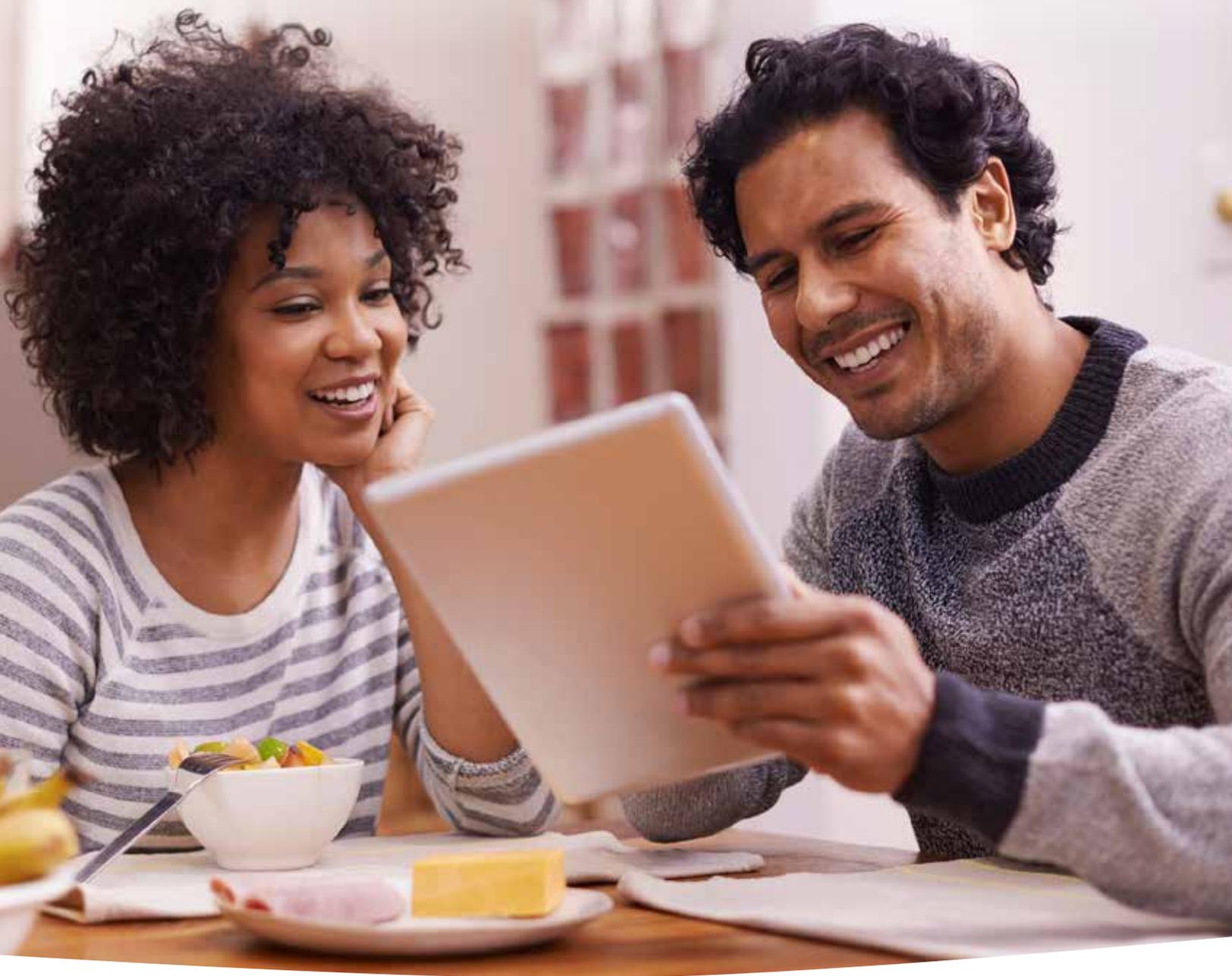


Eligible Part-Time
Employee's Guide to Enrolling
for 2017 Benefits



Welcome to CCBCC Benefits Enrollment!

