CCMSI

2014 Benefits Open Enrollment

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What's Inside

Welcome

Welcome to your CCMSI 2014 benefits open enrollment guide. In this guide you will find an overview of the benefits available to you. We are pleased to announce that open enrollment for our benefit programs will be held May 12-30, 2014. Because benefits are an important part of your total compensation package, CCMSI strives to offer benefits that protect our employees' lifestyle and financial security. To prepare for open enrollment, carefully review this benefit guide and fill out the dependent worksheet on the next page.

All eligible employees must complete an interview with a benefit counselor to maintain coverage for 2014.

For more information on the enrollment process, please see page three.

What's New for 2014

New for this year - each benefit-eligible employee will speak individually with a professional benefit counselor to review your benefit options, help you understand the choices available to you, and enroll you and your dependents in coverage. The counselor will be able to address questions you may have and will work with you to customize a benefits package that best meets your needs. Further detail on the new enrollment process is outlined on the next page.

As a valued CCMSI employee, you now have the opportunity to enhance your existing benefits package with new voluntary benefit options. Please review the following pages of this guide to learn more about the new Accident Insurance, Universal Life Insurance, and LifeLock Identity Theft Protection programs.

Eligibility

Regular, full-time employees working a minimum of 30 hours per week are eligible for benefits following 60 days of employment. Employees regularly working 20 or more hours per week are eligible for basic benefits (Life, AD&D, and Long Term Disability) only. Your dependents are eligible for coverage in most plans you elect; the benefit counselor will discuss the benefits available for your dependents during your meeting. Your eligible dependents include your legal spouse, natural/adopted child(ren), and stepchild(ren) for whom your spouse has joint or total custody. If you are adding a new dependent during open enrollment, eligibility documents must be provided for them to have coverage.

For more information about required eligibility documentation, visit www.ccmsi.mybenefitslibrary.com or scan here.

Dependent Worksheet

To enroll yourself and your dependents in coverage, you must have your personal, dependent, and beneficiary information ready. You will be asked to provide full names, dates of birth, and Social Security numbers. Any information you provide is confidential and for HR use only. To prepare for your enrollment, fill out the table below.

Name	Relation	SSN	DOB

Making Careful Choices

Open enrollment is your annual opportunity to enroll, make changes, or waive coverages in the various benefit plans, *unless* you have a qualified family status change, so please choose your benefits carefully. Such changes include birth, death, marriage, divorce, adoption, ineligibility of a dependent, unpaid leave of absence by you or your spouse, or a significant change in health coverage for you or your spouse because of your spouse's employment. If you have a qualifying event, you must notify Human Resources within 30 days of that event to change your benefit elections.

How to Enroll

This year, all full-time employees will attend a benefits meeting with a professional benefit counselor to complete the enrollment process. Depending on your location, your meeting will be held either in-person or over the telephone. This meeting is your opportunity to ask questions, get more information, and receive help in selecting the benefits that best fit your needs.

To schedule your appointment, please visit **www.ccmsi.mybenefitslibrary.com** or see your manager for more information. If your meeting will be telephonic, be sure to use a phone number where a counselor can call you and where you will have some privacy.

Important note: you must speak with a counselor to maintain coverage for yourself and your dependents in 2014. Even if you do not wish to make any changes to your current coverage for yourself and/or dependents or do not wish to enroll in coverage, you still need to attend your enrollment meeting.

Your Medical Plans

Because there's nothing more important than your health, CCMSI offers two UnitedHealthcare plans from which you may choose. Although you may see any doctor you like, you will receive greater benefits and lower costs when you choose an in-network provider. The table on the next page highlights the features of your medical plan options and the pharmacy benefits. Plan designs did not change for 2014.

Getting the Most From Your Medical Plan

MyUHC.com is an essential resource for members that provides access to all the relevant and personal information you need — whenever you need it, 7 days a week.

Features include:

- Physician and hospital locator—search by location or illness. Focus on cost and quality ratings and comparisons at the procedure level.
- Treatment cost estimator.
- Intuitive navigation, featuring the myuhc.com "Launch Pad," providing instant access to frequently used features.
- Quicken Health Expense Tracker℠ allows members to organize and understand their related financial information.

