



2019 RETIREE OPEN ENROLLMENT

Wednesday, November 7 – Wednesday, November 28, 2018

Benjamin Moore & Co.

For 2019, you will AUTOMATICALLY be enrolled in the same medical plan at the same level of coverage as 2018, unless you make a change to your coverage.

Benjamin Moore's Healthcare Open Enrollment is from Wednesday, November 7 to Wednesday, November 28, 2018.

It's your annual opportunity to choose the benefits that are most valuable for you and your eligible dependents. This packet includes important information on your retiree benefits. Please review and complete the required paperwork if you wish to enroll in the Benjamin Moore & Co. retiree benefits.

WHATS IN YOUR PACKET:

- Open Enrollment Newsletter
- Personalized Medical Premium Statement
- Benjamin Moore Retiree Medical Coverage Election Authorization Form
- Beneficiary Form
- Paint reimbursement program form and Matching Gifts policy
- Credible Coverage Document
- Express Scripts Consumer Directed Healthcare Preventative Medicine List (CDH)
- HSA User Guide & Enrollment Form

WHAT'S NEW FOR 2019:

- Increase in medical plan contributions.
- Increase in the following for the Regal and Ben HDHP:
 - In-Network and Out-of-Network Coinsurance.
 - Out-of-Network Deductibles and Out-of-Pocket Maximums
 - Coinsurance for Brand medications for Regal and Ben HDHP
- New Health Spending Account (HSA) Contribution Limits - The limits for both HDHP plans for 2019 are:
 - \$3,500 for Individual coverage
 - \$7,000 for Family coverage

UNITED HEALTHCARE MEDICAL PLANS OVERVIEW

Feature	AURA MEDICAL PPO		REGAL MEDICAL HDHP		BEN MEDICAL HDHP	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible						
- Individual	\$650	\$1,300	\$1,400	\$5,000	\$2,500	\$6,000
- Employee +1	\$1,300	\$2,600				
- Family	\$1,950	\$3,900	\$2,800	\$10,000	\$5,000	\$12,000
Coinsurance (after deductible)	85%	65%	75%	50%	75%	50%
Out-of-pocket Maximum						
- Individual	\$5,000	\$10,000	\$5,000	\$20,000	\$6,250	\$25,000
- Family	\$10,000	\$20,000	\$10,000	\$40,000	\$12,500	\$50,000
			\$7,900 Family Tier Individual Maximum		\$7,900 Family Tier Individual Maximum	
Preventive Care*	100%	65% after deductible	100%	50% after deductible	100%	50% after deductible
PCP Injury/ Illness	100% after \$20 copay	65% after deductible	75% after deductible	50% after deductible	75% after deductible	50% after deductible
Emergency Room	100% after \$125 copay	100% after \$125 copay	75% after deductible	75% after in-network deductible	75% after deductible	75% after in-network deductible
Urgent Care	100% after \$35 copay	65% after deductible	75% after deductible	50% after deductible	75% after deductible	50% after deductible
In-hospital facility (includes delivery)	85% after deductible and \$300 copay per stay	65% after deductible (requires pre-authorization ; otherwise benefit reduces to 50% of allowed amount)	75% after deductible	50% after deductible (requires pre-authorization ; otherwise benefit reduces to 50% of allowed amount)	75% after deductible	50% after deductible (requires pre-authorization; otherwise benefit reduces to 50% of allowed amount)

* As defined by the Affordable Care Act.

PRESCRIPTION DRUG BENEFIT OVERVIEW

In 2018, several utilization management features were introduced to help control prescription drug costs for you and the company. These features will continue, including step therapy, prior authorization, drug quantity management, the preventive medication list, oncology care value, out-of-pocket protection, and Screen Rx. Express Scripts will notify you by letter if you are affected by any of these features and confirm that you have the option to appeal. The letter will include instructions for how to proceed. If you and your doctor do not agree with Express Scripts' determination, you may request a coverage review by calling 800.417.1764.

Prescriptions obtained through	Aura Medical PPO Plan		Regal & Ben Medical HDHP Plan	
	In-network	Out-of-network	In-network	Out-of-network
Retail Pharmacy (up to a 31-day supply)				
Generic drugs	100% after \$7 copay	Not covered	100% after deductible and \$7 copay; the deductible is waived for preventive drugs on the ESI Consumer Directed Healthcare (CDH) Preventive Medicine list and as defined by the Affordable Care Act (ACA)	Not covered
Brand name drugs	80% after copay (\$40 minimum; \$80 maximum); not covered if a generic is available*	Not covered	75% after deductible (\$40 minimum; \$80 maximum); not covered if a generic is available*	Not covered
Mail Order (up to a 90-day supply)				
Generic drugs	100% after \$15 copay	Not covered	100% after deductible and \$15 copay; the deductible is waived for preventive drugs on the ESI Consumer Directed Healthcare (CDH) Preventive Medicine list and as defined by the Affordable Care Act (ACA)	Not covered
Brand name drugs	80% after copay (\$80 minimum; \$160 maximum); not covered if a generic is available*	Not covered	75% after deductible (\$80 minimum; \$160 maximum); not covered if a generic is available*	Not covered

* If you purchase a brand name drug when a generic equivalent is available, you will pay the full cost of the brand name drug and those monies will not apply toward your deductible. In addition, the \$40 minimum and the \$80 maximum will also not apply.

MAKING CHANGES TO YOUR BENEFITS FOR 2018:

You **MUST** complete the Benjamin Moore Retiree Medical Coverage Election Form if you wish to change or waive plan coverage for 2019. If you were enrolled in a Medical Plan with us in 2018 and do not complete this form you will automatically be enrolled in the same plan at your current level of coverage. (i.e., Retiree, Retiree & Spouse, Retiree & Child(ren) and Family).

Please note: You will need to cover yourself in order to cover your eligible dependents.

SETTING UP YOUR HEALTH SAVINGS ACCOUNT (HSA):

You can open your HSA, by completing the enclosed application. Remember; you must enroll in the HDHP to open an HSA. Optum will mail you a welcome kit that will include your debit cards. If you have any questions on the new HSA plan, call 1-800-791-9361.

IMPORTANT INFORMATION – ID CARDS:

If you choose a new medical plan for 2019, you will receive a new ID card. If you do not receive your new ID card, please contact United HealthCare directly at 1-877-370-5364.

BENEFICIARY UPDATES:

As a reminder, Benjamin Moore provides all retirees a \$6,000 Life Insurance benefit. Please update your beneficiary designations for your Benjamin Moore & Co. provided Life Insurance.

CONTACTS:

If you have any questions, please call the AmWINS Group Benefits Customer Care Center toll-free at **1-877-280-5360**, Monday through Friday, 7:00 AM to 7:00 PM (CST).

NOTE: WHEN YOU BECOME MEDICARE ELIGIBLE:

When you and / or your spouse first become eligible for Medicare at age 65, you must enroll in Medicare Part A and Part B during the Medicare enrollment period as this will be your primary plan. When Medicare becomes your primary plan, the Benjamin Moore plan will pay benefits “as if” you are enrolled in Part A and Part B even if you are not.

If you are turning age 65, AmWins will send post-65 enrollment materials approximately 60-days before your 65th birthday.

Benjamin Moore provides a Supplemental plan to Part A and Part B, which will be your secondary plan. If you do not enroll timely in Medicare Part A & B, you may be subject to a late enrollment penalty. For more information about the Medicare enrollment period, please contact your local Social Security Administration or visit www.Medicare.gov.