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# AERONAUTICAL SYSTEMS ENGINEERING

Employee Benefit Guide  
2018-2019

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Aeronautical Systems Engineering, Inc. is dedicated to providing employees the best possible health insurance coverage for their money. We offer a complete fringe benefit package to all eligible employees that includes health insurance, dental and vision insurance, basic and voluntary life insurance, short and long term disability insurance. This package was created to meet the individual needs of each employee and their family. Please keep this guide as a resource to use throughout the year, it has convenient benefit and contact information. This guide highlights your insurance benefits and is not a certificate of coverage. Please refer to the individual certificates from each of the Insurance Carriers. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

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|-------------------------------------------------|----------------------------------------------------------------------|-----------------------|
| <b>Plan Administrator:</b>                      | <b>Aeronautical Systems Engineering, Inc.</b><br><b>Matt Carullo</b> | <b>(727) 375-2520</b> |
| <b>Health Insurance:</b>                        | <b>Florida Blue</b><br><b>www.FloridaBlue.com</b>                    | <b>(800) 352-2583</b> |
| <b>Dental Insurance:</b>                        | <b>Humana</b><br><b>www.Humana.com</b>                               | <b>(877) 877-1051</b> |
| <b>Vision, Life &amp; Disability Insurance:</b> | <b>Lincoln Financial</b><br><b>www.LFG.com</b>                       | <b>(800) 423-2765</b> |
| <b>Healthiest You</b>                           | <b>Customer Service</b><br><b>www.Member.healthiest you.com</b>      | <b>(855) 894-9627</b> |

**Agent / Broker:**



**www.Floridainsurancebrokers.com**

**(800) 397-2133**  
**(352) 544-0926 - Fax**



## ENROLLMENT INSTRUCTIONS

**Effective Date: July 1, 2018**

### WHO IS ELIGIBLE:

All regular full time employees working at least 25 hours per week will be eligible for benefits on the first day of the month following 60 days from your date of hire. All benefit enrollment must be received within 30 days of your eligibility date. You may also elect to cover your eligible dependents.

### HOW TO ENROLL:

Carefully review the plan information in this benefit guide and all other plan material in your enrollment packet. Once you have reviewed all of the options available, please complete your elections online at [www.employeenavigator.com](http://www.employeenavigator.com).

- If you are choosing not to participate in the group health insurance, you are still required to complete the election form indicating you are refusing or waiving with other coverage.
- If you decide not to participate in the benefit programs, you may not enroll until next open enrollment period or unless you have a qualifying event change in status.
- Once you have made your elections, you will not be able to change them until the next annual open enrollment unless you have a qualified change in status.

**The benefits you elect during open enrollment will be effective from July 1, 2018 through June 30th, 2019.**

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## QUALIFYING EVENTS & PRE-TAX INFORMATION

Your group insurance payroll deductions will be made on a pre-tax basis. This means you will not pay taxes on the premium deductions that go to the insurance company. However, under Section 125 of the Internal Revenue Service (IRS), your pre-tax deductions must remain in effect until the next annual Open Enrollment unless you experience an IRS approved Qualifying Event or Change in Status.

### QUALIFYING EVENTS / CHANGE IN STATUS:

- Marriage, Divorce or Legal Separation
- Death of a Spouse or Other Dependent
- Birth or Adoption of a Child
- Change in your Spouse's Employment Status
- You or Your Spouse's Change in work hours that affect benefit eligibility
- Relocation into or outside of your plan's service area
- Change in your dependent's eligibility status due to age or employment

**IMPORTANT:** If you experience a qualifying event, you must contact Human Resources within 30 days of the qualifying event to make the appropriate changes to your coverage. Beyond 30 days, requests will be denied and the employee may be responsible both legally and financially for a claim and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place on the first of the month following the qualifying event, except for newborns which are effective on the date of birth. Any cancellations will be processed at the end of the month. You will be required to furnish valid documentation supporting a change in status.

# HEALTH INSURANCE PLANS



**Customer Service: (800) 352.2583 / www.bcbsfl.com**

ASE offers you a choice between four plans through Florida Blue. Please choose the best health plan to provide health insurance for you and your family. This guide highlights your Health Insurance Benefits. If any discrepancy exists between this guide and the official documents, the official documents prevail. CYD = Calendar Year Deductible, January 1 – December 31

