below is a partial list of services covered by the MEC Plan. You can view a full list of covered services online at www.healthcare.gov/preventive-care-benefits/. A copy of the plan’s Summary of Benefits and Coverage (SBC) is included at the end of this brochure. 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 1-2 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: 0-11 months, 1-4 years, 5-10 years, 11-14 years and 15-17 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: 0-11 months, 1-4 years, 5-10 years, 11-14 years, and 15-17 years
- Oral health risk assessment for young children; Ages: 0-11 months, 1-4 years, 5-10 years
- Developmental screening for children under age 3, and surveillance throughout childhood
- Height, weight and body mass index measurements for children–Ages: 0-11 months, 1-4 years, 5-10 years, 11-14 years, and 15-17 years
- Fluoride Chemoprevention supplements for children without fluoride in their water source
- Hearing screening for all newborns
- Hematocrit or Hemoglobin screening for children

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Fixed Indemnity Plans: **The American Worker**

Effective Date: Monday following first payroll deduction

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 pays 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 Fixed Indemnity Plan	Preferred Fixed Indemnity Plan
Physician's Office	Plan pays \$60 per day, six days per person per year	Plan pays \$75 per day, six days per person per year
Outpatient Diagnostic Lab	Plan pays \$75 per testing day, three days per person per year	Plan pays \$85 per testing day, three days per person per year
Outpatient Diagnostic X-Ray	Plan pays \$75 per testing day, three days per person per year	Plan pays \$100 per testing day, three days per person per year
Outpatient Diagnostic Advanced Studies	Plan pays \$200 per testing day, three days per person per year	Plan pays \$300 per testing day, three 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, two days per person per year	Plan pays \$150 per day, two days per person per year
Surgical		
<ul style="list-style-type: none"> • Daily Inpatient • Daily Inpatient Maximum • Daily Outpatient • Daily Outpatient Minor • Outpatient Benefit Maximum 	Plan pays \$500 per day, One day per person per year Plan pays \$250 Plan pays \$50 One day per person per year	Plan pays \$1,000 per day, One day per person per year Plan pays \$500 Plan pays \$100 One day per person per year
Anesthesia	Plan pays 30% of surgical benefit	Plan pays 30% of surgical benefit
Daily Inpatient Hospital Indemnity	Plan pays \$300 per day, 500-day lifetime maximum	Plan pays \$500 per day, 500-day lifetime maximum
Hospital Admission	-	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	Weekly Rates
<ul style="list-style-type: none"> • Employee only 	\$14.97	\$21.90
<ul style="list-style-type: none"> • Employee + spouse 	\$32.90	\$50.68
<ul style="list-style-type: none"> • Employee + child(ren) 	\$24.61	\$37.41
<ul style="list-style-type: none"> • Family 	\$35.28	\$55.31

The Fixed Indemnity Plans are 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.

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Dental Coverage:

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.Ameritas.com and select "Find a Provider," then "Dental."

Plan Feature	In-Network	
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 only	\$4.75	
Employee + spouse	\$11.88	
Employee + child(ren)	\$8.55	
Family	\$12.83	

Vision Coverage:

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. Locate VSP Choice providers at www.Ameritas.com/member.

Plan Feature	VSP Choice	
	Network	Out-of-Network
Deductible	\$10 exam, \$25 eye glass lenses or frames ¹	
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair) Single/Bifocal/ Trifocal/Lenticular	Covered in full	Up to \$30/\$50/\$65/ \$100
Contacts		
• Fit & Follow-up Exams	15% discount	No benefit
• Elective	Up to \$105	Up to \$105
• Medically Necessary	Covered in full	Up to \$210
Frames	\$105 ²	Up to \$70
Frequency Exam/Lens/Frames	Based on date of service 12 months/12 months/24 months	
Weekly Rates		
Employee only	\$2.02	
Employee + spouse	\$3.99	
Employee + child(ren)	\$3.72	
Family	\$5.70	

¹ Deductible applies to a complete pair of glasses or frames, whichever is selected.

² The Costco allowance will be the wholesale equivalent.



Benefits

Additional Fixed Indemnity Plans Features

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
- More than 60,000 participating pharmacies across the country
- To view drug prices or locate a pharmacy, visit 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.

- More than 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

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

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**¹: 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**TM: Can help lower out-of-pocket costs on medical or dental bills over \$400 through provider negotiation
- **Medical Health Advisor**²: Access to Personal Health Advocates that can assist in resolving insurance claim and billing issues
- **Nurseline**TM and **Personal Counseling Services**

- **Additional Discounts:** Lab and imaging³, chiropractic, vision, hearing, diabetic supplies, vitamins and durable medical equipment

¹ Teladoc, state restrictions apply to residents of AR, DE and ID

² Health Advisor does not replace health insurance, provide medical care or recommend treatment.

