# 

**CONTROLLED ENVIRONMENT SYSTEMS, LLC**

# cid:image002.jpg@01D5E8BB.87197AA0

# Your Benefit Guide

For Plan Year March 15, 2021 to March 15, 2022

Your Employee Benefits Include:

* Health Care
* Dental Care
* Vision Care
* Life/AD&D Insurance
* Short-Term Disability Coverage
* Long-Term Disability Coverage
* PFML Coverage

Prepared by:



# Health Care Benefits

When you have United Healthcare’s HMO plan, you have the comfort of knowing that you are covered in sickness, in health, in the hospital, and in emergencies. You have benefits with virtually no claim forms, and minimal out-of-pocket expense. And in case of emergency, you have United’s immediate name recognition wherever you travel.

**United Healthcare**

**Plan BUSH**

**Physician Visits**

Routine Annual Exam $0 per visit

Primary Care Physician $25 per visit

Specialist Physician $50 per visit

**Emergency Room Visits**

Emergency Room Visits $250 per visit

**Routine X-Ray/ Lab Tests**

Routine X-Ray/Lab Tests Deductible\*

**Other Lab Tests**

Other Lab Tests Deductible\*

**Other X-Rays**

Other X-Rays Deductible\*

**MRI, CT & PET Scans**

High Tech Imaging Deductible\* (Free Standing Office: $500)

**Inpatient Care**

Hospital Care Deductible\*

**Ambulatory Surgery**

Ambulatory Surgery Deductible\* (Ambulatory Surgical Center: $500)

**Mental Health Benefits**

Inpatient Admissions Deductible\*

Outpatient Visits $25 per visit

**Prescription Drug Benefit**

Retail Pharmacy $15 Generic

(30-Day Supply) $30 Preferred Brand

$50 Non-Pref. Brand

Mail Order Program $37.50 Generic

(90-Day Supply) $75 Preferred Brand

$125 Non-Pref. Brand

**Annual Deductible**

Annual Deductible $2,000 per Individual

$4,000 Max. per Family

**Out-of-Pocket Maximum**

Medical Max. $5,500 per Individual

$11,000 Max. per Family

**Fitness Benefit**

Fitness Reimbursement Earn $20 a month for visiting an in-network fitness facility at least 12 times a month. Spouses are eligible to participate if covered by the medical plan.

**Provider Network**

Provider Network Look up your provider at: https://uhc.com/find-a-physicain

\* Except for emergency room services, services provided by out-of-network providers are NOT covered.

Please note:

1) In addition to your normal enrollment rights, you have a right to enroll on this health plan: a) when you become eligible for premium assistance through a state Medicaid or SCHIP program or b) when you lose coverage under one of these programs.

2) Regarding your Medicare Part D Notification, your Prescription Drug plan is Credible.

# Dental Benefits

When you have Altus Dental, you can see any dentist.

**Altus Dental Altus Dental** **In-Network Out-of-Network**

**Annual Deductible**

Individual $50 $50

Maximum per Family $150 $150

**Deductible Waived for**

**Preventive Care?** Yes Yes

**Preventive Care** 100% 100%

### Basic Services

Fillings 80% after deductible 80% after deductible

Endodontic Treatment 80% after deductible 80% after deductible

Periodontic Treatment 80% after deductible 80% after deductible

**Major Services** 50% after deductible 50% after deductible

**Annual Maximum** $1,500 per year $1,500 per year

**Orthodontics:** Covered at 50% up to a lifetime maximum of $2,000 for each dependent child up to the age of 19.

**Maximum Carryover:** You must use your preventive care benefits in order to be eligible. Keeping annual claims under $700 for the year will enable you to carryover a total of $350 into the following calendar year. If all services received were in-network, you will receive an additional $150 bonus. Maximum carryover balance is $1,250.

**Pre-Treatment Estimate:** The plan recommends that you submit a pre-treatment estimate prior to receiving dental work in excess of $300. A pre-treatment estimate will provide you with your expected out-of-pockets costs before beginning treatment.

**In-Network vs. Out-of-Network:** By visiting In-Network providers, you will reduce your out-of-pocket expenses. If you choose to visit an Out-of-Network provider, you may be responsible for additional costs if the provider’s charges exceed the plan’s usual & customary levels.

