

Memo

Date: December 1, 2016
To: CNI Full-time Associates
From: Mark Major
Subject: 2017 Health Insurance Open Enrollment

It is time for CNI health insurance open enrollment. Any eligible full-time CNI associate can now enroll in the health plan. Current participants can add/delete dependents or change coverage.

As announced in April, the CNI health insurance plan has converted to a calendar year plan. Unless you have a qualifying life event, the next opportunity to join the plan or make changes is January 1, 2018.

A summary of what is and is not changing effective January 1:

- 1) New ID cards will be issued. Continue to use existing until you receive new card.
- 2) Meritain Health will continue to be the provider utilizing the Aetna network.
- 3) No change in 100% HSA match for Plan A up to \$1000/\$2000.
- 4) No changes to Plan A benefits. All deductibles, out of pocket and coinsurance remain the same.
- 5) Plan B deductible and out of pocket amounts are increasing. See attachment for details.
- 6) Plan A and Plan B associate premiums will increase as shown on attachment.
- 7) All premium and HSA changes will be effective with the 1/11/2017 paycheck.

This memo and all forms are available online at www.cninewspapers.com/human-resources.

Attached is a summary of the plan benefits and associate premiums for both plans.

TELADOC – FREE DOCTOR CONSULTATION

Save the time and cost of going to an urgent care clinic!

With Teladoc you will be able to have a phone or online video consultation with a doctor for non-emergency medical issues at **no cost to you** and, if appropriate, the doctor can write a prescription and call it into your pharmacy. For example, you could avoid the long wait and \$100+ cost of going to the urgent care to get a prescription for an antibiotic for your sinus infection by having Teladoc call in the prescription for you. The website for Teladoc is www.MyDrConsult.com or call at 800-362-2667. This contact info is also on your Meritain ID card.

HEALTHCARE BLUEBOOK

Healthcare Bluebook allows you to compare costs in your local area for many different procedures. This free tool can help you save deductible and coinsurance dollars for these procedures. It will also pay you an incentive (\$25-\$100) for choosing a lower cost provider for certain non-emergency procedures. Healthcare Bluebook can be accessed on your Meritain account page at www.myMeritain.com or call 800-341-0504. Contact info also on your Meritain ID card.

OPEN ENROLLMENT - WHAT DO I NEED TO DO NOW?

(1) CONTINUE SAME COVERAGE LEVEL AND HSA CONTRIBUTION

You do not need to do anything if you are not changing plans or dependent information. Your current coverage level and your HSA contributions will continue until December 31, 2017.

(2) CHANGE/START COVERAGE OR CHANGE HSA CONTRIBUTION

If you wish to enroll for the first time or need to make a change to your current enrollment, complete the CNI 2017 Health Insurance Enrollment Form and return it to Charlene Stamps (fax-706-548-0808; cstamps@cninewspapers.com) in the Home Office no later than December 28.

Note that the IRS maximum contribution amounts are \$3400/\$6750 for 2017. You will need to return the form if you want to change your contribution amount.

(3) IF NEW -- ACTIVATE YOUR ACCOUNT(HSA)

You will receive an HSA enrollment kit at your home address from Meritain. You must follow the instructions in this kit to activate your HSA as soon as possible after January 1st. You can activate your account either by returning the Signature Document in the mail or using the enclosed instructions for the online option.

HSA ELIGIBILITY AND MEDICARE

Under IRS rules, you are NOT eligible to contribute to an HSA if you, as an associate, are enrolled in Medicare. To avoid potential IRS penalties you will need to discontinue your HSA contribution if you are enrolling in Medicare. Remember that if you begin receiving Social Security benefits you are also automatically enrolled in Medicare unless you specifically decline the Medicare portion. You can contribute to an HSA if you decline. It is your responsibility to discontinue your HSA contribution if necessary.

COMMUNITY NEWSPAPERS, INC.
HEALTH INSURANCE - PLAN SUMMARY
EFFECTIVE 1/1/17

	CNI Plan A	CNI Plan B
	<i>HSA Eligible</i>	<i>NOT HSA Eligible</i>
	<u>IN-NETWORK (1)</u>	<u>IN-NETWORK (2)</u>
<u>Coverage Summary</u>		
<u>Single Coverage</u>		
Deductible per Individual - Single Coverage	\$ 2,500	\$ 5,500
Out of Pocket Maximum per Individual	\$ 6,350	\$ 7,150
Coinsurance (member pays)	20%	30%
Preventive Care & Well Visits - Not subject to Deductible	0%	0%
<u>Dependent Coverages</u>		
Deductible per Individual - Dependent Coverages	\$ 2,600	\$ 5,500
Deductible Total for Dependent Coverages	\$ 5,000	\$ 11,000
Out of Pocket Maximum for Group	\$ 12,700	\$ 14,300
Coinsurance (member pays)	20%	30%
Preventive Care & Well Visits - Not subject to Deductible	0%	0%

CNI Match on HSA Contribution - Plan A only

100% match on associates contribution per pay period up to
\$1000/year for single coverage.
\$2000/year for other coverages.

