



CRF Health

Benefits Plan Overview

2017

WELCOME

CRF Health takes pride in offering a comprehensive and competitive benefits package to its employees. CRF Health, through all of its benefit partners, offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best for you and your family.



Please take the time to review all of the plan options available to you prior to making your selections. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family's needs throughout the year.

Options selected during open enrollment remain in place for the full calendar year. Options selected upon hire remain in place through the end of the calendar year in which you are hired.

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year at open enrollment. Medical, Dental, and Vision benefit choices are binding through December 31st of each year. The following circumstances are the ONLY reasons you may change your benefits during the year:

Marriage	Death of a Spouse
Divorce	Death of a Dependent
Birth & Adoption	Loss of Dependent Status
Loss of Spouse's job where coverage is maintained through a spouse's plan	

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the Employee Benefits Center within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

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Medical / Prescription Benefits

CRF Health's medical options are designed to provide you and your family with access to high quality healthcare. We are offering two plans which are available through Independence Blue Cross. The first option is a HMO Plan (only offered to employees in PA 5 County area) and the second is the PPO Plan.

The medical options cover a broad range

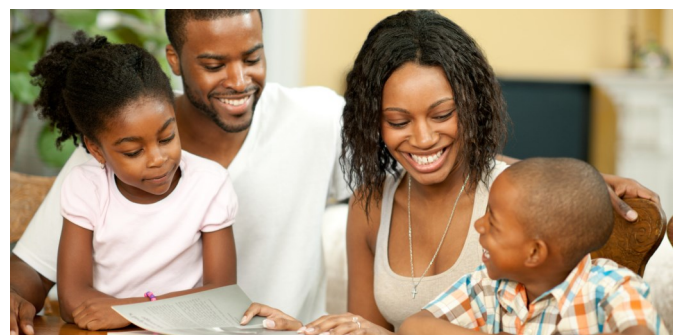
of healthcare services and supplies, including prescriptions, office visits and hospitalizations. Please refer to the summary on Page 2 for specific details on each medical plan option. www.ibx.com.

Eligibility: All full-time employees who work at least 30 hours per week. Employee are eligible on their first day of employment.



Medical Benefits Description

Benefits Description	Keystone HMO C4-F4		Personal Choice PPO C4-F4-02	
	<i>In-Network</i>	<i>Out-Of-Network</i>	<i>In-Network</i>	<i>Out-Of-Network</i>
Out-Of-Pocket Maximum Individual Family	\$7,150 \$14,300	Not Covered	\$7,150 \$14,300	\$10,000 \$30,000
Deductible Individual Family	None None	Not Covered	None None	\$1,500 \$4,500
Coinsurance	IBC Pays 100% You Pay 0%	Not Covered	IBC Pays 100% You Pay 0%	IBC Pays 50% You Pay 50%
Primary Office Visit	\$30 Copayment	Not Covered	\$30 Copayment	50% after Deductible
Specialist Services	\$50 Copayment	Not Covered	\$50 Copayment	50% after Deductible
Emergency Room	\$100 Copayment	Not Covered	\$100 Copayment	\$100 Copayment
Inpatient Hospital Services	\$250/day; to max. of \$1,250/Admission	Not Covered	\$250/day; to max. of \$1,250/Admission	50% after Deductible
Outpatient Surgery	\$125 Copayment	Not Covered	\$125 Copayment	50% after Deductible
Lab & Pathology Services	100%	Not Covered	100%	50% after Deductible
X-Ray Services Routine Radiology/Diagnostic MRI/MRA, CT, PET Scans	\$50 Copayment \$100 Copayment	Not Covered	\$50 Copayment \$100 Copayment	50% after Deductible
Preventive Care Services	100%	Not Covered	100%	Covered 50%
Durable Medical Equipment	Covered 50%;	Not Covered	Covered 50%;	50% after Deductible
Prescription Drug <i>(including oral contraceptives)</i> Generic Brand Formulary	\$20 Copayment \$40 Copayment \$60 Copayment	Not Covered	\$20 Copayment \$40 Copayment \$60 Copayment	



Dental Benefits



Good dental health is important to your overall well being. At the same time, we all need different levels of dental treatment. The Aetna Freedom of Choice dental plan provides affordable coverage based on the type of services obtained – **Preventive, Basic or Major** .

The Freedom of Choice Plan allows you two benefit plans for one premium. If you enroll you will have the option to switch, once a month, between the

DMO plan or the PPO plan in order to obtain the benefits that suite your family's needs. To switch between plans all you need to do is call Aetna's Member Service or log in to the secured member website. Switch Plans by the 15th day of the current month and change will be effective on the 1st day of the next month.

