ABACUS

PLUMBING • AIR CONDITIONING • ELECTRICAL

2017 - 2018

Summary of Benefits

Your Wellbeing is Our Focus

The Wrench Group

Welcome!

We recognize the important role that employee benefits play in your overall compensation. As such, The Wrench Group, comprised of locally recognized firms in Georgia, Texas and Arizona, including Coolray, Abacus, Berkeys, Baker Brothers and Parker & Sons is making every effort to target the best quality benefit plans for our employees and their families. Our program offers a range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family, and this program is designed to assist you in providing for the health, well being, and financial security of you and your covered dependents. Helping you understand the benefits The Wrench Group offers is important to us and that is why we have created this Employee Benefits Guide.

Inside

- **Medical Plans**
- **Dental Plans**
- **Vision Plan**
- **Flexible Spending Accounts**
- **Life /Accidental Death Insurance**
- **Disability Insurance**

Benefits Guide Overview

Abacus is proud to be able to offer a high quality menu of benefit choices and the freedom to select coverage that will fit your needs and your budget. This Guide provides a good explanation of the benefits available to you and your family. At this time, you may elect to enroll in the benefit programs offered. Options selected during this enrollment period will remain in place until the next annual enrollment period unless you or your dependents experience a qualified life event (See next page).

Coverage Summary and Contact Information

Additional details on your benefits, Benefit Summaries, Summary of Benefits and Coverage (SBCs) and Summary Plan Descriptions (SPDs) are available through Human Resources. Also, if you wish to ask a benefit question or correspond directly with the insurance company relative to a personal matter including a claims inquiry or assistance with locating a network provider, see contact information below.

Benefit	Who Pays for Coverage?	Carrier Name	Contact Information
Medical Insurance	Abacus and You	Meritain with Aetna Choice POS II network	800.925.2272; myMeritain.com
Flexible Spending Account (FSA)	You	Meritain	
Dental Insurance	Abacus and You	Aetna	877.238.6200
Vision Insurance	You		877.973.3238
Basic Life Insurance	Abacus	Aetna	Phone: 800.523.5065 Fax: 800.238.6239 Website: Aetna.com
Basic Accidental Death & Dismemberment Insurance			
Supplemental Employee and Dependent Life Insurance	You		
Voluntary Short-Term Disability Insurance (STD)	You	Aetna	Phone: 866.326.1380 Fax: 866.667.1987
Long-Term Disability Insurance (LTD)	You or Abacus		
Employee Assistance Program	Abacus	Aetna	855.283.1915; MyLifeValues.com login/username = RESOURCES

Employee Eligibility

All active, part-time and full-time employees regularly scheduled to work 30 hours or more per week are eligible to participate in The Wrench Group benefit plans.

Dependent Eligibility

You must enroll yourself in order to enroll your spouse or any dependents. Upon your enrollment, you must provide your dependent's information (name, date of birth, Social Security number, relationship, gender and address) in order to enroll them and you may be asked to provide verification for your dependent(s) such as a birth or marriage certificate. Your dependents can include the following:

- Your legal spouse including common-law (not legally separated or divorced)
- Your children to age 26 including biological children, legally adopted children and step children - coverage extends to the end of the month in which your child turns 26
- Your children of any age who are incapable of supporting themselves due to disability or illness (documentation will be required)

Healthcare Reform

You may have heard about the health insurance marketplaces. Individuals who are not offered qualified healthcare coverage through their employer may be eligible for government subsidies (based on income level and number of dependents) to help pay for health insurance premiums for plans purchased in these marketplaces.

To find out more about the new insurance marketplaces, visit healthcare.gov.

The Wrench Group plans described in this Guide meet the minimum standards required under The Affordable Care Act for minimum essential coverage and affordability. As an eligible participant in our plans, no marketplace government subsidy would be awarded.

Coverage Effective Date and Election Changes

If you are a new hire with Abacus, your benefits are generally effective on the 1st of month following 30 days of employment. Enrolled dependents are effective on the same day you become effective. Enrollment outside your initial eligibility date may result in a delay in your effective date or ineligibility until the next plan year. The Wrench Group's plan year is January 1 through December 31 with an annual enrollment period that typically begins in early November.