|                                                                   | BLUE OPTIONS - 5800                        |                         | H S A PLAN - 5022/23               |                | HMO BLUE CARE - 51                         |                                 | BLUE SELECT - 13800                        |                    |
|-------------------------------------------------------------------|--------------------------------------------|-------------------------|------------------------------------|----------------|--------------------------------------------|---------------------------------|--------------------------------------------|--------------------|
|                                                                   | BLUE OPTIONS NETWORK                       |                         | BLUE OPTIONS NETWORK               |                | BLUE CARE NETWORK                          |                                 | BLUE SELECT NETWORK                        |                    |
| CALENDAR YEAR DEDUCTIBLE (CYD)                                    | IN NETWORK                                 | OUT OF NETWORK          | IN NETWORK                         | OUT OF NETWORK | IN NETWORK                                 | OUT OF NETWORK                  | IN NETWORK                                 | OUT OF NETWORK     |
| • INDIVIDUAL                                                      | \$1,500                                    | \$4,500                 | \$2,500                            | \$5,000        | \$1,500                                    | NOT COVERED                     | \$1,500                                    | \$4,500            |
| • FAMILY                                                          | PER PERSON                                 |                         | \$5,000                            | \$10,000       | PER PERSON                                 |                                 | PER PERSON                                 |                    |
| COINSURANCE<br>(% of covered service paid by BCBSFL)              | 50%                                        | 50%                     | 80%                                | 60%            | 50%                                        | NOT COVERED                     | 50%                                        | 50%                |
| MAXIMUM OUT OF POCKET                                             | Includes Deductibles, Coinsurance & Copays |                         | Includes Deductibles & Coinsurance |                | Includes Deductibles, Coinsurance & Copays |                                 | Includes Deductibles, Coinsurance & Copays |                    |
| • INDIVIDUAL                                                      | \$10,000                                   | \$20,000                | \$5,800                            | \$11,600       | \$10,000                                   | NOT COVERED                     | \$10,000                                   | \$30,000           |
| • FAMILY                                                          | \$10,000                                   | \$20,000                | \$11,600                           | \$23,200       | \$10,000                                   |                                 | \$10,000                                   | \$30,000           |
| PHYSICIAN OFFICE VISIT                                            |                                            |                         |                                    |                |                                            |                                 |                                            |                    |
| • PRIMARY CARE DOCTOR                                             | \$35 COPAY                                 | CYD + 50%               | CYD + 20%                          | CYD + 40%      | \$35 COPAY                                 | NOT COVERED                     | \$35 COPAY                                 | CYD + 50%          |
| • SPECIALIST                                                      | \$50 COPAY                                 |                         | CYD + 20%                          |                | \$50 COPAY                                 |                                 | \$50 COPAY                                 |                    |
| PREVENTIVE CARE                                                   |                                            |                         |                                    |                |                                            |                                 |                                            |                    |
| • ROUTINE PHYSICAL EXAM                                           | \$0 COPAY                                  | 50%                     | \$0 COPAY                          | 40%            | \$0 COPAY                                  | NOT COVERED                     | \$0 COPAY                                  | 50%                |
| • MAMMOGRAMS                                                      | \$0 COPAY                                  | \$0 COPAY               | \$0 COPAY                          | \$0 COPAY      | \$0 COPAY                                  |                                 | \$0 COPAY                                  | \$0 COPAY          |
| EMERGENCY ROOM VISIT<br>(COPAY WAIVED IF ADMITTED)                | CYD + 50%                                  | CYD + 50%               | CYD + 20%                          | CYD + 20%      | \$300 COPAY                                | \$300 COPAY                     | CYD + 50%                                  | CYD + 50%          |
| EMERGENCY AMBULANCE<br>(AIR OR GROUND)                            | CYD + 50%                                  | CYD + 50%               | CYD + 20%                          | CYD + 20%      | CYD + 50%                                  | CYD + 50%                       | CYD + 50%                                  | CYD + 50%          |
| URGENT CARE CENTER                                                | 50% Coins Only                             | CYD + 50%               | CYD + 20%                          | CYD + 40%      | \$70 COPAY                                 | NOT COVERED                     | CYD + 50%                                  | CYD + 50%          |
| PHYSICIAN FEES<br>AT HOSPITAL & ER                                | CYD + 50%                                  | CYD + 50%               | CYD + 20%                          | CYD + 20%      | CYD + 50%                                  | ER : CYD + 50%<br>HOSPITAL : NC | CYD + 50%                                  | CYD + 50%          |
| INPATIENT & MATERNITY HOSPITAL                                    | CYD + 50%                                  | CYD + 50%               | CYD + 20%                          | CYD + 40%      | CYD + 50%                                  | NOT COVERED                     | \$1,500 COPAY                              | CYD + 50%          |
| OUTPATIENT HOSPITAL FACILITY SVC.                                 | OPT 1 \$300<br>OPT 2 \$400                 | CYD + 50%               | CYD + 20%                          | CYD + 40%      | CYD + 50%                                  | NOT COVERED                     | \$300 COPAY                                | CYD + 50%          |
| OUTPATIENT REHAB THERAPY CTR<br>(CHIROPRACTIC, PHYSICAL, SPEECH ) | OPT 1 \$55<br>OPT 2 \$65                   | CYD + 50%               | CYD + 20%                          | CYD + 40%      | \$70 COPAY                                 | NOT COVERED                     | \$45 COPAY                                 | CYD + 50%          |
| MAJOR DIAGNOSTIC TESTING<br>(MRI, MRA, PET, CT)                   | \$250 COPAY                                | CYD + 50%               | CYD + 20%                          | CYD + 40%      | \$200 COPAY                                | NOT COVERED                     | \$200 COPAY                                | CYD + 50%          |
| CLINICAL LABS @ QUEST LABS                                        | \$0 COPAY<br>AT QUEST LABS                 | CYD + 50%               | CYD + 0%<br>AT QUEST LABS          | CYD + 40%      | \$0 COPAY                                  | NOT COVERED                     | \$0 COPAY<br>AT QUEST LABS                 | NOT COVERED        |
| MENTAL HEALTH<br>• OUTPATIENT - 20 VISIT MAX                      | \$50 COPAY                                 | CYD + 50%               | CYD + 20%                          | CYD + 40%      | \$50 COPAY                                 | NOT COVERED                     | \$50 COPAY                                 | NOT COVERED        |
| PRESCRIPTION DRUGS                                                | \$800 BRAND DED.*<br>\$10 / \$60* / \$100* | \$800 BRAND DED.* + 50% | CYD + \$10 / \$50 / \$80           | CYD + 50%      | \$100 BRAND DED.*<br>\$10 / \$60* / \$100* | NOT COVERED                     | \$15 GENERIC ONLY                          | 50% - GENERIC ONLY |
| LIFETIME MAXIMUM BENEFIT                                          | UNLIMITED                                  |                         | UNLIMITED                          |                | UNLIMITED                                  |                                 | UNLIMITED                                  |                    |

