

Cenergistic™

The Energy Conservation Company

2015



Benefits Enrollment Guide

WELCOME TO ENROLLMENT FOR YOUR 2015 BENEFITS!

Cenergistic offers you and your eligible family members a comprehensive and valuable benefit program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

For more information about your benefits and enrollment, please visit:

www.explainmybenefits.biz/cenergistic

Enrollment Procedures

- 1. All benefit eligible employees are required to speak with an Explain My Benefits counselor whether you are electing benefits or waiving all benefits, in order to confirm your choices.**
2. Please go to the Benefit Information website above to make an appointment to speak with a Benefit Counselor.
3. ****Please have the dates of birth and social security numbers of dependents when you are ready to enroll. This information as entered is sent to the insurance companies for dependent coverage.****

Medical and Prescription Drugs

BlueCross BlueShield is our medical carrier with a High Deductible Health Plan with an optional Health Savings Account (HSA) available to you. The plan allows you the freedom to use the provider of your choice; however, you will pay less out of pocket when you use in-network providers.

NOTE: Preventive services such as mammogram, pap smear, prostate antigen test, bone density testing, routine adult physical exam, routine well baby care, child immunizations, etc... are covered at 100% with no out of pocket cost to you on all available plan options.

The following chart provides a brief overview of the plan and only reflects benefits if you use an In Network provider. Using an Out of Network provider will result in higher out of pocket costs.

Services	Medical Plan
Annual Deductible <ul style="list-style-type: none"> ◆ Individual ◆ Family 	<p style="text-align: right;">\$3,500</p> <p style="text-align: right;">\$7,000</p>
Out of Pocket Max (including deductible) <ul style="list-style-type: none"> ◆ Individual ◆ Family 	<p style="text-align: right;">\$5,000</p> <p style="text-align: right;">\$10,000</p>
Physician Visit <ul style="list-style-type: none"> ◆ Primary Care ◆ Specialist 	20% after deductible is met
Emergency Room Visit	20% after deductible is met
Urgent Care Services	20% after deductible is met
Inpatient Hospital Services	20% after deductible is met
Outpatient Hospital Services	20% after deductible is met
Prescription Drugs	20% after deductible is met

Monthly Payroll Deductions (based on the greater of annualized gross or w-2 income)	Medical Plan		
	<\$80,000	\$80,000 - \$129,999	\$130,000 or More
◆ Employee Only	\$82.50	\$110.00	\$ 137.50
◆ Employee/Spouse	\$446.25	\$595.00	\$743.75
◆ Employee/Child(ren)	\$405.75	\$541.00	\$676.25
◆ Family	\$768.75	\$1,025.00	\$1,281.25

Health Savings Accounts (HSA)

When you enroll in a High Deductible Health Plan you become eligible to also enroll in a Health Savings Account (HSA). This account will allow you to set aside money before taxes are deducted to pay for eligible medical, dental and vision out of pocket expenses.

One of the advantages of an HSA is that the money in an HSA can be invested much like 401(k) funds are invested. Unused money in an HSA will not be forfeited at the end of the year and will carry forward. Also, your HSA is yours to keep which means that you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash. Please check with your tax advisor for more information about possible tax implications.

The maximum amount that can be contributed to a HSA is \$3,350 in 2015 for individual coverage and \$6,650 for family coverage (including company contributions). Additionally, if you are 55 or older you may make an additional "catch-up" contribution of up to \$1,000 per year.

You can only withdraw up to the amount in your HSA account but any unused funds roll over from year to year. You do not lose any funds if they are not used by the end of the year.

If you have family members who are not on your health plan but you file a Federal tax return that includes them as either a joint filer or dependent, you may use your HSA funds to pay for their out of pocket medical expenses as well.



Voluntary Benefits

Trustmark

Voluntary Benefit **Solutions**[®]

What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on your needs and affordability.

