



ANNUAL ENROLLMENT

October 1, 2017 is the annual renewal date for the insurance benefits for all full-time, eligible employees of Assessment Technology Inc. (ATI). If you have in the past declined coverage, either for yourself or your dependents, this is the annual Open Enrollment period in which to enroll. You may enroll yourself and your dependents at this time for coverage effective October 1, 2017.

In addition to this Open Enrollment, "Special Enrollment Periods" may be available to you and/or your dependents providing you request enrollment within 31 days of the qualifying event. The "special enrollment periods" include a loss of other coverage, marriage, divorce, legal separation, birth, adoption or placement of adoption.

As in years past, ATI continues to strike a balance between absorbing the increasing cost of coverage and controlling employee out-of-pocket costs. Despite the increasing cost in healthcare, ATI continues to offer employees a competitive benefits package. ATI will continue to offer the same plan design with Blue Cross Blue Shield of Arizona (BCBSAZ). ATI will continue to pay 100% of the employee only premium for both the health and dental plans. Employees wishing to enroll dependents will pay the premium difference. If you are currently enrolled in the health plan, you will automatically continue coverage under the plan with no need to complete a new enrollment form. If you are a new employee, newly enrolling in the health plan, or changing your enrollment status by adding or removing dependents, you must complete a new BCBSAZ enrollment form and turn it in to HR by the enrollment deadline specified by HR.

BENEFIT PLAN ELIGIBILITY

Medical and Dental Insurance: You can enroll your legal spouse or your dependent children to age 26 regardless if they are married or a full-time student. Voluntary Short-Term Disability: Employee coverage only. Voluntary Life: Self, legal spouse and dependent children to age 18 or 23 if a fulltime student.

NOTICE OF GRANDFATHERED HEALTH PLAN

ATI believes this BCBSAZ PPO \$500 80% plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your BCBSAZ PPO Blue Preferred \$500 plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Human Resources. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

2018

YOUR EMPLOYEE BENEFITS

October 1, 2017 - September 30, 2018

MEDICAL

Blue Cross Blue Shield of Arizona | 800.232.2345 | www.azblue.com

You will receive the highest level of benefits at the lowest cost when you seek care from a BCBSAZ contracted provider.

Please refer to BCBSAZ's complete summary of benefit for further detail, including the out-of-network benefits.

Benefits	Blue Preferred PPO \$500 <i>In Network Benefits Only</i>
Deductible – Calendar year	\$500 Individual / \$1,000 Family
Coinsurance	80% ♦ 20%
Payment Limit - Calendar year	\$2,500 Individual / \$5,000 Family
Physician Office Visits	Sickness & Injury: \$15 ♦ \$25
Benefit Plan Lifetime Maximum	Unlimited
Urgent Care	\$25
Emergency Room	\$150 access fee, per provider per day; then 20% after meeting deductible Access fee waived if admitted to hospital
Lab Services	Physician office - \$0 (If only service received) Contracted, freestanding facility - \$0
Radiology Service	20% after deductible
Inpatient Services	20% after deductible
Prescriptions	Retail: \$10 ♦ \$25 ♦ \$50 ♦ \$80 Mail order: \$20 ♦ \$50 ♦ 100 ♦ \$160

DENTAL

Delta Dental | 800.352.6132 | www.deltadentalaz.com

We will continue to offer the same Delta Dental plan with no changes in benefits and ATI will continue to pay 100% of premiums for employee only coverage. There will be a minimal increase in premium for members with family coverage. Below are highlights of the plan. Please refer to the Delta Dental benefit summary for detailed coverage information.

Benefits	PPO Plus Premier
Deductible	\$50 per person / \$150 per family
Annual Benefit Year Maximum	\$1,000 per person
Routine Care	100%
Basic Care	80%
Major Care	50%
Orthodontic (Child only)	50% up to \$1,000 lifetime maximum

VOLUNTARY BENEFITS

Fort Dearborn | 800.621.3251 | www.fdl-life.com

We will continue to offer the voluntary benefit plans from Fort Dearborn to all employees.