According to IRS guidelines, the benefit coverage you elect to pay for on a pre-tax basis - such as medical, dental and vision coverage - must stay in effect for the entire plan year. However, you may be able to change your benefits during the year if you experience a qualified life event. Qualified life events include, but are not limited to:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Death of a dependent
- Change in your spouse's or child's employment status that affects eligibility for benefits
- Dependent reaching the age of ineligibility for coverage under your plan (age 26)

If you experience a qualifying event and wish to enroll or make a change in benefits, you must request the enrollment or change no later than 30 days after the event occurs in order to qualify. All election changes must be consistent with the qualifying event. For example, if you give birth to a child during the year, you may add your child to the medical plan but you could not cancel your vision coverage for yourself.

To request special enrollment, or obtain additional information, see Human Resources.

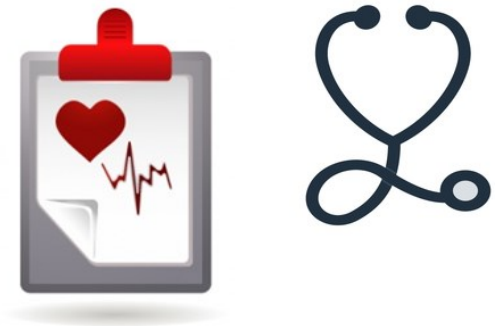
Unless you experience a qualifying event, Open Enrollment may be your only opportunity to make benefit elections for the year.

Medical Insurance – Meritain/Aetna

Abacus offers **four** medical plan options administered by Meritain which utilize a national Aetna provider network (Meritain/Aetna). All options are Open Access Point of Service (POS) plans with both in and out-of-network benefits. The Aetna Choice POS II provider network applies to all the medical plan options and includes providers locally as well as when you are travelling or away from home.

Features of all medical options:

- Preventive health care services from a network provider are covered at 100% and are not subject to a deductible or copay.
- Care from an Aetna network Primary Care Physician or Specialist is offered at a copay.
- Prescriptions filled at a network pharmacy are covered at a copay based upon drug tier/ category.
- All plans utilize the LDI formulary for prescription drugs. Administration of the pharmacy plan is managed by Meritain.
- All copays and the deductible amounts apply towards the out-of-pocket maximum. The plans have separate out-of-pocket maximums for in and out-of-network services meaning in-network copays don't apply towards the out-of-network out-of-pocket limit and vice versa.
- For each covered person, the deductible is limited to the plan "Individual" deductible. If you elect to cover yourself and at least one more family member, your total deductible expenses for all family members will not exceed the "Family" deductible. Any combination of covered family members can meet the family deductible.
- Any licensed provider can provide services; however, you will receive a much greater benefit by going to a network provider with a negotiated relationship with Aetna.



Features of all medical options:

- A telemedicine visit (phone consultation or video chat) is available to you at the Primary Care Physician office copay. Minor, common illnesses such as sinus conditions, urinary tract infections, pink eye, rashes and influenza can be diagnosed and prescriptions can be called in for you. You avoid the hassle of visiting a doctor's office. Call 1.800.TELADOC or visit Teladoc.com.
- All copays for in-network non-preventive health care expenses (and including prescription drugs) accumulate towards the in-network out-of-pocket maximum. If you satisfy the out-of-pocket limit, the insurance company covers 100% of any covered expense for you and/or your family members for the rest of the plan year.
- All non-emergency health care expenses from an out-of-network provider are subject to the calendar year deductible before the insurance company pays any portion of the expense. Once you meet the deductible, you pay only a percentage of the covered expense (your coinsurance) and no more than the out-of-pocket maximum. If you reach the out-of-network out-of -pocket limit, the insurance company covers 100% of any covered expense for you and/or your family members for the rest of the plan year.

Features of the Platinum Plan:

- Non-preventive health care expenses, not covered by a copay (inpatient hospitalization for instance), are subject to the calendar year deductible. Once you meet the deductible, under the Platinum Plan, you pay nothing additional because the plan pays 100% (you have a 0% coinsurance) and you have satisfied the out-of-pocket maximum. The insurance company covers 100% of any covered expense for you and/or your family members for the rest of the plan year.

