

2016 Insurance Benefits Annual Open Enrollment!

Begins Nov. 9th • Ends Nov. 25th

Important!

Everyone **MUST** enroll for benefits or decline benefits this year.

**CLICK HERE
to Start!**





Here's **5** important notes regarding CorTech's 2016 benefits program...

1

You are required to make an election this year (*enroll or decline coverage*) through Colonial Life, our new enrollment firm. Enroll online or by phone.

2

No coverages carry forward automatically. You must re-enroll for 2016.

3

You may be eligible for subsidized Medical coverage if the employee premium rate exceeds 9.5% of your monthly pay.

4

You can avoid the Affordable Care Act (ACA) penalties by electing Minimum Essential Coverage (MEC), Enhanced MEC or Major Medical coverage.

5

On an exception basis, the Life and Short Term Disability insurer will allow those that have previously declined coverage to enroll up the Guarantee Issue limits without evidence of Insurability.



Welcome to CorTech's Annual Open Enrollment for Insurance Benefits!

We are excited to announce CorTech employees are now eligible to participate in several new and enhanced benefit plans. For your convenience, Colonial Life will handle all enrollment for CorTech employees via telephone or online. We hope you will be pleased with the **new CorTech Benefits Program** which provides options and enhanced coverages to meet the needs of our large and diverse workforce.

NEW!

**Enhanced
MEC Plan
Option**

NEW!

**Major
Medical
Plan**

NEW!

Colonial Life
**Supplemental
Medical
Coverage**

**Dental
Plan**

**Vision
Plan**

**Life &
Disability
Plans**

2016 plan changes and enhancements - -

Bringing you better value for your money!



NEW!

Medical Insurer Plan Options

For 2016 we have a **new Major Medical Plan** providing full coverage for hospital and surgical services with the CIGNA National PPO Network.

Supplemental Medical Plan

For 2016, we are adding valuable **new Supplemental Medical** coverage options through Colonial Life.

MEC Plan

More Great News!

Now you have two Minimum Essential Coverage MEC Plan options!

Enhanced MEC Plan



MEC Plan *(Minimum Essential Coverage)*

First Dollar Coverage & Great Network!

- Covenant Services Group will administer our MEC Plan.
- Covers 100% of the government's listed Preventive and Wellness Benefits when you visit a PHCS network provider (40% out-of-network). PHCS is one of the largest PPO networks available.
- See the MEC Plan Summary for additional details.
- As outlined under the Affordable Care Act (ACA), all individuals must have Minimum Essential Coverage (MEC) beginning January 1, 2014. By purchasing the MEC Plan you will have minimum essential coverage and will be safe from federal tax penalties under the new law.
- **This plan does not provide benefits for illness or injury.**

MEC PLAN		
Benefits	Network	Non-Network
15 Preventive Services for Adults	100%	40%
22 Preventive Services for Woman	100%	40%
26 Covered Preventive Services for Children	100%	40%
PPO Network	PHCS	
Payroll Deduction	Monthly Rates	
Employee Only	\$66.59	
Employee + Spouse	\$99.19	
Employee + Child(ren)	\$166.44	
Family	\$199.03	





Enhanced MEC Plan *(Minimum Essential Coverage)*

Get Additional Coverage with the Enhanced MEC Plan!

- Covenant Services will administer the Enhanced MEC Plan.
- Get all the benefits of the MEC plan plus more protection. See the Enhanced MEC Plan Summary for additional details.
- Medical services must be provided by a PHCS network provider. PHCS is one of the largest national PPOs available. There is no coverage for non-network providers.
- As outlined under the Affordable Care Act (ACA), all individuals must have Minimum Essential Coverage (MEC) beginning Jan 1, 2014. By purchasing the Enhanced MEC Plan, you will have minimum essential coverage and will be safe from federal tax penalties under the new law.
- **This is not Major Medical coverage; it does not cover hospital or surgical treatment, except for Emergency Room.**

