

BENEFITS PLAN OVERVIEW 2017-18



WELCOME

RMCI takes pride in offering a comprehensive and competitive benefits package to its employees. RMCI, 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.

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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 June 30th 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.

MEDICAL BENEFITS

RMCI's medical options are designed to provide you and your family with access to high quality healthcare. We are offering two plan options. PPO and High Deductible Plan with HRA. The Medical coverage will be through the CIGNA network. To find a provider log onto www.CIGNA.com or mycigna.com.



The medical options cover a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. The plans differ when it comes to how they share costs with you. Please refer to the summary on Page 2 for specific details on each medical plan option.



MEDICAL BENEFITS DESCRIPTION

	PPO Plan		HDHP w/HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible:				
- Single	\$0	\$500	\$1000	\$1,000
- Family	\$0	\$1,000	\$2000	\$2,000
Out of Pocket Maximum:			DNI copays	
- Single	\$2,000	\$4,000	\$2,000	\$4,000
- Family	\$4,000	\$8,000	\$4,000	\$8,000
Coinsurance:	100%	70%	100%	70%
Preventive Care:				
- Well Child	Covered in full	Deductible, then 30%	Covered in full	Deductible, then 30%
- Adult Routine Physical	Covered in full	Deductible, then 30%	Covered in full	Deductible, then 30%
- Routine Cancer Screenings	Covered in full	Deductible, then 30%	Covered in full	Deductible, then 30%
Office Visits:				
- Primary Care Physician (PCP)	\$25 copay	Deductible, then 30%	Deductible then 100%	Deductible, then 30%
- Specialist	\$40 copay	Deductible, then 30%	Deductible then 100%	Deductible, then 30%
- Urgent Care	\$25 Copay	\$25 Copay	\$25 Copay	Deductible, then 30%
Lab, Xray and Diagnostic Imaging:				
- Lab and x-rays (free-standing)	\$50 copay	Deductible, then 30%	Deductible then 100%	Deductible, then 30%
- Diagnostic Imaging (MRI, CT, etc)	\$50 copay	Deductible, then 30%	Deductible then 100%	Deductible, then 30%
Hospitalization:				
- Inpatient	Deductible	Deductible, then 30%	Deductible then 100%	Deductible, then 30%
- Outpatient	\$100 Copay then Deductible	\$100 Copay then Ded, then 30%	Deductible then 100%	Deductible, then 30%
- Emergency Room (waived if admitted)	\$150 copay (no certification)		Deductible then 100%	
Miscellaneous:				
Lifetime Maximum	Unlimited		Unlimited	
Primary Care Physician Network	No Referral CIGNA	N/A N/A	No Referral CIGNA	N/A N/A
Prescription Drugs:	CVS/CareMark		CVS/CareMark	
- Generic	\$10 copay		\$10 copay	
- Brand (Preferred)	\$30 copay		\$30 copay	
- Brand Non-Formulary	\$50 copay		\$50 copay	
-Specialty Injectibles (excludes insulin)	10% after \$150 copay		10% after \$150 copay	
Mail Order Rx (90 day supply)	2 x copay		2 x copay	
Contact Information:				
- Loomis	Phone: 800-346-1223	Website: www.loomis.com		
- CIGNA		Website: www.cigna.com or mycigna.com		
- CVS CareMark	Phone: 866-475-0056	Website: www.caremark.com		

PRESCRIPTION BENEFITS

RMCI's Medical Plan Enrollees are enrolled for prescription benefits through Express Scripts. Loomis administers the prescription drug plan, which uses the Express Scripts national network of pharmacies.

Your prescription drug card benefit covers prescriptions obtained from a retail pharmacy. You may receive up to a 34-day supply of medicine for an original prescription and submit refills for up to one year. Simply choose a pharmacy that participates in the network and show your ID card to receive benefits.

Check with your pharmacy to see if they participate in the Express Scripts network or contact Express Scripts at 1-800-451-6245 if you have any questions.

The amount you will pay for a prescription drug depends on whether the drug you receive is a generic drug, preferred name brand formulary drug or a non-preferred name brand formulary drug.

Generic drug meets the same standards for safety, strength and effectiveness as a brand name drug and is provided at a lower cost.



Formulary name brand drug (preferred) is a moderate cost name brand drug.

Non-Formulary name brand drug (non-preferred) is a higher cost name brand drug.

HRA: HEALTH REIMBURSEMENT ACCOUNT

How does my HRA plan work?

- Your Health Reimbursement Arrangement was designed by RMCI to reimburse you for certain eligible healthcare expenses. You are eligible for the HRA only if you enrolled into the HDHP with HRA. The funds to cover the reimbursements are provided by the RMCI and are free from federal, state and social security taxes. After you have incurred expenses, your In-Network provider will submit claims to the address on the back of your medical identification card.
- Once the medical plan pays the claim you will receive an explanation of benefits which will include what is owed to the provider. The provider will then bill you the patient portion of your expenses. After the insurance has paid and you have been billed it is at that time you can use your Benny's card to pay the balance due to the provider.
- Loomis will review the HRA claims to make sure the Benny Card charges are eligible and request any substantiation that may be needed. They will also review paper submissions and for these will then send reimbursement to you via check or direct deposit.