MEDICAL PLAN FEATURES

Benefit	Plan A		Plan B	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductibles				
Individual	$1,500		$750	
Family	$3,000		$1,500	
Annual Out-of-Pocket Maximum *deductible is included*				
Individual	$2,500	$3,500	$1,500	$2,000
Family	$5,000	$7,000	$3,000	$4,000
Coinsurance *percentage below is after deductible until out of pocket maximum is met, then 100%*				
	Plan pays 90%	Plan pays 70%	Plan pays 90%	Plan pays 70%
Physician Services				
Preventive Care	100%	70% after deductible	100%	70% after deductible
Office Visits	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Hospital Services				
Inpatient	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Emergency and Urgent Care				
ER Care	90% after deductible	90% after deductible	90% after deductible	90% after deductible
Urgent Care	90% after deductible	70% after deductible	90% after deductible	70% after deductible

PHARMACY PLAN FEATURES

	Retail	Mail Order	Retail	Mail Order
Tier 1	$15 copay	$37.50 copay	$12.50 copay	$31.25 copay
Tier 2	$35 copay	$87.50 copay	$30 copay	$75 copay
Tier 3	$60 copay	$150 copay	$55 copay	$137.50 copay

For more information about the cost of your benefits, visit www.ccmsi.mybenefitslibrary.com or scan here!

Dental

Because maintaining your smile is important, CCMSI offers Dental benefits through Delta Dental. You have the option to see any provider you wish, but will pay less if you see a dentist that participates in the Delta Dental network. To find a provider in your area, visit www.deltadentalil.com or call 800-323-1743.

DENTAL PLAN FEATURES		
	In-Network	**Out-of-Network**
Deductibles and Maximums		
Lifetime Deductible	$50 individual/$150 family	
Annual Maximum	$1,000 per person	
Lifetime Orthodontic Maximum	$1,000 per dependent	
Claim Payment	Based on contracted fee; no member balance billing	Based on maximum plan allowance; member balance billing
Services		
Diagnostic and Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia	50%	50%

Vision

We are proud to offer Vision coverage through VSP. Although you have the option to see any provider you wish, you will receive the best benefits when you choose an in-network doctor.* To locate a provider in your area, please visit www.vsp.com or call 800-877-7195.

VISION PLAN FEATURES		
	In-Network	**Out-of-Network**
Benefit and Frequency		
Vision Examination *every 12 months*	$10 copay	Up to $50 reimbursement
Eyeglass Lenses *every 12 months* *Single/bifocal/trifocal*	$25 copay	Reimbursement up to $50/$75/$100
Eyeglass Frames *every 24 months*	$130 allowance	Up to $70 reimbursement
Contact Lenses *in lieu of glasses*	$135 allowance	Up to $105 reimbursement

For more information about the cost of your benefits, visit ww.ccmsi.mybenefitslibrary.com

* VSP guarantees coverage from VSP doctors only.

Life Insurance

Basic Life Insurance is paid for by CCMSI and provided at no cost to you; the benefit amount is dependent on your job classification. CCMSI also provides coverage for your dependents in the amount of $2,000 for your spouse and $1,000 per dependent child at no cost to you.

Accidental Death and Dismemberment Insurance (AD&D) provides payment to you or your beneficiaries if you lose a limb or die in an accident. This coverage is in addition to your company-paid basic life insurance. This benefit matches your Basic Life benefit amount, and is also at no cost to you.

Supplemental Life Insurance and AD&D is available for purchase in addition to your CCMSI-provided policies. Additional Life Insurance and AD&D may be purchased for your spouse and Child Life for your children if you purchase for yourself. See below for more information about purchasing coverage without answering medical questions.

Employee	Up to 7 times your salary in $10,000 increments; up to $500,000. *No medical questions up to $100,000 ($10,000 ages 60-69).*
Spouse	Up to $250,000 in $10,000 increments, not to exceed 3½ times the amount of employee's supplemental life insurance. *No medical questions up to $30,000 (if employee is under age 60).*
Children	Ages 14 days - 6 months, benefit of $250. Ages 6 months - 19 years. benefit of $2,500; $5,000; $7,500; $10,000. *No medical questions for Child Life.*

NEW! Universal Life Insurance offers you the financial protection you need. Take charge of creating the future you imagine by getting coverage that's guaranteed to stay with you. Wherever you go or however your view changes along the way, you have permanent insurance protection for the important things in life - your family, your home, and your finances. The unique feature of Universal Life Insurance is that it builds cash value on a tax-deferred basis (until withdrawn) which may allow your premiums to remain level throughout the life of the contract. Plus, since you own the policy, you can take it with you if you retire or leave employment at CCMSI. During this enrollment period only, you can get up to $150,000 ($75,000 ages 51-80) of coverage regardless of your health history.

Good News! For this enrollment period only, you will have the opportunity to enroll in both the Supplemental Life and Universal Life programs without answering any medical questions. See the benefit counselor for more information.

Disability Insurance

Voluntary Short Term Disability (STD) is available at a benefit level of 60% of your salary up to a maximum weekly benefit of $1,000. Benefits begin on the 15th calendar day of an accident or illness and may be payable up to 24 weeks. Includes coverage for pregnancy. During this enrollment period only, you may get coverage without answering medical questions. Scan the QR code below for more information.

Basic Long Term Disability (LTD) coverage provides income when you have been disabled for 180 days or more. Your benefit is 60% of your monthly salary up to $2,000. This amount may be reduced by other deductible sources of income or disability earnings. Waiting periods may apply.