Your CCBCC benefits are an important part of your overall compensation. Our benefit program can help you get healthy and stay healthy.

This enrollment brochure provides an overview of the benefit choices available to you for 2017. If you would like more detailed information, go online to www.cbccmyhr.com to view the Employee Benefits Handbook, or click on the “**Contact Us**” link.

Get Help Choosing Your Benefits

Introducing ALEX, your personal benefits counselor

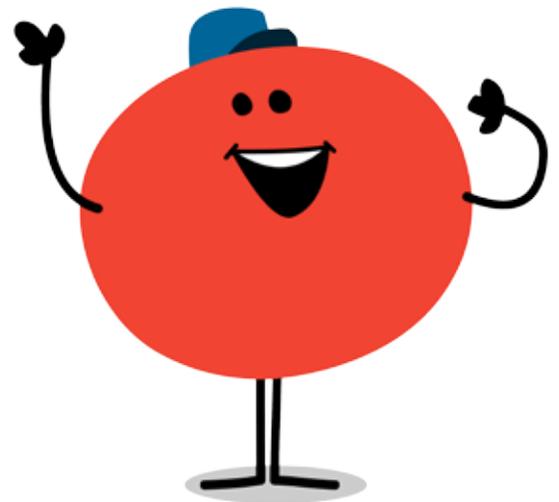
Picking the right benefit plans can be a challenge. Which medical plan is best for me? Does a health savings account make sense for me?

The decisions are important, and a lot goes into making the right choice. To make the process easier for you, CCBCC has brought in an easy-to-use online tool called ALEX.

How ALEX works is simple.

All you have to do is log on and respond to ALEX's questions. ALEX will prompt you for some basic information about you, ask a few questions about your personal situation (everything you say remains confidential, of course*), and help you figure out what to choose based on your responses.

Talking with ALEX feels like having a conversation with a real person, and because ALEX uses simple language and avoids insurance jargon, its explanations and recommendations are easy to understand.



Also, because ALEX is available from any computer with an internet connection, you can use it with your family as you consider your options. And if you have any questions about how anything works, ALEX can walk you through them.

Start a conversation with ALEX today by clicking on the “Meet ALEX” link on the myHR homepage at www.cbccmyhr.com.

*ALEX does not create, receive, maintain, transmit, collect, or store any identifiable end-user information.

Qualifying for Benefits

You must enroll in benefits by the date you become eligible for benefits in order to have coverage for 2017.

Regular part-time employees become eligible to participate based upon the length of employment and the average number of hours worked. In keeping with the Patient Protection Affordable Care Act, CCBC benefit plans use the following measures to establish eligibility:

- Collection of total hours worked for each worked week.
- Calculation of average hours for all worked weeks over a 12 month period.
 - Initial 12 month period begins at your date of hire and runs through your first anniversary
 - After the first anniversary of your employment, a calendar 12 month period is used.

If, as a part-time employee, you average greater than 30 hours per worked week over a 12 month measurement period, you become eligible to participate in CCBC's HSA Option 3 Health Plan and the Dental – Basic Plan. These plan options are extended to employees only, and do not provide coverage for spouses or dependents. In keeping with the Patient Protection and Affordable Care Act, this employee only coverage fulfills the federal requirements for affordability and essential health benefits.

Special Enrollment

Benefits enrollment is offered to you depending on the month in which you become eligible for part-time employee benefits. Because this eligibility is determined on an individual basis, it is considered a Special Enrollment and is unique to part-time benefits eligible employees.

Qualifying Life Events

It is important for you to give serious thought to your benefits enrollment because this choice cannot be changed during the year unless you have a “major life event” – a qualifying change in status. If you have a qualifying life event, you may be allowed to change your benefits enrollment so long as you do so within 31 days of the event. This event must occur within 12 months of your Special Enrollment Eligibility date (the date at which CCBC notified you of your eligibility). Some examples of a qualifying life event are:

- Change in employment status
- Change in or elimination of coverage provided to you by another person

Duration of Coverage

In your first year of enrollment, your chosen benefits will remain in place for 12 months. In subsequent special enrollments, your chosen benefits will remain in place for each 12 month calendar year. Should you choose to discontinue benefits during a Special Enrollment or through a qualifying life event you may be subject to benefit qualification before benefits will be offered to you again.