Voluntary Group Term Life and Accidental Death & Dismemberment (AD&D)

- ◆ Employee & spouse benefit - \$10,000 to a maximum of \$500,000, in \$10,000 increments
- ◆ Child benefit - \$5,000 or \$10,000
- ◆ If you elected coverage when first eligible, you can purchase an additional \$10,000 in coverage without evidence of insurability, up to the group's maximum
- ◆ Waiver of premium and accelerated death benefit available to the employee only
- ◆ AD&D can be purchased for you, the employee, as an individual or as a family plan for you, your spouse and/or your child(ren)

Voluntary Short Term Disability

- ◆ Designed to replace lost income as well as out-of-pocket medical or non-medical expenses in the event of a non-occupational injury or illness
- ◆ Benefit coverage - \$100 per week to a maximum of \$750 per week
- ◆ The combination of benefits under this policy and other income benefits may not exceed 60% of your basic weekly income

The premiums for these plans are paid by you, the employee, directly deducted from your paycheck. If you are currently enrolled in Fort Dearborn plans and wish to continue coverage after, you do not need to take any action as your coverage will automatically be continued.

If you are interested in enrolling in one or both of the Fort Dearborn products, please follow-up with Human Resources.

EMPLOYER PAID BENEFITS

SunLife | 800.247.6875 | www.sunlife-usa.com/planmembers

All full time employees working 30+ hours per week will automatically be enrolled the first of the month following 5 years of continuous employment into the employer paid Short Term Disability and Long Term Disability plans.

SunLife Short Term Disability (STD)

STD provides income protection in the event of an expected or unexpected disability. STD provides partial income replacement during your period of disability to help provide you and your family with financial security. STD benefits begin after 8 days of disability due to a non-occupational injury or sickness. The benefit percentage is 60% of your weekly income up to a maximum of \$2,000 per week for a total of 12 weeks. STD benefits paid to employees in the event of a disability are taxable because your employer pays for this STD coverage. Please refer to the SunLife plan materials for further plan details.

SunLife Long Term Disability (LTD)

LTD provides income protection in the event of an expected or unexpected disability. LTD provides partial income replacement during your period of disability to help provide you and your family with financial security. LTD benefits begin after 90 consecutive and continuous days of disability due to a non-occupational injury or sickness. The benefit percentage is 60% of your monthly income up to a maximum of \$10,000. You can remain on LTD until your Normal Social Security Retirement Age. There is a pre-existing condition limitation under this plan. LTD benefits paid to employees in the event of a disability are taxable because your employer pays for this LTD coverage. Please refer to the SunLife plan materials for further plan details.

PRE-TAX MEDICAL/DENTAL PLAN PREMIUMS

ATI's Cafeteria Pre-Tax Premium Only Plan allows you to pay for your medical and dental plan premiums with pre-tax dollars. You do need to complete the Cafeteria Enrollment form each year electing or declining to pre-tax your premiums.

This is a benefit provided by the IRS to make healthcare more affordable as it gives employees a tax break to help pay their premiums.

EMPLOYEE RATES PER PAY PERIOD

FYI: Employee BCBSAZ monthly premium paid by ATI is \$680.12/per employee; Delta Dental monthly premium paid by ATI is \$43.30/per employee.

	BCBSAZ Current 10/1/16 - 9/30/17	BCBSAZ Renewal* 10/1/17 - 9/30/18	Delta Current 10/1/16 - 9/30/17	Delta Renewal** 10/1/17 - 9/30/18
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$328.47	\$345.29	\$34.20	\$35.74
Employee + Child(ren)	\$268.75	\$282.51	\$34.20	\$35.74
Employee + Family	\$597.22	\$627.80	\$34.20	\$35.74

* 5.1% increase

** 4.5 % increase

CONTACTS

CONTACT INFORMATION		
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BCBSAZ – Medical Benefit	800.232.2345	www.azblue.com
Delta Dental – Dental Benefit	800.352.6132	www.deltadentalaz.com
Fort Dearborn - Voluntary Life and Short Term Disability	800.621.3251	www.fdl-life.com
SunLife – Short and Long Term Disability	800.247.6875	www.sunlife-usa.com/planmembers



About This Booklet: This summary highlights important features of ATI employee benefit plans. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the legal plan documents and the contracts that govern these plans. Benefit plans may be changed for any reason, to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment.

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