- Ownership – Policies are fully portable and belong to you if you leave the company. Price and plan benefits remain the same
- Benefits are payroll deducted
- **Cash benefits are paid directly to you, not to a hospital or to a doctor**
- **Benefits are paid regardless of any other coverage you may have**
- Level premiums—Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills

The Voluntary Benefits being offered through Trustmark are **Accident Plan** and **Critical Illness/Cancer Plan**.

Trustmark Accident Plan

A plan that helps pay for the unexpected expenses that result from an accident

- **On and off the job coverage** - 24 hours per day, 7 days a week
- Family coverage available
- Sports related injuries covered as well

Just a few examples of benefit included in the plan:

- Emergency Room Visits - \$200
- Hospitalization - \$2,000 admission benefit, \$400 per day benefit
- Fractures - up to \$10,000
- Dislocations - up to \$8,000
- Health Screening Benefit - \$100 per insured per calendar year
- See brochure for a complete list of benefits



Rates

There are coverage options available for Employee only, Employee & Spouse, Employee & Child(ren) and Family. Please speak with a Benefit Counselor for plan rates. Please go to the Benefit Information website for more details.

Dependents up to age 26 can be covered regardless of student status.

Voluntary Benefits

TRUSTMARK CRITICAL ILLNESS/CANCER PLAN

Critical Illness/Cancer Plan is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help you with associated costs and beyond.

Special Underwriting at Initial Offering
Guaranteed Issue:
\$15,000 employee / \$7,500 spouse / \$1,500 children

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

Examples of covered conditions:

Invasive Cancer, Heart Attack, Stroke, Renal (Kidney Failure), Blindness, ALS (Lou Gehrig's Disease), Major Organ Transplant, Paralysis of Two or More Limbs, Coronary Artery Bypass Surgery (25% benefit), Carcinoma In Situ (25% benefit)

A Health Screening Benefit is included in your Critical Illness Policy and Trustmark pays up to \$100 for each insured. Each covered person will get one immunization or one screening test per calendar year.

Examples of health screenings:

- Low dose mammography
- Pap smear
- Stress test
- Colonoscopy
- Serum Cholesterol
- Prostate specific antigen
- Bone Marrow
- Chest X-ray

Also included is a double benefit that provides a second cash payment in the event a covered person is diagnosed with a different condition or critical illness. Pays an additional 100% of the original benefit.

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a Benefit Counselor to customize your plan and rates. Please go to the Benefit Information website for more details.



Voluntary Term Life Insurance



Voluntary Life and AD&D insurance is available to you and your family. You may elect up to 50% of your life insurance coverage level for your spouse. You may also elect coverage for your children. Child coverage cannot exceed 50% of the employee's coverage.

Employee	<p>You may elect life insurance up to a maximum of \$500,000 (not to exceed 5 times annual salary), in increments of \$10,000.</p> <p style="text-align: center;">One Time Guaranteed Issue Amount at <u>Initial Eligibility Only</u></p> <p style="text-align: center;">\$160,000</p>
Spouse	<p>You may elect life insurance up to a maximum of \$250,000 (not to exceed 50% of employee life amount) in increments of \$5,000 for your spouse.</p> <p style="text-align: center;">One Time Guaranteed Issue Amount at <u>Initial Eligibility Only</u></p> <p style="text-align: center;">\$30,000</p>
Child(ren)	<p>You may elect life insurance in the amount of \$10,000 for your child(ren), ages 6 months to 26 years. Ages 14 days to 6 months provides a \$500 benefit.</p>

If you elect a coverage amount over the guaranteed issue amount an "Evidence of Insurability" must be provided, including health questions for any insured.

COSTS FOR VOLUNTARY LIFE AND AD& D

Age Band	Employee Life Monthly Rate per \$1,000	Spouse Life Monthly Rate per \$1,000*	Age Band	Employee Life Monthly Rate per \$1,000	Spouse Life Monthly Rate per \$1,000*	Child Life Monthly Rate per \$1,000
<20 - 24	\$0.071	\$0.054	50 - 54	\$0.237	\$0.193	\$0.22
25 - 29	\$0.080	\$0.061	55 - 59	\$0.421	\$0.348	
30 - 34	\$0.099	\$0.077	60 - 64	\$0.633	\$0.526	
35 - 39	\$0.108	\$0.085	65 - 69	\$1.194	\$0.998	
40 - 44	\$0.117	\$0.092	70+	\$1.922	n/a	
45 - 49	\$0.163	\$0.131				

*Spouse rates are based on Employee Age.