|                               | PPO PLAN - 5800 |           | H S A PLAN - 5022/23 |           | HMO PLAN - 51 |           | PPO PLAN - 13800 |           |
|-------------------------------|-----------------|-----------|----------------------|-----------|---------------|-----------|------------------|-----------|
| COVERAGE TIER                 | MONTHLY         | BI WEEKLY | MONTHLY              | BI WEEKLY | MONTHLY       | BI WEEKLY | MONTHLY          | BI WEEKLY |
| EMPLOYEE ONLY                 | \$555.98        | \$95.04   | \$550.57             | \$92.55   | \$461.48      | \$51.43   | \$350.05         | \$0.00    |
| EMPLOYEE & SPOUSE             | \$1,323.24      | \$449.16  | \$1,077.32           | \$335.66  | \$1,098.32    | \$345.36  | \$833.12         | \$222.96  |
| EMPLOYEE & CHILD(REN)         | \$1,045.25      | \$320.86  | \$851.00             | \$231.21  | \$867.58      | \$238.86  | \$658.09         | \$142.17  |
| EMPLOYEE & FAMILY             | \$1,765.26      | \$653.17  | \$1,437.18           | \$501.75  | \$1,465.20    | \$514.68  | \$1,111.40       | \$351.39  |
| MONTHLY EMPLOYER CONTRIBUTION | \$350.05        |           | \$350.05             |           | \$350.05      |           | \$350.05         |           |

# WAYS YOU CAN SAVE

Below are some little ways you can save big money.



## HEALTH INSURANCE

Customer Service: (800) 352-2583 / [www.bcbsfl.com](http://www.bcbsfl.com)

- **Preventive Care:** Each plan pays 100%, such as mammograms and routine physical exams.
- **Florida Blue Mobile App:** Works on iPhone, Android & Blackberry and it's FREE. Use your Smartphone to download or scan the qcode on the right and you will be taken directly to Florida Blue.
- **BCBS portal:** Using the portal you can find a doctor or hospital, view claims activity or request a new ID card etc.
- **Nurse Hotline:** Call anytime, day or night (877)-789-2583
- **Temporary ID Cards:** print ID Cards @ [www.bcbsfl.com/MyBlue](http://www.bcbsfl.com/MyBlue) Service



## WAYS YOU CAN SAVE \$\$:

- Chose a Doctor who is In-Network
- Request Generic Drugs when possible
- Become and Educated Consumer / Shop & Compare Prices
- Use Quest Diagnostics for Lab Services
- Use Urgent Care Facilities rather than the ER for minor injuries
- Become more active/promote weight loss
- Use less alcohol & tobacco products
- Use an Independent Diagnostic Imaging Center

## COVERAGE OUTSIDE OF FLORIDA:

When traveling within the United States, you are covered under your health insurance whether you need care in urban or rural areas. Visit [www.bcbsfl.com](http://www.bcbsfl.com) to access the “**BlueCard**” Doctor and Hospital finder or call BlueCard access at **1-800-810-BLUE (2583)** for the names and address of Doctors and Hospitals in the area where you or a covered dependent need care. Outside of the United States, you have access to doctors and hospitals in more than 200 territories around the world through the BlueCard program.

