

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

American Plumbing Contractors strives to provide you and your family with a comprehensive and valuable benefits package. Our employees are our #1 asset and we understand that benefits are an important part of the compensation package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

We have made some positive changes this year and are excited to bring you an improved overall benefits package! Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits offers, so you can identify which offerings are best for you and your family.

Elections you make during Open Enrollment will become effective on May 1, 2018. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

Please refer to the **QUESTIONS & ANSWERS** section (page 8) for specific information regarding enrollment process and deadlines.

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IMPORTANT NOTE: Since our company offers pre-tax benefits (health, dental and vision) the Dept of Labor requires that we provide certain plan documents to covered plan participants. It is your responsibility to review/download the applicable Annual Notices, Summary of Benefits Coverage, Premium Only Plan and WRAP Document for the 2018-2019 Plan year as applicable.

These documents are made available for review and download 24/7 to all employees and their covered dependents online at:

<https://www.plananalysts.com/compliance/apc-annual-plan-docs/>

Password: 2018APCbenefits

WHO IS ELIGIBLE?

If you're a full-time employee and have been employed more than 60 days you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical and dental coverage: legal spouse and natural/adopted/step children. Children for whom you have court appointed legal guardianship are also eligible. *The dependent limiting age for children to be covered is 26.*

HOW TO ENROLL

There are many changes to our benefit offering this year so each eligible employee is required to review their options and complete the applicable enrollment/waiver forms.

It's important to weigh your options carefully. Medical, dental and vision benefits are offered to employees on a **pre-tax** basis, which also means that you are locked into these elections for the duration on the plan year May 1, 2018 – April 30, 2019. *Unless you experience a qualifying event.*

WHEN TO ENROLL

The enrollment periods for applying for Coverage are as follows:

Initial Enrollment Period – You are first eligible to enroll in benefits after 60 days of full time employment. Coverage will be effective the 1st of the month following. *Enrollment applications must be submitted within 45 days of employment or you may miss this opportunity and will not be eligible to enroll again until our Annual Open Enrollment or during a Special Enrollment Period.*

Annual Open Enrollment Period – This is an annual 30-day period that occurs during the month of September, during which each eligible employee is given an opportunity to enroll or make changes to their benefits coverage. *Keep in mind, if you do not enroll in the some of the benefits – such as Dental, Short-term and Long-term Disability when initially eligible, or have proof of prior coverage, a late entrant penalty may apply.*

Special Enrollment Period – the 30-day period of time immediately following a special event during which an eligible employee or eligible dependent may apply for Coverage. Qualifying events include things like:

- Loss of other coverage
- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence

If you've experienced a life change event, but are not sure if it qualifies you for a SEP please contact HR.

WHAT'S NEW FOR 2018

HEALTH INSURANCE

American Plumbing Contractors offers comprehensive medical plan coverage through Aetna. There are three (3) health plans to choose from so you can choose the plan that best fits your needs and budget. One plan is a National POS option and two are FL HMO plans. *If you enroll in the Select HMO plan options you will have access to emergency care outside of the state; emergency care will be treated as in-network.*

Below is a side by side high level overview of the in-network benefits that are available under each medical plan. Please refer to the Aetna Summary of Benefits (SBC) for full details of the plan benefits.

Aetna Plan(s) >>>	Base Plan: Select 6750 100 (HMO)	Mid Plan: Choice POS II 3500 100/80	High Plan: Select 2500 100 (HMO)
Benefits	In-Ntwk Only	In-Ntwk	In-Ntwk Only
Calendar Year Deductible (CYD) (Single/Family)	\$6,750 / \$13,500	\$3,500 / \$7,000	\$2,500 / \$5,000
Max Out-of Pocket (Single/Family)	\$7,350 / \$14,700	\$6,500 / \$13,000	\$5,000 / \$10,000
Co-Insurance (Member Pays)	0%	0%	0%
Preventive Care	No Cost	No Cost	No Cost
Primary Care	\$35 co-pay	\$25 co-pay	\$30 co-pay
TelaDoc & Walk-in Clinics	\$35 co-pay	\$25 co-pay	\$30 co-pay
Specialist	\$70 co-pay after CYD	\$65 co-pay after CYD	\$60 co-pay
In-Patient Hosp	\$500/admit after CYD	\$250/admit after CYD	0% after CYD
Emergency Room	\$500 co-pay after CYD	\$250 co-pay after CYD	\$300 co-pay
Urgent Care	\$100 co-pay	\$75 co-pay	\$75 co-pay
Major Diag: MRI, CT, PET (requires pre-auth)	0% after CYD	0% after CYD	0% after CYD
Pharmacy (by Tier) <i>Generic / Brand Pref / Non-Pref</i>	\$3-\$10 / \$45 / \$70 <i>CYD applies to Brand & Non-Pref</i>	\$3-\$10 / \$45 / \$70 <i>CYD applies to Brand & Non-Pref</i>	\$3-\$10 / \$45 / \$70
YOUR COST:	Weekly	Weekly	Weekly
Employee Only	\$21.30	\$48.00	\$66.02
Employee & Spouse	\$117.42	\$184.60	\$229.93
Employee & Child(ren)	\$84.07	\$137.20	\$173.06
Family	\$175.95	\$267.76	\$329.73

DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

The following chart outlines the dental benefits we offer through United Healthcare (UHC). Our plan is a national PPO with both in and out of network benefits. Again, this is just a simplified overview. Please refer to the UHC plan summary for full details of the plan benefits. *Please keep in mind it is always best to stay in-network as you will be subject to balance billing by non-network providers.*

YOUR WEEKLY COST

Employee Only	\$5.34
Employee + Spouse	\$10.67
Employee + Child(ren)	\$10.77
Family	\$16.60



Benefits	VOL PPO F3309/MAC	
	In-Ntwk	Non-Ntwk
Annual Maximum	\$1,500	\$1,500
Annual Deductible (CYD) (Single/Family)	\$50 / \$150	\$50 / \$150
Preventive Services (cleaning, x-rays, fluoride treatments, etc.)	100% excludes CYD	80% excludes CYD
Basic Services (fillings, sealants, etc)	80%	50%
Major Services (dentures, partials, etc)	50%	50%
Endo & Perio Services	Major	Major
Ortho Services (diagnostic & treatment) <i>Child Only to age 19</i>	50% to \$1,000 12mo wait	50% to \$1,000 12mo wait
Non-Network Reimbursement	Network Fee	MAC

This plan includes the MaxMultiplier feature, which allows some of the unused portion of your annual benefit maximum to roll over to the next policy year. The Prenatal Dental Care and Oral Cancer Screening programs are also covered under this plan.

VISION INSURANCE

We also offer a true group vision plan to you through United Healthcare (UHC) as well. The vision plan will allow you to get an eye exam for a \$10 copay every 12 months. Other services, such as lenses every 12 months and frames every 24 months.

Incorporate your eye health as part of your regular health check-ups. Having a comprehensive dilated eye exam is one of the best things you can do to make sure that you're seeing the best you can and that you're keeping your eyes healthy.

The following chart outlines the vision benefits we offer through UHC. Again, this is just a simplified overview. Please refer to the UHC plan summary for full details of the plan benefits.

YOUR WEEKLY COST	
Employee Only	\$1.10
Employee + Spouse	\$2.08
Employee + Child(ren)	\$2.43
Family	\$3.43

Vision Insurance	In-Ntwk Benefits
Exams	100% after \$10 copay
Frames	\$100 allowance + 20% off balance
Lenses	
Single	100% after \$25 copay
Bifocal	100% after \$25 copay
Trifocal	100% after \$25 copay
Progressive	15%-20% Disount
Contact Lenses	Medically Necessary: 100% after \$25 co-pay Elective: \$135 allowance
Frequency	
Exam	12 months
Lens	12 months
Frames	24 months

DID YOU KNOW??

Having a full health check for your eyes can pick up early signs of health conditions such as:

- Diabetes
- High Blood Pressure
- Macular Degeneration
- Glaucoma

LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. We provide full-time employees with **\$25,000*** in group life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha. **This valuable benefit is available at NO COST to you and includes an Employee Assistance Program (EAP)! The EAP is available to you and any member of your household.**

Each eligible employee must assign a life beneficiary. *Beneficiary information can be updated at any time throughout the plan year.*

*Basic Life and AD&D benefits begin reducing at age 65. Please refer to the Benefit Reduction Schedule in your policy.

DISABILITY INCOME BENEFITS

If you were to become disabled, whether temporarily or permanently, the last thing you want on your mind is bills and debts! In the event that you become disabled from an illness or off the job injury, disability income benefits will replace a portion of your lost income. Without disability coverage, you and your family may struggle to get by if you're unable to work.

Short-term and Long-term Disability is available as a package to each full-time employee. Our company realizes the importance of protecting income and value of this benefit so we pay a portion of the cost to make it more affordable for everyone.

The following disability package is available for \$5 per week!

Short-Term Disability Benefits	
Benefit Begins	After 7 days of illness/off the job injury
Benefit Payable	60% of your WEEKLY income up to a \$1,000 max
Benefit Duration	12 weeks (until Long Term Disability benefit takes over)

Long-Term Disability Benefits	
Benefit Begins	After 90 Days of Disability
Benefit Duration	Social Security Normal Retirement Age - (Age 65)
Benefit Payable	60% of your MONTHLY income up to a \$5,000 max
Pre-Existing Period	If you were diagnosed with/treated for any condition within 3 months prior to your coverage effective date that condition will not be covered for the first 12 months of the policy.

