

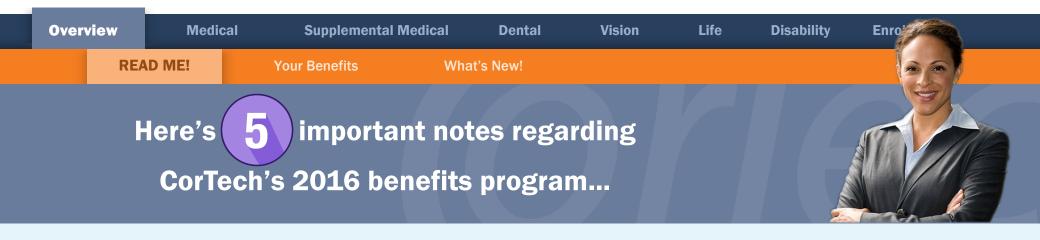
### 2016 Insurance Benefits Annual Open Enrollment!

Begins Nov. 9th • Ends Nov. 25th

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

CLICK HERE to Start!

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



<u>No</u> coverages carry forward automatically. You <u>must</u> re-enroll for 2016.



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



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



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.





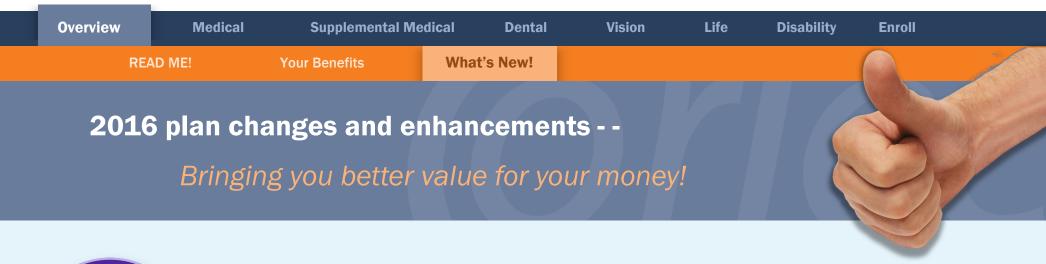


We are excited to announce CorTech employees are now eligible to participate in several new and enhanced benefit plans. For your convenience, Colonial Life will handle all enrollment for CorTech employees via telephone or online. We hope you will be pleased with the **new CorTech Benefits Program** which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









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.





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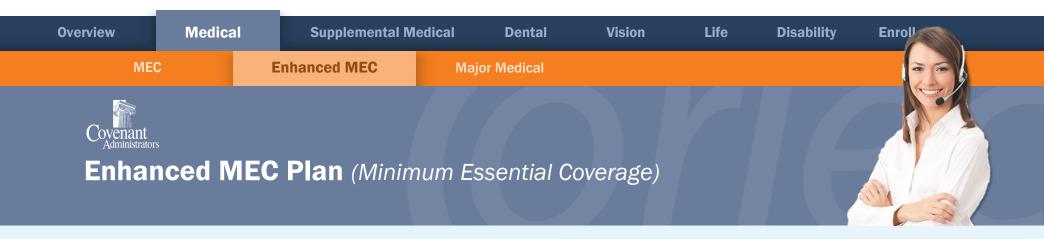


### First Dollar Coverage & Great Network!

- 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 <u>not</u> 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	5.44	
Family Benefit	\$199	0.03	

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#### 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 <u>not</u> cover hospital or surgical treatment, except for Emergency Room.