ENHANCED MEC PLAN

Summary of Benefits

Deductibles	\$0
PPO Network	PHCS
Services	Member Pays
Preventive Care & Wellness	\$0 Copay
Primary Care Physician Office Visits	\$25 Copay
Speciality Care Physician Office Visits	\$50 Copay
Urgent Care Center Visits	\$75 Copay
Emergency Room Visits	\$400 Copay / 3X per yr per person
Independent Lab & X-ray <i>(services provided in hospital are not covered)</i>	\$50 Copay
Prescription Drugs - Generic Drugs Only	\$15 Copay
Payroll Deduction	Monthly Rates
Employee	\$131.52
Employee/Spouse	\$214.65
Employee/Child(ren)	\$206.33
Family	\$297.77

Click for Detailed Benefit Summary



Major Medical Plan



Great savings with a national Preferred Provider Organization!

- Administered by Covenant Services Group.
- Meets Affordable Care Act “Minimum Value Standards”.
- Monthly rates are estimated. Final rates may vary based on actual enrollment.
- If the monthly Employee Only premium exceeds 9.5% of your monthly pay, you may be eligible for a cost subsidy from CorTech. Contact CorTech’s HR Team at [770-671-0444](tel:770-671-0444) for details if you think you qualify.

Click for Detailed Benefit Summary

Major Medical Plan Benefits	In-Network	Out-of-Network
Deductibles		
Individual	\$4,200	\$4,200
Family	\$8,400	\$8,400
Out-of-Pocket Maximum		
Individual	\$6,600	\$7,600
Family	\$13,200	\$16,200
Coinsurance	60%	50%
PPO Network	Cigna	N/A
Services	Member Pays	
Preventive Care & Wellness *	\$0 Copay	No Benefit
Primary Physician Office Visits	\$50 Copay	50%, After Ded
Specialty Physician Office Visits	\$75 Copay	50%, After Ded
Urgent Care Center	\$100 Copay	50%, After Ded
Hospital - Inpatient & Outpatient	40%, After Ded	50%, After Ded
Emergency Room	40%, After Ded	40%, After Ded
Lab and X-ray	40%, After Ded	50%, After Ded
Prescription Drugs		
Generic	\$20 Copay	No Benefit
Preferred	40%	
Non-Preferred	40%	
Specialty	Lesser of 40% or \$500 per Rx	
Monthly Rates*		
Employee Only		\$358.15
Employee/Spouse		\$735.20
Employee/Child(ren)		\$647.16
Family		\$1,114.31

* Includes all ACA mandated preventive services provided in MEC Plan.



Accident Insurance

Be Prepared for Accidents!

Accident Insurance helps lessen the financial pain of deductibles, co-pays and out-of-pocket costs related to an accidental injury. Benefits are paid to you in addition to other coverage you may have.



Initial Care Benefits

- Accident Emergency Treatment
- Air Ambulance
- Ambulance
- X-Ray Benefit

Plan Pays You:

- \$125
- \$1,500
- \$200
- \$30

Accident Hospital Care Benefits

- Hospital Admission \$1,000 per accident
- Hospital ICU Admission \$1,500 per accident
- Hospital Confinement \$200 per day / 365 days per acc max
- Hospital ICU Confinement \$400 per day / 15 days per acc max

Additional benefits for Surgical Care, Lodging, Accidental Death and more.

Benefits Paid for Common Accidental Injuries including:

Dislocation (Separated Joint)	Non-Surgical	Surgical
Hip	\$3,000	\$6,000
Knee	\$1,500	\$3,000
Ankle – Bone or Bones of the Foot	\$1,200	\$2,400
Collarbone (<i>sternoclavicular</i>)	\$750	\$1,500
Lower Jaw, Shoulder, Elbow, Wrist	\$450	\$900
Bone or Bones of the Hand	\$450	\$900
Collarbone (<i>acromioclavicular & separation</i>)	\$150	\$300
One Toe or Finger	\$150	\$300
Fracture (Broken Bone)	Non-Surgical	Surgical
Depressed Skull	\$3,750	\$7,500
Non-Depressed Skull	\$1,500	\$3,000
Hip, Thigh	\$2,250	\$4,500
Body of Vertebrae, Pelvis, Leg	\$1,125	\$2,250
Bones of Face or Nose	\$525	\$1,050
Upper Jaw, Maxilla	\$525	\$1,050
Upper Arm between Elbow & Shoulder	\$525	\$1,050
Lower Jaw, Mandible; Kneecap, Ankle, Foot	\$450	\$900
Shoulder Blade, Collarbone, Vertebral Process	\$450	\$900
Forearm, Wrist, Hand	\$450	\$900
Rib	\$375	\$750
Coccyx	\$300	\$600
Finger, Toe	\$150	\$300