MEDICAL PLANS

PLAN NAME	Bronze		Silver		Gold		Platinum	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Office Visits	0%; Plan pays 100%	30%*	0%; Plan pays 100%	40%*	0%; Plan pays 100%	40%*	0%; Plan pays 100%	30%*
Primary Care Office Visit	$35	30%*	$30	40%*	$20	40%*	$15	30%*
Specialist Office Visit	$70		$60		$40		$30	
Telemedicine Visit	$35	Not Covered	$30	Not Covered	$20	Not Covered	$15	Not Covered
Individual Deductible *(per calendar year)*	$5,000	$7,500	$2,500	$5,000	$1,000	$2,000	$750	$1,500
Family Deductible *(per calendar year)*	$10,000	$15,000	$7,500	$10,000	$2,000	$4,000	$1,500	$3,000
Coinsurance	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 100%	Plan pays 70%
Individual Out of Pocket Maximum *(Includes deductible and rx)*	$6,350	$15,000	$5,000	$10,000	$2,500	$4,000	$750	$3,000
Family Out of Pocket Maximum *(Includes deductible and rx)*	$12,700	$30,000	$12,500	$20,000	$4,000	$8,000	$1,500	$6,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Inpatient Hospital **Outpatient Surgery** **Advanced Imaging Services** *(MRI, MRA, CAT and PET Scans)*	10%*	30%*	20%*	40%*	20%*	40%*	0%*	30%*
Outpatient Therapies (physical, occupational and speech)	$70	30%*	$60	40%*	$40	40%*	$30	30%*
	30 visit maximum combined		30 visit maximum combined		30 visit maximum combined		30 visit maximum combined	
Emergency Room (facility fee only)	$150/occurrence; waived if admitted		$150/occurrence; waived if admitted		$150/occurrence; waived if admitted		$150/occurrence; waived if admitted	
Urgent Care Visit	$75	30%*	$75	40%*	$75	40%*	$75	30%*
Retail Prescription Drugs *(30-day supply)*								
Tier 1 - Generic	$15	Not Covered	$15	Not Covered	$15	Not Covered	$15	Not Covered
Tier 2 - Preferred Brand	$25		$25		$25		$25	
Tier 3 - Non-Preferred Brand	$50		$50		$50		$50	
Tier 4 - Specialty	20% to $200 maximum		20% to $200 maximum		20% to $200 maximum		20% to $200 maximum	
Mail Order Prescription Drugs *(90-day supply)*								
Tier 1 - Generic	$30	Not Covered	$30	Not Covered	$30	Not Covered	$30	Not Covered
Tier 2 - Preferred Brand	$50		$50		$50		$50	
Tier 3 - Non-Preferred Brand	$100		$100		$100		$100	
Tier 4 - Specialty	20% to $400 maximum		20% to $400 maximum		20% to $400 maximum		20% to $400 maximum	

*Coinsurance or copay applies after Deductible is met

MEDICAL PLANS

How do I know which medical plan is right for me?

Unsure which medical plan option is the best fit for your needs? Take a moment to review the utilization scenarios below. The top scenario represents a low to average utilizer and the bottom scenario represents a high utilizer. While the examples below represent an employee with single coverage, the impact would be similar at other tiers of coverage (employee + spouse, employee + child(ren) or family). The charts below illustrate projected total annual cost under each plan option.

Employee Only Scenario	Bronze	Silver	Gold	Platinum
Claim Activity	**Your Cost**	**Your Cost**	**Your Cost**	**Your Cost**
3 Regular Office Visits	$105	$90	$60	$45
Preventive Office Visits	$0	$0	$0	$0
1 Telemedicine Visits	$35	$30	$20	$15
2 Specialty Office Visits	$140	$120	$80	$60
4 Mail Order Prescriptions (all Preferred Brand)	$200	$200	$200	$200
TOTALS	**$480**	**$440**	**$360**	**$320**
Employee Annual Contributions	$1,417	$2,677	$3,469	$4,519
OUT OF POCKET TOTAL	**$1,897**	**$3,117**	**$3,829**	**$4,839**