³ 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.

Additional NBI services are not offered to WA residents

*Discount benefits administered by New Benefits, Ltd.

Enroll online at:

thecompanies.bswift.com



Benefits

Life and AD&D Insurance: Nationwide Life Insurance Company

Life Insurance can help your loved ones during trying times. This benefit provides cash that can assist your family in the event of your death. Enroll in this benefit to protect the ones that depend on you the most.

Life and AD&D Insurance	
Employee	Plan pays \$20,000
Life Insurance Only	
Spouse	Plan pays \$2,500
Child(ren)	Plan pays \$1,250
Weekly Rates	
Employee only	\$2.25
Employee + spouse	\$2.53
Employee + child(ren)	\$2.53
Family	\$2.88

Short-Term Disability (STD) Coverage: 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	Pays up to \$125
Maximum Benefit Period	26 weeks
Waiting Period	14 days (accidents and illness)
Percent of Weekly Salary	50% (excludes bonuses and overtime)
Weekly Rates	
Employee only	\$3.50

Coverage includes disability due to pregnancy and childbirth.

Critical Illness & Accident Package: Nationwide Life Insurance Company

Accidents and serious illness are emotionally distressing and often financially difficult. This plan pays cash to help ease the financial burden and protect your loved ones during these troubling times.

Accident Injury Care	Plan Pays \$1,000 Maximum/ Occurrence
CRITICAL ILLNESS* (first occurrence) <ul style="list-style-type: none"> Employee Spouse Child 	Plan Pays \$5,000 Plan pays \$2,500 Plan Pays \$1,250 DAILY HOSPITAL INDEMNITY Plan Pays \$100 per Day, 500 Day Lifetime Maximum
INTENSIVE CARE UNIT	Plan Pays \$200 per Day, 30 Days per Person per Year
SUBSTANCE ABUSE	Plan pays \$50 per Day, 30 Days per Person per Year
MENTAL ILLNESS	Plan pays \$50 per Day, 30 Days per Person per Year
SKILLED NURSING	Plan pays \$50 per Day, 60 Days per Person per Stay

**Critical Illness Benefit Description:*

Plan pays a one-time lump sum benefit in the event an insured person is diagnosed with their first occurrence of End-Stage Renal Failure, Heart Attack, Life Threatening Cancer, Major Organ Transplant or Stroke. The diagnosis must occur after the coverage is effective and while the policy is in force.

Plan pays 100% of the Critical Illness benefit if a covered person is diagnosed, after the effective date, with the first occurrence of any covered Critical Illness event except cancer. The plan pays only 10% of the Critical Illness benefit if a covered person is diagnosed with the first occurrence of cancer less than 90 days after the effective date of coverage. If the cancer diagnosis occurs more than 90 days after the effective date 100% of the Critical Illness benefit will be paid.

Weekly Rates	
Employee only	\$2.74
Employee + spouse	\$6.15
Employee + child(ren)	\$4.61
Family	\$6.80

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Major Medical Plan

Effective Date: First of the month following a 59-day waiting period

The CSI Companies offers employees the Major Medical Plans through Meritain using the Aetna network. The Major Medical Plan and the rates for the plan are listed in the charts below. For complete details on the Major Medical plan, contact your HR Department for the SBC. CSI contributes \$332 to the total monthly premium of your major medical plan election.