Vision Benefits

VSP provides personalized eye care to help you to see well and stay healthy.

**Exam**

Annual Eye Exam $10 Copay

Contacts Lens Exam Up to $60 Copay

Routine Retinal Screening Up to $39 Copay   
(Every 12 months)

**Prescription Glasses**

Materials $25 Copay

Lenses (Single Vision) Covered in full after Copay

Lined Bifocals Covered in full after Copay

Lined Trifocals Covered in full after Copay

Lenticular Covered in full after Copay

(Every 12 months)

**Frames**

Materials $25 Copay

Frame Allowance $130

Featured Frame Brands $150 Allowance

Additional Retail Discount 20% off balance

(Every 24 months)

**Progressive Lenses**

Standard $0 Copay

Premium $95 to $105 Copay

Custom $150 to $175 Copay

**Contact Lenses**

Elective $130 Allowance  
Necessary $210 Allowance

Life and Disability Income Benefits

When you have life and disability insurance, you are protecting your family in the event you pass away or become sick or injured. Your Life insurance coverage pays your beneficiary an amount in the event of your death. Your Accidental Death & Dismemberment coverage pays your beneficiary an amount in the event of your accidental death. Your Short Term Disability (STD) and Long Term Disability (LTD) coverage pays you a benefit while you are unable to work due to a disabling condition.

**Life/AD&D Coverage**

Benefit Amount: Flat $25,000

Guarantee Issue: $25,000

Reduces to: 65% at age 65, 40% at age 70, 25% at age 75

**STD Coverage**  
Benefit Amount: 60% of weekly earnings

Maximum Amount: Up to $1,386 per week

Benefits Begin on: 15th day of sickness or injury

Benefits Last for: 50 weeks

**LTD Coverage**

Benefit Amount: 60% of monthly earnings

Maximum Amount: Up to $6,000 per month

Benefits Begin on: 91st day of disability

Benefit Last until: Social Security Normal Retirement Age or R.B.D. (see below)

R.B.D. stands for Reducing Benefit Duration. Your LTD benefit duration is the later of Your Normal Retirement Age as defined by Social Security or the period shown below whichever is longer:

Age When Total Disability Starts Maximum Payment Period

Age 60 . . . . . . . . . . . . . . . . . . . . . 60 months

Age 61 . . . . . . . . . . . . . . . . . . . . . 48 months

Age 62 . . . . . . . . . . . . . . . . . . . . . 42 months

Age 63 . . . . . . . . . . . . . . . . . . . . . 36 months

Age 64 . . . . . . . . . . . . . . . . . . . . . 30 months

Age 65 . . . . . . . . . . . . . . . . . . . . . 24 months

Age 66 . . . . . . . . . . . . . . . . . . . . . 21 months

Age 67 . . . . . . . . . . . . . . . . . . . . . 18 months

Age 68 . . . . . . . . . . . . . . . . . . . . . 15 months

Age 69 or older . . . . . . . . . . . . . . . 12 months

**Please Note:**

* Life & AD/D coverage is 100% employer paid and enrollment is automatic
* STD benefits are employee paid, only available to non-salaried employees, and you must enroll within 30 days of hire
* LTD benefits are employee paid, only available to salaried office employees, and you must enroll within 30 days of hire

MA Paid Family and Medical Leave Act (PFML)

Controlled Environment Systems, LLC, has a qualifying private PFML plan through Principal. In accordance with state law, this plan is partially funded through payroll contributions from a covered individual’s wages or other earnings.  
  
Benefit Highlights:

* Covered individuals may be entitled to up to 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work
* Covered individuals may be entitled to up to 12 weeks of paid family leave in a benefit year related to the birth, adoption, or foster care placement of a child, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces
* Covered individuals may be entitled to up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member with a serious health condition
* Covered individuals may be entitled to up to 12 weeks of paid family leave to care for a family member with a serious health condition
* A covered individual’s average weekly earnings will determine his or her benefit amount; the weekly maximum benefit is $850

**Covered individuals are eligible for no more than 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.**

Generally, an employee who has taken paid family or medical leave must be restored to the employee’s previous position or to an equal position, with the same status, pay employment benefits, length of service credit and seniority as the date of leave. *These job protections do not apply to contractors.* It is unlawful for an employer to discriminate or retaliate against an employee for exercising any right to which they are entitled under the law.