Employee Only Scenario	Bronze	Silver	Gold	Platinum
Claim Activity	**Your Cost**	**Your Cost**	**Your Cost**	**Your Cost**
3 Regular Office Visits	$105	$90	$60	$45
2 Specialty Office Visits	$140	$120	$80	$60
8 Retail Prescriptions (4 Generic + 4 Preferred Brand)	$160	$160	$160	$160
1 Urgent Care Visit	$75	$75	$75	$75
1 Inpatient Hospitalization ($40,000 negotiated expense)	$5,000 Ded + $870 to Out-of-Pocket maximum	$2,500 Ded + $2,055 to Out-of-Pocket maximum	$1,000 Ded + $1,125 to Out-of-Pocket maximum	$410 Ded to Out-of-Pocket maximum
TOTALS	**$6,350**	**$5,000**	**$2,500**	**$750**
Employee Annual Contributions	$1,417	$2,677	$3,469	$4,519
OUT OF POCKET TOTAL	**$7,767**	**$7,677**	**$5,969**	**$5,269**

Annual Employee Contributions - Abacus	Bronze	Silver	Gold	Platinum
Employee Only	$1,417	$2,677	$3,469	$4,519
Employee + Spouse	$3,662	$6,539	$8,249	$10,493
Employee + Child(ren)	$3,161	$5,850	$7,410	$9,456
Employee + Family	$5,419	$9,901	$12,367	$15,619

MEDICAL PLANS

Abacus' medical benefits are administered by Meritain/Aetna. Employees may select one of the plans (Bronze, Gold, Silver or Platinum) or waive coverage altogether. Once you are enrolled, we suggest you register with Meritain at myMeritain.com to take advantage of the tools and resources available to you.

For enrolled members

To register:

1. Go to Meritain.com
2. Click *Register*
3. Select *Member* under *I am a* and enter your Group ID found on your ID card
4. Click *Continue*
5. You'll need to enter some basic personal data (like your Date of Birth, Zipcode and Email address) and then select *Submit*

Register on the myMeritain.com website and:

- Find in-network providers and facilities
- Track claims and account activity
- Review prescription drug costs
- Get answers to coverage questions
- Find health advice and MUCH more

To Search for Aetna Choice POSII Providers

Follow these easy steps to locate a doctor, hospital or health facility participating with Aetna.

- Go to myMeritain.com
- Click on "Tools & Resources"
- Select "Provider Network Finder"
- Choose "Aetna" as Provider Network Name
- Enter your search criteria

FLEXIBLE SPENDING ACCOUNTS—1/1/2018

A Flexible Spending Account (FSA) is an arrangement that permits you to pay for certain out-of-pocket expenses with funds that you have set aside, by payroll deduction, on a tax-free basis. The Wrench Group and your employer offers two types of Flexible Spending Accounts:

The **Health Care FSA** is for out-of-pocket medical expenses including medical, dental, vision, and prescription drug expenses for you and your dependents.

The **Dependent Day Care FSA** is designed to help you pay for daycare services so that you and your spouse (if married) can work or be a full-time student. Dependents must be claimed on your income tax return and under age 13 or physically or mentally unable to care for themselves regardless of age.

A debit card will be provided for easy access to your Health Care account funds. You may track your balance online and via a Meritain mobile app as well.

Account Type	Examples of Eligible Expenses	Contribution Limits	Access to Funds	Pre Tax Benefits
Health Care	· Medical Plan Deductibles · Most Insurance Co-payments · Prescription Drugs · Some OTC medicines (if prescribed by your doctor) · Vision Exams/Eyeglasses/Contacts · Laser Eye Surgery · Acupuncture · Weight Loss Programs · Dental and Orthodontia (Braces) · Birth Control Pills/Devices/Procedures · Chiropractic	$2600 maximum	Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made.	Save 20% - 40% on your health care expenses. Save on purchases not covered by insurance. Reduces your taxable income.
Dependent Day Care Assistance	· Daycare · Day Camp · Eldercare · Before and After School Care	$5,000 maximum ($2,500 if married but file separately)	You will be able to submit claims up to your year-to-date accumulated amount in your account.	Save 20% - 40% on your dependent care expenses. Reduces your taxable income.
"Use it or Lose it" Rule	You should plan your contributions carefully. According to IRS guidelines, unused fund balances will be forfeited.			
Eligibility	You may incur claims beginning January 1, 2018 (or coinciding with your plan effective date if later) through December 31, 2018. All claims must be submitted no later than March 31, 2019 (or within 90 days after your employment terminates). The debit card is an option only if you are an active employee. You MUST re-enroll in the FSA every year--FSA elections will not roll over to the following plan year.			