A complete provider directory can be accessed online at www.aetna.com

Dental Benefits Description	Aetna Freedom of Choice Dental	
	DMO	PPO
Deductible (not waived for preventive care) Individual Family	Fixed \$15 copay	In-Net - \$50/\$150 OON - \$50/\$150 (Waived for Preventive Services)
Preventive Services Oral Exams, Full Mouth X-Rays, Fluoride Treatments, Lab Work & Tests, Teeth Cleaning, Periodontal Maintenance	Fee Schedule / Copay	In-Net - 100% OON - 100%
Basic Services Fillings, Endodontics-Root Canal, Periodontics, Oral Surgery, General Anesthesia, Pulp Capping	Fee Schedule / Copay	In-Net - 100% OON - 100%
Major Services Inlays & Onlays, Crowns, Dentures, Bridges	Fee Schedule / Copay	In-Net - 100% OON - 100%
Orthodontic Services	Fee Schedule / Copay	100% (\$1,500 life-time maximum)
Annual Maximum (Covered Person)	N/A	\$2,000 Per Year



SUPERIOR VISION

Vision Benefits

All full-time, regular employees are eligible to sign up for vision coverage, which allows participants to get an examination annually and lenses, frames, and contact lenses (*in lieu of frames & lenses*) every 12 months.

Participants have the option of receiving care from a network or out-of-network provider; however, if you use a non-network provider you will incur higher out-of-pocket expenses. www.superiorvision.com



Benefits Description	Superior National Network
	In-Network
Eye Exam & Refraction	\$10 Every 12 months
Vision Lenses	\$30 Every 12 months
Frames	\$25 Every 12 months
Contact Lenses	\$25 Every 12 months

Basic Life and Accidental Death & Dismemberment Insurance

All full-time, regular employees receive basic life insurance in an amount equal to your annual base salary to a maximum of \$250,000. Accidental death and dismemberment insurance pays a benefit that varies with the type of loss or accident. These benefits are paid for by CRF Health and provided by Lincoln Financial Group.

Employees may elect to purchase additional life insurance coverage in increments of \$10,000 for employees up to \$250,000 and for spouses increments of \$5,000 up to \$125,000; not to exceed the lesser of 2.5x the employee's salary or 50% of their benefit amount. A dependent child benefit is available in \$2,500 increments not to exceed \$10,000 www.lfg.com

Disability

Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. CRF Health provides short-term and long-term disability benefits to all eligible employees at no cost to the employee.

Short-Term Disability (STD): Your STD benefit equals 60% of your weekly base salary to a maximum of \$2,300 per week. Your benefit begins after a 15-day unpaid waiting period. Total benefit duration is 24 weeks.

Long-Term Disability (LTD): Your LTD benefit equals 60% of your monthly base salary to a maximum benefit of \$10,000 per month. This benefit begins on the 181st day of disability. The benefit duration while disabled is to Age 65 or Social Security Normal Retirement Age (SSNRA) whichever is later.

www.lfg.com

Flexible Spending Accounts (FSA)

CRF Health allows you to defer a portion of your pay through payroll deductions into Flexible Spending Accounts (FSA). The money that goes into an FSA is deducted on a pre-tax basis, which means it is taken from your pay before federal and social security taxes are calculated. Because you do not pay income taxes on money that goes into your FSA, you decrease your taxable income.



It is important that you estimate carefully. If you do not use all of the money in your accounts by the end

of the plan year, Federal law requires you to forfeit any unused balances. The new IRS Carry Forward rule will allow employees with monies remaining in their Medical FSA on December 31st to carry forward \$500 into the next plan year.

Medical FSA: You may deposit up to **\$2,600** per plan year into your Medical FSA to cover you and your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, co-payments and co-insurance payments, routine

physicals, uninsured dental expenses, vision care expenses and hearing expenses.

Dependent Care FSA: You may deposit up to **\$5,000** per plan year into Dependent Care FSA. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elder care.

Employee account reports are available on-line:

Please visit www.gdynamic.com or you can call (800) 626-3539



EMPLOYEE BENEFITS ADMINISTRATION

Employee Assistance Program



CRF Health understands the importance of balancing work and family issues. Through our Employee Assistance Program, counseling and referral services are available to you and your eligible dependents. Lincoln's counselors are available to speak confidentially with you and your family regarding work, health, wellness and emotional well being issues.

For more information, please contact Lincoln Financial at (888) 628-4824 or www.guidanceresources.com

(user name = LFGsupport; password = LFGsupport1)

