

# **BISSO** MARINE



**2016**

**Employee Benefits Program**

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**If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, there is a Federal Law that gives you more choices about your prescription drug coverage. Please see page 16 for additional details.**

# Eligibility and Enrollment Guidelines

**Bisso Marine, LLC** offers an excellent selection of benefits for full-time employees. This Employee Benefits Enrollment Guide is designed to familiarize you with the benefits that are available.

Benefits are a significant part of your total compensation package. It is important to be aware of the benefits and the value they represent to you.

## Eligibility

Active full-time employees working at least 30 hours per week and their dependents are eligible. Benefits will begin on the 1st of the month following date of hire.

### Dependents are defined as:

- Your legal spouse
- Employee's natural child, adopted child, or any other child as defined in the certificate of coverage up to age 26 for the medical, dental and vision and age 25 for life insurance.
- Disabled child of any age

## Making Election Changes During the Year

Because we have a section 125 plan, your benefit elections will remain in effect until the next annual open enrollment period. You will not be able to make any plan changes unless you experience a change in family status.

## Family Status Change Events

Events described in IRS regulations allow you to make a change to your benefit coverage if you experience any of the following:

- Marriage or divorce
- Death
- Birth or adoption of a dependent
- Change in employment status
- Dependent satisfying or ceasing to satisfy plan's eligibility requirements
- Loss of or significant change to your current coverage
- Judgement, decree or court order
- Enrollment/ceasing to be enrolled in Medicare or Medicaid
- Ceasing to be enrolled in Children's Health Insurance Program (CHIP)

**YOU HAVE 31 DAYS FROM THE DATE OF THE EVENT TO REPORT AND UPDATE YOUR BENEFITS WITH THE HUMAN RESOURCES DEPARTMENT**

For questions regarding your benefits or enrollment options, please contact Dorice Aytes at 281-897-1508

### DISCLAIMER:

This brochure provides only a *brief summary* of the benefits available under the Bisso Marine benefit plans. In the event of a discrepancy between this summary and the plan document, the plan document will prevail. Bisso Marine retains the right to modify or eliminate these or any other benefits at any time and for any reason.

# Terms to Know

Your medical plan is a Preferred Provider Organization (PPO) Program. It is important that you understand these coverage terms, many of which you will find in the Benefit Summary:

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## **COINSURANCE:**

The percentage of eligible expenses you and the plan share. The exact coinsurance level depends on whether or not you visit an In-Network or Out-of-Network provider.

## **COPAYMENT:**

The fixed, up-front dollar amount you pay for certain covered expenses. Copayment amounts do not apply toward your deductible, but they do accumulate toward the out-of-pocket maximum.

## **DEDUCTIBLE:**

The initial amount you must pay each plan year for certain covered services before the plan begins to provide benefits (this does not include copayments).

## **PREFERRED PROVIDER ORGANIZATION (PPO) PROGRAM:**

A program based on a provider network made up of physicians, specialists, hospitals and other health care facilities that does not require the selection of a primary care physician. Using this provider network helps assure that members receive the highest level of benefits.

## **IN-NETWORK CARE:**

Care that you receive from in-network physicians, specialists, hospitals, rehabilitation centers, labs and other health care providers that have signed an agreement with the UHC PPO plan. In-network providers file claims for you and they accept the allowable charge as payment in full. In-network care is paid at a higher benefit level.

## **OUT-OF-NETWORK CARE:**

Care that you receive from health care providers that are not in the network. This care is covered at the lower out-of-network level when it is determined to be medically necessary and appropriate.

## **OUT-OF-POCKET MAXIMUM:**

The amount you pay out of pocket for eligible health care expenses before the plan pays 100% of all eligible expenses. The out-of-pocket limit includes copayments, deductibles, and coinsurance.