DENTAL PLANS

The Aetna dental plans allows you to visit any dentist you would like—in or out-of-network. Visiting an in-network dentist, however, assures you that you will not be balance billed by the provider for any charges in excess of Aetna's negotiated fees.

To find a network provider, go to Aetna.com, then click *Menu* and select *Find A Doctor* under "Why Aetna". Choose the **Dental PPO/PDN w/PPO II** network and enter your search criteria.

Dental Coverage - Aetna				
Type of Plan	**High PPO Plan**		**Low PPO Plan**	
	In-Network	**Out-of-Network***	**In-Network**	**Out-of-Network***
Deductible	Individual: $50 Family: $150 maximum		Individual: $50 Family: $150 maximum	
Calendar Year Benefit Maximum *(Per Individual)*	$2,000		$1,000	
Preventive Services *(Oral exam, cleaning, X-rays, topical application of fluoride, space maintainers and sealants)*	100%; Deductible Waived		100%; Deductible Waived	
Basic Services *(Fillings, endodontics, extractions, periodontic services and oral surgery)*	80% after Deductible		80% after Deductible	
Major Services *(Inlay/Onlays, crowns, dentures, bridges and repair of prior major restorative work)*	50% after Deductible		50% after Deductible	
Orthodontia *(children to age 19)*	Covered at 50%; $1,500 Lifetime Benefit Maximum		Not Covered	

*Subject to Usual, Customary and Reasonable charges (90th percentile)

VISION PLAN

Aetna Vision offers complete, high quality vision care to Abacus employees. The plan includes benefits for eye exams, frames, eyeglasses and contact lenses. In addition, members receive discounts on Lasik surgery and additional frames and lenses.

To locate a vision provider, go to AetnaVision.com/Aetna/Public/ProvLoc.emvc. Then enter your search criteria. Retail locations include Pearle Vision, Target, LensCrafters, Sears Optical, JCPenney, America's Best, Texas State Optical and more. Many independent providers also participate in the network.

Vision Coverage - Aetna

Benefit Frequency		
Eye Exam	Once every 12 months	
Eyeglass Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 12 months	
Benefit or Service	**In-Network** (you pay)	**Out-of-Network** (you are reimbursed)
Eye Exam	$10 copay	Up to $25
Eyeglass Lenses		
Single Vision	$25 copay	Up to $10
Bifocal		Up to $25
Trifocal		Up to $55
Progressive	$90 copay	Up to $25
Contact Lenses (in lieu of Eyeglass Lenses/Frames)		
Conventional	$130 allowance	Up to $90
Fitting Fee for Conventional Lenses	$55 copay	Not covered
Medically Necessary (cataracts, eye disease, etc.)	Paid in full	Up to $200
Frames (in lieu of Contact Lenses)	$130 allowance; then 80% of balance over $130	Up to $90

LIFE/AD&D INSURANCE

Your Life and Accidental Death & Dismemberment (Life/AD&D) coverage is an important part of your comprehensive benefits package. This coverage provides financial protection for you and your family in the event of death or serious accident. The Life/AD&D coverage is insured by Aetna.

Abacus provides the Basic Life/AD&D benefit to all full time employees at no cost to you. In addition to the Basic Life/AD&D benefit that your employer provides, employees can purchase Supplemental Life/ AD&D insurance for themselves as well as a spouse and dependent children. In order to elect coverage for a spouse or child(ren), employees must enroll in the coverage themselves.

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

The ***Basic Life insurance benefit is 1 times your Annual Earnings up to a $150,000 maximum***. Benefits are reduced by 35% at the age of 65, and 50% at the age of 70.