Contact The Loomis Company Flex customer service at 800-253-5998 if you have any additional questions.

Can I contribute to the HRA plan?

Per IRS regulations, participants are not permitted to contribute to an HRA plan.



What is an eligible expense?

An eligible expense is any healthcare expense incurred by a participant, their spouse, or dependent, that is approved by the IRS (Publication 502) and eligible for reimbursement under your plan. These expenses include, but are not limited to: Medical deductibles, medical coinsurance and medical co-pays— to see a full list visit, www.irs.gov.

Please note: expenses reimbursed through the plan cannot be itemized and resubmitted through an income tax return or any other benefit plan per IRS regulations.

How do I receive reimbursements?

You may use your **Benny Card** or **Fax**-610-370-6765, **Email**- flexclaims@loomisco.com, or **Mail** your claims to **The Loomis Company, Flexible Benefits Administration, P.O. Box 7011, Wyomissing, PA 19610** OR submit claims and supporting documentation **Online** directly to <https://loomisco.lh1ondemand.com>.

How do I find my balance or view the status of my claims?

You may find your balance by logging in to your account. See the attached Consumer Portal Quick Guide for more information. If this is the first time you are logging in:

Go to <https://loomisco.lh1ondemand.com>

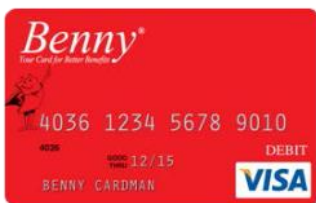
Login information: is the first letter of the first name (lower case) birth date in DDMMYY format (**DAYDAYMONTHMONTHYEARYEAR**) and the last 4 digits of the social.

Password: is the first initial of first name (lower case) and the last 4 digits of the social.

Click **Login**.

Do funds carry over at the end of the plan period?

Any unused amounts left in the accounts at the end of the plan period may not be carried over into the next plan year.



What happens to my Health Reimbursement Arrangement when I leave my employer?

If you leave your current place of employment or become ineligible for the Health Reimbursement Arrangement, you will not be able to take your HRA funds with you. You may have a certain period of time to submit claims for services or items purchased before you became ineligible.

DENTAL BENEFITS

Good Dental health is important to your overall well being. At the same time, we all need different levels of dental treatment. As part of your healthcare package, you will automatically be enrolled in the dental plan. If you waive the health benefits, you have the opportunity to enroll in dental separately.



The RMCI dental plan provides affordable coverage based on the type of services obtained – **Preventive, Basic or Major**.

Under this plan, you may obtain covered services from any dentist.

Benefits Description	DENTAL PLAN
	<i>In-Network</i>
Calendar Year Individual Maximum	\$1,500
Calendar Year Deductible Individual/Family	\$50 per person
Preventive Services	Plan pays 100% UCR*
Basic Services	Plan pays 80% UCR*
Major Services	Plan pays 50% UCR*
Orthodontic Services	Plan pays 50% UCR*
Lifetime Orthodontic Maximum	\$1,500

**UCR means Usual, Customary and Reasonable Charges.*

VISION BENEFITS

RMCI provides vision benefits through Vision Service Plan (VSP). VSP offers a national network consisting of optometrists, ophthalmologists and opticians. **To find a provider, go to www.vsp.com/find-eye-doctors.html** and utilize the “Find a Doctor” feature for a list of network providers closest to you. When you select your network make sure you select “VSP signature”.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every calendar year
Prescription Glasses		\$20	See frame and lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Extra Savings	Glasses and Sunglasses		
	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening		
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction		
	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

GROUP TERM LIFE/AD&D

As benefit eligible employee of RMCI, you are eligible for a variety of company-sponsored benefit plans. RMCI pays 100% of the cost for your Basic Life and Accidental Death & Dismemberment Insurance (AD&D), Long Term Disability and Long Term Disability. These



Coverage	Company-Paid Benefit
Basic Life Insurance	1 times your salary to a maximum of \$50,000
Basic AD&D Insurance	1 times your salary to a maximum of \$50,000

VOLUNTARY TERM LIFE/AD&D

RMCI offers a Voluntary Life Insurance benefit that can be purchased at your own expense for you and your dependents. Amounts over the guaranteed amount are subject to underwriting, and the excess coverage may be approved or denied based upon your health status at the time of the application. If you are a late entrant, you will be underwritten. For benefit and rate information, please refer to the enrollment form which will automatically calculate the cost.

Coverage	Associate-Paid Benefit	Guaranteed Issue Amount Up To
Associate	\$10,000 increments (3x earnings up to \$400,000 maximum)	\$100,000
Spouse	\$5,000 increments (50% of associate's amount up to \$100,000 maximum)	\$50,000
Child (Children)	\$2,000 increments (50% of associate's amount up to \$10,000 maximum) (age 14 days but under age 19)	\$10,000

VOLUNTARY SHORT TERM 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. RMCI provides employees with Long Term Disability at no extra cost as well as with the option to enroll into Voluntary Short-Term Disability.