Contact your Colonial Life Benefit Counselor for rates



Specified Disease Insurance

Guard Against Financial Hardship!

This Specified Disease coverage offers the protection you need to concentrate on what is most important—*your treatment, care and recovery.*

Traditionally, Cancer Insurance and Specified Disease Insurance are bought separately—but this plan conveniently combines both into a single policy. You're free to use the benefits however you choose. And coverage is available for you, your spouse and your eligible dependents.

Plan Features:

- Lump sum payment
- Adjustable face amount to fit your needs/budget
- Ongoing benefits for cancer treatment and care (\$500 per month for 12 months)
- May pay multiple times for a covered specified disease

Additional Benefits

- See full benefit summary for details

Covered Diseases & Conditions

For this specified disease or condition...	Plan pays this percentage of the face amount:
Heart Attack (<i>Myocardial Infarction</i>)	100%
Stroke	100%
End Stage Renal (<i>Kidney</i>) Failure	100%
Major Organ Failure	100%
Coronary Artery Bypass Graft Surgery/Disease	25%

Covered Cancer Benefits

For this condition...	Plan pays this percentage of the face amount:
Diagnosis of Cancer	100% of the face amount
Diagnosis of Carcinoma in Situ	25% of the face amount
Skin Cancer	\$500 flat amount

Health Screening Benefit

Helps pay expense of normal screening tests listed below plus more...		1 screening test max per person per calendar year
Stress test	Pap smear	Blood test / glucose, triglycerides, myeloma
CEA, EKG, ECG, ECHO, PSA, CA 15-3, CA 125	Breast ultrasound	Cholesterol test
Chest x-ray	Mammography	Hemoccult stool analysis
Colonoscopy	Skin cancer biopsy	Flexible sigmoidoscopy
	Carotid Doppler	

Contact your Colonial Life Benefit Counselor for rates



Click for Detailed Benefit Summary

Overview	Medical	Supplemental Medical	Dental	Vision	Life	Disability	Enroll
		Accident	Specified Disease	Limited Benefit			



Limited Benefit Insurance

Colonial Life's Group Limited Benefit Insurance plan offers added financial protection for those out-of-pocket costs such as deductibles, co-payments & co-insurance related to an accident or sickness that result from a covered hospital confinement or outpatient surgery.

- ✓ Benefits **paid directly to you**, unless you specify otherwise.
- ✓ Benefits paid regardless of any other coverage you may have.



* These surgeries are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your certificate.