AD&D insurance provides additional benefits to you and/or your beneficiary if you suffer loss of life or limb due to an accident. The ***Basic AD&D benefit matches your Basic Life benefit.***

Supplemental Life and AD&D Coverage		
Employee	Increments of $10,000 up to lesser of 5 Times Annual Earnings or $500,000 Guaranteed Issue: $100,000*	
Spouse	Increments of $5,000 up to lesser of 100% of Employee benefit or $250,000 Guaranteed Issue: $30,000*	
Child(ren)	$10,000: dependents eligible from 14 days to age 26	
Benefit Reduction	The Life and AD&D benefit will reduce to 65% of the original benefit amount when the enrollee attains age 65 and 50% of the original benefit amount at age 70.	
Supplemental Life/AD&D Rates	***Age***	***Monthly Employee and Spouse Rate (per $1,000)***
Rates are determined by employee age as of January 1, 2018	< 30	$0.10
	30-34	$0.11
	35-39	$0.15
	40-44	$0.23
	45-49	$0.36
	50-54	$0.54
	55-59	$0.91
	60-64	$1.57
	65-69	$2.53
	70-74	$3.71
	75 or over	$6.74
Child(ren) Life/AD&D Rates	$0.18 per $1,000	
Sample Cost Calculation	To calculate your cost per payroll: 1) Choose coverage amount per plan details above. 2) Divide this amount by 1000. 3) Multiply by the appropriate age banded rate above. 4) Convert to your payroll frequency. Example: $50,000 ÷ 1000 = $50 x .15 (for 38 year old employee) = $7.50 per month x 12/52 = $1.73 weekly	

* You are guaranteed coverage in the Voluntary Life plans if you enroll during your initial eligibility period. If you choose to enroll at a later date, you may be subject to Evidence of Insurability which requires insurance carrier review and approval before your coverage could become effective.

DISABILITY INSURANCE

Similar to your Life/AD&D, Disability coverage is an important part of your comprehensive benefits package. This coverage provides income protection for you and your family in the event of you are ill or injured and unable to earn a living. The Disability coverage is insured by Aetna.

VOLUNTARY SHORT TERM DISABILITY*

Abacus provides optional Short Term Disability insurance that begins on your 8th day of disability due to illness or accident. The program replaces ***60% of your weekly earnings to a weekly maximum of $1,000 for up to 13 weeks***. The Short Term Disability policy includes a pre-existing condition limitation provision. See the plan Certificate for details. The Voluntary Short-Term Disability rate is provided below.

LONG TERM DISABILITY*

Abacus provides company paid Long Term Disability insurance for those with annual earnings over $100,000. Otherwise, coverage is offered to you on a voluntary basis. Coverage begins on the 91st day of disability for approved claims. The Long Term Disability benefit replaces ***60% of your monthly earnings up to $5,000 per month*** *($10,000 per month if coverage is paid for by your employer)*. The benefit can last until your Social Security Normal Retirement Age (SSNRA) should you continue to meet the definition of disability. Voluntary Long-Term Disability rates are age-banded and provided below.

* You are guaranteed coverage in the Voluntary Disability plans if you enroll during your initial eligibility period. If you choose to enroll at a later date, you may be subject to Evidence of Insurability which requires insurance carrier review and approval before your coverage could become effective.

Short-Term Disability		
Short-Term Disability Sample Cost Calculation	To calculate your cost per payroll: 1) Determine Weekly Salary (Annual Salary ÷ 52). Note: If #1 exceeds $1,667, use maximum of $1,667 for this calculation. 2) Multiply Weekly Salary by 60% (0.60) to get Weekly Benefit. 3) Multiply Weekly Benefit times **rate of $0.055**. 4) Convert to your payroll frequency. Example: $48,000 ÷ 52 = $923.08 Weekly Salary x .60 = $553.85 Weekly Benefit x $0.055 rate = $30.47 per month x 12/52 = $7.03 weekly	
Long-Term Disability		
Voluntary LTD Rates	***Age***	***Monthly Employee Rate (per $100 of covered***
Rates are determined by employee age as of January 1, 2018	< 25	$0.192
	25-29	$0.228
	30-34	$0.288
	35-39	$0.420
	40-44	$0.696
	45-49	$1.176
	50-54	$1.650
	55-59	$2.028
	60-64	$1.440
	65-69	$1.122
	70 and over	$0.816
Long-Term Disability Sample Cost Calculation	To calculate your cost per payroll: 1) Determine Monthly Payroll (Annual Salary ÷ 12). 2) Divide Monthly Payroll by 100. 3) Multiply this amount (#2) by **the appropriate age banded rate above.** 4) Convert to your payroll frequency. Example: $48,000 ÷ 12 = $4,000 Monthly Payroll ÷ 100 = $40 x $0.42 (38 year old) = $16.80 per month x 12/52 = $3.88 weekly	