|                                    |                |                                                                                                    |
|------------------------------------|----------------|----------------------------------------------------------------------------------------------------|
| 24 Hour Nurse Hotline              | (877) 789.2583 |                                                                                                    |
| Membership & Billing               | (866) 946.2583 |                                                                                                    |
| Admission Notification for Surgery | (800) 955.5692 | <a href="http://bcbsfl.com">bcbsfl.com</a> or <a href="http://floridablue.com">floridablue.com</a> |
| Care Consultants                   | (888) 476.2227 |                                                                                                    |
| Healthy Addition (Expecting Moms)  | (800) 955.7635 |                                                                                                    |

## SAVE ON PRESCRIPTIONS:

All health insurance plan options include a *AllianceRX Walgreens Prime* mail order drug program. The mail order program provides cost savings if you fill a 90-day supply of your maintenance medicines through this FL Blue program. **In-Network pharmacy choices include: Walgreens, Publix, Wal-Mart and Winn-Dixie.** CVS and Target may be “Out of Network” pharmacies in 2017. But there's no need to worry; *to make sure your medications are covered, move your CVS and Target prescriptions to another in-network pharmacy.* Simply call **888-840-3052** and let Florida Blue help you!

In addition, several pharmacies now offer discounted prescription programs - some lower than your co-pay. They include: Walgreens, Publix, Wal-Mart, and Winn-Dixie. For a list of medication included in the programs, please visit the pharmacy's website. They have new programs from time to time so check with them regularly.

### Walmart & Sam's Club

\$4 generic medications per 30 day supply  
\$10 generic medications per 90 day supply  
[www.walmart.com](http://www.walmart.com)

### Publix Pharmacy

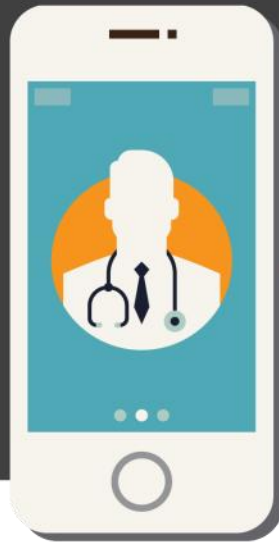
Free Antibiotics, Amlodipine, Lisinopril  
and Metformin.  
[www.publix.com](http://www.publix.com)

### Target & Winn-Dixie

\$4 generic medications per 30 day supply  
\$10 generic medications per 90 day supply  
[www.target.com](http://www.target.com) / [www.winndixie.com](http://www.winndixie.com)



# HEALTHIEST YOU



Connect with a Doctor  
24x7 to Diagnose, Treat  
& Prescribe **FOR FREE!**

**866.703.1259**

## TOP 5 REASONS WE VISIT THE ER OR URGENT CARE



### ALLERGIES

ER: \$345

UC: \$97

**HY: \$0 (FREE)**

### BRONCHITIS

ER: \$795

UC: \$123

**HY: \$0 (FREE)**

### SINUSITIS

ER: \$617

UC: \$105

**HY: \$0 (FREE)**

### EARACHE

ER: \$400

UC: \$110

**HY: \$0 (FREE)**

### URINARY TRACT INFECTIONS

ER: \$940

UC: \$108

**HY: \$0 (FREE)**



And don't forget to  
**DOWNLOAD THE APP!**



HEALTHIESTYOU IS NOT HEALTH INSURANCE. AND WE ENCOURAGE ALL MEMBERS TO MAINTAIN ADEQUATE INSURANCE FROM A RESPONSIBLE PROVIDER. HEALTHIESTYOU IS DESIGNED TO COMPLEMENT, AND NOT REPLACE THE CARE YOU RECEIVE FROM YOUR PRIMARY CARE PHYSICIAN. HEALTHIESTYOU PHYSICIANS ARE AN INDEPENDENT NETWORK OF DOCTORS WHO ADVISE, DIAGNOSE, AND PRESCRIBE AT THEIR OWN DISCRETION. PHYSICIANS PROVIDE CROSS COVERAGE AND OPERATE SUBJECT TO STATE REGULATIONS. PHYSICIANS IN THE INDEPENDENT NETWORK DO NOT PRESCRIBE DEA CONTROLLED SUBSTANCES, NON-THERAPEUTIC DRUGS AND CERTAIN OTHER DRUGS WHICH MAY BE HARMFUL BECAUSE OF THEIR POTENTIAL FOR ABUSE. HEALTHIESTYOU DOES NOT GUARANTEE THAT A PRESCRIPTION WILL BE WRITTEN.