Example: A 36 year old female, Sally, wants to purchase \$50,000 of term life insurance.

$$\underline{.108} \times \underline{50} = \underline{\$5.40}$$

Monthly rate # of units/ monthly
 per \$1,000 \$1,000 premium

Short Term Disability

Short-term Disability (STD) is available for approved non-work related illnesses and injuries. All full-time United States employees working in the United States working 30 hours or more per week are eligible to purchase coverage.

STD coverage begins after the specified elimination period below due to a medically certified illness or injury. Benefits are payable up to the specified benefit duration period below. Benefits are paid to you weekly as long as you are insured under the plan or the maximum payment period while you remain disabled and under the regular care of a physician.

Elimination Period for sickness, accident or pregnancy: 8 days

Maximum Benefit Period: 25 weeks for total or partial disability

Weekly Benefit: 60% of weekly salary up to \$1,500 per week

Pre-Existing Conditions: None

MONTHLY COST CALCULATION		
Example: A 35 year old employee has a \$52,000 annual salary and wants to purchase short term disability		
Step 1.	Gross Annual Salary	\$52,000
Step 2.	Gross Weekly Salary (Gross Annual Salary / 52)	\$1,000
Step 3.	Weekly Benefit Amount (Gross Weekly Salary x 60%)	\$600
Step 4.	Monthly Contribution (Weekly Benefit Amount / 10 x Rate Factor)	\$14.34

Age	Premium Factor Per \$10 of Weekly Benefit
Under 25	\$0.167
25 - 29	\$0.270
30 - 34	\$0.313
35 - 39	\$0.239
40 - 44	\$0.246
45 - 49	\$0.278
50 - 54	\$0.327
55 - 59	\$0.348
60 - 64	\$0.546
65 - 69	\$0.568
70+	\$0.523



Long Term Disability

Long-term Disability (LTD) is available to all full-time United States employees working in the United States working at least 30 hours per week to purchase.

LTD coverage begins after the specified elimination period below due to a medically certified illness or injury. Benefits are payable up to the specified benefit duration period below. Benefits are paid to you as long as you are insured under the plan or the maximum payment period while you remain disabled and under the regular care of a physician.

Elimination Period for sickness or accident: 180 days

Maximum Benefit Period: Age 65 or normal Social Security Retirement Age

Monthly Benefit: 60% of salary up to a maximum of \$10,000 per month

Pre-Existing Conditions: You may not be eligible for benefits if you have received treatment for a condition within the past three (3) months until you have been covered under this plan for 12 months.

MONTHLY COST CALCULATION

Example: A 35 year old employee has a \$42,000 annual salary and wants to purchase long term disability

Step 1.	Gross Annual Salary	\$42,000
Step 2.	Gross Monthly Salary (Gross Annual Salary / 12)	\$3,500
Step 3.	Monthly Contribution (Monthly Earnings / 100 x Rate Factor)	\$8.89

Age	Premium Factor Per \$100 of Monthly Benefit
Under 25	\$0.098
25 - 29	\$0.096
30 - 34	\$0.151
35 - 39	\$0.254
40 - 44	\$0.399
45 - 49	\$0.560
50 - 54	\$0.809
55 - 59	\$1.105
60 - 64	\$0.952
65 - 69	\$0.589
70+	\$0.276



Voluntary Dental

BlueCross BlueShield is our dental provider for 2015. You may choose to visit any dentist, but you will always pay less out of pocket when you choose a network dentist. A pre-determination is recommended for any services exceeding \$300. The following chart summarizes our dental plan.