#### ENHANCED MEC PLAN

Summary of Ber	nefits
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 (services provided in hospital are not covered)	\$50 Copay
Prescription Drugs - Generic Drugs Only	\$15 Copay
Payroll Deduction	Monthly Rates
Employee	\$131.52
Employee/Spouse Click for	\$214.65
Employee/Child(ren)	\$206.33
Family	\$297.77



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Overview	Medical	Supplemental N	ledical	Dental	Vision	Life	Disability	Enroll
ME	<b>c</b>	Enhanced MEC	Major	Medical				
				Major N	Aedical Plan B	enefits	In-Network	Out-of-Network
Covenant Administrators Major Medical Plan				Deductibles Individual Family			\$4,200 \$8,400	\$4,200 \$8,400
	mouloui			Out-of-Pocke Individual Family	et Maximu		\$6,600 \$13,200	\$7,600 \$16,200
				Coinsurance	•		60%	50%
Ore at a st	anto a dillo a s			PPO Network	k		Cigna	N/A
Great savi	ngs with a r	national		Services			Mem	ber Pays
Preferred Pr	ovider Orga	anization!		Preventive C	are & Wellness *		\$0 Copay	No Benefit
	•			Primary Phys	sician Office Visits	6	\$50 Copay	50%, After Ded
				Speciality Ph	nysician Office Vis	its	\$75 Copay	50%, After Ded
<ul> <li>Administered b</li> </ul>	y Covenant Ser	rvices Group.		Urgent Care	Center		\$100 Copay	50%, After Ded
Maata Affardab	la Cara Ast "M			Hospital - In	patient & Outpati	ent	40%, After Ded	50%, After Ded
Meets Affordab		mmum	Emergency Room		40%, After Ded	40%, After Ded		
Value Standard	S".			Lab and X-ra	у		40%, After Ded	50%, After Ded
<ul> <li>Monthly rates a</li> </ul>	vro octimated	Final rates		Prescription [	Drugs			
3				Generic			\$20 Copay	
may vary based	on actual enro	ollment.		Preferred			40%	
• If the monthly F	• If the monthly Employee Only premium			Non-Preferre	ed		40%	No Benefit
exceeds 9.5% of your monthly pay, you		•		Specialty			Lesser of 40% or \$500 per Rx	
may be eligible for a cost subsidy from				Monthly Rate	s*			
		ck for	Employee Or	nly		\$3	58.15	
		tailed	Employee/S	pouse		\$73	35.20	
			nefit imary	Employee/C	Employee/Child(ren)			47.16
you qualify.				Family			\$1,1	14.31
				* la cluel		d an an an an d is a second	ruises provided in MEC	Diam

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

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Overview	Medical	Supplemental	Medical	Dental	Vision	Life	Disability	Enroll	
		Accident	Specifi	ed Disease	Limited Benefit				
Colonid	al Life.				Benefits	Paid for Co	ommon Accide	e <b>ntal Injuries</b> in	ncluding:
Accid	lent Insur	rance			Dislocation	n (Separated Jo	int)	Non-Surgical	Surgical
					Нір			\$3,000	\$6,000
					L'anna			#4 E00	¢2,000

#### **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	Plan Pays You:
Accident Emergency Treatment	\$125
Air Ambulance	\$1,500
Ambulance	\$200
X-Ray Benefit	\$30

#### **Accident Hospital Care Benefits**

- Hospital Admission
- Hospital ICU Admission
- Hospital Confinement
- Hospital ICU Confinement

\$1,000 per accident

- \$1,500 per accident
- \$200 per day / 365 days per acc max
- \$400 per day / 15 days per acc max

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

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 (sternoclavicular)	\$750	\$1,500
Lower Jaw, Shoulder, Elbow, Wrist	\$450	\$900
Bone or Bones of the Hand	\$450	\$900
Collarbone (acromioclavicular & separation)	\$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 Click for Detailed	\$375	\$750
Coccyx <u>Benefit</u>	\$300	\$600
Finger, Toe	\$150	\$300

#### **Contact your Colonial Life Benefit Counselor for rates**



benefits however you choose. And coverage is available

for you, your spouse and your eligible dependents.