[www.healthiestyou.com](http://www.healthiestyou.com) | customer service 855-894-9627 | designed with love in scottsdale, az



Customer Service: (877) 877-1051  
www.Humana.com

| HUMANA DENTAL                                                                                                                           |                                                                                                                                                                                            | Traditional Preferred 14         |                |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------|
|                                                                                                                                         |                                                                                                                                                                                            | IN NETWORK                       | OUT OF NETWORK |
| PREVENTATIVE SERVICES                                                                                                                   |                                                                                                                                                                                            | Maximum Allowable Charge         |                |
| ORAL EXAMINATIONS<br>ROUTINE CLEANINGS<br>BITEWING X-RAYS<br>SEALANTS & SPACE MAINTAINERS<br>ORAL CANCER SCREENING (1 PER YR / AGE 40+) |                                                                                                                                                                                            | 100%                             | 80%            |
| BASIC DENTAL SERVICES                                                                                                                   |                                                                                                                                                                                            |                                  |                |
| PALLIATIVE TREATMENT<br>(including emergency relief of dental pain)                                                                     | 80%                                                                                                                                                                                        | 50%                              |                |
| FILLINGS (amalgam & composite)                                                                                                          |                                                                                                                                                                                            |                                  |                |
| ORAL SURGERY                                                                                                                            |                                                                                                                                                                                            |                                  |                |
| STAINLESS STEEL CROWNS                                                                                                                  |                                                                                                                                                                                            |                                  |                |
| HARMFUL HABIT APPLIANCES FOR CHILDREN<br>(1 per lifetime, through age 14)                                                               |                                                                                                                                                                                            |                                  |                |
| PERIODONTICS                                                                                                                            |                                                                                                                                                                                            |                                  |                |
| ENDODONTIC SERVICES<br>(including Root Canal )                                                                                          |                                                                                                                                                                                            |                                  |                |
| MAJOR DENTAL SERVICES                                                                                                                   |                                                                                                                                                                                            | NO WAITING PERIOD                |                |
| CROWNS / INLAYS / ONLAYS<br>BRIDGES<br>DENTURES<br>DENTURE RELINE & REBASE<br>DENTURE REPAIR & ADJUSTMENTS                              |                                                                                                                                                                                            | 50%                              | 50%            |
| ORTHODONTIC SERVICES                                                                                                                    | Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services. |                                  |                |
| CALENDAR YEAR DEDUCTIBLE                                                                                                                |                                                                                                                                                                                            | WAIVED FOR PREVENTATIVE SERVICES |                |
| • INDIVIDUAL                                                                                                                            |                                                                                                                                                                                            | \$50                             | \$100          |
| • FAMILY                                                                                                                                |                                                                                                                                                                                            | \$150                            | \$300          |
| CALENDAR YEAR ANNUAL MAXIMUM                                                                                                            |                                                                                                                                                                                            | UNLIMITED                        |                |

| Traditional Preferred 14 |                 |                     |
|--------------------------|-----------------|---------------------|
| ENROLLMENT TIER          | MONTHLY PREMIUM | BI-WEEKLY DEDUCTION |
| EMPLOYEE ONLY            | \$23.60         | \$0.00              |
| EMPLOYEE SPOUSE          | \$47.20         | \$10.89             |
| EMPLOYEE CHILD(REN)      | \$60.19         | \$16.89             |
| EMPLOYEE FAMILY          | \$83.79         | \$27.78             |

| LINCOLN VISION CONNECT<br>Plan LVC10 Option 1.00 |                                      |                       |
|--------------------------------------------------|--------------------------------------|-----------------------|
| VISION PLAN BENEFITS                             | In Network                           | Out of Network        |
| EYE EXAMS                                        |                                      |                       |
| ROUTINE EYE EXAMS                                | \$20 COPAY                           | UP TO \$40 ALLOWANCE  |
| FREQUENCY                                        | EVERY 12 MONTHS                      |                       |
| LENSES                                           |                                      |                       |
| SINGLE VISION                                    | \$20 COPAY                           | UP TO \$40 ALLOWANCE  |
| BI-FOCALS                                        | \$20 COPAY                           | UP TO \$60 ALLOWANCE  |
| TRI-FOCALS                                       | \$20 COPAY                           | UP TO \$80 ALLOWANCE  |
| LENTICULAR                                       | \$20 COPAY                           | UP TO \$80 ALLOWANCE  |
| FREQUENCY                                        | EVERY 12 MONTHS                      |                       |
| CONTACT LENSES                                   |                                      |                       |
| ELECTIVE LENSES                                  | UP TO \$125 ALLOWANCE                | UP TO \$125 ALLOWANCE |
| MEDICALLY NECESSARY LENSES                       | 100%                                 | UP TO \$210 ALLOWANCE |
| FREQUENCY                                        | EVERY 12 MONTHS                      |                       |
| FRAMES                                           |                                      |                       |
| BENEFIT                                          | \$20 COPAY<br>\$130 Retail Allowance | UP TO \$45            |
| FREQUENCY                                        | EVERY 24 MONTHS                      |                       |