CONTRIBUTIONS—ABACUS

Medical Insurance - Employee Contributions								
Medical Coverage Tier	**Bronze Plan**		**Silver Plan**		**Gold Plan**		**Platinum Plan**	
Payroll Frequency	**Monthly**	**Weekly**	**Monthly**	**Weekly**	**Monthly**	**Weekly**	**Monthly**	**Weekly**
Employee Only	$118.12	$27.26	$223.08	$51.48	$289.08	$66.71	$376.58	$86.90
Employee + Spouse	$305.13	$70.41	$544.90	$125.75	$687.40	$158.63	$874.40	$201.78
Employee + Child(ren)	$263.44	$60.79	$487.50	$112.50	$617.50	$142.50	$788.00	$181.85
Family	$451.61	$104.22	$825.10	$190.41	$1,030.60	$237.83	$1,301.60	$300.37

Dental Insurance - Employee Contributions				
Dental Coverage Tier	**High PPO Plan**		**Low PPO Plan**	
Payroll Frequency	**Monthly**	**Weekly**	**Monthly**	**Weekly**
Employee Only	$21.60	$4.98	$16.96	$3.91
Employee + Spouse	$50.81	$11.73	$41.24	$9.52
Employee + Child(ren)	$53.22	$12.28	$43.21	$9.97
Family	$86.94	$20.06	$72.57	$16.75

Vision Insurance - Employee Contributions		
Vision Coverage Tier	**PPO Plan**	
Payroll Frequency	**Monthly**	**Weekly**
Employee Only	$7.34	$1.69
Employee + Spouse	$13.96	$3.22
Employee + Child(ren)	$14.70	$3.39
Family	$21.61	$4.99

2018 Health Plan Notices

* Women's Health and Cancer Rights Act of 1998

Your medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy – related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy (including lymphedema).

Please call your plan administrator for more information. These benefits may be subject to annual deductibles, co-insurance provisions or co-pays that are appropriate and consistent with other benefits under your plan.

* The Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a new federal law that protects Americans from being treated unfairly because of differences in their DNA that may affect their health. The new law prevents discrimination from health insurers and employers. The President signed the act into federal law on May 21, 2008. The parts of the law relating to health insurers will take effect by May 2009, and those relating to employers will take effect by November 2009.

Who needs protection from genetic discrimination?

Everyone should care about the potential for genetic discrimination. Every person has dozens of DNA differences that could increase or decrease his or her chance of getting a disease such as diabetes, heart disease, cancer or Alzheimer's. It's important to remember that these DNA differences don't always mean someone will develop a disease, just that the risk to get the disease may be greater.

More and more tests are being developed to find DNA differences that affect our health. These tests (called genetic tests) will become a routine part of health care in the future. Health care providers will use information about each person's DNA to develop more individualized ways of detecting, treating and preventing disease. But unless this DNA information is protected, it could be used to discriminate against people.

Why was the law needed?

The law was needed to help ease concerns about discrimination that might keep some people from getting genetic tests that could benefit their health. The law also enables people to take part in research studies without fear that their DNA information might be used against them in health insurance or the workplace.

MANDATED NOTICES

Important Notice from The Wrench Group 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 The Wrench Group 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:

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 cover age set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The Wrench Group has determined that the prescription drug coverage offered by The Group Health Plan 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 through 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 The Wrench Group coverage may be affected.

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

MANDATED NOTICES

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 The Wrench Group 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 October to join.

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

Contact the person listed below for further. **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 The Wrench Group 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.

