

D.M.H. Electric Inc.

An Employee Owned Company

Your Benefit Guide

For Plan Year November 1, 2020 to October 31, 2021

Your Employee Benefits Include:

- Health Care
- Flexible Spending Account
- Dental Care
- Vision Care
- Life and AD&D Coverage
- Short-Term Disability Coverage
- Long-Term Disability Coverage

Prepared by:

Cooney Health
Group Health Insurance

Health Care Benefits

Blue Cross Blue Shield (BCBS) Plan:

When you have Blue Cross Blue Shield's HMO coverage, 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. This plan has a \$2,000 Maximum Deductible per Individual and a \$4,000 Deductible Maximum per Family.

How your plan works:

When you present your Blue Cross ID card at the doctor's office, hospital, etc., you will be informed of your cost-share for services. However, you may contribute towards an FSA with Benefit Strategies. If you elect to contribute your pre-tax dollars towards this plan, Benefit Strategies will provide you with a debit card for eligible medical, dental and vision expenses. More information can be found further in this Guide.

Blue Cross HMO Blue NE \$2,000 with Copayment

Your Deductible is:

Max. Per Individual	\$2,000
Max. Per Family	\$4,000

Physician Visits

Annual Exam	\$0
Primary Care Physician*	\$25 per visit
Specialist Visits	\$45 per visit

Emergency Room Visits

Emergency Room Visits	Deductible (see above) then +\$750 per visit
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Routine X-Ray/ Lab Tests

X-Ray/Lab Tests	\$0
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Other X-Ray/ Lab Tests

X-Ray	Deductible (see above) then +\$125 (NHP: Deductible) per test
Lab Tests	Deductible (see above) then +\$80 (NHP: Deductible) per test

MRI, CT & PET Scans

High Tech Imaging	Deductible (see above) then +\$350 (NHP: Deductible then +\$75) per test
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Inpatient Care

Hospital Care	Deductible then +\$550 per admission
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Dental Benefits

At Blue Cross Blue Shield of Massachusetts, we understand that oral health is a critical part of overall health. When you have Blue Cross Dental, you may see any dentist.

	Blue Cross Dental <u>In-Network</u>	Blue Cross Dental <u>Out-of-Network</u>
Annual Deductible		
Individual	\$50	\$50
Maximum per Family	\$150	\$150
Deductible Waived for Preventive Services?	Yes	Yes
Preventive Care	100%	100%
Basic Services		
Fillings	80%	80%
Endodontic Treatment	80%	80%
Periodontic Treatment	80%	80%
Major Services	50%	50%
Annual Maximum (Calendar Year)	\$2,000 per individual	\$2,000 per individual

Pre-Treatment Estimate: The plan recommends that you submit a pre-treatment estimate prior to receiving dental work in excess of \$250. A pre-treatment estimate will provide you with your expected out-of-pockets costs before beginning treatment.

Maximum Carry Over Provision: You are eligible for Maximum Carry Over benefits if you and your dependents have been enrolled in the plan for a full calendar year, you receive a preventive care benefit (e.g. exams and cleanings) during the year and your claims during the year did not exceed \$800. If so, you may carry over \$600 for the next year and beyond. However, the rollover totals will be capped at \$1,500.

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

Vision Service Plan (VSP), provides personalized eye care to help you to see well and stay healthy.

Exam

Exam and Glasses
(Every 12 months) \$20 Copay

Prescription Glasses

Frame
(Every 12 months) \$130 Allowance after \$25 Materials Copay

Lenses

(Every 12 months) \$0 Copay (with exam)

Lens Enhancements

Standard Progressive \$0 after Copay
Premium Progressive \$95-\$105 after Copay
Custom Progressive \$150-\$175 after Copay

Contact Lenses

Elective Contacts \$130 Allowance after Copay
Necessary Contacts \$210 Allowance after Copay
(Every 12 months)

Laser VisionCare

Discounts Average 15-20% off

Life and Disability Income Benefits

When you have The Hartford's coverage, you are protecting your family in the event you pass away or become sick or injured. Your Life insurance coverage through The Hartford 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 through The Hartford pays you a benefit while you are unable to work due to a disabling condition.