# Medical Benefits

**Carrier:** UnitedHealthcare  
**Network:** UnitedHealthcare Choice Plus  
**Policy Number:** 901717  
**Telephone Number:** 866-633-2446  
**Website:** [www.myuhc.com](http://www.myuhc.com)

MEDICAL BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Calendar Year Deductible (3-month carry over applies)</b>		
Individual	\$750	\$5,000
Family	\$1,500	\$10,000
<b>Benefit Plan Coinsurance</b>	90% after Deductible	70% after Deductible
<b>Out of Pocket Maximum (includes deductible)</b>		
Individual	\$2,250	\$10,000
Family	\$6,000	\$20,000
<b>Office Visits</b>		
Primary Care	\$25 copay	70% after Deductible
Specialist	\$50 copay	
<b>Preventive Care</b>	Covered at 100%	70% after Deductible
<b>Outpatient Lab and X-Ray</b>	Covered at 100%	70% after Deductible
<b>Major Lab and X-Ray (CT, PET, MRI, etc.)</b>	90% after Deductible	70% after Deductible
<b>Hospital Services</b>	90% after Deductible	70% after Deductible
<b>Emergency Room (Accidental Injury/Emergency Care)</b>	\$100 copay (waived if admitted)	
<b>Urgent Care Center</b>	\$75 copay	70% after Deductible
<b>Retail Pharmacy (30 day supply)</b>		The difference between what the non-network pharmacy charges and the amount you would pay for the same prescription drug product dispensed by a network pharmacy.
Tier 1	\$10 copay	
Tier 2	\$25 copay	
Tier 3	\$50 copay	
<b>Mail Order Pharmacy (90 day supply)</b>		N/A
Tier 1	\$25 copay	
Tier 2	\$62.50 copay	
Tier 3	\$125 copay	

# Additional Medical Benefits

## MY UHC

For personalized information about your health care benefits and coverage, login to [myuhc.com](https://myuhc.com). There you can:

- Check the status of a claim and your claims history;
- Confirm who in your family is covered under your plan;
- View and print an Explanation of Benefits (EOB) for a claim;
- Locate a doctor or hospital in the network;
- Select the option to stop receiving EOBs in the mail;
- Sign up to receive claim status email alerts;
- Request a new or replacement member ID card or print a temporary member ID card;
- Find and review outcome history for procedures previously performed in hospitals;

## Care24<sup>®</sup>

**24/7 Accessibility - 1-888-887-4114**

Care24 provides information to help you make informed decisions about your health and well-being. It is a health and well-being concierge service in which you are connected with a single point of contact who guides you to clinical, wellness, financial, legal or counseling resources through NurseLine<sup>SM</sup> and the Employee Assistance Program (EAP) – 24 hours a day, seven days a week.

### myNurseLine - Better clinical advocacy helping drive better health outcomes

NurseLine's registered nurses connect you to the right treatment, right provider, right medication and right lifestyle by:

- Answering questions about an illness or injury
- Providing support on managing a chronic condition or assessing treatment options
- Identifying UnitedHealth Premium<sup>®</sup> providers and even scheduling appointments
- Coaching on medication adherence, drug interactions or medication alternatives
- Providing preventive care information and healthy lifestyle coaching

### EAP - Employee Assistance Program

Care24 provides confidential support for those everyday challenges or even for more serious problems, including:

- Assistance in dealing with stress, depression and anxiety
- Personal financial and legal advice
- Parenting and family problems, including dealing with domestic violence
- Substance abuse and recovery
- Eating disorders

## Healthy Pregnancy Program

### Support. Resources. Healthy Babies and Moms.

- Pregnancy consultation to identify your risks and special care needs
- Website access for pregnancy and childbirth education materials and resources
- 24-hour toll-free access to experienced maternity nurses

### Useful information

- Proper nutrition
- Warning signs
- Preparing for childbirth
- Things to avoid
- Exercise during pregnancy

### Enroll Today

To enroll or to receive additional information call **1-888-246-7389**.