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:	08/01/2017
Name of Entity/Sender:	The Wrench Group
Contact--Position/Office:	Tonja Morris
Address:	1645 Williams Drive, Marietta GA 30066
Phone Number:	678-784-2238

MANDATED NOTICES

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, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
ALASKA – Medicaid	**INDIANA – Medicaid**
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.in.gov/fssa Phone: 1-800-889-9949
COLORADO – Medicaid	**IOWA – Medicaid**
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	**KANSAS – Medicaid**
Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884

MANDATED NOTICES

KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	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
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
NEBRASKA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633	Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462
NEVADA – Medicaid	**RHODE ISLAND – Medicaid**
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: www.ohhs.ri.gov Phone: 401-462-5300

MANDATED NOTICES

SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	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
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/ index.aspx Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2015, 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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends and you fulfill other special enrollment requirements. (These requirements are set out in your Certificate of Coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

There is an additional enrollment period if an employee or dependent loses eligibility for Children's Health Insurance Program (CHIP), Medicaid or becomes eligible for CHIP for Medicaid premium assistance. The special enrollment allows children or their parents to have 60 days, rather than 30, to request enrollment.

Also, your health plan may not establish rules for eligibility (including continued eligibility) of an individual to enroll under the terms of the plan based on a health status-related factor.

Complete If You Are Declining Coverage For Yourself Or Any Dependent:

If you are declining coverage for yourself or for any of your eligible dependents, you must complete the following information if you want to preserve your rights of Special Enrollment as explained above. If you decline coverage for yourself, the reason is:

☐ **I have other coverage** ☐ **Another reason**

If you decline coverage for one or more eligible dependents, please give the dependent's name below and indicate the reason coverage is declined.

Name _____ ☐ Dependent has other coverage ☐ Another reason

Name _____ ☐ Dependent has other coverage ☐ Another reason

Name _____ ☐ Dependent has other coverage ☐ Another reason

Name _____ ☐ Dependent has other coverage ☐ Another reason

_____ _____

Employee Name – Please Print **Employee Social Security Number**

_____ _____/_____/_____

Employee Signature **Date**

MANDATED NOTICES

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: Tonja Morris 678-784-2238

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

MANDATED NOTICES

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Abacus Plumbing, Air Conditioning & Electrical		4. Employer Identification Number (EIN) 45-4375908
5. Employer address 4001 Kendrick Plaza Drive		6. Employer phone number 713.812.7070
7. City Houston	8. State TX	9. ZIP code 77032
10. Who can we contact about employee health coverage at this job? Brandon Slaydon		
11. Phone number (if different from above)	12. Email address BSlaydon@abacusplumbing.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

Full-time employees who work a minimum of 30 hours per week

☒ Some employees. Eligible employees are:

Employees working 30 or more hours per week.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

*Legal spouses

*Children up to age 26 to include: natural born children, step children, legally adopted children; grandchildren if employee has court ordered power of attorney. Handicapped dependent children are also eligible beyond age 26

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

MANDATED NOTICES

Michelle's Law

NOTICE OF EXTENDED COVERAGE TO PARTICIPANTS COVERED UNDER A GROUP HEALTH PLAN

Federal legislation known as "Michelle's Law" generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.

The Plan currently permits an employee to continue a child's coverage if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution's registration and/or attendance policies. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

- *Dependent child* means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.
- *Medically necessary leave of absence* means a leave of absence or any other change in enrollment:
    - of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury
    - which is medically necessary
    - and which causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- One year after the first day of the leave of absence
- The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student)

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

The Wrench Group

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Heating - A/C - Plumbing - Drains
Electric - Water Softeners/RO

Serving Atlanta Since 1966
COOLRAY
Cooling • Heating • Plumbing

BERKEYS
AIR CONDITIONING • PLUMBING • ELECTRICAL

BAKER BROTHERS
RESIDENTIAL & COMMERCIAL PLUMBING

ABACUS
PLUMBING • AIR CONDITIONING • ELECTRICAL

Disclaimer: This Benefit Guide provides a brief summary of the benefits available under The Wrench Group Health & Welfare Program. In the event of any discrepancy(ies) between this summary and any Plan Document, Insurance Contract or Certificate, the Insurance Document(s) will prevail. The Wrench Group reserves the right to modify or eliminate these benefits at any time and for any reason.