Voluntary Short-Term Disability (STD): This benefit provides different levels of salary continuation starting at \$100 to a maximum of \$1,600. Employees may elect a flat weekly amount from \$100 to \$1600 in increments of \$100 not to exceed 60% of your weekly earnings.

STD becomes effective after the applicable waiting period of 15 for days injury & 15 days sickness, for up to 13 weeks.



LONG TERM DISABILITY

Long-Term Disability (LTD): This benefit provides 60% of your monthly earnings to a maximum of \$6,000/month. This benefit begins on the 91st day of disability. This benefit is provided to all full time RMCI employees at no extra cost.

GROUP ACCIDENT INSURANCE



Group accidental insurance pays a benefit for the treatment of injuries suffered as a result of a covered accident, regardless of any health insurance benefits you have. In addition, they may help offset the direct and indirect expenses such as deductibles, co-payments and other cost of covered by traditional health plans. These benefits are also available for your spouse and/or dependent children. Rates are based on age and can be acquired by reaching out to RMCIs Human Resources Department. This plan is provided through The Hartford.

FLEXIBLE SPENDING ACCOUNTS (FSA)

RMCI's Health and Dependent Care Flexible Spending Accounts (FSAs) allow you to use tax-free dollars to reimburse yourself for a wide variety of health and/or dependent care expenses that are not covered through your other benefit plans. The annual amount you elect to contribute to each account will be divided into equal amounts and deducted from your paycheck before federal and, in most cases, state and local income taxes are withdrawn.

The maximum annual Medical FSA contribution is \$2,600 per plan year and Dependent Care is \$5,000. This is a "Use it or Loose it" Plan.

Health Care FSA

Healthcare expenses for yourself and your dependents - such as deductibles, coinsurance, and copays - are eligible for reimbursement from your Health Care FSA.

Dependent Care FSA

Expenses for dependent care services for children under age 13, a disabled spouse, or incapacitated parent are eligible for reimbursement from your Dependent Care FSA as long as you incur them while you and your spouse work or attend school full-time.

The maximum annual contribution is \$5,000 (\$2,500 if you are married and filing a separate income tax return).

FILING A CLAIM FOR REIMBURSEMENT

To review your account information, log into www.myplans.cbiz.com and create a new user name and password. On this site you will be able to get account balances, view payment charges, enter a request for reimbursement, find answers to frequently asked questions and much more.

CBIZ Flex gives you access to your account status 24 hours a day, seven days a week, through its interactive website at www.myplans.cbiz.com. CBIZ Flex also offers secure, interactive mobile applications for Android, iOS and Windows devices. Expenses provided must be incurred during your year of July 1– June 30. You will have 90 days following the end of the plan year to file claims under the FSA.

THE FSA DEBIT CARD

It's the quick and easy way to pay for qualified expenses from your flexible spending account. There are no out-of-pocket expense- it is taken directly out of your flexible spending account.

Debit Card:

- Accepted at all eligible health care merchants or IIAS merchants
- Eliminates substantiation at IIAS Merchants
- Saves time - there's no waiting for reimbursement



EMPLOYEE ASSISTANCE PROGRAM

RMCI understands the importance of balancing Work and Family issues. Our Employee Assistance Program, administered by Guided Resources, is designed to handle any immediate issue 24/7 with confidential support, guidance and resources.

- In-person help with short-term issues (up to three face-to-face counseling sessions)
- Toll-free phone and Web access 24/7
- Phone Access to legal counsel and a 25% discount on follow-up services
 - Work/life services for assistance with:
 - Childcare, eldercare and adoption
 - Relationships
 - Financial Issues



Visit WWW.GUIDANCERESOURCES.COM to create your own personal username and password. If you're a first-time user, you'll be asked to provide the following information on the profile page:

1. In the **Company/Organization** field, use: **HLF902**
2. Then, create your own confidential user name and password.
3. Finally, in the Company Name field at the bottom of personalization page, use: **ABILI**
4. Or call **1-800-96-HELPS (1-800-964-3577)**.

ESTATE GUIDANCE



As an employee of RMCI, you have access to EstateGuidance Will Services provided by ComPsych. It helps you create a simple, legally binding will quickly and conveniently online, saving you the time and expense of a private legal consultation. Other advantages include:

- Online assistance from licensed attorneys should you have questions.
- The ability to save drafts for up to six months. During this period, you can revise your will at no cost, as long as you haven't already printed or downloaded it.
- Additional estate planning services are also available for purchase, including the creation of living wills and trusts, guidance about divorce proceedings, and durable power of attorney.

Visit WWW.ESTATEGUIDANCE.COM/WILLS today. Use this code: **WILLHLF**. Then follow the easy steps below:

1. Access The Hartford's EstateGuidance® Will Services online.
2. Sign in to the secure site by entering the access code.
3. Follow the instructions and create your will.
4. Download the final will to your computer and print.
5. Obtain signatures and determine if your will should be notarized.