Care coordinators are available:

Monday - Friday 8 a.m. to 8 p.m. CST

For more information visit our website at:

[www.healthy-pregnancy.com](https://www.healthy-pregnancy.com)

# Voluntary Dental Benefits

Carrier: Guardian  
 Policy Number: 495959  
 Telephone Number: 888-600-1600  
 Website: [www.guardianlife.com](http://www.guardianlife.com)

DENTAL BENEFIT	IN & OUT-OF-NETWORK*
Type A Preventive	100%
Type B Basic	80%
Type C Major	50%
<b>Calendar Year Deductible (B&amp;C Services)</b>	
Individual	\$50
Family	\$150
<b>Calendar Year Maximum</b> <i>(applies to A, B, &amp; C services)</i>	\$3,000
<b>Orthodontia</b>	50%
<b>Orthodontia Lifetime</b> Maximum to age 26	\$1,500

\* **Out-of-Network:** *If you use a non-participating PPO Provider, you will pay more out-of-pocket since those providers do not have negotiated rates with Guardian. You will be responsible for any amount over reasonable and customary.*

Members who enroll more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.

Please note: The plan details listed here are some of the most common services related to dental coverage. This is only a partial list of dental services. Your certificate of benefits *will show exactly what is covered and excluded.*

<b>Type A Preventive Services</b> Paid at 100% (No Deductible)
Examinations
Prophylaxis: Cleanings
Sealants
Fluoride
Full Mouth X-Rays
Bitewing X-Rays
Periapical X-Rays
Other X-Rays
<b>Type B Basic Services</b> Paid at 80% (Deductible applies)
Space Maintainers
Amalgam Fillings
Root Canal
Periodontal Maintenance
Periodontal Surgery
Scaling & Root Planing
Emergency Palliative Treatment
General Anesthesia
Oral Surgery: Extractions
<b>Type C Major Services</b> Paid at 50% (Deductible applies)
Crown Buildups/Post Core
Recementations
Dentures
Inlays/Onlays/Crowns
Implant Services

# Voluntary Vision Benefits

**Carrier:** Guardian (VSP Network)  
**Policy Number:** 495959  
**Telephone Number:** 800-877-7195  
**Website:** [www.vsp.com](http://www.vsp.com)

This vision plan is a full service insurance plan that has a copayment schedule for in-network services as well as out-of-network allowances. If you elect to participate you will have access to private practice quality with retail choice and convenience for a one-stop-shop experience.

VISION BENEFIT	VSP IN-NETWORK	OUT-OF-NETWORK (REIMBURSEMENTS)
<b>Benefit Frequency</b> Exam, Lenses, Contacts Frames	Once every 12 months Once every 24 months	
<b>Copay</b> Eye Exam Frames	\$10 copay \$25 copay	Up to \$39 after \$10 copay Up to \$46 after \$25 copay
<b>Exam by:</b> Ophthalmologist Optometrist	Covered in full after copay	Up to \$39 after \$10 copay
<b>Lenses</b> Single Vision Bi-Focal Tri-Focal Lenticular	Covered in full after copay	Up to \$23 after \$25 copay Up to \$37 after \$25 copay Up to \$49 after \$25 copay Up to \$64 after \$25 copay
<b>Contact Lenses</b> Medically Necessary Cosmetic (Elective)	(In lieu of eyeglasses) Covered in full after copay Up to \$130	Up to \$210 after \$25 copay Up to \$100 after \$25 copay
<b>Frames (Select Group)</b>	Up to \$130 + 20% off	Up to \$46 after \$25 copay





# Life and AD&D Benefits

**Carrier:** Sun Life Financial  
**Policy Number:** 233771  
**Telephone Number:** 800-247-6875  
**Website:** [www.sunlife-usa.com](http://www.sunlife-usa.com)

## Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Bisso Marine provides Basic Life and AD&D benefits to all eligible employees. The life insurance benefits will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefits will be paid in the event of a loss of life or limb by accident while covered under the plan.

LIFE BENEFIT	AD&D BENEFIT
\$15,000	\$15,000

## Voluntary Life and AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life and/or AD&D insurance to cover any gaps in your existing plan that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. However, your election could be subject to medical questions and evidence of insurability.