Premium Assistance Program

**Medicaid and the Children’s Health Insurance Program (CHIP)**

**Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**.

**MASSACHUSETTS** – Medicaid and CHIP

Medicaid & CHIP Website: http://www.mass.gov/MassHealth

Medicaid & CHIP Phone: 1-800-462-1120

To see if any more States have added a premium assistance program since January 22, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor U.S. Dept. of Health & Human Services

Employee Benefits Security Administration Centers for Medicare/Medicaid Services

[www.dol.gov/ebsa](http://www.dol.gov/ebsa) [www.cms.hhs.gov](http://www.cms.hhs.gov/)

1-866-444-EBSA (3272) 1-877-267-2323, Ext. 61565

COBRA

The 1986 federal law called COBRA (Consolidated Omnibus Budget Reconciliation Act) requires most employers who sponsor medical plans to offer employees and their families the opportunity to extend coverage temporarily at group rates after coverage under the medical plan would otherwise end. This extension is called COBRA continuation coverage. Evidence of good health is not required.

You have the right to choose continuation of coverage if you lose your medical coverage under our plan because:

1. Your hours of employment are reduced; or
2. Your employment is terminated for reasons other than gross misconduct

Your spouse has the right to choose continuation coverage if he or she loses medical coverage under our plan because:

1. You become divorced or legally separated;
2. Your employment is terminated for reasons other than gross misconduct or your hours are reduced; or
3. You die.

Each of your dependent children has the right to choose continuation coverage because:

1. He or she loses dependent status under the group medical plan;
2. Your employment is terminated for reasons other than gross misconduct or your hours are reduced;
3. You and your spouse become divorced or legally separated; or
4. You die.

Important Notice 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 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.

Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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. We determined that the prescription drug coverage offered by your health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

For more information about Medicare prescription drug coverage:

• Visit [www.medicare.gov](http://www.medicare.gov)

• Call your State Health Insurance Assistance Program for personalized help.

• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

Questions?

Should you have a benefit or claims question, please contact our Benefits Advisor, Cooney Health, Inc. Our company has retained the services of Cooney Health, Inc., an employee benefits firm, to assist us with our benefits program. Your Cooney Health, Inc. Benefits Advisor will assist you and/or your family members in strict confidence with any of the below issues:

* Help you to understand your benefits
* Contact the insurance carriers on your behalf to obtain information
* Resolve claims issues
* Assist with claims’ appeals

Cooney Health, Inc. Benefits Advisor- Paulla Davis & Mike Kotch

Telephone……………………………………………..508-598-9266 for Paulla

Telephone……………………………………………..508-598-9231 for Mike

Email…………………………………………………..Paulla@cooneyhealth.com

Email…………………………………………………..Mike@cooneyhealth.com

Fax…………………………………………………….508-318-5594

You may also contact your insurance carriers directly at:

For your Medical and Prescription Drug plan

**United Healthcare**

Telephone……………………………………………..1-866-414-1959

Website for Provider Search………………………….www.uhc.com

For your Dental plan

**Altus Dental**

Telephone……………………………………………..1-877-223-0588

Website for Provider Search………………………….www.AltusDental.com

For your Vision plan

**VSP**

Telephone……………………………………………..1-800-877-7195

Website for Provider Search………………………….www.VSP.com

For your Life,/AD&D plan

**Renaissance**

Telephone……………………………………………..1-888-358-9484

Website…………………….………………………….www.RenaissanceFamily.com

For your STD & PFML plan

**Principal**

Telephone……………………………………………..1-800-245-1522

Website…………………….………………………….www.Principal.com

For your LTD plan

**Reliance Standard**

Telephone……………………………………………..1-800-351-7500

Website…………………….………………………….www.RelianceStandard.com

You will need to provide your Benefits Advisor or the Insurance Carrier with the below items in order to receive help:

* Your Social Security Number
* Your Employer’s Name
* An itemized bill of services from the doctor or an explanation of benefits (EOB) from the carrier
* Date of service, services provided, which family member services were provided for, billed amount and provider ID number
* Written authorization

This document is meant to be a brief overview. Please see your plan documents for more detail.