Services	In - Network
Annual Deductible <ul style="list-style-type: none"> ◆ Individual ◆ Family 	<p style="text-align: center;">\$50 \$150 (Applies to Basic and Major services only)</p>
Preventive Services <ul style="list-style-type: none"> ◆ Cleaning & Exam ◆ X-Rays ◆ Fluoride Treatment 	<p style="text-align: center;">100% (Deductible does NOT apply)</p>
Basic Services <ul style="list-style-type: none"> ◆ Sealants ◆ Space Maintainers ◆ Fillings ◆ Simple Extractions 	<p style="text-align: center;">80% after Deductible</p>
Major Services <ul style="list-style-type: none"> ◆ Endodontics (Root Canal) ◆ Periodontics (Gum Disease) ◆ Complex Oral Surgery ◆ Crowns ◆ Bridges & Dentures 	<p style="text-align: center;">50% after Deductible</p>
Annual Benefit Maximum	<p style="text-align: center;">\$1,000</p>
Your Cost Per Month <ul style="list-style-type: none"> ◆ Employee Only ◆ Employee/Spouse ◆ Employee/Child(ren) ◆ Family 	<p style="text-align: center;">\$34.64 \$73.34 \$71.86 \$113.42</p>



Voluntary Vision



VSP is our vision carrier for 2015. This plan provides vision coverage for regular eye exams, lenses and frames for you and your covered dependents. You may choose to see the doctor of your choice; however, you will pay less out of pocket if your doctor is in the VSP network.

Services	In-Network
Eye Exam	\$10 Copayment
Lenses <ul style="list-style-type: none"> ◆ Single Vision ◆ Lined Bifocal ◆ Lined Trifocal 	\$25 Copayment \$25 Copayment \$25 Copayment
Lens Options <ul style="list-style-type: none"> ◆ Standard Progressive Lenses ◆ Premium Progressive Lenses ◆ Custom Progressive Lenses ◆ Average 20-25% off other lens options 	\$55 Copayment \$95-\$105 Copayment \$150-\$175 Copayment
Frames	Up to \$150 allowance and 20% off any amount over your allowance.
Contact Lenses (instead of glasses) Contact Lens Exam (fitting and evaluation)	\$130 allowance; copay does not apply Copay up to \$60
Frequency <ul style="list-style-type: none"> ◆ Exam ◆ Lenses (glasses or Contacts) ◆ Frames 	12 Months 12 Months 24 Months
Your Cost Per Month <ul style="list-style-type: none"> ◆ Employee Only ◆ Employee/Spouse ◆ Employee/Child(ren) ◆ Family 	\$7.16 \$11.45 \$11.69 \$18.85



Health Care and Dependent Care Flexible Spending Accounts

Cenergistic provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts. You must enroll/re-enroll in the plan each year to participate.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of our paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period.

PLEASE NOTE: If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is a "Use it or Lose it" rule. Claims may be incurred by May 15th but they must be filed by May 29th. ALSO, Over the Counter drugs are no longer eligible for reimbursement without a prescription.

Traditional Health Care FSA

If you did NOT enroll in a Health Savings Account (HSA), you may enroll in the traditional Health Care FSA. This plan is used to reimburse out-of-pocket medical, dental, and vision expenses incurred by you and your dependents. The maximum that you can contribute to the Traditional Health Care FSA is \$2,550.

Limited-Purpose FSA (For HSA Participants)

If you enroll in the Health Savings Account, the IRS does not permit you to enroll in the Traditional Health Care FSA. Cenergistic has set up a Limited-Purpose FSA for your dental and vision reimbursements. All medical reimbursements must be paid through your HSA. The maximum that HSA participants can contribute to the Limited Purpose FSA is \$2,550 which may be used to reimburse dental and/or vision expenses.

Dependent Care FSA

A Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents while you and your spouse work. The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.



