



Benefits at a Glance

December 01, 2017 - November 30, 2018

Provided by: RiteHealth Solutions

Disclaimer: Please note that this booklet represents only a summary of the benefits provided by your employer. It is not intended to be a formal or legal document. If there are any conflicts between the wording in this booklet and the summary of benefits and coverage (SBC) or insurance certificates of coverage, the wording in the SBC or certificate shall govern. Please call RiteHealth Solutions (303)-443-1770 with any questions or for information on how to obtain the SBC or insurance certificates of coverage.

Employee Benefits Overview

Benefits Period: December 01, 2017 - November 30, 2018

Employee Eligibility for Benefits: Employees working at least 40 hours/week are eligible to begin benefits on the first of the month following 30 days of full time employment. Employees may also enroll their eligible dependents, including legal spouse, dependent children up to age 26 (without regard to full time status or marital status), domestic partner, and common law spouse.

Deductible: Your deductible will reset on December 1, 2018.

Employer Contribution:

Medical: Ambient Energy contributes 75% to the employee premium and 20% to the dependent premium for both medical plan options.

Dental: Ambient Energy contributes 50% to the employee only premium.

Vision: Ambient Energy contributes 50% to the employee only premium.

Network of Providers:

Medical: United Healthcare Choice Plus PPO

Dental: Delta Dental PPO

Vision: VSP Signature

Qualifying Events: Employees can change their elections or waivers after open enrollment for the following reasons:

- 1) Marital status changes
 - a. Marriage
 - b. Divorce, legal separation or annulment
 - c. Death of spouse
- 2) Number of eligible children changes
 - a. Birth or adoption
 - b. Child gain or loss of eligibility for coverage under the plan
- 3) Your benefits eligibility changes
 - a. Taking or returning from a leave of absence
 - b. A change in work schedule or status that causes you to gain or lose eligibility
- 4) Your family members' benefits eligibility changes under another employer's plan
 - a. A change in work status
 - b. He/she gains a benefit option or loses coverage
 - c. His/her cost for coverage increases or decreases significantly
 - d. Annual open enrollment
 - e. COBRA expires
 - f. Medicare or Medicaid eligible

Pre-existing Condition Limitations: Based on healthcare reform, pre-existing conditions limitations are no longer allowed in health insurance contracts effective on or after January 1st, 2014.

Creditable Coverage: Creditable coverage includes a group health plan, individual health insurance coverage, COBRA, Medicare or Medicaid, State Children's Health Insurance Program, Foreign health care, etc.



United Health Care Health Insurance Plan

Plan #1 ACEC-Plan ABJ1-HSA

In-Network:	
Lifetime Maximum	Unlimited
Deductible	\$2,600 (x2 Family-Embedded)
Member Coinsurance	20%
Plan Coinsurance	80%
Out-of-Pocket Maximum	\$6,350 (x2 Family-Embedded)
<small>Embedded- Family deductible accumulates separately per family member up to a cap of two family members. Aggregate- family deductible accumulates for one or all family members combined. Out-of-pocket maximum includes deductible, coinsurance, doctor's visits charges and prescription drug coverage.</small>	
Routine Care:	
Virtual Office Visits	You pay 20% after deductible
Office Visits (Primary Care)	You pay 20% after deductible
Office Visits (Specialist)	You pay 20% after deductible
Preventive Care	100% covered
Laboratory	You pay 20% after deductible
X-ray	You pay 20% after deductible
Prescription Drug Deductible	No separate Rx deductible
Prescription Drugs	Medical deductible then \$10/\$35/\$60
Mail Order Rx (3 month supply)	Medical deductible then x2.5 copays
Emergency Needs:	
Emergency Room	You pay 20% after deductible
Urgent Care	You pay 20% after deductible
Major Medical:	
Inpatient Hospitalization	You pay 20% after deductible
Maternity	You pay 20% after deductible
Outpatient Surgery	You pay 20% after deductible
MRI/CAT/PET Scans	You pay 20% after deductible
Supplemental Care:	
Physical Therapy	You pay 20% after deductible, 20 visits/year
Chiropractic Services	You pay 20% after deductible, 20 visits/year
Mental Health Counseling	You pay 20% after deductible, unlimited
Out-of-Network Benefits:	
Office Visit Benefit	\$5,000 (x2 Family-Embedded)
Deductible	\$5,000 (x2 Family-Embedded)
Member Coinsurance	40%
Out-of-Pocket Maximum	\$10,000 (x2 Family-Embedded)
Premium Contributions:	
Employer Premium Contributions	Ambient Energy contributes 75% to the employee premium and 20% to the dependent premium
Employee Premium Contribution Bi-Weekly*:	
Employee Only	\$34.27
Employee plus Spouse	\$154.91
Employee plus Child(ren)	\$132.98
Employee plus Family	\$265.46
United Health Care Medical Contact Information:	
Medical Plan Network Of Doctors	Choice Plus PPO-Illinois
Group Number	08U7312
United Health Care Customer Service	(800) 516-3344
United Health Care Website	www.uhc.com