If you are terminated from the Company, you will be provided with the opportunity to continue coverage using COBRA.



Enrolling for Benefits

As an eligible part-time employee, read this guide carefully to review all the benefit options available to you. You must complete your online enrollment prior to your benefit eligibility date in order for your coverage to take effect. After you have completed the enrollment process, your new elections will remain in effect until the following annual enrollment period or until you have a qualifying event status change, whichever comes first.

You must enroll for your benefits to be effective. If you fail to enroll you will not have company sponsored benefits in 2017. The Patient Protection and Affordable Care Act requires most U.S. citizens and legal residents to have health insurance. An individual's failure to obtain health insurance coverage through established health insurance exchanges or when offered by their employer may be subject to penalties. For more information go to: <https://www.healthcare.gov/get-answers>.

How to Enroll

To enroll online, follow these simple steps:

- 1 **Review this enrollment booklet carefully** and visit www.ccbccmyhr.com and click on the link to **Meet ALEX** for more details on each benefit plan.
- 2 Go online to www.ccbccmyhr.com and click on **"Enroll for Benefits."** (Follow the instructions outlined in **"Accessing myHR for the First Time?"** below.) Follow the instructions for enrolling.
- 3 When you have completed the online enrollment process, print out a copy of your final elections for your records.



To enroll go to www.ccbccmyhr.com and click on "Enroll for Benefits."

Accessing for the First Time?

To log in for the first time:

For:	Here's What to Do	Example
User Name	Enter: <ul style="list-style-type: none"> • first letter of your first name (lower case) • first letter of your last name (lower case) • last 5 digits of your Social Security Number (SSN) 	Name: Mary Cola SSN: 123456789 Mary's User Name: mc56789
Password	Enter: <ul style="list-style-type: none"> • first 3 digits of your SSN • first letter of your first name (lower case) • first letter of your last name • year of your birth (yyyy format) 	(See Mary Cola info above) Mary's birth year is 1966 Mary's Password: 123mc1966

Changing Your Password

After you have logged in for the first time, you will be given instructions to change your password for future access.

 **Once you have successfully logged on to myHR, click on the "Enroll for Benefits" button to start the enrollment process.** On the main page of the Benefits Enrollment site, click on the "Enroll for Benefits" button, and then follow the directions to enroll. When you have completed this enrollment process, review your Enrollment Summary page carefully, then print a copy and exit the Enrollment site.

The following pages provide a summary of the benefit plans that you are eligible to enroll in at this time.

Medical – The PPO-HSA Plan



Medical coverage is one of the most important benefits available through the CCBCB Benefits Program. This coverage can protect you from high, and often unexpected, medical expenses.

If you enroll in the PPO-HSA plan, a Health Savings Account (HSA) Bank account will be automatically set up for you. You will receive information from the HSA Bank detailing your personal HSA account. CCBCB contributes \$200 to your HSA account per year. The funds in the account can be used to help you meet your plan deductible or pay for other eligible medical expenses. If you want to contribute to your HSA fund on a pretax basis, simply enter your yearly HSA election during enrollment.

Once you have met the deductible, you and the Plan each pay a percentage of the cost of most covered medical services. This is called coinsurance. The PPO-HSA plan has out-of-pocket maximums that limit the amount of your own money that you have to spend for medical services in a calendar year. And, there is no annual benefit maximum on the coverage you receive once you satisfy your out-of-pocket maximums.

More information can be found on www.cbccmyhr.com, click on the **"My Benefits"** tab, then click on **"Benefits Handbook — Summary Plan Descriptions."** Select the **"Overview"** and **"Medical"** Plan sections.

