

C. J. COAKLEY CO., INC.

BENEFITS PLAN OVERVIEW

MARCH 1, 2016 TO FEBRUARY 28, 2017

WELCOME

C. J. Coakley Co., Inc. takes pride in offering a comprehensive and competitive benefits package to its employees. C. J. Coakley, 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.



PRIDE

CRAFTSMANSHIP

INTEGRITY

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 plan year. Options selected upon hire remain in place through the end of the plan year in which you are hired.

Visit www.hrconnection.com to view detailed benefit summaries and compliance information. Username: cjcoakley
Password: Benefits1

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year at open enrollment. Medical benefit choices are binding through the end of the plan year. The following circumstances are some of the reasons you may change your benefits during the year:

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

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 Human Resources within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

Medical Benefits

C. J. Coakley Co., Inc. has partnered with Aetna Innovation Health to provide you and your family with access to high quality healthcare. Three national plans are available through Aetna. All three plans are open access, in which physician referrals are not required. The first two options are HMO Plans and the third is a Point of Service Plan.

prescriptions, office visits and hospitalizations. Depending upon the type of service, whether it be a routine office visit, a trip to the emergency room, or any other service under the plan, your medical plan shares the cost with you in different ways. Please see summaries on Page 2 for specific details. Go to www.aetna.com for a listing of Aetna network providers or call Customer Service using the number on your ID Card.

Your medical plan covers a broad range of healthcare services and supplies, including

Inside this issue:

Medical Benefits	1-2
Health Care Terminology	2
Health Savings Account	2

This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by C. J. Coakley Co., Inc..

Medical Benefits Description

Benefits Description	Aetna HSA Open Access HMO	Aetna Open Access HMO Plan	Aetna HSA Open HMO Option Plan	
	In-Network	In-Network	In-Network	Out-Of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Annual Deductible				
-Individual	\$2,000	\$500	\$2,000	\$4,000
-Family	\$4,000	\$1,000	\$4,000	\$8,000
Out-Of-Pocket Maximum				
-Individual	\$3,000	\$3,000	\$3,000	\$6,000
-Family	\$6,000	\$6,000	\$6,000	\$12,000
Coinsurance	90/10% of Eligible Expenses	Copays and 80/20% Coinsurance	Copays, 90/10% Coinsurance	70/30% Allowable Charges + Balance Over
Office Visits				
-Primary Care Physician	10% After Deductible	\$30 Copay	10% After Deductible	30% After Deductible
-Specialist	10% After Deductible	\$40 Copay	10% After Deductible	30% After Deductible
-Lab and x-ray (freestanding)	10% After Deductible	Covered in Full	10% After Deductible	30% After Deductible
Preventive Care				
-Well Baby	Covered in Full	Covered in Full	Covered in Full	Not Covered
-Adult	Covered in Full	Covered in Full	Covered in Full	Not Covered
Hospitalization				
-Inpatient	10% After Deductible	20% After Deductible	10% After Deductible	30% After Deductible
-Outpatient	10% After Deductible	20% After Deductible	10% After Deductible	30% After Deductible
Emergency Room	10% After Deductible	\$100 Copay	10% After Deductible	10% Coinsurance
Urgent Care	10% After Deductible	\$40 Copay	10% After Deductible	30% After Deductible
Mental Health / Substance Abuse				
-Inpatient	10% After Deductible	20% After Deductible	10% After Deductible	30% After Deductible
-Outpatient	10% After Deductible	\$40 Copay	10% After Deductible	30% After Deductible
Vision				
-Exams (1 exam every 12 months)	Covered in Full	Covered in Full	Covered in Full	Not Covered
Physician Network	www.aetna.com	www.aetna.com	www.aetna.com	N/A
Pharmacy				
-Deductible First		\$100 Single / \$300 Family Deductible		
-Generic Formulary Drugs (Tier 1) (up to 30-day supply)	Combined medical / Rx Deductible, then \$10 Copay	\$10 Copay (Deductible Waived)	Combined medical / Rx Deductible Deductible, then \$10 Copay	
-Brand Formulary Drugs (Tier 2) (up to 30-day supply)	Deductible, then \$30 Copay	Deductible, then \$30 Copay	Deductible, then \$30 Copay	
-Brand Non-Formulary Drugs (Tier 3) (up to 30-day supply)	Deductible, then \$50 Copay	Deductible, then \$50 Copay	Deductible, then \$50 Copay	
-Mail Order/Maintenance Drugs (up to 90-day supply)	Deductible, then 2.5 X Copays	Deductible, then 2.5 X Copays	Deductible, then 2.5 X Copays	

A complete provider directory can be found at www.aetna.com

Description of HealthCare Terms for All Health Plans

Annual Out of Pocket Limit - once this amount is satisfied, the plan will pay 100% of covered services.

Copay - the amount you pay at the time of service for each office visit or trip to the pharmacy.

Coinsurance - After you satisfy any applicable deductible, you share the cost of coverage (coinsurance) with the insurance company, until you reach your Annual Out-of-Pocket Limit.

Deductible - the amount of out-of-pocket medical and prescription drug expenses that you must pay for health services before becoming payable by Aetna.

PCP (Primary Care Physician) - a health care professional who is responsible for monitoring and providing your overall health care needs.

In-Network - typically refers to physicians, hospitals, or other health care providers who contract with an insurance plan to provide services to members. Coverage for services are typically greater when received from in-network providers.

Out-of-Network - typically refers to physicians, hospitals or other health care providers who do not contract with the insurance plan to provide services to its members. Coverage for services are typically less than it would be for in-network providers, or not covered at all.

Allowable Charges - when services are provided out of network, the amount payable to the provider by the insurance company is limited to the provider allowance amount, or the industry standard, for the charges in that providers given geographic region. Out of network providers may balance bill you for charges in excess of the allowable charges that are not payable by your insurance. To avoid this, consider utilizing in-network providers.

Health Savings Account (HSA)

A health savings account (HSA) is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high-deductible health plan (HDHP). The funds contributed to an account are not subject to federal income tax. If you enroll in the HDHP, you may open up an HSA through Optum Bank (www.optumbank.com). Some restrictions apply.

The funds in your HSA can be used for any qualified medical expense, such as your medical deductibles, copays, coinsurance, and other out-of-pocket dental and vision expenses. An HSA is similar to an individual retirement account (IRA) that offers tax advantaged savings and investment earnings and a variety of investment options. Funds used for purposes other than eligible expenses are taxable as income and subject to a 20% tax penalty. The annual IRS maximums for 2017 are \$3,400 for individuals and \$6,750 for family coverage.

It is important that you keep all receipts for qualified medical expenses that are paid using your HSA. For more information on HSAs through Optum Bank, log on to www.openenrollment123.com.