Limited Benefits Plan Description			
First Day Hospital Confinement Benefit		\$2,000	
<i>Helps pay costs for hospital stay</i>		<i>1 benefit per calendar year per person max</i>	
Outpatient Surgical Procedure Benefit		\$2,500	
<i>Helps pay costs for covered surgical procedures</i>		<i>Max Tiers 1 & 2 combined per person per calendar year</i>	
Tier 1 Outpatient Surgical Procedure Benefit*		\$750	
Breast Axillary node dissection Breast capsulotomy Breast reconstruction Lumpectomy Cardiac Pacemaker insertion Skin Laparoscopic hernia repair Skin grafting	Digestive Colonoscopy Fistulotomy Hemorrhoidectomy Lysis of adhesions Gynecological D&C Endometrial ablation Lysis of adhesions	Ear/Nose/Throat/Mouth Adenoidectomy Removal oral lesions Myringotomy Tonsillectomy Tracheostomy Liver Paracentesis	Musculoskeletal System Carpal/cubital repair or release Dislocation other than finger, toe Foot surgery Fracture other than rib, finger, toe Remove orthopedic hardware Remove tendon lesion
Tier 2 Outpatient Surgical Procedure Benefit*		\$1,500	
Breast Breast reduction Cardiac Angioplasty Cardiac catheterization Digestive Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy	Eye Cataract surgery Corneal surgery Glaucoma surgery Vitrectomy Thyroid Excision of a mass Gynecological Myomectomy	Ear/Nose/Throat/Mouth Ethmoidectomy Mastoidectomy Septoplasty Stapedectomy Tympanoplasty Tympanotomy	Musculoskeletal System Arthroscopic knee surgery Arthroscopic shoulder surgery Clavicle resection Dislocations Fracture Remove or implant cartilage Tendon/ligament repair
Health Screening Benefit		\$50 per screening test	
<i>Helps pay costs for annual health screening tests</i>		<i>1 screening test max per person per calendar year</i>	
Stress test (bike or treadmill) Fasting blood glucose test Blood test for triglycerides Cholesterol test for HDL/LDL Bone marrow testing Hemocult stool analysis	Carotid Doppler Chest x-ray Colonoscopy EKG, ECG ECHO Skin cancer biopsy	Breast ultrasound Flexible sigmoidoscope Blood test / breast cancer Blood test / ovarian cancer Blood test / colon cancer Blood test/prostate cancer	Mammography Pap smear Blood test for myeloma Thermography ThinPrep pap test Virtual colonoscopy



Dental Insurance



**Traditional dental coverage
at affordable prices.
Start smiling!**

- Choose any dentist!
- This plan offers potentially greater coverage when you see a network participating dentist.
- **Here's great news**—no benefit waiting periods! You can access all dental coverage from day one!
- To find a Lincoln network dentist, [Click Here](#).

PLAN FEATURES

	In/Out of Network
Calendar Year Deductible:	
Individual	\$50
Family Limit	\$150
Waived for:	Preventive Care
Charges Covered for You (co-insurance):	
Preventive Care (e.g. cleanings)	100%
Basic Care (e.g. fillings)	80%
Major Care (e.g. crowns, dentures)	50%
Orthodontia	Not Covered
Annual Maximum Benefit	\$1,500
Dependent Age Limits	26
Your Payroll Deduction	Monthly Rates
Employee	\$36.81
Employee & Spouse	\$73.81
Employee & Child(ren)	\$90.64
Employee, Spouse & Child(ren)	\$127.66



Vision Care



See the Value!

These days, more and more people are making sure they have access to quality vision care. Regular eye exams not only diagnose vision problems, they provide early detection of serious health problems such as diabetes, hypertension, neurological disorders and brain tumors.

Ameritas provides rich, flexible vision plans covering exams and materials – making it more affordable to keep your eyes healthy.

PLAN FEATURES		
VSP CHOICE NETWORK	In-Network	Out-of-Network
Copays		
Exams Copay	\$10	\$10
Materials Copay <i>(waived for non-formulary elective contact lenses)</i>	\$25	\$25
Sample Allowances		
Eye Exams	Covered in Full	Up to \$45
Single Vision Lenses	Covered in Full	Up to \$30
Lined Bifocal Lenses	Covered in Full	Up to \$50
Lined Trifocal Lenses	Covered in Full	Up to \$65
Lenticular Lenses	Covered in Full	Up to \$100
Frames	Up to \$130	Up to \$70
Contact Lenses <i>(Elective)</i>	Up to \$130	Up to \$105
Laser Correction Surgery	Up to 15% discount on LASIK and PRK	
Service Frequencies		
Exams	Every calendar year	
Lenses <i>(for glasses or contact lenses)</i>	Every calendar year	
Frames	Every two calendar years	
Network Discounts <i>(cosmetic extras, glasses, contact lenses)</i>	Limitless within 12 months of exam	
Dependent Age Limits	26	
Your Payroll Deduction		Monthly Rates
Employee	\$7.80	
Employee & Spouse	\$15.60	
Employee & Child(ren)	\$13.62	
Employee, Spouse & Child(ren)	\$21.42	





Voluntary Life Insurance



Protect Your Loved Ones!