FUNERAL PLANNING

The death of a loved one is one of life's most stressful situations. Quick, often costly decisions must be made while emotions are at their peak. Yet, how many people know how to plan a funeral? That's why RMCI offers a funeral planning and concierge service through The Hartford's **Group Life insurance program** – provided by Everest. This program is available to all RMCI employees.

We can't always predict, but we can prepare. Find out more about The Hartford's Funeral and Concierge Services by calling **1-866-854-5429**.

Or visit WWW.EVERESTFUNERAL.COM/HARTFORD and use this code: **HFEVLC**.

TRAVEL ASSISTANCE AND ID THEFT PROTECTION SERVICES



The best travel plans can go awry, leaving you vulnerable and, possibly, unable to communicate your needs. When the unexpected happens far from home, it's important to know whom to call for assistance.

If you are covered under a Hartford Group Policy, you and your family have access to Travel Assistance Services provided by Europ Assistance USA.¹

With a local presence in 200 countries and territories around the world, and numerous 24/7 assistance centers, they are available to help you anytime, anywhere.



DENTITY THEFT ASSISTANCE, TOO.

Identity theft, America's fast growing crime, victimizes almost 10 million American consumers each year.⁵ Europ Assistance USA helps protect you and your family from its consequences 24/7,² at home and when you travel.

In addition to prevention education, this service provides advice and help with administrative tasks resulting from identity theft.

What to have ready: Your employer's name, a phone number where you can be reached, nature of the problem, Travel Assistance Identification Number and your company policy number, which can be obtained through your Human Resources department.

Call: **1-800-243-6108** Collect from other locations: **202-828-5885** Fax: **202-331-1528**
Travel Assistance Identification Number: **GLD-09012**

TRAVEL ASSISTANCE AND ID THEFT PROTECTION SERVICES

EMERGENCY MEDICAL ASSISTANCE ⁶	PRE-TRIP INFORMATION	EMERGENCY PERSONAL SERVICES ⁷	IDENTITY THEFT ASSISTANCE
<ul style="list-style-type: none"> • Medical referrals • Medical monitoring • Medical evacuation • Repatriation • Traveling companion assistance • Dependent children assistance • Visit by a family member or friend • Emergency medical payments • Return of mortal remains 	<ul style="list-style-type: none"> • Visa and passport requirements • Inoculation and immunization requirements • Foreign exchange rates • Embassy and consular referrals 	<ul style="list-style-type: none"> • Medication and eyeglass prescription assistance • Emergency travel arrangements⁹ • Emergency cash⁹ • Locating lost items • Bail advancement 	<ul style="list-style-type: none"> • Prevention Services <ul style="list-style-type: none"> - Education - Identity Theft Resolution Kit • Detection Services <ul style="list-style-type: none"> - Fraud alert to three credit bureaus • Resolution Guidance and Assistance <ul style="list-style-type: none"> - Credit information review - ID Theft Affidavit Assistance - Card replacement • Personal Services <ul style="list-style-type: none"> - Translation - Emergency cash advance*

THE LOOMIS COMPANY



The Loomis Company is a Third Party Administrator that RMCI has partnered with to administer our employee benefits. Through Loomis, all full time employees and dependents will have access to the GroupWeb site for reviewing and printing Explanation of Benefits (EOB) and Summary of Plan Descriptions (SPD). In addition, you will also have access to the website at www.loomisco.com. Once you have created your login and password (you will need the ID Number off your ID Card), through the GroupWeb site you can learn, do and obtain all of the following:

- How to read and understand your ID Card
- How to read and understand an Explanation of Benefits (EOB)
- Frequently Asked Questions
- Notice of Privacy Practices
- ID Card Request
- Coordination of Benefits
- Accident Detail Form
- Change of Address Form
- HIPAA Certificate Request
- Medical, Dental, and Vision Claim Forms in PDF
- Flexible Benefits Account Reimbursement Request PDF



You can now also download the MYLOOMIS APP!

Apple
App Store



Download the free
Loomis Mobile Benefits
App today!

Android/ Google
Playstore



Medicare Part D Notice

Important Notice from RMCI About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with RMCI and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. RMCI has determined that the prescription drug coverage offered by Loomis is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **RMCI** coverage may be affected. You may keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current **RMCI** coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **RMCI** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **RMCI** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

Medicare Part D Notice

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: July 1, 2017
Contact: Human Resources
Address: 651 Corporate Circle, Suite 123
Golden, CO 80401
Phone: (303) 277-0066

Women’s Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Contact your Human Resources Representative for more information.

Statement of Rights under the Newborns’ and Mothers’ Health Protection Act

Under Federal law, group health Plans and health insurance issuers offering group health insurance coverage generally may not restrict Benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the Plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under Federal law, plans and issuers may not set the level of Benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization or notify the Claims Administrator. For information on notification or prior authorization, contact your issuer.

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’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t 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, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120
GEORGIA – Medicaid Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
IOWA – Medicaid Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

NEBRASKA – Medicaid Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WEST VIRGINIA – Medicaid Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



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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 RMCI.



BENEFITS PLAN OVERVIEW 2017-18



Technical Solutions

for a

Technical World.



