



2016

BENEFIT ENROLLMENT GUIDE



INTRODUCTION

At Hercules Fluid Power Group it is our employees that makes us the leader in our industry. Our employees display a high level of passion to Hercules Fluid Power Group's success, and our appreciation is reflected in the comprehensive benefits program we are offering this year.

We recognize how important healthcare coverage is to each of our employees and their dependents, and want to ensure that you understand your benefits and how to access them as easily as possible. We offer a comprehensive benefit package which includes medical, dental, vision, life, disability, flexible spending accounts and a retirement plan. Please review this guide to help you understand the benefits available to you.

ELIGIBILITY

All full-time Hercules Fluid Power Group employees regularly scheduled to work a minimum of 30 hours per week are eligible for benefits the first of the month following 30 days of employment. At that time, you may also elect coverage for your dependents including:

- Your legal spouse
- Your eligible dependent children:
 - ✓ Age limits may vary by plan
 - ✓ Dependents who are incapable of self-sustaining employment by reason of mental or physical handicap and supported primarily by you (proof of dependence must be submitted)

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ENROLLMENT PROCEDURES

During Open Enrollment or, when you first become eligible, you will select your benefits through our on-line enrollment vendor, Explain My Benefits (EMB). You will have access to contact an EMB Benefits Counselor should you have questions regarding a specific benefit.

If you do not enroll when initially eligible, you can enroll at Open Enrollment.

SECTION 125 AND BENEFIT ELECTION CHANGES

Under Section 125 of the Internal Revenue Service (IRS) code, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken before federal income and Social Security taxes are calculated, saving you up to 23% or more, depending on your tax bracket.

However, you must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual open enrollment period unless you experience an IRS approved qualifying change in status.

Qualifying change in status events include, but are not limited to:

- ✓ Marriage, divorce, or legal separation
- ✓ Death of spouse or other dependent
- ✓ Birth or adoption of a child
- ✓ A spouse's employment begins or ends
- ✓ A dependent's eligibility status changes due to age, student status, marital status, or employment
- ✓ You or your spouse experience a change in work hours that affect benefit eligibility
- ✓ Relocation into or outside of your plan's service area



YOUR HEALTH PLAN OPTIONS

Hercules Fluid Power Group offers you a robust benefit package and the pages to follow will provide an overview of each of those benefits. In summary, the following plans are available to you as an employee.

Medical - Choice between two PPO medical plans and an HMO Plan (Florida Employees ONLY)

Dental - PPO dental plan. Provided to you at no cost. Also available for your dependents

Vision - Provided to you at no cost. Also available for your dependents

Basic Life & AD&D - provided to you at no cost

Voluntary Life & AD&D - available at a cost for you, your spouse and your children

Short Term Disability - provided to you at no cost

Voluntary Long Term Disability - available at a cost to you

Voluntary Supplemental Benefits - available at a cost to you

Flexible Spending Account (FSA) - available for your consideration

Employee Assistance Program (EAP) - available at no cost to you

LifeCare Employee Assistance Program (EAP)

Whenever you need assistance with a work or life issue, or a referral to a provider, LifeCare is always there for you, 24 hours a day, seven days a week. Take advantage of LifeCare's services by calling their toll-free number at 800-697-7315. You can access additional information about LifeCare through the ADP Portal.