PPO-HSA Plan Overview

- Includes a triple tax advantage — pre-tax payroll contributions, grows tax free with interest or investment returns and eligible health care expenses are paid tax free.
- Rollover of unused funds (without limits) at year-end.
- Can use an HSA Bank debit card and/or checkbook to pay for services directly from your account or reimburse yourself.
- Portability — your HSA account goes with you if you leave CCBCB.
- Funds can be used to pay deductibles, prescriptions or any other medically necessary expenses not covered by insurance.
- Automatic claims forwarding (ACF) available.
- Employer Funded amount will be prorated based upon your benefits effective date.

	PPO-HSA	
Health Savings Account (HSA)—Employee Funded	Up to \$3,400—employee only	
Health Savings Account (HSA)—Employer Funded	\$200	
Lifetime Maximum	No longer applies	
Plan Feature	In-Network	Out-of-Network
Annual Deductible: Per Person	\$2,700	\$4,500
Annual Out-of-Pocket Maximum: Per Person	\$4,200	\$6,200
Doctor's Office Visit	Plan pays 80% after deductible	Plan pays 60% after deductible
Routine Preventive Care	Covered at 100%	Not covered
Specialist Visit	Plan pays 80% after deductible	Plan pays 60% after deductible
Other Medical Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Prescription Drug Coverage	Provided by CIGNA Prescription Drug Program	
Retail (up to 30-day supply)	In-Network	Out-of-Network
Generic	Plan pays 80% after deductible	Not Covered
Preferred Brand	Plan pays 80% after deductible	Not Covered
Non-Preferred Brand	Plan pays 80% after deductible	Not Covered
Biotech	Plan pays 80% after deductible	Not Covered
Mail Order (up to 90-day supply)	In-Network	Out-of-Network
Generic	Plan pays 80% after deductible	Not Covered
Preferred Brand	Plan pays 80% after deductible	Not Covered
Non-Preferred Brand	Plan pays 80% after deductible	Not Covered
Biotech	Plan pays 80% after deductible	Not Covered
2017 Premiums		
Weekly-Paid Premiums	Employee-only: \$9.71	
Bi-Weekly Paid Premiums	Employee-only: \$19.42	

Dental

CCBCC offers the Basic Plan—or you can decline coverage. CIGNA HealthCare is the plan administrator for the dental plan. By using an in-network Cigna provider you have the opportunity to save more money.

Dental Premiums	Basic Plan	
Weekly-Paid Premiums	Employee-only:	\$2.16
Bi-Weekly Paid Premiums	Employee-only:	\$4.32

Dental Feature	Basic Plan	
Calendar year deductible	\$50	
Each calendar year, the plan pays up to:	\$1,500	
	In-Network	Out-of-Network*
Preventive and Diagnostic — regular check-ups, cleanings and x-rays	100%	100% of R&C
Basic — such as fillings, extractions, root canal therapy and oral surgery	Covered at 80% after deductible	Covered at 80% of R&C after deductible
Major — such as crowns, inlays, onlays, installation or replacement of bridgework or dentures	None	
Orthodontia — For eligible dependents up to age 19 Lifetime maximum per eligible dependent	None Does Not Apply	

R&C is the reasonable and customary cost and reflects the “going rate” for a service or supply in a set geographical area. You are responsible for any charges that exceed R&C fees.

Making Enrollment Changes During the Year

It is important for you to give serious thought to your benefits enrollment because this choice cannot be changed during the year unless you have a “major life event” – a qualifying change in status. If you have a qualifying life event, you may be allowed to change your benefits enrollment so long as you do so **within 31 days** of the event. This event must occur within 12 months of your Special Enrollment Eligibility date (the date at which CCBCC notified you of your eligibility). Some examples of a qualifying life event are:

- Change in employment status
- Change in or elimination of coverage provided to you by another person

Within 31 days of the qualifying event you must:

- Log on to www.ccbccmyhr.com and select “Enroll for Benefits”
- On the next page, click on “Qualifying Event”
- You must submit any required documentation to make a qualifying event change

More information can be found on www.ccbccmyhr.com.

