

# Memo

**Date:** December 12, 2017  
**To:** CNI Full-time Associates  
**From:** Mark Major  
**Subject:** 2018 Health Insurance Open Enrollment

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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.

**THERE ARE SEVERAL CHANGES FOR THIS RENEWAL CYCLE.**  
**PLEASE READ MEMO CAREFULLY.**

A summary of what is changing effective January 1:

- 1) We are switching back to Anthem as our insurance carrier and network.
- 2) Plan A deductibles are increasing slightly.
- 3) Plan B deductibles will be lower.
- 4) Plan A associate premiums are increasing 5-9% as shown on attachment.
- 5) Plan B associate premiums are remaining same or decreasing.
- 6) The HSA match for Plan A is being reduced to 50% up to \$500/\$1000.
- 7) All premium and HSA changes will be effective with the 1/10/2018 paycheck.

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

Detailed plan benefit summaries and all forms are available online at [www.cninewspapers.com/human-resources](http://www.cninewspapers.com/human-resources).

## **NEW ANTHEM ID CARDS**

It's possible that you may not receive your new Anthem ID card until after January 1. Please call Charlene in the Home Office (800-226-0692) if you need assistance prior to receiving your card. Use the following link for the Anthem network directory: <https://www.anthem.com/health-insurance/provider-directory/searchcriteria>  
For GA, select "Blue HSA Open Access POS". For NC/FL, select "National PPO". Once you register at Anthem.com in January, your network will default automatically.

## **NEW HSA ACCESS AND BANK**

We will no longer be utilizing My Benefit Wallet for HSA administration effective January 1. *Note that any existing funds at My Benefit Wallet will still be accessible by you until you spend or transfer the money to the new bank.* Your 2018 contributions (and any amounts you transfer) will be managed as part of your Anthem.com member account. PNC Bank will hold the funds. Due to the transition and new account setup requirements, we may not be able fund the new accounts until later in January. You can continue to use your My Benefit Wallet funds if available. If you have a need for your January 2018 HSA funds prior to account setup, please call me and we will work with you as necessary. We will distribute instructions to transfer funds from My Benefit Wallet to Anthem/PNC at a later time.

**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, 2018.

**(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 2018 Health Insurance Enrollment Form and return it to Charlene Stamps (fax-706-548-0808; [cstamps@cninewspapers.com](mailto:cstamps@cninewspapers.com)) in the Home Office by January 15.

Note that the IRS maximum contribution amounts are \$3450/\$6900 for 2018. You will need to return the form if you want to change your contribution amount.

**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 1/1/18**

	<b>CNI Plan A</b> <i>HSA Eligible</i> <b><u>IN-NETWORK (1)</u></b>	<b>CNI Plan B</b> <i>NOT HSA Eligible</i> <b><u>IN-NETWORK (2)</u></b>
<b><u>Coverage Summary</u></b>		
<b><u>Single Coverage</u></b>		
Deductible per Individual - Single Coverage	\$ 2,700	\$ 5,000
Out of Pocket Maximum per Individual	\$ 6,350	\$ 7,000
Coinsurance	20%	30%
Preventive Care & Well Visits - Not subject to Deductible	0%	0%
<b><u>Dependent Coverages</u></b>		
Deductible per Individual - Dependent Coverages	\$ 2,700	\$ 5,000
Deductible Total for Dependent Coverages	\$ 5,400	\$ 10,000
Out of Pocket Maximum for Group	\$ 12,700	\$ 14,000
Coinsurance	20%	30%
Preventive Care & Well Visits - Not subject to Deductible	0%	0%
<b><u>CNI Match on HSA Contribution - Plan A only</u></b>		
50% match on associates contribution per pay period up to		
\$500/year for single coverage.		
\$1000/year for other coverages.		
<b><u>Associate premiums per pay period</u></b>		
Single Coverage	\$ 96.78	\$ 43.00
Associate & Spouse	\$ 245.97	\$ 182.31
Associate & Children	\$ 228.14	\$ 163.38
Family	\$ 342.31	\$ 260.77

**NOTES**

- (1) The out-of-network amounts for Plan A are:
- Deductible = \$8,100/\$16,200
  - Coinsurance = 50%
  - Out of Pocket = \$15,000/\$30,000
- See Plan Certificate for more details on out-of-network benefits.
- (2) The out-of-network amounts for Plan B are:
- Deductible = \$15,000/\$30,000
  - Coinsurance = 50%
  - Out of Pocket = \$21,450/\$42,900
- See Plan Certificate for more details on out-of-network benefits.



## 2018 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 2018 plan year (ends 12/31/2018), I elect:

- Plan A: \$2700/5400 deductible; 20% coinsurance – HSA eligible
- Plan B: \$5000/10000 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	\$96.78	\$43.00
Associate + Spouse	\$245.97	\$182.31
Associate + Child(ren)	\$228.14	\$163.38
Family	\$342.31	\$260.07

\*\*\*\*\*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](mailto:cstamps@cninewspapers.com)



2018 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 (\$111.53/Single coverage; \$221.15/Assoc + dependent coverage).
<input type="checkbox"/> Other Amount	I want to contribute the amount that will maximize the CNI match (\$19.23/Single coverage; \$38.46/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 \$500 per year for Single coverage; \$1,000 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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