LEGAL NOTICES

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

COBRA requires most employers sponsoring group medical plans to offer employees and their eligible family members the opportunity for a **temporary extension** of medical and/or dental coverage called “continuation coverage.” In certain instances where coverage under the plan is lost (referred to as qualifying events), this coverage is offered at 102% of group rates.

Depending on the qualifying event and the eligible participant, coverage can extend up to **18 or 29 months for employees, or 36 months for dependents**; 29 months may be granted when the participant is social security disabled at the time of initial COBRA eligibility or within the first 60 days of COBRA period (additional paperwork required).

If you are covered by the group medical or dental plan, you have the right to choose continuation coverage if coverage is lost for the following reasons: resignation, termination (except for gross misconduct), or reduction of hours. If your spouse or dependent child is covered by your group plan, he or she has the right to choose continuation coverage if coverage is lost for the following reasons: your death, your termination, your reduction of hours, divorce, you become entitled to Medicare or your child loses dependent status due to age or marriage.

Health Insurance Portability & Accountability Act of 1996 (HIPAA)

The legislation of HIPAA is great in scope but its focus is to improve portability of health coverage, reduce health care costs by standardizing the processing of health care transactions, increase the security and privacy of health care information, limit exclusions for preexisting conditions, and allow a special opportunity to enroll in a new plan in certain circumstances. We encourage employees to further educate themselves on HIPAA’s portability rules, privacy mandates and special enrollment rights. Additional information is available at www.dol.gov/pwba or by contacting the U.S. Department of Labor at 1-866-275-7922.

Family Medical Leave of Absence (FMLA)

The Family Medical Leave Act requires covered employers to grant eligible employees up to 12 weeks of unpaid leave each year because of:

1. The birth, adoption, or placement in foster care of a child;
2. The employee’s own serious health condition; or
3. The care of a child, spouse, or parent with a serious health condition.

The employer must maintain any group health benefits as if the employee had not taken any leave and restore the employee to the same (or an equivalent) position if and when the employee returns to work. Private employers with 50 or more employees within a 75-mile radius of the employer’s work site are subject to FMLA. Eligible employees must have worked for the employer for at least 12 months and have worked at least 1,250 hours during the 12-month period immediately preceding the request for leave.



Group Policy Numbers and Contact Information

Plan	Carrier	Policy #	Phone Number	WebSite
Medical	BlueCross BlueShield	75987	800-445-2227	www.bcbstx.com
Dental	BlueCross BlueShield	75987	800-445-2227	www.bcbstx.com
Vision	VSP		800-877-7195	www.vsp.com
STD/LTD/Life	Sun Life Financial		800-247-6875	www.sunlife.com/us
Accident and Critical Illness	Trustmark Voluntary Benefits		800-918-8877	www.trustmarksolutions.com
Trustmark Claims Help	Explain My Benefits		888-734-6937, Option 2	service@explainmybenefits.biz
HSA/FSA Accounts	Discovery Benefits	Cenergistic Inc	877-765-8810	www.discoverybenefits.com

Other Contacts

You may contact **Stephens Insurance** if you have any questions regarding your insurance benefits, have claims issues or need assistance enrolling.

Laura Humphrey: 1-800-852-5053 or Direct 501-377-8213 or Email: laura.humphrey@stephens.com

JoAnne Edmondson: 1-800-852-5053 or Direct 501-377-8412 or Email: jedmondson@stephens.com

Star McCann: 1-800-852-5053 or Direct 501-377-8414 or Email: star.mccann@stephens.com

Human Resources:

Cathy Bass: 214-273-2806 or cbass@cenergistic.com

How Do I Find A Medical and Dental Provider?

Go to www.bcbstx.com and click “Find a doctor”. In the Network Type section, select “BlueChoice PPO Plan” then you may search by specialty, provider or facility name and location.

DISCLAIMER: This is not a summary plan description (SPD) and does not guarantee benefits or payment. This document provides a brief summary of benefits that are available to you. Please refer to your coverage booklets and policies for complete details regarding covered charges, exclusions and plan payments or contact your benefits provider at the numbers located above.