HF= Hospital Facility

*Premiums will be deducted from employees check on a pre-tax basis.



**United Health Care
Health Insurance Plan
Plan #2 ACEC-Plan QE3**

In-Network:	
Lifetime Maximum	Unlimited
Deductible	\$1,000 (x2 Family-Embedded)
Member Coinsurance	20%
Plan Coinsurance	80%
Out-of-Pocket Maximum	\$5,500 (x2 Family-Embedded)
Embedded- Family deductible accumulates separately per family member up to a cap of two family members. Aggregate- family deductible accumulates for one or all family members combined. Out-of-pocket maximum includes deductible, coinsurance, doctor's visits charges and prescription drug coverage.	
Routine Care:	
Virtual Office Visits	You pay a \$30 copay per visit
Office Visits (Primary Care)	You pay a \$30 copay per visit
Office Visits (Specialist)	You pay a \$60 copay per visit
Preventive Care	100% covered
Laboratory	100% covered
X-ray	100% covered
Prescription Drug Deductible	No separate Rx deductible
Prescription Drugs	\$10/\$35/\$60
Mail Order Rx (3 month supply)	x2.5 copays
Emergency Needs:	
Emergency Room	You pay a \$150 copay per visit
Urgent Care	You pay a \$75 copay per visit
Major Medical:	
Inpatient Hospitalization	You pay 20% after deductible
Maternity	You pay 20% after deductible
Outpatient Surgery	You pay 20% after deductible
MRI/CAT/PET Scans	You pay 20% after deductible
Supplemental Care:	
Physical Therapy	You pay a \$30 copay per visit, 20 visits/year
Chiropractic Services	You pay a \$30 copay per visit, 20 visits/year
Mental Health Counseling	100% covered, unlimited
Out-of-Network Benefits:	
Office Visit Benefit	\$3,000 (x2 Family-Embedded)
Deductible	\$3,000 (x2 Family-Embedded)
Member Coinsurance	40%
Out-of-Pocket Maximum	\$10,000 (x2 Family-Embedded)
Premium Contributions:	
Employer Premium Contributions	Ambient Energy contributes 75% to the employee premium and 20% to the dependent premium
Employee Premium Contribution Bi-Weekly*:	
Employee Only	\$42.39
Employee plus Spouse	\$191.60
Employee plus Child(ren)	\$164.48
Employee plus Family	\$328.34
United Health Care Medical Contact Information:	
Medical Plan Network Of Doctors	Choice Plus PPO-Illinois
Group Number	08U7292
United Health Care Customer Service	(800) 516-3344
United Health Care Website	www.uhc.com

HF= Hospital Facility

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**Delta Dental Plan of Colorado
Dental Insurance Plan
Option PF-2-MAC PPO**