For more information about the cost of your benefits, visit www.ccmsi.mybenefitslibrary.com or scan here!

NEW! Accident Insurance

Accident Insurance includes coverage for both on- and off-the-job accidents. Having an unexpected accident can cause more than physical injury, it can hurt your bank account, too. Since accidents can happen at any time, 24 hours a day, 7 days a week, it's important to prepare for the unexpected.

This policy can help you pay for out-of-pocket expenses associated with an accident by paying you a benefit depending on the injuries you receive. You can then use the money as you see fit, whether to pay for expenses associated with your accident, like a trip to the emergency room, or to pay for childcare so you can get to the doctor for a follow up visit. And since the policy does not coordinate with any other coverage, you can still receive benefits on top of what your medical plan provides. Plus, the plan will pay you a $50 annual benefit for completing a defined health assessment. Below is a fictional example of how the plan might pay if you or a loved one suffered an injury.

Debbie's Story

Debbie's daughters love playing soccer in the backyard, but Debbie doesn't love the idea of how a sports-related injury could hurt her bank account if one of her daughters was to injure herself. One day her youngest daughter tripped while practicing. At the emergency room they discovered that she had fractured her leg. Luckily, Debbie was prepared for the unexpected because she had purchased a family accident policy. Her policy paid[1] her the following benefits, on top of what her CCMSI-provided medical plan covered:

Benefit	Amount
Ambulance	$150
Emergency Room Visit	$150
Fractured Leg	$1,500
Crutches	$25
Two Physical Therapy Sessions	$100
Follow Up Visit	$50
Total	**$1,975**

1. This example is for illustrative purposes only; your actual benefits may differ.

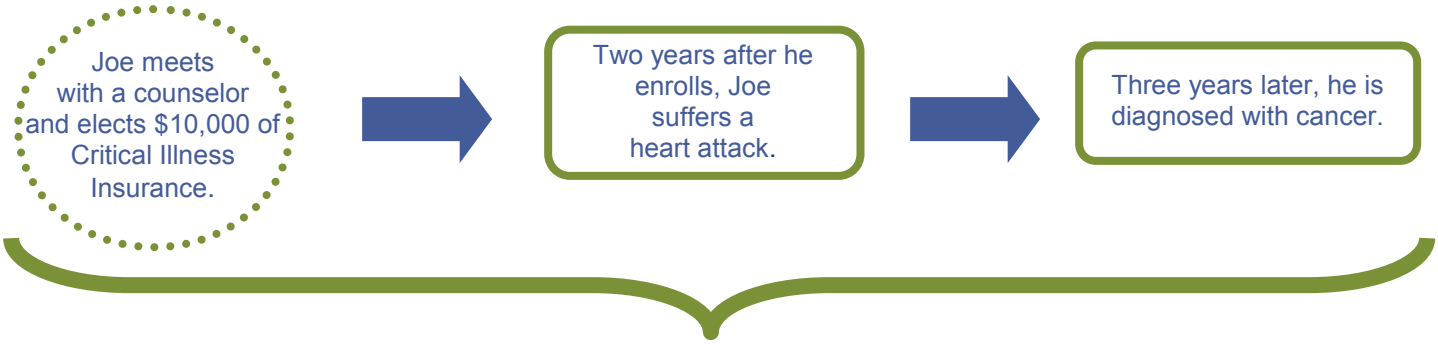
Critical Illness Insurance

Critical Illness Insurance protects your family and your assets. No one saves to get sick, which is why being diagnosed with a covered condition can be especially draining, both emotionally and financially. The policy provides you with a lump sum cash benefit in the event you or a loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on what's really important - getting better. You also have the option of picking your level of coverage so you can make sure you have the right protection for your family. Plus, the policy will also pay you a benefit when you complete a qualified health assessment.

For this enrollment period only, you will have the opportunity to select up to $20,000 in coverage for yourself and up to $10,000 for your spouse without answering any medical questions. See the benefit counselor for more information.

How the Plan Works

Critical Illness Insurance offers peace of mind when a critical illness diagnosis occurs. Below is a fictional example of how benefits might be paid.[1]



Joe's Critical Illness policy provided the following benefits:

Heart Attack Benefit:	**$10,000**
Cancer Benefit:	**$10,000**
Total Benefits:	**$20,000**

NEW! LifeLock® Identity Theft Protection

Safeguard your personal information and defend against attacks with 24/7, proactive identity theft protection from LifeLock®. Using the latest advancements, LifeLock® alerts members of fraudulent credit, utility, and service applications detected within their extensive network[2], helps stop online identity threats, reduces the potential for mail fraud, helps to deter theft arising from a lost or stolen wallet, and much more. With the option to choose from three plans, you'll be able to pick the kind of coverage that's right for you. Plan features may include:

LifeLock® Identity Theft Protection
- ✓ Identity Threat Detection
- ✓ Lost Wallet Protection
- ✓ 24 Hour Member Support

LifeLock Command Center™
- ✓ Data Breach Detection
- ✓ Public Database Monitoring
- ✓ Online Identity Threat Reports

LifeLock Ultimate™
- ✓ Checking & Savings Account Alerts
- ✓ Credit Alerts
- ✓ 24/7 Priority Status

Employee Assistance Program (EAP)

Perspectives LTD provides professional counseling and referral services designed to help you with your personal, job, or family matters. It allows face-to-face counseling sessions at no cost to you and is voluntary and strictly confidential. The program features unlimited telephonic counseling services and up to eight face to face sessions per episode.

1. This example is for illustrative purposes only; your actual benefits may differ. 2. Network does not cover all transactions and scope may vary.

Important Notifications from CCMSI

Notice of Special Enrollment Rights

If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 30 days after your other coverage ends or your dependents' other coverage ends.

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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You have two additional special enrollment opportunities. If you or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage ends as a result of loss of eligibility, you may enroll in the benefit plan. If you or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP, you may elect to enroll in the subsidized plan and cancel coverage in the CCMSI benefit plan. You must request enrollment within 60 days of the loss of eligibility of Medicaid or CHIP, or becoming eligible for the premium assistance subsidy. To request special enrollment or obtain more information, contact your local Human Resources Department or your local Medicaid or CHIP program.

COBRA Notification

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 was enacted to allow employees to extend coverage when status changes. A COBRA General Notice is provided to you when you are first covered under the medical, dental, or vision plan. The COBRA General Notice explains your right to participate in the Health Care Reimbursement Account. When you terminate coverage, a COBRA Election Notice will be provided.

If your status as a full-time employee changes, your dependent loses coverage, or you terminate employment, COBRA allows you to extend your coverage for up to 18 months (and longer under special circumstances) when you pay 102% of the full premium for medical, dental, and vision coverage.

Medicaid and the Children's Health Insurance Program (CHIP) Notice

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, 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.**

Please refer to the attached chart for state specific information and phone numbers.

The Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth.

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours or 96 hours.

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. As required by law, the following is the Women's Health and Cancer Rights Notice.

NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits, under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please contact your local Human Resources Department.

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 makes it illegal for group health plans and health insurers to deny coverage to healthy individuals impose a preexisting condition limitation, or charge higher premiums based solely on the basis of genetic information. Additionally, group health plans cannot request any individual or family member to undergo genetic testing. GINA restricts the collection of genetic information and requires plans to treat genetic information as "protected health information".

Important Notifications from CCMSI

Medicare Part D Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CCMSI 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:

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. CCMSI has determined that the prescription drug coverage offered by the United Healthcare plans are, 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 I Join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

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 my current coverage if I decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current CCMSI coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current CCMSI coverage, be aware that you and your dependents will not be able to get this coverage back. Re-enrollment in CCMSI coverage will be limited to Open Enrollment unless a qualified change in status event occurs.

When will I 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 CCMSI 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 in this section for further information. NOTE: You will receive this notice each year. You will also receive this notice before the next period you can join a Medicare drug plan, if this coverage through CCMSI 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 will receive 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: 10/1/2013
CCMSI
Contact—Lori Anderson
2 East Main Street
Towne Centre Bldg
Danville, IL 61832
Phone Number: (217) 444-1201

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid Office of Management and Budget (OMB) control number for this information collection is 0938 -0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

BENEFIT CONTACT INFORMATION

Plan	Provider	Phone Number	Website
Medical Group # 717241	UnitedHealthcare	866-633-2446	www.myuhc.com
Dental Group # 20283	Delta Dental of IL	800-323-1743	www.deltadentalil.com
Vision Group # 12325736	VSP	800-877-7195	www.vsp.com
Basic Life **Supplemental Life** **Universal Life** **Short Term Disability** **Long Term Disability** **Accident Insurance** **Critical Illness Insurance**	Lincoln Financial	800-423-2765	www.lincolnfinancial.com
Identity Theft Protection	LifeLock®	800-607-7205	www.lifelock.com
Employee Assistance Program	Perspectives LTD	800-456-6327	www.perspectivesltd.com User ID: CCM500 Password: perspectives

Don't forget - enrollment ends May 30th!

Open enrollment is your only opportunity to transfer to a different medical plan, enroll in or waive coverage, elect a new level of coverage, and enroll in voluntary benefits.

Schedule your appointment with a benefit counselor today!

For more information, visit www.ccmsi.mybenefitslibrary.com.

This guide is a brief summary of your benefits and does not constitute a policy. CCMSI may amend the benefit program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions to your benefits. If there are any discrepancies between the information and this guide and the SPD, the SPD will prevail.