WELCOME

RMCI takes pride in offering a comprehensive and competitive benefits package to its employees. RMCI, 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.

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 June 30th of each year. The following circumstances are the ONLY 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 the Human Resources Department within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

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MEDICAL BENEFITS

RMCI's medical options are designed to provide you and your family with access to high quality healthcare. We are offering two plan options. PPO and High Deductible Plan with HRA. The Medical coverage will be through the CIGNA network. To find a provider log onto www.CIGNA.com or mycigna.com.



The medical options cover a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. The plans differ when it comes to how they share costs with you. Please refer to the summary on Page 2 for specific details on each medical plan option.



MEDICAL BENEFITS DESCRIPTION

	PPO Plan		HDHP w/HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible:				
- Single	\$0	\$500	\$1000	\$1,000
- Family	\$0	\$1,000	\$2000	\$2,000
Out of Pocket Maximum:			DNI copays	
- Single	\$2,000	\$4,000	\$2,000	\$4,000
- Family	\$4,000	\$8,000	\$4,000	\$8,000
Coinsurance:	100%	70%	100%	70%
Preventive Care:				
- Well Child	Covered in full	Deductible, then 30%	Covered in full	Deductible, then 30%
- Adult Routine Physical	Covered in full	Deductible, then 30%	Covered in full	Deductible, then 30%
- Routine Cancer Screenings	Covered in full	Deductible, then 30%	Covered in full	Deductible, then 30%
Office Visits:				
- Primary Care Physician (PCP)	\$25 copay	Deductible, then 30%	Deductible then 100%	Deductible, then 30%
- Specialist	\$40 copay	Deductible, then 30%	Deductible then 100%	Deductible, then 30%
- Urgent Care	\$25 Copay	\$25 Copay	\$25 Copay	Deductible, then 30%
Lab, Xray and Diagnostic Imaging:				
- Lab and x-rays (free-standing)	\$50 copay	Deductible, then 30%	Deductible then 100%	Deductible, then 30%
- Diagnostic Imaging (MRI, CT, etc)	\$50 copay	Deductible, then 30%	Deductible then 100%	Deductible, then 30%
Hospitalization:				
- Inpatient	Deductible	Deductible, then 30%	Deductible then 100%	Deductible, then 30%
- Outpatient	\$100 Copay then Deductible	\$100 Copay then Ded, then 30%	Deductible then 100%	Deductible, then 30%
- Emergency Room (waived if admitted)	\$150 copay (no certification)		Deductible then 100%	
Miscellaneous:				
Lifetime Maximum	Unlimited		Unlimited	
Primary Care Physician Network	No Referral CIGNA	N/A N/A	No Referral CIGNA	N/A N/A
Prescription Drugs:	CVS/CareMark		CVS/CareMark	
- Generic	\$10 copay		\$10 copay	
- Brand (Preferred)	\$30 copay		\$30 copay	
- Brand Non-Formulary	\$50 copay		\$50 copay	
-Specialty Injectibles (excludes insulin)	10% after \$150 copay		10% after \$150 copay	
Mail Order Rx (90 day supply)	2 x copay		2 x copay	
Contact Information:				
- Loomis	Phone: 800-346-1223	Website: www.loomis.com		
- CIGNA		Website: www.cigna.com or mycigna.com		
- CVS CareMark	Phone: 866-475-0056	Website: www.caremark.com		

PRESCRIPTION BENEFITS

RMCI's Medical Plan Enrollees are enrolled for prescription benefits through Express Scripts. Loomis administers the prescription drug plan, which uses the Express Scripts national network of pharmacies.

Your prescription drug card benefit covers prescriptions obtained from a retail pharmacy. You may receive up to a 34-day supply of medicine for an original prescription and submit refills for up to one year. Simply choose a pharmacy that participates in the network and show your ID card to receive benefits.

Check with your pharmacy to see if they participate in the Express Scripts network or contact Express Scripts at 1-800-451-6245 if you have any questions.

The amount you will pay for a prescription drug depends on whether the drug you receive is a generic drug, preferred name brand formulary drug or a non-preferred name brand formulary drug.

Generic drug meets the same standards for safety, strength and effectiveness as a brand name drug and is provided at a lower cost.



Formulary name brand drug (preferred) is a moderate cost name brand drug.

Non-Formulary name brand drug (non-preferred) is a higher cost name brand drug.

HRA: HEALTH REIMBURSEMENT ACCOUNT

How does my HRA plan work?

- Your Health Reimbursement Arrangement was designed by RMCI to reimburse you for certain eligible healthcare expenses. You are eligible for the HRA only if you enrolled into the HDHP with HRA. The funds to cover the reimbursements are provided by RMCI and are free from federal, state and social security taxes. After you have incurred expenses, your In-Network provider will submit claims to the address on the back of your medical identification card.
- Once the medical plan pays the claim, you will receive an explanation of benefits which will include what is owed to the provider. The provider will then bill you the patient portion of your expenses. After the insurance has paid and you have been billed it is at that time you can use your Benny card to pay the balance due to the provider.
- Loomis will review the HRA claims to make sure the Benny Card charges are eligible and request any substantiation that may be needed. They will also review paper submissions for these and will then send reimbursement to you via check or direct deposit.