In-Network Benefits:		
Maximum Benefit/Year		\$2,000 per person
Deductible		\$50 Individual (x3 Family)
Preventive Care		100% covered**, no deductible
Basic Services		80% covered after deductible
Major Services		50% covered after deductible
**Out-of-Network Benefits:		
Maximum Benefit/Year		\$2,000 per person
Deductible		\$50 Individual (x3 Family)
Preventive Care		90% covered, no deductible
Basic Services		80% covered after deductible
Major Services		50% covered after deductible
Reimbursement		Maximum Allowable Cost
Benefits Breakdown:		
Preventive Frequency		2 visits per year
Endodontics		Basic Services
Periodontics		Basic Services
Additional Benefits:		
Orthodontia		N/A
Waiting Periods:		
Major Services		None
Late Entrants		12 months
** The use of out-of-network dentists may result in balance billing. If charges are above the reimbursement level described above, employees will be responsible for the remainder of the bill after benefit payments are made by the insurance plan. We recommend that employees request a pretreatment estimate prior to any services being performed from an out-of-network dentist.		
Premium Contributions:		
Ambient Energy Contributions		Ambient Energy contributes 50% to the employee only premium.
Employee Premium Contribution Bi-Weekly*:		
Employee Only		\$8.36
Employee plus Spouse		\$23.76
Employee plus Child(ren)		\$25.76
Employee plus Family		\$47.17
Delta Dental Plan of Colorado Dental Contact Information:		
Group Number		141391
Delta Dental Plan of Colorado Customer Service		(303) 741-9300
Dental Network of Providers		PPO
Delta Dental Plan of Colorado Website		www.deltadentalco.com

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VSP Vision Plan

In-Network Benefits:	
Eye Exam (Refractory)	\$25 copay
Contact Lense Exam	15% off for fitting and evaluation
Lenses	No copay, 100% covered
Frames or	Up to \$180 allowance
Contact Lenses	Up to \$130 allowance
Frequency of Visits:	
Exam	Available every 12 months from date of last service
Lenses	Available every 12 months from date of last service
Frames	Available every 24 months from date of last service
Contact Lens Care	Available every 12 months from date of last service
Additional Benefits:	
Laser Vision Correction	15% off regular price at contracted facilities
Out-of-Network Benefits:	
Eye Exam (Refractory)	Reimbursed up to \$50.00
Single Vision Lenses	Reimbursed up to \$50.00
Bifocal Lenses	Reimbursed up to \$75.00
Trifocal Lenses	Reimbursed up to \$100.00
Frames	Reimbursed up to \$70.00
Contact Lenses	Reimbursed up to \$105.00
Premium Contributions:	
Ambient Energy Contributions	Ambient Energy contributes 50% to the employee only premium.
Employee Monthly Premium Contribution*:	
Employee Only	\$2.51
Employee plus Spouse	\$5.12
Employee plus Child(ren)	\$5.12
Employee plus Family	\$9.78
VSP Contact Information:	
Group Number	208966
Member Customer Service	1-800-877-7195
Network of Providers	VSP Signature
VSP Website	www.vsp.com

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UNUM Life and Disability Policies