Adjustable face amount to fit your needs/budget

Ongoing benefits for cancer treatment and care

• May pay multiple times for a covered specified disease

(\$500 per month for 12 months)

See full benefit summary for details

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25% of the face amount

1 screening test max per

person per calendar year

triglycerides, myeloma

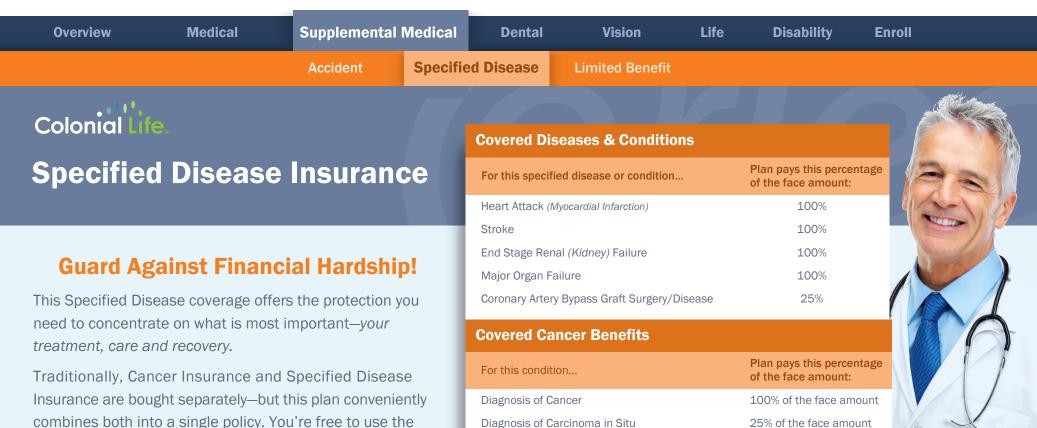
Hemoccult stool analysis

Flexible sigmoidoscopy

Blood test / glucose,

Cholesterol test

\$500 flat amount



Diagnosis of Carcinoma in Situ

**Health Screening Benefit** 

listed below plus more...

CEA, EKG, ECG, ECHO.

PSA. CA 15-3, CA 125

Helps pay expense of normal screening tests

Skin Cancer

Stress test

Chest x-ray

Colonoscopy

**Additional Benefits** 

Plan Features:

Lump sum payment

Enroll today! Call 877-217-3381 or go online www.visityouville.com/cortechUSA

Pap smear

Breast ultrasound

Skin cancer biopsy

**Contact your Colonial Life Benefit Counselor for rates** 

Mammography

Carotid Doppler

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**Click for** 

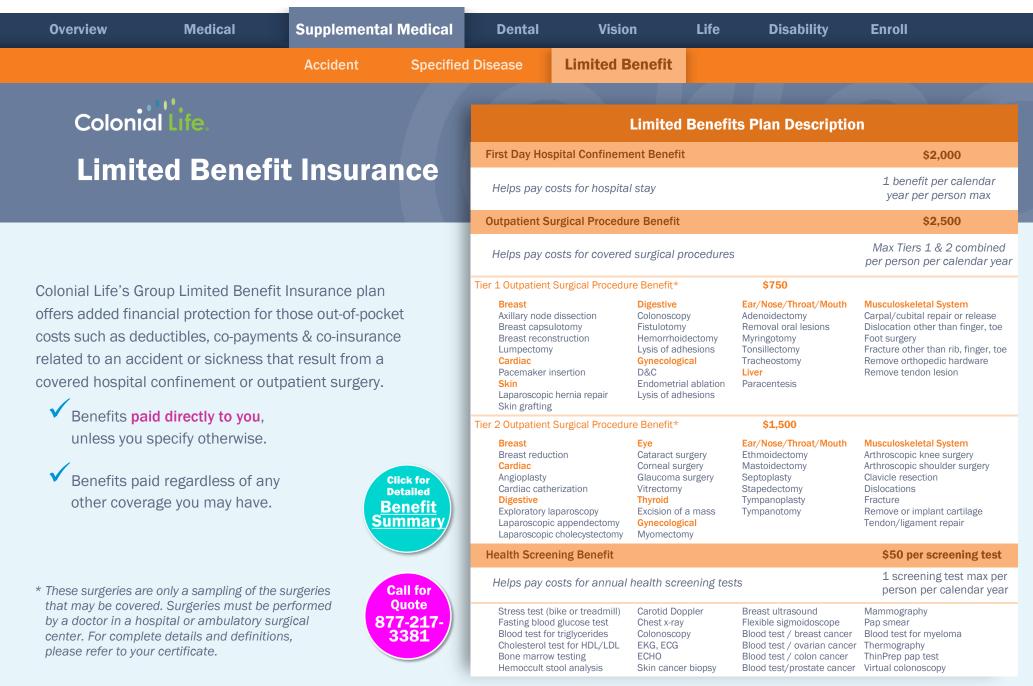
Detailed

Benefit

Summary



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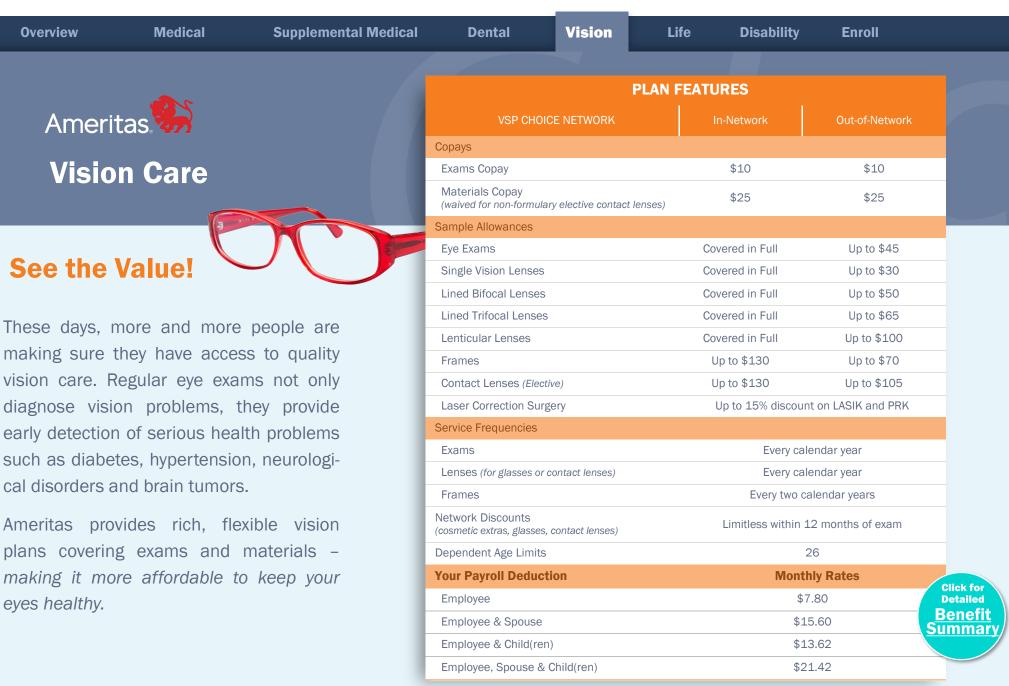


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Overview	Medical	Supplemental Medical	Dental	Vision	Life	Disability	Enroll		
Financial Denta		nce							
				PL	AN FEATUR	RES			
						In/Out	of Network		
Traditior	nal dental d	coverage	Calendar Ye	ar Deductible:					
at affordable prices.		ices.	Individual			:	\$50		
			Family Limit			\$	5150		
3	tart smiling	S:	Waived fo	r:		Preve	ntive Care		
	de altart		Charges Cov	ered for You (co-ins	urance):				
<ul> <li>Choose any</li> </ul>	/ dentist!		Preventive	e Care (e.g. cleanings	5)	1	.00%	Click for Detailed	
<ul> <li>This plan of</li> </ul>	<ul> <li>This plan offers potentially grea</li> </ul>		Basic Care	e (e.g. fillings)		8		Benefit	
	hen you see a		Major Car	e (e.g. crowns, dentui	res)	Į	50%	ummary	
participatin	-		Orthodont	ia		Not	Covered		
	0		Annual Maxi	mum Benefit		\$2	1,500		
<ul> <li>Here's great</li> </ul>	at news—no be	enefit waiting	Dependent /	Age Limits			26		
periods! Yo	ou can access a	II dental	Your Payroll	Deduction		Mon	thly Rates		
<ul><li>coverage from day one!</li><li>To find a Lincoln network dentist,</li></ul>			Employee			\$3	36.81		
		dentist	Employee	•			73.81		
Click Here				& Child(ren)			90.64		
			Employee	Spouse & Child(re	n)	\$1	.27.66		