QUESTIONS & ANSWERS

HOW DO I ENROLL/MAKE CHANGES FOR 2018?

- EACH ELIGIBLE EMPLOYEE must complete the enclosed Employee Benefits Enroll/Change Form in order to enroll or make changes to your benefit offerings.
- You must provide the legal name, SSN and date of birth for anyone who will be covered under you. *Remember, you can only cover your child(ren) until age 26.*

WHEN ARE THE BENEFIT ELECTIONS DUE AND WHERE DO I RETURN THEM?

- **INITIAL ENROLLMENT** (New Hires): All forms are due to HR within 45 days of employment.
- **2018 ANNUAL OPEN ENROLLMENT** (May 1st): Our annual enrollment meeting will be held on Friday, March 31st at 6:30am. All enrollment/waiver forms are due to HR Tuesday, April 3rd.
- **SPECIAL ENROLLMENT:** Any applicable change forms are due to HR within 30 days of the eligible life event.

WHEN YOU NEED HELP MAKING YOUR BENEFIT ELECTIONS:

- Contact our local benefits agency, Plan Analysts, and they will walk you through the plan specifics and answer any questions you have to help you make the most informed benefits decision.
- Dial (904) 354-8989 and speak with either Lisa Girgis (x333) or Dody Flanders (x223)

WHEN YOU HAVE QUESTIONS ABOUT YOUR BENEFITS THROUGHOUT THE YEAR:

Type of Insurance	Phone Number	Website
Medical: Aetna	(877) 238-6200	http://www.aetna.com
Dental: UHC	(877) 816-3596	www.myuhc.com
Vision: UHC	(800) 638-3120	www.myuhcvision.com
Life & Disability: Mutual of Omaha	(800) 877-5176	www.mutualofomaha.com
Employee Assistance Program (EAP)	(800) 316-2796	www.mutualofomaha.com/eap/
Free Will Preparation	n/a	www.willing.com/mutualofomaha

The information in this Employee Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Terms and Conditions

→ As an eligible participant in the Premium Plan ("Plan") adopted by American Plumbing Contractors ("Employer"), I acknowledge that I have received the summary plan description for this Plan and for each constituent plan set forth above. I have read the summary plan description and understand the benefits available to me as well as the other rights and obligations which I have under each constituent plan.

→ I elect the above benefits and designate the above amounts for each benefit I have selected. The Employer and I agree that my pre-tax and after-tax compensation will be reduced by the amounts set forth for the plan year that remains after the date of this election.

→ Prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the following plan year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my benefit coverage and amount of compensation reduction then in effect for the new plan year.

→ I cannot change or revoke this compensation reduction election at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth, adoption or change of legal custody of a child, termination or commencement of employment of a spouse, significant change in spouse insurance benefits, or such other events as the plan administrator determines will permit a change or revocation of an election).

→ The Plan Administrator may reduce or cancel my compensation reduction or otherwise modify this agreement in the event the Plan Administrator deems it advisable in order to satisfy certain provisions of the Internal Revenue Code.

Employee Signature _____ **Date** _____

Basic Life Benefits are provided at NO COST to you by the company so you are automatically enrolled. **Each employee must complete the Life Insurance Beneficiary Designation below.** Once enrolled you may update/change your beneficiary at any time throughout the year.

Primary Beneficiary: (Total % share must equal 100%)

_____	_____	_____	_____	_____
Last Name	First Name	Date of Birth	Relationship to Insured	% Share

Primary Beneficiary: (Total % share must equal 100%)

_____	_____	_____	_____	_____
Last Name	First Name	Date of Birth	Relationship to Insured	% Share

Contingent Beneficiary: (Total % share must equal 100%)

_____	_____	_____	_____	_____
Last Name	First Name	Date of Birth	Relationship to Insured	% Share

Primary and Contingent Beneficiaries - Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries.

Accepted and agreed to by the Employer's Authorized Representative:

By: _____ Date _____

Title: _____ Date _____



New Health Insurance Marketplace Coverage Options and Your Health Coverage

General Information

Now that key parts of the health care law have taken effect, there is a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. For 2018, open enrollment for health insurance coverage through the Marketplace begins November 1, 2017 for coverage starting January 1, 2018.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.69% of your household income for 2017, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

If you work full-time and are eligible for coverage under your employer's health plan, the plan satisfies the minimum value standard, and the cost is intended to be affordable based on employee wages.

If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your Human Resource department at (904) 745-1693.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its costs. Please visit **Healthcare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ A health plan provides “minimum value” if the plan's share of the total allowed benefit costs covered by the plan is at least 60% of such costs.