| LINCOLN VISION CONNECT - Plan LVC10 Option 1.00 |                 |                     |
|-------------------------------------------------|-----------------|---------------------|
| ENROLLMENT TIER                                 | MONTHLY PREMIUM | BI-WEEKLY DEDUCTION |
| EMPLOYEE ONLY                                   | \$6.28          | \$2.90              |
| EMPLOYEE + SPOUSE                               | \$11.90         | \$5.49              |
| EMPLOYEE + CHILD (REN)                          | \$13.97         | \$6.45              |
| EMPLOYEE + FAMILY                               | \$19.64         | \$9.06              |





Customer Service: (800) 423-2765  
www.lincoln4benefits.com

## GROUP LIFE INSURANCE

*This Benefit is 100% Employer Paid for All Full Time eligible employees.*

**Your Employer provides \$15,000 of Life Insurance along with AD&D for each eligible employee at no cost.**

### Plan Features & Benefits:

- Reductions: 35% at age 65, an additional 25% of the original amount at age 70 and an additional 15% of the original amount at age 75. Benefits terminate upon retirement.
- Accelerated Death Benefit that pays up to 75%, if employee is terminally ill.
- Conversion Included along with Seatbelt, Air Bag, and Common Carrier Benefits.

Please remember to keep your Beneficiary Forms up to date.

## VOLUNTARY LIFE INSURANCE

**Guarantee Issue Amounts for New Employees—Employee—\$100,000 Spouse—\$25,000 Per Child—\$10,000 ages 6 months to 19 years old; \$250 age 14 days to 6 months; From Birth to age 13 Days No Benefit**

### Plan Features & Benefits:

- **Current Enrolled Employee's:** You or your Spouse may elect or increase insurance coverage equal to 2 benefit levels on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse have not been previously declined, withdrawn, or pending for coverage. Employee Benefit Increment Level \$10k (\$20k). Spouse Benefit Level Increment \$5k. (\$10k)
- **Newly Eligible Employee: Employee Guaranteed Issue amount of \$100,000.** If you enroll within 31 days of becoming eligible, you can purchase coverage without providing an Evidence of Insurability (EOI) Form. **EOI is required if the elected amount exceeds the Guarantee Issue and late enrollees.**
- **Newly Eligible Spouse: Guaranteed issue amount of \$25,000.** If you enroll within 31 days of becoming eligible, you can purchase coverage without providing an Evidence of Insurability (EOI) Form. **EOI is required if the elected amount exceeds the Guarantee Issue and late enrollees.**
- **Children:** Age 14 days but less than 6 months can receive an issue amount of \$250; 6 months to age 19 (to age 25 if full time student) can receive a **Guaranteed issue amount of \$10,000.** If you enroll within 31 days of becoming eligible, you can purchase coverage without providing an Evidence of Insurability (EOI) Form.
- **Reductions:** Coverage reduces 33% at age 70, an additional 33% of the original amount at age 75, and will terminate upon retirement.
- **Additional Benefits:** Conversion, Portability, Accident Plus, Seat Belt, Air Bag and Common Carrier.

| Voluntary Life Cost Illustration: Employee Rate Per 26 pays |          |          |          |          |           |
|-------------------------------------------------------------|----------|----------|----------|----------|-----------|
| AGE                                                         | \$20,000 | \$40,000 | \$60,000 | \$80,000 | \$100,000 |
| 18-29                                                       | \$0.90   | \$1.81   | \$2.71   | \$3.62   | \$4.52    |
| 30-34                                                       | \$1.00   | \$1.99   | \$2.99   | \$3.99   | \$4.98    |
| 35-39                                                       | \$1.27   | \$2.55   | \$3.82   | \$5.10   | \$6.37    |
| 40-44                                                       | \$1.83   | \$3.66   | \$5.48   | \$7.31   | \$9.14    |
| 45-49                                                       | \$2.84   | \$5.69   | \$8.53   | \$11.37  | \$14.22   |
| 50-54                                                       | \$5.15   | \$10.30  | \$15.45  | \$20.60  | \$25.75   |
| 55-59                                                       | \$7.92   | \$15.84  | \$23.76  | \$31.68  | \$39.60   |
| 60-64                                                       | \$9.21   | \$18.42  | \$27.64  | \$36.85  | \$46.06   |
| 65-69                                                       | \$16.41  | \$32.82  | \$49.24  | \$65.65  | \$82.06   |
| *70-74                                                      | \$31.92  | \$63.84  | \$95.76  | \$127.68 | \$159.60  |
| 75-79                                                       | \$85.74  | \$171.47 | \$257.21 | \$342.94 | \$428.68  |