CONA employees will need to make address and contact information updates by visiting www.ccbccmycona.com.



Continuation of Coverage In Group Health Plans

This notice addresses the continuation of CCBCC group health coverage for part time employees in situations when it would otherwise end.

In some situations, group health coverage can be continued even though it would otherwise end. Continuation coverage for employees is provided through the federal law referred to as COBRA. This notice summarizes your rights and responsibilities under the continuation coverage provisions of COBRA. You should read this notice carefully.

As an employee, you may choose continuation coverage if group health coverage ends because of a voluntary or involuntary employment termination for reasons other than gross misconduct. This extended coverage generally may be kept for up to 18 months. If you are determined by the Social Security Administration (SSA) to be disabled at any time during the first 60 days of COBRA coverage, an additional 11 months of coverage may be available if you notify FBA (CCBCC's COBRA Administrator) within 60 days of the date you are determined to be disabled. You must pay the required cost of continued coverage. If you are determined by SSA to no longer be disabled, you must notify FBA within 30 days after SSA's determination.

The eligible part-time employee must complete the enrollment form and return it to the address on the form within 60 days after the date coverage is lost because of one of the events described above, or the date the form is received from CCBCC — whichever is later.

If an eligible part-time employee does not complete the enrollment form and return it to the COBRA administrator within the 60-day period, coverage will end as of the date of the event that caused the loss of coverage.

If an eligible part-time employee chooses continuation coverage, the company must provide coverage identical to that provided to comparably situated employees. COBRA continuation coverage will end when the first of the following events occurs:

- Payment for continuation coverage is not made by the deadline
- The part-time employee later becomes covered by another group health plan.
- The part-time employee later becomes entitled to Medicare.
- The 18-, 29- or 36-month COBRA period ends.
- The company stops providing group health coverage for employees.

Continuation coverage may also be terminated for any reason the plan would terminate coverage of a participant not receiving continuation coverage (such as fraud).

Your cost for continuation coverage will be 102% of the total cost of coverage. If you choose continuation coverage during the 60-day period following the day your group health coverage ends, you must pay the cost for that 60-day period within 45 days of your selection of continuation coverage. If you are eligible for an additional 11 months of coverage because of Social Security disability, the cost for

continuation coverage during that 11 months will remain at 102% of the total cost of coverage.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of a qualifying event. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

Proof of insurability is not required for continuation coverage.

If you have any questions about COBRA and your group health coverage, contact the HR Contact Center at 1-888-317-myHR (6947).

Summary of HIPAA Rules Affecting Benefits

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) affects how coverage is provided by the CCBCC medical plan option. This documents summarizes these changes:

Portability of Coverage

The portability rules are designed to improve the availability of medical coverage by creating other special enrollment opportunities, in addition to existing family status change rules, for part time benefits eligible employees who decline medical coverage during enrollment then lose other coverage.

Special Enrollment Periods

If you decline medical coverage through a CCBCC medical plan option for yourself because you have other medical coverage and you later lose that coverage because of a:

- Change in employment status
- Change in or elimination of coverage provided to you by another person

... then, you can enroll in the company's medical plan as long as you go to www.ccbccmyhr.com, click on "Qualifying Event" and complete the submission process within 31 days of the date your other coverage ends. If you choose to continue the coverage you lost through COBRA, you have 31 days after your COBRA coverage ends to enroll in a CCBCC medical plan option.

For more information on status changes that may allow you to change your CCBCC coverage choices during the year, contact the HR Contact Center at 1-888-317-myHR (6947).



About This Guide

This guide is intended as a brief, simplified summary of the CCBCC benefit plans and programs for CCBCC part time benefits eligible employees. In the case of each benefit plan, the official plan document will be used to determine precisely how the plan works if there is a discrepancy between this guide's summary and the official plan document. Call or e-mail the HR Contact Center for further information about those plan documents and your legal rights. CCBCC intends to continue maintaining the benefit plans and programs described in this guide. However, the company reserves the right to terminate or change anything described in this guide without notice.