Life and Accidental Death & Dismemberment Insurance Coverage

Benefit Amount: Flat \$25,000
Maximum Amount: Up to \$25,000
Guaranteed Amount Up to \$25,000
Benefits Reduce by: 65% at age 65, 50% at age 70

Short Term Disability Coverage

Benefit Amount: 60% of weekly earnings
Maximum Amount: Up to \$1,000 per week
Benefits Begin on: 0 days of injury, 8th day of sickness
Benefit Last for: up to 13 weeks

Long Term Disability 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:

<u>Age When Total Disability Starts</u>	<u>Maximum Payment Period</u>
Prior to Age 63.	Normal Retirement Age or 48 months, if greater
Age 63.	Normal Retirement Age or 42 months, if greater
Age 64.	36 months
Age 65.	30 months
Age 66.	27 months
Age 67.	24 months
Age 68.	21 months
Age 69 or older.	18 months

Please note:

- See contract for full details. Contract limitations apply.
- Your employer pays 100% of the cost.

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.**

You should contact your State for further information on eligibility.

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
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Dept. of Health & Human Services
Centers for Medicare/Medicaid Services
www.cms.hhs.gov
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.

Employee Assistance Program

Call 1-800-96-HELPS (1-800-965-3577) or visit www.guidanceresources.com.

The Hartford is always ready to assist you.

The Hartford's Ability Assist Counseling Services, offered by ComPsych offers support, guidance and resources that can help you resolve personal issues and meet life's challenges. This service is provided at no additional cost to you in connection with your Group Long-Term Disability coverage from The Hartford.

Ability Assist Counseling Services can help you with:

Emotional or Work-Life Counseling

- Job Pressures
- Relationship/marital conflicts
- Stress, anxiety and depression
- Work/school disagreements
- Substance Abuse
- Child and elder care referral services

Financial Information and Resources

- Managing a budget
- Retirement
- Getting out of debt
- Tax questions
- Saving for college

Legal Support and Resources

- Debt and bankruptcy
- Guardianship
- Buying a home
- Power of attorney
- Divorce

The program is available to you and members of your household and includes up to three face-to-face emotional or work-life counseling sessions per occurrence per year. Counseling for your legal, financial, medical and benefit-related concerns is also available by phone.

Confidential Advice

Your calls and all counseling services are completely confidential.

Information will be released only with your permission or as required by law.

This EAP service is provided by an arrangement with Ability Assist through The Hartford by ComPsych. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The EAP service is not an insurance product.

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
- 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, Paulla J. Davis or Nicole Bassett of Cooney Health, Inc. D.M.H. Electrical Contractors 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 Advisors.....Paulla J. Davis / Nicole Bassett
Telephone.....508-598-9266 / 508-598-9230
Email.....Paulla@cooneyhealth.com
Email.....Nicole@cooneyhealth.com
Fax.....508-318-5594

You may also contact your insurance carriers directly at:

For your Medical, Dental and Prescription Drug plans

Blue Cross Blue Shield

Telephone.....800-247-2583
Website for Provider Search.....www.bcbsma.com

For your Health Savings Account (HSA plan)

Benefit Strategies

Telephone.....603-647-4666
Website.....www.benstrat.com

For your Life, AD&D, Short-Term and Long-Term Disability plan

The Hartford

Telephone.....800-523-2233
Website.....www.thehartford.com

For your Employee Assistance Program

Ability Assist through The Hartford by ComPsych

Telephone.....800-965-3577
Website.....www.guidanceresources.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

Employer Contact Information:

D.M.H. Electrical Contractors
29 Legate Hill Road, Unit A
Sterling, MA 01564
(978) 422-0400

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