| VL Cost Illustration: Spouse Rate Per Emp. 26 pays |          |          |          |          |          |
|----------------------------------------------------|----------|----------|----------|----------|----------|
| AGE                                                | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 |
| 18-29                                              | \$0.41   | \$0.81   | \$1.22   | \$1.62   | \$2.03   |
| 30-34                                              | \$0.45   | \$0.90   | \$1.36   | \$1.81   | \$2.26   |
| 35-39                                              | \$0.59   | \$1.18   | \$1.77   | \$2.36   | \$2.95   |
| 40-44                                              | \$0.87   | \$1.74   | \$2.60   | \$3.47   | \$4.34   |
| 45-49                                              | \$1.38   | \$2.75   | \$4.13   | \$5.50   | \$6.88   |
| 50-54                                              | \$2.53   | \$5.06   | \$7.59   | \$10.12  | \$12.65  |
| 55-59                                              | \$3.91   | \$7.83   | \$11.74  | \$15.66  | \$19.57  |
| 60-64                                              | \$4.56   | \$9.12   | \$13.68  | \$18.24  | \$22.80  |
| 65-69                                              | \$8.16   | \$16.32  | \$24.48  | \$32.64  | \$40.80  |
| 70-74                                              | \$15.91  | \$31.83  | \$47.74  | \$63.66  | \$79.57  |
| Child                                              | \$0.92   |          |          |          |          |

\* Benefit age reductions

# DISABILITY INSURANCE

Customer Service: (800) 423-2765  
www.lincoln4benefits.com



## VOLUNTARY SHORT TERM DISABILITY INSURANCE

Replaces a portion of your income to help make ends meet if you become disabled from a covered off-job accident, illness, or pregnancy. This coverage provides peace of mind knowing that you will have money to pay your bills if you have accident or become seriously ill.

### Plan Features & Benefits:

- Maximum Payment period is 24 Weeks
- Provides up to 60% of your Weekly Salary up to a Maximum of \$1,500 Per Week.
- Accident Benefits Begin on Day 15 / Illness Benefit Begin on Day 15
- Pre-Existing Conditions: 3 Month Look Back and covered after 6 months.
- Portability and Waiver of Premium is included.
- Rehab Assistance—5%

| Voluntary STD Cost Illustration: Employee Rate Per 26 pays |        |        |        |         |         |
|------------------------------------------------------------|--------|--------|--------|---------|---------|
| Weekly Benefit                                             |        |        |        |         |         |
| \$300                                                      | \$400  | \$500  | \$600  | \$700   | \$800   |
| \$4.57                                                     | \$6.09 | \$7.62 | \$9.14 | \$10.66 | \$12.18 |

## VOLUNTARY LONG TERM DISABILITY INSURANCE

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

### Plan Features & Benefits:

- Maximum Monthly Benefit is 60% of salary up to \$6,000 per month
- 180 Day Waiting Period for an Accident or Illness, your benefits begin on the 181st day.
- Maximum Benefit Duration is the later of age 65 or SSNRA.
- Waiver of Premium: You will not be required to pay premium during anytime of approved total or partial disability
- Benefit Limitations:
  - Mental Illness: 24 Months
  - Substance Abuse: 24 Months
  - Specified Illness: 24 Months

### Additional Benefits:

- Progressive Income Benefit
- Family Care Expense Benefit
- Survivor Income Benefit
- Employee Connect—Employee Assistance Program

| Voluntary LTD Cost Illustration: Employee Rate Per 26 pays |        |         |         |         |         |         |         |         |
|------------------------------------------------------------|--------|---------|---------|---------|---------|---------|---------|---------|
| Monthly Benefit                                            |        |         |         |         |         |         |         |         |
| AGE                                                        | \$750  | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,000 | \$4,000 | \$5,000 |
| 18-29                                                      | \$0.81 | \$1.08  | \$1.62  | \$2.15  | \$2.69  | \$3.23  | \$4.31  | \$5.38  |
| 30-34                                                      | \$1.50 | \$2.00  | \$3.00  | \$4.00  | \$5.00  | \$6.00  | \$8.00  | \$10.00 |
| 35-39                                                      | \$2.48 | \$3.31  | \$4.96  | \$6.62  | \$8.27  | \$9.92  | \$13.23 | \$16.54 |
| 40-44                                                      | \$3.75 | \$5.00  | \$7.50  | \$10.00 | \$12.50 | \$15.00 | \$20.00 | \$25.00 |
| 45-49                                                      | \$5.25 | \$7.00  | \$10.50 | \$14.00 | \$17.50 | \$21.00 | \$28.00 | \$35.00 |
| 50-54                                                      | \$6.75 | \$9.00  | \$13.50 | \$18.00 | \$22.50 | \$27.00 | \$36.00 | \$45.00 |
| 55-59                                                      | \$8.60 | \$11.46 | \$17.19 | \$22.92 | \$28.65 | \$34.38 | \$45.85 | \$57.31 |
| 60-64                                                      | \$7.21 | \$9.62  | \$14.42 | \$19.23 | \$24.04 | \$28.85 | \$38.46 | \$48.08 |
| 65-69                                                      | \$5.65 | \$7.54  | \$11.31 | \$15.08 | \$18.85 | \$22.62 | \$30.15 | \$37.69 |
| 70-74                                                      | \$4.90 | \$6.54  | \$9.81  | \$13.08 | \$16.35 | \$19.62 | \$26.15 | \$32.69 |
| 75-99                                                      | \$4.90 | \$6.54  | \$9.81  | \$13.08 | \$16.35 | \$19.62 | \$26.15 | \$32.69 |