Life insurance provides crucial financial protection for your family if something were to ever happen to you. Benefits can be used towards income replacement, a mortgage, tuition, outstanding debt, and more — allowing you to take care of your loved ones even if you are not there.

Better yet, this important coverage is being made available to you at economical group rates through an A+ insurer.

NOTE:

If you do not enroll for life insurance coverage when first eligible, evidence of insurability is required. This provision is waived for the 2016 Open Enrollment.

PLAN FEATURES

Employee	\$10,000 increments to a maximum of \$500,000 or 5 times annual salary
Spouse	\$5,000 increments to a maximum of \$250,000 or 50% of Employee amount
Child(ren): <i>age 14 days to 20 years or 26 if full time student</i>	\$2,500 increments to a maximum of \$10,000
Guarantee Issue <i>(no health statement required; for enrollees less than age 65)</i>	\$200,000 maximum per employee \$30,000 maximum for a spouse \$10,000 maximum for dependent children
Portable	Take your coverage with you if you change employers. <i>(Age and other restrictions apply.)</i>
Rates	Contact your Colonial Life Benefit Counselor for rates





Short Term Disability Insurance



Protect Your Income!

Your paycheck is your greatest asset. How else would you pay for expenses like your rent or mortgage, food and transportation?

Disability insurance helps replace lost income if you have an accident or illness that prevents you from working.

Unfortunately, disabilities occur more often than you may think. Be prepared and take advantage of an opportunity to help protect your financial well being.

NOTE:

If you do not enroll for disability insurance coverage when first eligible, evidence of insurability is required. This provision is waived for the 2016 Open Enrollment.

PLAN FEATURES

Coverage Amount	Choose a weekly benefit amount from \$100 to \$1,500 <i>(limited to 60% of your weekly earnings)</i>
Maximum Payment Period	13 weeks
Accident / Illness Benefits Begin	Day 8
Evidence of Insurability	Not required
Minimum Work Hours per Week	20 hours per week
Pre-existing Conditions	3 months look back; 12 months after 2 week limitation
Premium Waived if Disabled	Yes
Rates	Contact your Colonial Life Benefit Counselor for rates





Enrolling is quick & easy! Colonial Life is ready to help!

Two options— enroll online or call our Benefits Help Line!

Enroll by Telephone!



Dial
877-217-3381
Option 1 for Spanish

HOURS
Monday—Friday
8am to 8pm EST

Benefits Counselors are available to help you enroll or answer questions regarding products and coverages.
We're here to help!

Enroll Online!



Log on
www.visityouville.com/cortechUSA
Click the SELF ENROLL button

User ID
COR5W6N— + Your SSN
Example:
COR5W6N—123456789

Password
First 4 letters of your last name +
last 4 digits of your SSN
Example:
smit6789

Enrollment
Begins
Nov. 9
Ends
Nov. 25



- **Required for enrollment:** Social Security number and Date of Birth for each covered family member ●
- You cannot “FINISH” the online enrollment without electing or declining all listed benefits. **No benefit can be skipped!** ●

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You cannot **"FINISH"** the online enrollment without electing or declining all listed benefits.

No benefit can be skipped!



REVIEW PLANS & OPTIONS.

ENROLL ONLINE!

Log on www.visityouville.com/cortechUSA

- | | |
|--------------|---|
| Click | SELF ENROLL button |
| User ID | COR5W6N— + Your SSN
<i>Example: COR5W6N—123456789</i> |
| Password | First 4 letters of last name + last 4 digits of SSN
<i>Example: smit6789</i> |
| Tech Support | Call 866-875-4772, Mon-Fri 8:30am-6pm EST
Reference Account #F6699706 |



GET PERSONAL ASSISTANCE!

Call 877-217-3381, Option 1 for Spanish



Let's get started!