MEDICAL BENEFITS AT A GLANCE

	Florida Blue		
	Standard	Choice	HMO
DOCTOR OFFICE VISITS:			
In-Network	Blue Options 03559 \$20 PCP \$40 Spec. \$45 Urgent Care	Blue Options 03768 \$20 PCP \$45 Spec. \$50 Urgent Care	Blue Care 061 \$25 PCP \$45 Spec. \$45 Urgent Care
Out-of-Network	40% after ded.	50% after ded.	N/A
CHIROPRACTOR OFFICE VISITS:			
In-Network	\$40 Copay	\$45 Copay	\$45 Copay 30 visits/per calendar year combined with other services
Out-of-Network	40% after ded. 35 visits/per calendar year (combined with other services)	50% after ded. 35 visits/per calendar year (combined with other services)	N/A
Rx DRUGS:			
In-Network	\$10 Tier 1 \$30 Tier 2 \$50 Tier 3	\$10 Tier 1 \$30 Tier 2 \$50 Tier 3	\$10 Tier 1 \$30 Tier 2 \$50 Tier 3
Out-of-Network	50% Coinsurance + Cost difference	50% Coinsurance + Cost difference	N/A
Mail Order	2.5x Retail	2.5x Retail	2.5x Retail
EMERGENCY ROOM:			
In-Network	\$100 copay	\$200 copay	\$100 copay
Out-of-Network	\$100 copay	\$200 copay	\$100 copay
DEDUCTIBLE: (Individual/Family)	<u>Calendar Year</u>	<u>Calendar Year</u>	<u>Calendar Year</u>
In-Network	\$500/\$1,500	\$250/\$750	\$1,250/\$2,500
Out-of-Network	\$750/\$2,250	\$1,000/\$3,000	N/A
OUT PATIENT SURGERY:*			
In-Network	Option 1: \$200 copay Option 2: \$300 copay	Option 1: \$300 copay Option 2: \$600 copay	\$600 copay
Out-of-Network	40% after ded.	50% after ded.	N/A
LABS/XRAYS:			
In-Network	Lab: 0% X-Ray: \$50 copay	Lab: 0% X-Ray: \$50 copay	Lab: 0% X-Ray: \$45 copay
Out-of-Network	40% after ded.	50% after ded.	N/A
COMPLEX IMAGING:			
In-Network	\$150 copay	\$200 copay	\$350 copay
Out-of-Network	40% after ded.	50% after ded.	N/A
IN HOSPITAL CHARGES:*			
Facility Fees			
In-Network	Option 1: \$600 copay Option 2: \$1,000 copay	Option 1: \$700 copay Option 2: \$1,000 copay	\$850/Day \$4,250 Maximum
Out-of-Network	40% after ded.	50% after ded.	N/A
Professional Fees			
In-Network	20% after ded.	\$50 copay	\$0 copay
Out-of-Network	20% after ded.	\$50 copay	N/A
CO-INSURANCE:			
In-Network	20%	0%	20%
Out-of-Network	40%	50%	N/A
OUT-OF-POCKET MAXIMUM:			
In-Network	Includes Deductible & Copays \$2,500 / \$5,000	Includes Deductible & Copays \$3,000 / \$6,000	Includes Deductible & Copays \$5,000 / \$10,000
Out-of-Network	\$5,000 / \$10,000	\$6,000 / \$12,000	N/A
LIFE MAXIMUM BENEFIT:			
In-Network	Unlimited	Unlimited	Unlimited
Out-of-Network			

* Hospitals & Outpatient facilities are classified as Option 1 or 2. For more information visit www.floridablue.com

ADDITIONAL FLORIDA BLUE RESOURCES



Wherever you go, whenever you need it, you have access to your Florida Blue personal health care information.

As a member, you can log in anytime and find everything you need to know about your health plan, plus free tools and resources.

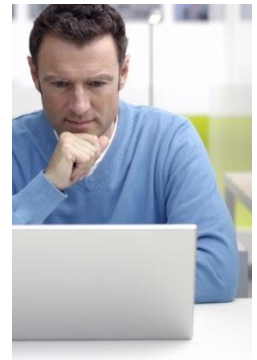
If you haven't already registered—it's easy!

Just visit floridablue.com. All you need is your member number (located on your member ID card). You'll have access to all the information you need to take control of your health right at your fingertips!

floridablue.com gives you
personal health information when **YOU** need it.

- Review your **plan benefits** and find out where you stand with your deductible.
- Find a **doctor or hospital** in your plan's network.
- **Shop, compare** and estimate **your costs** for office visits, imaging services and surgeries so you **know before you go**.
- **Compare drug prices** with the Pharmacy Shopping Tool.
- **View claim activity**, status and history.
- Create a **Personal Health Record** so your doctor visits and lab results are all in one secure place.
- Access your monthly **Health Statement**—which gives you an overview of savings, claims and expenses.
- Print a temporary **ID card** or request a new member ID card.

- Take your **Personal Health Assessment** to get a clear picture of your health status and create action plans that work with your personal needs and lifestyle.
- Consider **Lifestyle Improvement Programs** such as smoking cessation, stress management, or weight and nutritional programs, to help monitor and improve your overall well-being.
- Rate and review doctors using the **Zagat® Health Survey**.
- Get access to health-related **Member Discounts** such as gym memberships, weight loss programs, vision and hearing care.