Life and Disability Policies

Employee Basic Life and A&D Insurance:	
Life Insurance Benefit Amount	Flat \$15,000
AD&D Benefit Amount	Matches life insurance amount
Guarantee Issue	\$15,000
Contributions	Premium is 100% paid by Ambient Energy
Beneficiary Information	Please complete through Maxwell Health website
Short Term Disability:	
Weekly Benefit Maximum	60% of weekly covered earnings
Weekly Maximum	\$1,500 per week
Waiting Period	Benefits begin after 7 days of sickness or 7 days of injury
Maximum Benefit Period	Up to 13 weeks of benefit
Contributions	Premium is 100% paid by Ambient Energy
Long Term Disability:	
Monthly Benefit Maximum	60% of monthly covered earnings
Monthly Maximum	\$6,000 per month
Waiting Period	90 days
Maximum Benefit Period	Social Security Normal Retirement Age
Contributions	Premium is 100% paid by Ambient Energy
Worldwide Emergency Travel Assistance (Assist America):	
Toll-Free Assistance	When you or your family is traveling more than 100 miles from your home
Emergency Assistance	Legal and interpreter referrals, crisis management professionals
Emergency Medical Assistance	Hospital admission coordination, medical evacuation, prescription replacement
Employee Assistant Program (EAP) - Life Balance:	
Personal Matters	Telephone access to counselors 24 hours/day, 7 days/week
Will Preparation	No cost will preparation included
In-Person Counseling	Up to 3 sessions with a local counselor-no cost
Legal Consultation	25% discount for attorney fees
Financial Consulting	Estate planning, personal budgets, college investments
Online Tools	www.lifebalance.net (user ID and password: lifebalance)
UNUM Contact Information:	
Group Number	682305 001
UNUM Customer Service	1-800-219-2396
Assist America (Travel Assistance)	1-800-872-1414, unum.com/travelassistance
LifeBalance (EAP)	1-800-854-1446, www.lifebalance.net

Health Savings Account (HSA)

You must be enrolled in Plan #1 ABJ1 HSA to participate in the HSA. If you change plans to a non-HSA eligible plan, you can continue to use the funds in the account but you will no longer be able to contribute to your HSA.

A Health Savings Account (HSA) is an easy way to save for healthcare expenses. An HSA is not just a savings account. It is a special tax advantaged account that is used with a high-deductible health plan (HDHP), and it allows you and your family to pay for various qualified medical expenses tax-free.

Health Savings Account's (HSA) are- Individually owned, tax advantaged and portable

Save for the Future!

You deposit money to your HSA, where it earns interest tax-free. Funds are not taxed when they are used for qualified medical, dental and vision expenses. Although there are annual limits set by the federal government on how much you can contribute to your HSA, your balances carry over year to year, earn tax-deferred interest and belong to you even if you change employers.

2017 HSA Maximum Contributions (IRS Regulated)

- Individual - \$3,400
- Family - \$6,750

2018 HSA Maximum Contributions (IRS Regulated)

- Individual - \$3,450
- Family - \$6,900

Flexible Spending Account (FSA)

Health Care Flexible Spending Account (FSA)

You can use the Health Care FSA to reimburse yourself with pre-tax dollars for eligible expenses that are not covered through your medical, dental or vision coverage. You do not have to be covered under a company-sponsored medical, dental or vision plan to use the Health Care FSA. The maximum contribution from the IRS for 2017 is \$2,600 with up to \$500 of unused funds allowed to carry over into the next policy year. By law, you forfeit any additional unused funds over \$500 at year-end. In addition, the law does not allow you to change your contribution amount due to a mistake. Please see Human Resources for additional information.

Child Care Flexible Spending Account (FSA)

Eligible dependent day care expenses can also be set aside in pre-tax dollars. The IRS restricts the maximum amount you may set aside; the figure is based on your marital status, annual income and tax filing status, among other factors. The chart below will help you determine the maximum amount you may set aside each calendar year.

It is your responsibility to ensure you do not exceed it. The law does not allow you to change your contribution amount due to a mistake.

If You Are:	Your Maximum Child Care FSA Contribution is:
Single	\$5,000
Married	The lesser of: Your income/Your spouse's income \$5,000 if filing joint returns or \$2,500 if filing separate returns

According to the IRS regulations, "eligible dependents" for the Dependent Day Care FSA include:

- A dependent child under age 13, or
- A dependent (of any age) who is physically or mentally incapable of caring for themselves and is claimed as a dependent for federal income tax purposes. This may include your spouse, a parent, or grandparent who is unable to care for themselves. For adults to qualify they must spend at least eight hours a day in your home.
- In the case of a divorced employee, the IRS considers a child to be the dependent of the parent with custody.

Local Broker Support RiteHealth Solutions

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