Contact The Loomis Company Flex customer service at 800-253-5998 if you have any additional questions.

Can I contribute to the HRA plan?

Per IRS regulations, participants are not permitted to contribute to an HRA plan.



What is an eligible expense?

An eligible expense is any healthcare expense incurred by a participant, their spouse, or dependent, that is approved by the IRS (Publication 502) and eligible for reimbursement under your plan. These expenses include, but are not limited to: Medical deductibles, medical coinsurance and medical co-pays— to see a full list visit, www.irs.gov.

Please note: expenses reimbursed through the plan cannot be itemized and resubmitted through an income tax return or any other benefit plan per IRS regulations.

How do I receive reimbursements?

You may use your **Benny Card** or **Fax**-610-370-6765, **Email**- flexclaims@loomisco.com, or **Mail** your claims to **The Loomis Company, Flexible Benefits Administration, P.O. Box 7011, Wyomissing, PA 19610** OR submit claims and supporting documentation **Online** directly to <https://loomisco.lh1ondemand.com>.

How do I find my balance or view the status of my claims?

You may find your balance by logging in to your account. See the attached Consumer Portal Quick Guide for more information. If this is the first time you are logging in:

Go to <https://loomisco.lh1ondemand.com>

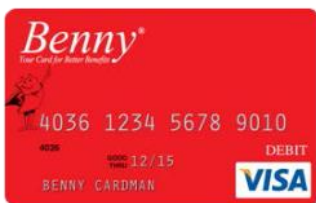
Login information: is the first letter of the first name (lower case) birth date in DDMMYY format (**DAYDAYMONTHMONTHYEARYEAR**) and the last 4 digits of the social.

Password: is the first initial of first name (lower case) and the last 4 digits of the social.

Click **Login**.

Do funds carry over at the end of the plan period?

Any unused amounts left in the accounts at the end of the plan period may not be carried over into the next plan year.



What happens to my Health Reimbursement Arrangement when I leave my employer?

If you leave your current place of employment or become ineligible for the Health Reimbursement Arrangement, you will not be able to take your HRA funds with you. You may have a certain period of time to submit claims for services or items purchased before you became ineligible.

DENTAL BENEFITS

Good Dental health is important to your overall well being. At the same time, we all need different levels of dental treatment. As part of your healthcare package, you will automatically be enrolled in the dental plan. If you waive the health benefits, you have the opportunity to enroll in dental separately.



The RMCI dental plan provides affordable coverage based on the type of services obtained – **Preventive, Basic or Major**.

Under this plan, you may obtain covered services from any dentist.

Benefits Description	DENTAL PLAN
	<i>In-Network</i>
Calendar Year Individual Maximum	\$1,500
Calendar Year Deductible Individual/Family	\$50 per person
Preventive Services	Plan pays 100% UCR*
Basic Services	Plan pays 80% UCR*
Major Services	Plan pays 50% UCR*
Orthodontic Services	Plan pays 50% UCR*
Lifetime Orthodontic Maximum	\$1,500

**UCR means Usual, Customary and Reasonable Charges.*

VISION BENEFITS

RMCI provides vision benefits through Vision Service Plan (VSP). VSP offers a national network consisting of optometrists, ophthalmologists and opticians. **To find a provider, go to www.vsp.com/find-eye-doctors.html** and utilize the “Find a Doctor” feature for a list of network providers closest to you. When you select your network make sure you select “VSP signature”.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	\$20	Every calendar year
Prescription Glasses		\$20	See frame and lenses
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Extra Savings	Glasses and Sunglasses		
	<ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening		
	<ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction		
	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

GROUP TERM LIFE/AD&D

As a benefit eligible employee of RMCI, you are eligible for a variety of company-sponsored benefit plans. RMCI pays 100% of the cost for your Basic Life and Accidental Death & Dismemberment Insurance (AD&D), Long Term Disability benefits are provided through The Hartford.



Coverage	Company-Paid Benefit
Basic Life Insurance	1 times your salary to a maximum of \$50,000
Basic AD&D Insurance	1 times your salary to a maximum of \$50,000

VOLUNTARY TERM LIFE/AD&D

RMCI offers a Voluntary Life Insurance benefit that can be purchased at your own expense for you and your dependents. Amounts over the guaranteed amount are subject to underwriting, and the excess coverage may be approved or denied based upon your health status at the time of the application. If you are a late entrant, you will be underwritten. For benefit and rate information, please refer to the enrollment form which will automatically calculate the cost.

Coverage	Employee-Paid Benefit	Guaranteed Issue Amount Up To
Employee	\$10,000 increments (3x earnings up to \$400,000 maximum)	\$100,000
Spouse	\$5,000 increments (50% of employee's amount up to \$100,000 maximum)	\$50,000
Child (Children)	\$2,000 increments (50% of employee's amount up to \$10,000 maximum) (age 14 days but under age 19)	\$10,000

VOLUNTARY SHORT TERM 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. RMCI provides employees with Long Term Disability at no extra cost as well as the option to elect Voluntary Short-Term Disability.