And remember, we're here to answer any questions you may have. Just call the toll-free number on the back of your member ID card!

DENTAL BENEFITS AT A GLANCE

Good dental care is important! That's why Hercules Fluid Power Group offers you a PPO plan through Principal. This plan is designed to let you and your family select a dentist from the Principal network of participating dentists or use a dentist outside the network. By using an in network provider, you will maximize your benefit. You can locate a participating dentist by logging on to www.principal.com and clicking on the PPO provider directory link.

	Principal PPO
<u>PREVENTIVE SERVICES:</u>	
In Network	100%
Out of Network	80%
<u>BASIC SERVICES:</u>	
In Network	80%
Out of Network	60%
<u>MAJOR SERVICES:</u>	
In Network	50%
Out of Network	50%
<u>CALENDAR YEAR DEDUCTIBLE:</u>	
In Network	\$50 / \$150
Waived for Preventive?	Yes
Out of Network	\$50/\$150
Waived for Preventive?	Yes
<u>MAXIMUM YEARLY BENEFIT:</u>	Calendar Year
In Network	\$1,500
Out of Network	Included with In-Network
<u>ORTHODONTIA: (Child)</u>	50% \$1,000 lifetime maximum

VISION BENEFITS AT A GLANCE

You may elect vision coverage through EyeMed. EyeMed has a broad range of optometrists and vision care specialists. Under this plan, you can use a preferred provider or another provider of your choice. However, when you obtain vision care through an EyeMed provider, you will receive an enhanced level of benefits.

	In-Network	Out-of-Network
Exams:	\$10 copay	Copay & Up to \$30 Reimbursement
Standard Lenses:		
• Single	\$25 copay	Copay & Up to \$25 Reimbursement
• Bifocal	\$25 copay	Copay & Up to \$40 Reimbursement
• Trifocal	\$25 copay	Copay & Up to \$60 Reimbursement
• Contacts:		
- Elective	\$130 Allowance	Copay & Up to \$104 Reimbursement
- Medically Necessary	\$0 copay	Copay & Up to \$200 Reimbursement
Frames:	\$0 copay Up to \$130 Retail Allowance	Copay & Up to \$65 Reimbursement
Lasik Surgery Discount Available		

Frequency

- Exams - Once every 12 months
- Frames - Once every 24 months
- Lenses - Once every 12 months

BASIC LIFE AND AD&D BENEFITS AT A GLANCE

Hercules Fluid Power Group provides a Life and AD&D benefit of \$20,000 for you at no cost. You also have the option to purchase additional coverage for you, your spouse and dependent children.



	Principal
LIFE BENEFIT	
Employee	\$20,000
AD&D BENEFIT	\$20,000
AGE REDUCTION SCHEDULE	35% at age 65 15% at age 70
WAIVER OF PREMIUM	Included
CONVERSION	Included
PORTABILITY	Included
ACCELERATED DEATH	Included

VOLUNTARY LIFE BENEFITS AT A GLANCE

You may purchase Voluntary Life insurance coverage for yourself, your spouse and your child(ren). The cost is determined by your age and the amount of voluntary life insurance you purchase. If you do not enroll when initially eligible you will have to medically qualify.

	Principal
LIFE / AD&D BENEFIT	
Employee	Max \$500k (increments of \$10k)
Spouse	Not to exceed 50% of employee coverage, max \$100k (increments of \$5k)
Child(ren)	Lesser of 50% of employee amount or:
Birth to 14 days:	\$1,000
14 days:	\$2,000, \$4,000, \$5,000 or \$10,000
19 (25 if applicable):	\$10,000
GUARANTEE ISSUE	
Employee	\$100,000
Spouse	\$25,000
Child(ren)	\$10,000
AGE REDUCTION	
Employee / Spouse	35% at age 65 15% at age 70
WAIVER OF PREMIUM	Included
CONVERSION	Included
PORTABILITY	Included
ACCELERATED DEATH	Included

SHORT TERM DISABILITY BENEFITS AT A GLANCE

Short Term Disability provides a benefit for a non-work related injury and/or sickness (including maternity) and continues as long as medically necessary for up to 26 weeks. This benefit is provided by Hercules Fluid Power Group at no cost to you!