Major Medical Plan						
In-Network	\$6,750 (HDHP) High Deductible Health Plan		\$3,000 (HDHP) High Deductible Health Plan		Premier PPO	
Deductible and Maximums						
<ul style="list-style-type: none"> Calendar Year Deductible - Individual/Family Coinsurance - Aetna/Employee Calendar Year Out-of-Pocket Maximum - Individual/Family (Includes Deductible) Lifetime Maximum 	\$6,750 / \$13,500	100% / 0%	\$6,750 / \$13,500	\$3,000 / \$6,000	80% / 20%	\$2,000 / \$4,000
				\$6,000 / \$12,000		\$4,000 / \$8,000
	Unlimited		Unlimited	Unlimited		Unlimited
Physician Services						
<ul style="list-style-type: none"> Preventive Care Routine Exams Primary Care and Specialist Office Visit Telemedicine 	Covered at 100% Plan pays 100% after deductible \$40 cost		Covered at 100% Plan pays 80% after deductible \$40 cost	Covered at 100% Plan pays 80% after deductible \$40 cost		Covered at 100% Primary \$25 copay / Specialist \$45 copay \$20 copay
Diagnostic Services						
<ul style="list-style-type: none"> Routine Preventive Care Exams and Screenings Diagnostic X-Ray and LabWork 	Covered at 100% Plan pays 100% after deductible		Covered at 80% Plan pays 80% after deductible	Covered at 80% Plan pays 80% after deductible		Covered at 100% Plan pays 80% after deductible
Emergency Medical Care						
	Plan pays 100% after deductible		Plan pays 80% after deductible	Plan pays 80% after deductible		\$200 copay
Hospital Care						
	Plan pays 100% after deductible		Plan pays 80% after deductible	Plan pays 80% after deductible		Plan pays 80% after deductible
Mental Health/Substance Abuse						
	Plan pays 100% after deductible		Plan pays 80% after deductible	Plan pays 80% after deductible		Plan pays 80% after deductible
Other Benefits						
<ul style="list-style-type: none"> Rx - Generic/Formulary Brand Name/Non-Formulary Brand Name Rx - Specialty Drugs Rx - Mail Order Routine Eye Exam (Children Only) Skilled Nursing Facility 	Plan pays 100% after deductible		Plan pays 100% after deductible	Plan pays 80% after deductible		\$10 / \$30 / \$60 copay
	Plan pays 100% after deductible		Plan pays 100% after deductible	Plan pays 80% after deductible		20% minimum to \$250 max
	Plan pays 100% after deductible		Plan pays 100% after deductible	Plan pays 80% after deductible		\$25 / \$75 / \$150 copay
	Covered at 100%		Covered at 100%	Covered at 100%		Covered at 100%
	Plan pays 100% after deductible		Plan pays 100% after deductible	Plan pays 80% after deductible		Plan pays 80% after deductible
Out-of-Network						
Deductible and Maximums						
<ul style="list-style-type: none"> Calendar Year Deductible - Individual/Family Coinsurance - Aetna/Employee Calendar Year Out-of-Pocket Maximum - Individual/Family (Includes Deductible) 	\$12,700 / \$25,400	50% / 50%	\$25,400 / \$50,800	\$12,700 / \$25,400	50% / 50%	\$6,000 / \$12,000
				\$25,400 / \$50,800		\$10,000 / \$20,000
What is my cost?	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
Employee only	\$35.13	\$152.21	\$76.37	\$330.92	\$113.10	\$490.09
Employee + spouse	\$216.08	\$936.33	\$243.20	\$1,053.88	\$297.59	\$1,289.55
Employee + child(ren)	\$182.55	\$791.04	\$195.79	\$848.43	\$257.27	\$1,114.83
Family	\$299.31	\$1,297.01	\$313.41	\$1,358.13	\$420.51	\$1,822.21

Tools & Resources for Major Medical Plan Members

Meritain Mobile App

Members can access Meritain's mobile capabilities by visiting <http://www.meritain.com>. Once registered, the mobile capabilities are ready to use from smart phones and tablets. Members can easily update account information (including password and security question changes), electronic communication preference (email address) and HIPAA authorization settings. With attractive, quick-to-navigate displays, members can find and use healthcare information from their mobile device touch screens with ease.

CVS Caremark App

Now you can manage your prescription benefits anytime, anywhere.

- Easy Refills: Scan the barcode of your Rx label to refill available prescriptions
- View ID Card: No need to carry your benefit ID card. With the app, you always have it on hand
- Fill New Prescriptions: Take a photo of the front and back of your new paper prescription and CVS Caremark Mail Service Pharmacy will take it from there.
- Pharmacy Locator- Find in-network retail pharmacies near you
- Manage Your Profile- Set your notifications, update shipping and billing information, and more.

Register today at caremark.com/mobile or download the mobile app.

Meritain Health Nurse Coaching

As a part of this confidential program, you'll work with a nurse health coach. Your nurse coach is a registered nurse who will help you set health goals and take steps for a healthier lifestyle. You'll get the advice and support you need to feel better.

Your nurse coach will help you:

- Set key health goals, such as lowering your cholesterol or blood sugar, or reaching a healthier blood pressure
- Notice warning signs and know what to do if they happen
- Follow a doctor's plan of care for you
- Learn more about your health with helpful materials
- Find places near where you live that can give you extra support, if you need it

When you feel better, you'll be able to do more of the things you love. Meritain Health Nurse Health Coaching can help. If you feel you could benefit from this program, just call **(888) 610-0089**.