Voluntary Short-Term Disability (STD): This benefit provides different levels of salary continuation starting at \$100 to a maximum of \$1,600. Employees may elect a flat weekly amount from \$100 to \$1600 in increments of \$100 not to exceed 60% of your weekly earnings.

STD becomes effective after the applicable waiting period of 15 for days injury & 15 days sickness, for up to 13 weeks.



LONG TERM DISABILITY

Long-Term Disability (LTD): This benefit provides 60% of your monthly earnings to a maximum of \$6,000/month. This benefit begins on the 91st day of disability. This benefit is provided to all full time RMCI employees at no extra cost.

GROUP ACCIDENT INSURANCE



Group accidental insurance pays a benefit for the treatment of injuries suffered as a result of a covered accident, regardless of any health insurance benefits you have. In addition, they may help offset the direct and indirect expenses such as deductibles, co-payments and costs not covered by traditional health plans. These benefits are also available for your spouse and/or dependent children. Rates are based on age and can be acquired by reaching out to RMCIs Human Resources Department. This plan is provided through The Hartford.

FLEXIBLE SPENDING ACCOUNTS (FSA)

RMCI's Health and Dependent Care Flexible Spending Accounts (FSAs) allow you to use tax-free dollars to reimburse yourself for a wide variety of health and/or dependent care expenses that are not covered through your other benefit plans. The annual amount you elect to contribute to each account will be divided into equal amounts and deducted from your paycheck before federal and, in most cases, state and local income taxes are withdrawn.

The maximum annual Medical FSA contribution is \$2,600 per plan year and Dependent Care is \$5,000. This is a "Use it or Lose it" Plan.

Health Care FSA

Healthcare expenses for yourself and your dependents - such as deductibles, coinsurance, and copays - are eligible for reimbursement from your Health Care FSA.

Dependent Care FSA

Expenses for dependent care services for children under age 13, a disabled spouse, or incapacitated parent are eligible for reimbursement from your Dependent Care FSA as long as you incur them while you and your spouse work or attend school full-time.

The maximum annual contribution is \$5,000 (\$2,500 if you are married and filing a separate income tax return).

FILING A CLAIM FOR REIMBURSEMENT

To review your account information, log into www.myplans.cbiz.com and create a new user name and password. On this site you will be able to get account balances, view payment charges, enter a request for reimbursement, find answers to frequently asked questions and much more.

CBIZ Flex gives you access to your account status 24 hours a day, seven days a week, through its interactive website at www.myplans.cbiz.com. CBIZ Flex also offers secure, interactive mobile applications for Android, iOS and Windows devices. Expenses provided must be incurred during your plan year of July 1– June 30. You will have 90 days following the end of the plan year to file claims under the FSA.

THE FSA DEBIT CARD

It's the quick and easy way to pay for qualified expenses from your flexible spending account. There are no out-of-pocket expenses- it is taken directly out of your flexible spending account.

Debit Card:

- Accepted at all eligible health care merchants or IIAS merchants
- Eliminates substantiation at IIAS Merchants



EMPLOYEE ASSISTANCE PROGRAM

RMCI understands the importance of balancing Work and Family issues. Our Employee Assistance Program, administered by Guided Resources, is designed to handle any immediate issue 24/7 with confidential support, guidance and resources.

- In-person help with short-term issues (up to three face-to-face counseling sessions)
- Toll-free phone and Web access 24/7
- Phone Access to legal counsel and a 25% discount on follow-up services
 - Work/life services for assistance with:
 - Childcare, eldercare and adoption
 - Relationships
 - Financial Issues



Visit WWW.GUIDANCERESOURCES.COM to create your own personal username and password. If you're a first-time user, you'll be asked to provide the following information on the profile page:

1. In the **Company/Organization** field, use: **HLF902**
2. Then, create your own confidential user name and password.
3. Finally, in the Company Name field at the bottom of the personalization page, use: **ABILI**
4. Or call **1-800-96-HELPS (1-800-964-3577)**.

ESTATE GUIDANCE



As an employee of RMCI, you have access to EstateGuidance Will Services provided by ComPsych. It helps you create a simple, legally binding will quickly and conveniently online, saving you the time and expense of a private legal consultation. Other advantages include:

- Online assistance from licensed attorneys should you have questions.
- The ability to save drafts for up to six months. During this period, you can revise your will at no cost, as long as you haven't already printed or downloaded it.
- Additional estate planning services are also available for purchase, including the creation of living wills and trusts, guidance about divorce proceedings, and durable power of attorney.

Visit WWW.ESTATEGUIDANCE.COM/WILLS today. Use this code: **WILLHLF**. Then follow the easy steps below:

1. Access The Hartford's EstateGuidance® Will Services online.
2. Sign in to the secure site by entering the access code.
3. Follow the instructions and create your will.
4. Download the final will to your computer and print.
5. Obtain signatures and determine if your will should be notarized.