VOLUNTARY LIFE BENEFIT	
<b>Employee</b>	\$10,000 increments
Benefit Maximum	Lesser of 5x annual earnings or \$500,000
Guarantee Issue	\$250,000
<b>Spouse</b>	\$5,000 increments
Benefit Maximum	Lesser of \$250,000 or 100% of employee benefit
Guarantee Issue	\$25,000
<b>Child(ren)</b>	
Benefit Maximum	\$10,000
Guarantee Issue	\$10,000

### VOLUNTARY AD&D BENEFIT

Elections for Voluntary AD&D follow the same increments and benefit maximums as illustrated above, but the elections may be made independent of each other.

## Important Things to Consider...

**Be sure to keep your beneficiary updated!**

**You will need to provide evidence of insurability for voluntary life insurance if:**

- ⇒ You elect an amount over the Guaranteed Issue amount
- ⇒ You are considered a late entrant

**Your life insurance benefit is subject to the following age reduction schedule:**

- ⇒ At age 65, your benefit is reduced to 65%
- ⇒ At age 70, your benefit is reduced to 50%
- ⇒ Your benefit terminates at retirement

# Voluntary Disability Benefits

Carrier: Sun Life Financial  
 Policy Number: 233771  
 Telephone Number: 855-629-8811  
 Website: [www.sunlife-usa.com](http://www.sunlife-usa.com)

## Short-Term and Long-Term Disability Insurance

Disability benefits cover a portion of your salary when you are unable to work due to an accident or illness.

### Short-Term Disability

BENEFIT PROVISIONS	SHORT-TERM DISABILITY
Benefit Amount	60% of your weekly earnings
Benefit Maximum	\$1,000
Benefits Begin Accident/Sickness	31st day
Benefit Period	9 weeks

#### STD Calculations:

- ⇒ Multiply your weekly earnings by 60%
- ⇒ If the amount is greater than \$1,000, indicate \$1,000
- ⇒ Multiply that amount by the rate of \$0.19
- ⇒ Divide by 10

**This is your monthly STD premium cost**

### Long-Term Disability

BENEFIT PROVISIONS	LONG-TERM DISABILITY
Benefit Amount	60% of your monthly earnings
Benefit Maximum	\$10,000
Benefits Begin Accident/Sickness	91st day
Benefits Period	For as long as you remain disabled, or until you reach SSNRA
Pre-existing Limitation	12/12/24

#### LTD Calculations:

- ⇒ Indicate your monthly earnings
- ⇒ If the amount is greater than \$16,667, indicate \$16,667
- ⇒ Multiply that amount by the rate for your age bracket (in the chart to the right)
- ⇒ Divide by 100

**This is your monthly LTD premium cost.**

#### Pre-existing Limitations may apply...

If a condition is determined to be a pre-existing condition, the LTD benefits are not eligible for that condition until the employee has gone 12 months treatment free or 24 months continuously insured on the LTD plan.

# Carrier Contacts

If you have any benefits questions, claim issues, need ID cards or assistance finding a network provider, please use the contact information below for each individual carrier.

Carrier	Group Number	Contact Information
United Healthcare Medical	901717	Member Services (866) 633-2446 <a href="http://www.myuhc.com">www.myuhc.com</a> Care24 (888) 887-4114
Guardian Dental	495959	Employee Benefits Hotline (888) 600-1600 Dental Claims (800) 541-7846 <a href="http://www.guardianlife.com">www.guardianlife.com</a>
Guardian Vision (VSP Network)	495959	(800) 877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
Sun Life Financial Life/Disability	233771	(800) 247-6875 <a href="http://www.sunlife-usa.com">www.sunlife-usa.com</a>
Human Resources		Dorice Aytes (281) 897-1508 <a href="mailto:doriceaytes@bissomarine.com">doriceaytes@bissomarine.com</a>



**This Employee Benefit Guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act (“ERISA”) as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description.**

**This booklet gives you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. Although we’ve tried to summarize the provisions of these legal documents clearly and accurately, if any information here conflicts with the legal documents, the legal documents will govern. For more detailed information on the plans and your legal rights under the plans, be sure to read the summary plan descriptions or request a copy of the plan documents. All benefit plans are subject to change from time to time and Bisso Marine reserves the right to amend or cancel any benefits described in this booklet, with or without notice. This document does not guarantee any benefits.**



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