	Principal
ELIGIBLE CLASS	All active full-time employees
BENEFIT PERCENTAGE	60%
MAX WEEKLY BENEFIT	\$1,000
MIN WEEKLY BENEFIT	\$15
ELIMINATION PERIOD	
ACCIDENT	1st Day
SICKNESS	8th Day
BENEFIT DURATION	26 Weeks
PRE-EXISTING CONDITION	N/A

VOLUNTARY LONG TERM DISABILITY BENEFITS AT A GLANCE

Long Term Disability provides a benefit due to a non-work related injury and/or sickness (including maternity) and continues as long as medically necessary up to Social Security Normal Retirement Age (SSNRA). This benefit is 100% Employee Paid and the cost is determined by age and salary.

	Principal
ELIGIBLE CLASS	All active full-time employees
BENEFIT PERCENTAGE	60%
MAX MONTHLY BENEFIT	\$5,000
MIN MONTHLY BENEFIT	\$100
ELIMINATION PERIOD	180 days
BENEFIT DURATION	SSNRA
PRE-EXISTING CONDITION	12/12

VOLUNTARY SUPPLEMENTAL BENEFITS

Trustmark Accident Plan - If you are injured in an accident, this will pay benefits for a covered person's initial doctor's office visit, initial hospitalization, daily hospital benefit, emergency room visit, fractures, dislocations, burns and stitches.

TransAmerica Cancer Plan - This will pay benefits to you if you're diagnosed with cancer. A few benefit examples are a benefit for the initial diagnosis, surgery, hospital confinement, radiation and chemotherapy.

LifeLock— This is an identity theft benefit that provides you with more protection than credit monitoring, and watches out for you in ways banks and credit card companies just can't.

Trustmark Critical Illness— This benefit will pay a lump sum of money if you are diagnosed with a critical illness, heart attack or stroke.

The benefits paid by these carriers are in addition to any other insurance. Benefits are paid directly to you, not the provider. The rate you pay may be retained if you leave employment or retire.

For more information on plan details and rates, please refer to the provided brochure.

FLEXIBLE SPENDING ACCOUNT (FSA): ADP

Flexible Spending Accounts (FSAs) provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can actually lower your taxable income.

Essentially, the Internal Revenue Service set up FSAs as a means to provide a tax break to employees and their employers.

As an employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state, or local income taxes — effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced significantly, depending on your tax bracket. And, as a result of the personal tax savings you realize, your spendable income will increase. See the example below:

Example: Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,000 for daycare next plan year, they decide to direct a total of \$5,000 into their FSAs.

	<u>Without FSAs</u>	<u>With FSAs</u>
Gross income:	\$30,000	\$30,000
FSA contributions:	0	-5,000
Gross income:	<u>\$30,000</u>	<u>\$25,000</u>
Estimated taxes:		
Federal	-\$2,550*	-\$1,755*
FICA	-2,295	-1,890
After-tax earnings:	<u>25,155</u>	<u>21,355</u>

Eligible out-of-pocket medical and dependent care expenses:	-5,000	0
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Remaining spendable income:	<u>\$20,155</u>	<u>\$21,355</u>
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Spendable income increase: **\$1,200**

*Assumes standard deductions and four exemptions.

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

The **Dependent Care FSA** lets you use pre-tax dollars towards qualified dependent care. **The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (\$2,500 if married and filing separately).**

If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

The **Health Care FSA** lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, copayments, or other out-of-pocket medical expenses can instead be placed in the Health Care FSA pre-tax, to pay for these expenses. **The annual maximum contribution to the Health Care FSA is \$2,500 annually.**

Eligible health care expenses for the Health Care FSA include more than just your deductible and copayments. Generally, any medically necessary health care expense that you can deduct on your tax return is considered an eligible expense. Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

Is the FSA Program Right for Me?

Flexible Spending Accounts are beneficial for anyone who has out-of-pocket medical, dental, vision, hearing, or dependent care expenses beyond what his or her insurance plan covers.

It's easy to determine if a FSA will save you money. Prior to enrollment, you will need to determine your annual election amount. Estimate the expenses that you know will occur during the year. These include out-of-pocket expenses for yourself and anyone claimed as a dependent on your taxes. If you had \$100 or more in recurring or predictable expenses, the accounts can help you stretch your dollars.