Treatment Cost Advisor

You also have access to the WebMD Cost Estimator tool through your member portal. Just log in to <http://www.meritain.com/> then go to *Tools & Resources* and select *Health Tools* from the drop down list. Then follow these steps:

- Click the *Go* button under *Estimate My Healthcare Costs*
- You will need to provide your gender, date of birth and ZIP code of the town in which you live
- Next, select *Estimate Cost of Care* under the *Treatment Options* heading
- To narrow your search, select a category. Examples include men, women or children's health, cancer, diabetes, and injuries and accidents
- Once you select a category, you can choose a condition or procedure to further narrow your search
- Lastly, you will be asked to provide your age, gender and ZIP code for an accurate estimate

24-Hour Access to Board-Certified, Licensed Doctors

Teladoc is the on-demand healthcare solution that provides members with the medical care they need, when they need it. Convenient, appropriate care helps create healthier employees, leading to healthcare savings for employers and members alike.

Members can get advice and treatment for non-emergency medical concerns. Members can use Teladoc for medical advice and care in the following situations:

Contact a Teladoc physician at (800) 362-2667, or send an email by logging in at <http://www.meritain.com>

Common Conditions Treated:

- Allergies
- Bronchitis
- Cold/flu
- Headaches/migraines
- Respiratory infections
- Sinus infections
- Stomachache/diarrhea
- Urinary tract infections
- Many other conditions

How to Find a Provider

1. Enter <https://www.meritain.com/provider-network-search> into the web browser
2. Click on Aetna
3. Enter zip code
4. Click on Aetna Choice® POS II (Open Access)
5. Click on Continue button
6. Enter specific provider name or provider type (Primary care, cardiologist, etc.)

Health Savings Account

Optum Bank

The \$6,750 and \$3,000 HDHP offers comprehensive health care coverage at a lower premium and higher deductible than traditional health care plans. The plans also feature a health savings account (HSA) that enables you to pay for current, qualified health care expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions (see "How Your HSA Is Funded").

How The HDHP Works

Basically, the HDHP, along with your HSA, puts health care spending in your hands. With lower premiums to pay for coverage, you choose how to spend your health care dollars. You can either pay for eligible services by using funds in your HSA, or you can pay for them out of your own pocket. Note: You can only use HSA funds as they are deposited in your account. You can always reimburse yourself later once you have accumulated funds in your account.

How Your HSA Is Funded

YOUR CONTRIBUTIONS

There are several ways to contribute money to your HSA:

- **Pre-tax contributions** through payroll deductions
- **After-tax cash contributions** that are deductible when you file your taxes
- **Catch-up contributions** up to \$1,000 per year if you are over age 55 (until you enroll in Medicare)

Total Annual Contribution Limit

It is important to note that your contributions, when combined with any contributions from the company, may not exceed the IRS annual maximum of \$3,500 for individual coverage and \$7,000 for family coverage in 2019. Note: Individuals 55 and older may make additional "catch-up" contributions up to \$1,000 each year until they enroll in Medicare.

To Enroll in H.S.A. with Optum Bank

To enroll in coverage :
theasicompanies.bswift.com

Qualified Health Care Expenses

HSAs enable you to pay for the following qualified health care expenses on a tax-free basis:

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502, available online at <http://www.irs.gov/pub/irs-pdf/p502.pdf>
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (excluding Medicare Supplement and Medigap premiums)

Contribution Limits	2019
Individual coverage	\$3,500
Family coverage	\$7,000
Catchup(55 or older)	\$1,000 extra

optumbank.com

Log in to your account anywhere, any time to:

- Pay bills to physicians, dentists or other health care providers
- Make deposits
- Reimburse yourself
- Set up and manage account alerts
- Upload and store receipts
- Check monthly statements
- Download account forms
- Update your email address or change your mailing address
- Manage investment activity

Account fee of \$2.75 is charged monthly to account holder

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
- Prosthesis 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 <http://www.insurekidsgnow.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 <http://www.askebsa.dol.gov> or by calling toll-free (866) 444-EBSA (3272).

Important Reminder

You also have access to medical coverage through state or federal health insurance marketplaces. You can access these at <http://www.gohealthcoverage.com/csi> through GoHealth or by calling (877) 894-0328. Plans available through GoHealth aren’t connected with The CSI Companies in any way.

Disclosure

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 and Vermont residents are not eligible for any of the benefit programs offered by The AmericanWorker.

Massachusetts residents are eligible for the Fixed Indemnity Plan, but this plan does NOT meet minimum creditable coverage standards.

The Fixed Indemnity Plans offered are 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.

Benefits Discount Programs

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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.

All Plans- Section 125 Disclaimer: I hereby elect to participate in the plan or plans offered by The CSI Companies 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 pre-tax 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 qualified life 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.**

