

# C. J. COAKLEY CO., INC.

## BENEFITS PLAN OVERVIEW

MARCH 1, 2017 TO FEBRUAR 28, 2018

### 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.



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](http://www.hrconnection.com) to view detailed benefit summaries and compliance information. Username: cjcoakley  
Password: Benefits1



PRIDE  
CRAFTSMANSHIP  
INTEGRITY

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year at open enrollment. 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:

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

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.

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

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 Pages 2 and 3 for specific details. Go to [www.aetna.com](http://www.aetna.com) for a listing of Aetna network providers or call Customer Service using the number on your ID Card.

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*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 Innovation Health Plan HSA Open Access HMO	Aetna Innovation Health Plan Open Access HMO Plan
	In-Network	In-Network
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Policy Year Deductible</b>		
-Individual	\$2,000	\$500
-Family	\$4,000	\$1,000
<b>Out-Of-Pocket Maximum</b>		
-Individual	\$3,000	\$3,000
-Family	\$6,000	\$6,000
<b>Coinsurance</b>	90/10% of Eligible Expenses	Copays and 80/20% Coinsurance
<b>Office Visits</b>		
-Primary Care Physician	10% After Deductible	\$30 Copay
-Specialist	10% After Deductible	\$40 Copay
-Lab and x-ray (freestanding)	10% After Deductible	Covered in Full
<b>Preventive Care</b>		
-Well Baby	Covered in Full	Covered in Full
-Adult	Covered in Full	Covered in Full
<b>Hospitalization</b>		
-Inpatient	10% After Deductible	20% After Deductible
-Outpatient	10% After Deductible	20% After Deductible
<b>Emergency Room</b>	10% After Deductible	\$100 Copay
<b>Urgent Care</b>	10% After Deductible	\$40 Copay
<b>Vision</b>		
-Exams (1 exam every 12 months)	Covered in Full	Covered in Full
<b>Mental Health / Substance Abuse</b>		
-Inpatient	10% After Deductible	20% After Deductible
-Outpatient	10% After Deductible	\$40 Copay
<b>Physician Network</b>	<a href="http://www.aetna.com">www.aetna.com</a>	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Pharmacy</b>		
- <b>Deductible First</b>	<b>Combined medical / Rx Deductible</b>	<b>\$100 Single / \$300 Family Deductible</b>
- Generic Formulary Drugs (Tier 1) (up to 30-day supply)	Deductible, then \$10 Copay	\$10 Copay (Deductible Waived)
- Brand Formulary Drugs (Tier 2) (up to 30-day supply)	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
- Mail Order/Maintenance Drugs (up to 90-day supply)	Deductible, then 2.5X Copays	Deductible, then 2.5X Copays

## 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](http://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](http://www.openenrollment123.com).

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

A complete provider directory can be found at [www.aetna.com](http://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.

## Dental Benefits

Good dental health is important to your overall well-being. At the same time, we all need different levels of dental treatment. United Concordia's dental plan provides affordable coverage based on the type of services obtained - **Preventive, Basic, or Major** - whether or not you obtain services from a network or non-network provider. **Network: Advantage Plus 2.0**



Under this plan, you may obtain covered services from any dentist. However, if an out-of-network provider is used, reimbursement is based on United Concordia's usual and customary reasonable charge. Employees who use dentists or dental specialists that are part of United Concordia's Participating Provider Network will see reduced or eliminated out-of-pocket expenses. *A complete provider directory can be found at [www.ucci.com](http://www.ucci.com).* **Employees not enrolled in medical have the option to elect Dental Only.**

United Concordia PPO Dental Plan		
Coverage	In-Network	Out-of-Network
<b>Deductible</b> - Applies to Basic and Major Services	Single: \$50 / Family: \$150 Excludes Class 1 (in-network only) Excludes Orthodontia	
<b>Preventive (Deductible Waived)</b> Diagnostic and preventive services, cleanings and lab and other diagnostic tests, fluoride treatment, space maintainers, Sealants	100% of Allowed Benefit	100% of Usual and Customary
<b>Basic Services</b> Restorations, simple extractions, oral surgery, periodontics, endodontics	90%	80%
<b>Major Services</b> Inlays, onlays, crowns, dentures and removable prosthetics, fixed partial dentures (bridges)	60%	50%
<b>Maximum Annual Benefit</b>	\$2,500 per person	
<b>Orthodontia</b> (Children up to age 19)	50%	50%
<b>Orthodontia Lifetime Maximum</b>	\$1,500 per person (to age 19)	

*Additional benefits, such as vision exam and materials, are included when you sign up for United Concordia dental. See plan summary for more details.*

## Voluntary Benefits

Some employees are eligible for Voluntary Benefits. C. J. Coakley Co., Inc. realizes you make benefit choices based on what is important to you and the needs of your changing lifestyle. That's why we make voluntary benefits available as a part of our benefit package to help you supplement your existing benefits plan at the low cost group rates.

**Voluntary Life:** Term Life may be purchased for yourself and dependents. You must purchase Voluntary Term Life on yourself in order to add your dependents.

**Short-Term Disability (STD):** STD benefits can be purchased in increments not to exceed 50% of your weekly base earning to a maximum benefit of \$500 per week. This benefit takes effect on the 8th day of absence due to an accident or illness. The benefit duration is 26 weeks.

**Long-Term Disability (LTD):** LTD benefits can be purchased in increments not to exceed 50% of your monthly base earning to a maximum benefit of \$5,000 per month. This benefit has a 180 day elimination period. *Benefits offered during plan anniversary.* Please contact Lela Bruner or Maria Coakley David for more information.