Important: Use it or Lose It!

If you decide to contribute to the Health Care FSA or the Dependent Care FSA, you must carefully determine your annual election amount and your spending during the plan year. According to IRS regulations, the money you set aside must be used for expenses incurred during the plan year in which you make the election. Any funds left in the account at the end of the year will be forfeited.

GENERIC MEDICATIONS: They Keep Your Wallet Healthy



An effective way to save on your out-of-pocket healthcare costs is to consider switching to generic drugs when appropriate. Generic medicines are approved to be as safe and effective as their brand-name counterparts, and on average cost 50 percent less than brand name drugs.

Generic drugs contain the same active ingredients and are available in the same strength and dosage form as their brand-name counterparts. The U.S. Food and Drug Administration (FDA) regulates the manufacture of all generic drugs, which helps ensure their strength, quality and purity. The FDA also requires generic drugs to be absorbed into the body at the same rate and to the same extent as the branded product, which ensures that generic and branded products provide the same effectiveness in children, adults and the elderly. You can save the most money by choosing generic medicines when available. Ask your doctor to authorize generic substitutions when medically appropriate.

\$4 GENERICS! FREE ANTIBIOTICS! Shop Around for Medications

Another smart way to save on medication costs is to shop around and look for the best price! Cost of a prescription medication can vary greatly from one pharmacy to another, even within the same store chain. For example, your medication at one CVS or Walgreens is not always the same cost at a different CVS or Walgreens, even right across the street! Before you drop off the prescription to be filled, call ahead or check the pharmacy website to find out the cost.

Several pharmacies now offer special prescription programs, including \$4 generic drugs and free antibiotics. For a list of the medications included in the programs, please visit the pharmacy's website.

Wal-Mart, Sam's Club and Neighborhood Market:

\$4 generic medications per 30-day supply
\$10 generic medications per 90-day supply
www.walmart.com

Target:

\$4 generic medications per 30-day supply
\$10 generic medications per 90-day supply
www.target.com

Winn Dixie Supermarket:

Dependable Deal
\$4 generic medications per 30-day supply
\$10 generic medications per 90-day supply
Plus discounts on all generic and brand name prescriptions.
www.winndixie.com

Publix Supermarket: FREE—Certain oral antibiotics, including: amoxicillin, penicillin, ciprofloxacin and more.

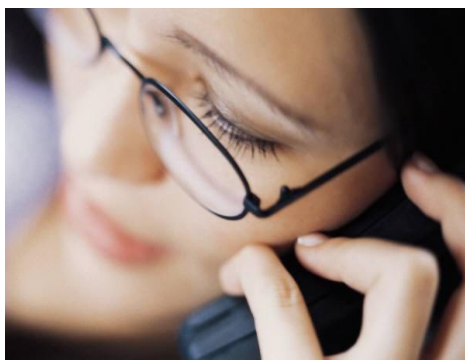
No limits to the # of prescriptions you can have filled.
www.publix.com

Hercules Fluid Power Group is providing you with this additional information on generic drugs to help facilitate your search for the best deals on lowering your prescription drug costs. As you conduct your own research, you may find many other cost-saving alternatives not listed in this newsletter. The purpose of this newsletter is not to instruct you to utilize these alternatives, but to enlighten you on various options available to you to help save costs and improve your health.



CONTACT INFORMATION

Hercules Fluid Power Group	Debbie Meckley	(727) 796-1300 opt.1 ext. 1051
Florida Blue	Medical/Prescription Member Service	(877) 352-5830
EyeMed	Vision Benefits	(866) 939-3633
LifeLock	Voluntary Benefits	(800) 543-3562
Principal	Dental /Life/Disability Member Services	(800) 843-1371
ADP	FSA	(800) 654-6695
LifeCare	EAP	(800) 697-7315
Trustmark	Voluntary Benefits	(800) 918-8877
Transamerica	Voluntary Benefits	(888) 296-8060
Hays Companies Employee Benefits	Mary Noel Jeff Grimberg	(503) 624-4794 (206) 902-1909



This Document Was Produced By Hays Companies

Special points of interest:

The information in this Enrollment 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.

NOTES

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