## Disclosure of Grandfathered Status

Aeronautical Systems Engineering believes these Health plans are “grandfathered health plans” under the Patient Protection and Affordable Care Act (ACA). As permitted by the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the ACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

## Women’s Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymph edema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

## Newborns’ and Mothers’ Health Protection Act (NMHPA)

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). notice to request enrollment.

## Michelle’s Law

Michelle’s Law allows seriously ill college students, who are covered dependents under health plans, to continue coverage for up to one year while on medically necessary leaves of absence. The leave must be medically necessary as certified by a physician, and the change in enrollment must commence while the dependent is suffering from a serious illness or injury and must cause the dependent to lose student status. Under the law, a dependent child is entitled to the same level of benefits during a medically necessary leave of absence as the child had before taking the leave. Further, if any changes are made to the health plan during the leave, the child remains eligible for the changed coverage in the same manner, as would have applied if the changed coverage had been the previous coverage, so long as the changed coverage remains available to other dependent children under the plan. Proof of Student Status must be provided to certify student status for plan coverage.

## COBRA Administration:

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), employees and/or dependents may be able to continue their enrollment in certain benefit plans such as health, dental and vision, if such coverage is terminated or changed due to a qualifying event.

### Plan Documents:

This summary and the summary charts included herein highlight some of the key features of your employee benefits program. For a complete description of each plan’s provisions, please see a current copy of the plan documents. If there are any inconsistencies between this summary and the plan documents, the plan documents will govern.

# EMPLOYEE NAVIGATOR



## Using Employee Navigator is easy as 1-2-3

Go to: [www.employeenavigator.com](http://www.employeenavigator.com)

**Create Your Account**

First, let's find your company record

**First Name**

**Last Name**

**Company Identifier**  
(provided by HR)

**PIN**  
(Last 4 Digits of SSN / ID)

**Birth Date**  
(mm/dd/yyyy)

Your Company ID is:  
**ASE-EN**

Video link on "How to Register" - <https://vimeo.com/181194857>

Click **'Start Benefits'**, update your profile, continue to make your elections.

2

**1 - Valued Client**

PROFILE • BENEFITS • FORMS •

**Medical**

Who am I enrolling?  
☒ Myself  
☐ Dependent (Spouse)

Which plan do I want?  
Blue Care 14354  
\$143.54  
Cost per pay period  
Effective on 05/01/17  
Employee

Blue Select 13800 Copy  
\$55.08  
Cost per pay period  
Effective on 05/01/17  
Employee

backspace the election?

Be sure to 'Save & Continue'

After you finish making your elections, click

Agree

on the Summary

**Enrollment Summary**

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

*Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*

**Please review the acknowledgment below**

My agreement below indicates that I have read the descriptive material provided and understand the options available to me. I have indicated my elections and authorize my Employer to reduce my paycheck in an amount equivalent to the required contribution for the benefits I have elected. I understand that my payroll deduction amount will change if my coverage or costs change. I understand that the elections I have made will remain in effect until my employer's anniversary date, unless there is an IRS qualifying event that would enable me to change or drop my coverage. In addition, I understand that if I waive coverage, I will not be able to elect coverage again until my group's next open enrollment, unless there is a qualifying event enabling me to do so.

On behalf of myself and as agent of my spouse and all my named dependents, if any, I hereby authorize the release of any and all medical information and/or records in the possession of any health care provider, insurance company, or other person and/or company or its agents. The release shall continue to be in effect for the duration of my coverage and as long as necessary to determine benefits provided by the program. I represent that the information provided on this form is correct and complete to the best of my knowledge and that I have read and do hereby agree to the conditions of enrollment set forth above.

**Enrolled Plans**

| Plan Type | Carrier | Plan Name                    | Coverage | Effective  | Cost Per Pay | Benefit |
|-----------|---------|------------------------------|----------|------------|--------------|---------|
| Medical   | Humana  | Humana NPOS Copy Opt 25 2017 | Employee | 12/01/2017 | \$126.46     |         |

My User Name: \_\_\_\_\_

Password: \_\_\_\_\_