FUNERAL PLANNING

The death of a loved one is one of life's most stressful situations. Quick, often costly decisions must be made while emotions are at their peak. Yet, how many people know how to plan a funeral? That's why RMCI offers a funeral planning and concierge service through The Hartford's **Group Life insurance program** – provided by Everest. This program is available to all RMCI employees.

We can't always predict, but we can prepare. Find out more about The Hartford's Funeral and Concierge Services by calling **1-866-854-5429**.

Or visit WWW.EVERESTFUNERAL.COM/HARTFORD and use this code: **HFEVLC**.

TRAVEL ASSISTANCE AND ID THEFT PROTECTION SERVICES



The best travel plans can go awry, leaving you vulnerable and, possibly, unable to communicate your needs. When the unexpected happens far from home, it's important to know whom to call for assistance.

If you are covered under a Hartford Group Policy, you and your family have access to Travel Assistance Services provided by Europ Assistance USA.¹

With a local presence in 200 countries and territories around the world, and numerous 24/7 assistance centers, they are available to help you anytime, anywhere.



IDENTITY THEFT ASSISTANCE, TOO.

Identity theft, America's fast growing crime, victimizes almost 10 million American consumers each year. Europ Assistance USA helps protect you and your family from its consequences 24/7, at home and when you travel.

In addition to prevention education, this service provides advice and help with administrative tasks resulting from identity theft.

What to have ready: Your employer's name, a phone number where you can be reached, nature of the problem, Travel Assistance Identification Number and your company policy number, which can be obtained through your Human Resources department.

Call: **1-800-243-6108** Collect from other locations: **202-828-5885** Fax: **202-331-1528**
Travel Assistance Identification Number: **GLD-09012**

TRAVEL ASSISTANCE AND ID THEFT PROTECTION SERVICES

EMERGENCY MEDICAL ASSISTANCE ⁶	PRE-TRIP INFORMATION	EMERGENCY PERSONAL SERVICES ⁷	IDENTITY THEFT ASSISTANCE
<ul style="list-style-type: none"> • Medical referrals • Medical monitoring • Medical evacuation • Repatriation • Traveling companion assistance • Dependent children assistance • Visit by a family member or friend • Emergency medical payments • Return of mortal remains 	<ul style="list-style-type: none"> • Visa and passport requirements • Inoculation and immunization requirements • Foreign exchange rates • Embassy and consular referrals 	<ul style="list-style-type: none"> • Medication and eyeglass prescription assistance • Emergency travel arrangements⁹ • Emergency cash⁹ • Locating lost items • Bail advancement 	<ul style="list-style-type: none"> • Prevention Services <ul style="list-style-type: none"> - Education - Identity Theft Resolution Kit • Detection Services <ul style="list-style-type: none"> - Fraud alert to three credit bureaus • Resolution Guidance and Assistance <ul style="list-style-type: none"> - Credit information review - ID Theft Affidavit Assistance - Card replacement • Personal Services <ul style="list-style-type: none"> - Translation - Emergency cash advance*

THE LOOMIS COMPANY



The Loomis Company is a Third Party Administrator that RMCI has partnered with to administer our employee benefits. Through Loomis, all full time employees and dependents will have access to the GroupWeb site for reviewing and printing Explanation of Benefits (EOB) and Summary of Plan Descriptions (SPD). In addition, you will also have access to the website at www.loomisco.com. Once you have created your login and password (you will need the ID Number off your ID Card), through the GroupWeb site you can learn, do and obtain all of the following:

- How to read and understand your ID Card
- How to read and understand an Explanation of Benefits (EOB)
- Frequently Asked Questions
- Notice of Privacy Practices
- ID Card Request
- Coordination of Benefits
- Accident Detail Form
- Change of Address Form
- HIPAA Certificate Request
- Medical, Dental, and Vision Claim Forms in PDF
- Flexible Benefits Account Reimbursement Request PDF



You can now also download the MYLOOMIS APP!

Apple
App Store



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Loomis Mobile Benefits
App today!

Android/ Google
Playstore



Medicare Part D Notice

Important Notice from RMCI About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with RMCI and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. RMCI has determined that the prescription drug coverage offered by Loomis is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **RMCI** coverage may be affected. You may keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current **RMCI** coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **RMCI** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **RMCI** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

Medicare Part D Notice

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: July 1, 2017
Contact: Human Resources
Address: 651 Corporate Circle, Suite 123
Golden, CO 80401
Phone: (303) 277-0066

Women’s Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Contact your Human Resources Representative for more information.

Statement of Rights under the Newborns’ and Mothers’ Health Protection Act

Under Federal law, group health Plans and health insurance issuers offering group health insurance coverage generally may not restrict Benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the Plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under Federal law, plans and issuers may not set the level of Benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization or notify the Claims Administrator. For information on notification or prior authorization, contact your issuer.

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’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t 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, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

<p>ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>
<p>ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>
<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>
<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>
<p>FLORIDA – Medicaid</p> <p>Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120</p>
<p>GEORGIA – Medicaid</p> <p>Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507</p>	<p>MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739</p>
<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

NEBRASKA – Medicaid Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WEST VIRGINIA – Medicaid Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



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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 RMCI.

RMCI