Associate premiums per pay period

Single Coverage	\$ 92.00	\$ 43.00
Associate & Spouse	\$ 227.75	\$ 198.10
Associate & Children	\$ 212.22	\$ 184.24
Family	\$ 314.05	\$ 279.08

NOTES

- (1) The out-of-network amounts for Plan A are:
- Deductible = \$5,000/\$10,000
 - Coinsurance = 40%
 - Out of Pocket = \$12,700/\$25,400
- See Plan Certificate for more details on out-of-network benefits.
- (2) The out-of-network amounts for Plan B are:
- Deductible = \$11,000/\$22,000
 - Coinsurance = 60%
 - Out of Pocket = \$22,000/\$44,000
- See Plan Certificate for more details on out-of-network benefits.



2017 Health Insurance Enrollment Form

NAME	(Last)	(First)	(Middle Initial)	SOCIAL SECURITY NUMBER
MAILING ADDRESS	(Street or PO Box)			(Apartment)
CITY	STATE	ZIP CODE		DATE OF BIRTH
HIRE DATE	GENDER		PHONE NUMBER	

Medical Plan *Select your Plan choice and the appropriate coverage level. Qualifying Event required to change election.*

For the 2017 plan year (ends 12/31/2017), I elect:

- Plan A: \$2500/2600/5000 deductible; 20% coinsurance – HSA eligible
- Plan B: \$5500/11000 deductible; 30% coinsurance – NOT HSA eligible

Please review Plan Summary for detailed plan descriptions prior to making election.

Tier Election	Dependent Information (name, sex, birth date, SSN, relationship)
<input type="checkbox"/> Single	<u>Name</u> <u>Gender</u> <u>D.O.B.</u> <u>SSN</u>
<input type="checkbox"/> Associate & Spouse	
<input type="checkbox"/> Associate & Child(ren)	
Child	
Child	
Child	
Child	
<input type="checkbox"/> Family	If electing family coverage, please provide dependent information in appropriate box above.

Medical Premiums

I authorize the following payroll deductions per pay period for the medical plan and coverage level elected:

<u>Coverage Level</u>	<u>Plan A</u>	<u>Plan B</u>
Single	\$92.00	\$43.00
Associate + Spouse	\$227.75	\$198.10
Associate + Child(ren)	\$212.22	\$184.24
Family	\$314.05	\$279.08

*****This form must be complete, signed, and returned in order to be valid.*****

*****RETURN BOTH PAGES TO CHARLENE STAMPS IN HOME OFFICE*****

Fax: (706) 548-0808

Email: cstamps@cninewspapers.com



2017 Health Insurance Enrollment Form (Page 2 of 2)

Health Care Savings Account (HSA)

I have enrolled in Plan A and wish to open a Health Care Savings Account (HSA) and fund it as indicated below:

HSA Election	Deduction
<input type="checkbox"/> Other Amount	I wish to have \$_____ deducted per pay period to fund my HSA (with CNI match up to plan limits).**
<input type="checkbox"/> Other Amount	I want to contribute the maximum allowed by IRS laws (\$92.00/Single coverage; \$182.00/Assoc + dependent coverage).
<input type="checkbox"/> Other Amount	I want to contribute the amount that will maximize the CNI match (\$38.46/Single coverage; \$76.92/Assoc. + dep.).
<input type="checkbox"/> Other Amount	In addition to contributing the maximum, I want to do the catch up contribution (must be Age 55 or older) of \$1,000 (\$38.46/pay period).

** Maximum HSA match from CNI is \$1,000 per year for Single coverage; \$2,000 per year for Assoc. plus dependent(s).

I do *not* wish to open a Health Care Savings Account (HSA) at this time:

<input type="checkbox"/> Waive	I do not wish to open an HSA at this time.
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Pre - Tax Authorization

1. Payment Election

I understand that I am paying for the coverages I have elected on a pre-tax basis through the Welfare Benefits Plan. I understand that this will probably result in a tax savings. I also understand that I may not modify or revoke my election during the year, unless I have a change in status or special enrollment period (marriage, divorce, birth or adoption of a child, death, change of my or my spouse's employment status or involuntary loss of other coverage). My change in my election must be within 31 days of the status change and be consistent with the change in my status. In addition, the insurance carriers may further limit the ability to change elections mid-year.

2. I understand that my coverages will remain in effect for future years, unless I notify the Plan Administrator otherwise in writing.

SIGNATURE	DATE
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