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#### **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): age 14 days to 20 years or 26 if full time student	\$2,500 increments to a maximum of \$10,000
Guarantee Issue	\$200,000 maximum per employee
(no health statement required;	\$30,000 maximum for a spouse
for enrollees less than age 65)	\$10,000 maximum for dependent children
Portable	Take your coverage with you if you change employers. (Age and other restrictions apply.)
Rates Click for Detailed Benefit	Contact your Colonial Life Benefit Counselor for rates
Summary	







#### **Protect Your Income!**

Your paycheck is your greatest asset. How else would you pay for expenses like your rent or mort-gage, 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.

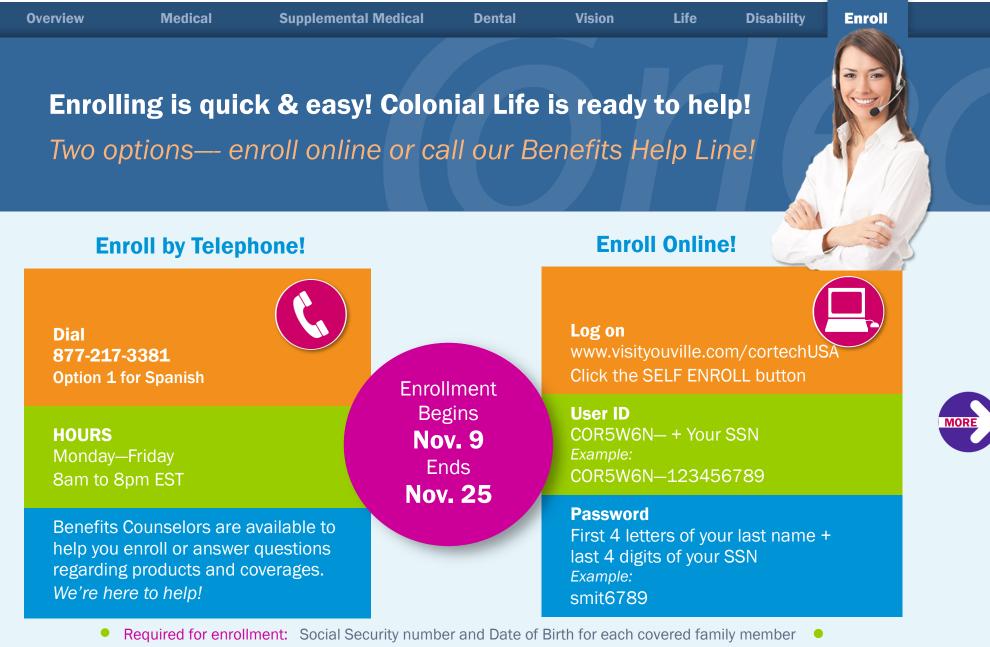
#### NOTE:

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 (limited to 60% of your weekly earnings)			
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 Click for Detailed Benefit Summary	ontact your Colonial Life Benefit Counselor for rates			



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• You cannot "FINISH" the online enrollment without electing or declining all listed benefits. No benefit can be skipped!



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**REVIEW PLANS & OPTIONS.** 

You cannot "FINISH" the online enrollment without electing or declining all listed benefits. <u>No benefit can be skipped!</u>

### **ENROLL ONLINE!**



#### Log on www.visityouville.com/cortechUSA

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



Call 877-217-3381, Option 1 for Spanish

