

## OTHER TYPES OF INSURANCE

### VOLUNTARY LIFE INSURANCE

#### **VOLUNTARY LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE**

You have the opportunity to elect voluntary life and AD&D benefits in increments of \$10,000 up to \$150,000 or 10× your annual earnings. The guarantee issue amount is \$150,000.

#### **SPOUSE VOLUNTARY LIFE AND AD&D INSURANCE**

If you elect coverage for yourself, you have the opportunity to elect voluntary life and AD&D benefits for your spouse in increments of \$5,000 up to \$50,000. The amount elected cannot exceed 50% of employee coverage. The guarantee issue amount is \$50,000.

#### **DEPENDENT VOLUNTARY LIFE AND AD&D INSURANCE**

You also have the opportunity to elect voluntary life and AD&D benefits for your dependent children. If your child is six months or younger, the benefit is a flat \$500. If he or she is older, you may elect coverage at \$10,000. Dependent children can be covered up to age 26.

### 2023 EMPLOYEE CONTRIBUTIONS

Cost is determined by age and coverage amounts. Your Enrollment System will calculate based upon election amount.

### VOLUNTARY DISABILITY INSURANCE

#### **VOLUNTARY SHORT-TERM DISABILITY (STD)**

If enrolled, short term disability insurance pays you part of your salary in the event of a non-occupational accident or illness which keeps you out of work. STD provides 60% of your weekly earnings up to a maximum benefit. The benefit begins on the 15th day of an accident/illness and continues until the earlier of recovery or 24 weeks.

#### **VOLUNTARY LONG-TERM DISABILITY (LTD)**

If enrolled, long term disability insurance pays part of your salary in the event of a non-occupational injury or illness. The LTD benefit provides a monthly benefit of 60% of your monthly earnings up to a monthly maximum benefit. The benefit begins on the 181st day of continuous disability and continues until the earlier of recovery or five years.

### 2023 EMPLOYEE CONTRIBUTIONS

Cost is determined by plan and benefit earnings. Deductions for each plan will be automatically calculated by your enrollment system.

## OTHER TYPES OF INSURANCE

### VOLUNTARY ACCIDENT

If enrolled, accident coverage is designed to help meet the out-of-pocket expenses and extra bills which can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits through Guardian are paid directly to you based on the amount of coverage listed in the schedule of benefits. The accident plan is guaranteed issue, so no health questions are required.

### VOLUNTARY HOSPITAL INDEMNITY

If enrolled, Voluntary Hospital Indemnity coverage is offered through Guardian. If you suffer from an accident or serious sickness and must go to the hospital, this plan will pay a flat dollar amount when you are admitted. In addition, for each day that you are confined to the hospital or ICU, you will be paid further flat dollar amounts up to a maximum number of days.

### VOLUNTARY CANCER

If enrolled, Cancer coverage is offered through Guardian. Cancer Insurance pays benefits to you based on the treatments you receive related to a covered cancer diagnosis. The benefits payment is paid in addition to your medical insurance plan.

### VOLUNTARY CRITICAL ILLNESS

If enrolled, Critical Illness coverage is offered through Guardian. If you are diagnosed with any of the identified conditions, Guardian will pay a lump sum benefit. The Critical Illness is guaranteed issue, so no health questions, for initial enrollees. You can make an election for \$10,000 or \$20,000 benefit. Rates are based on your age.

### 2023 EMPLOYEE CONTRIBUTIONS

Cost is determined by plan and tier selected. Full detail by plan is available in your benefits guide or when you enroll online.

## Special Notes

Be aware, as of 7/1/23 and after, you will have two ID cards. (1) for medical and (1) for pharmacy.



## 2023 - 2024 EMPLOYEE BENEFITS

### WELCOME TO YOUR 2023 BENEFITS ENROLLMENT

At CUI Cable, we offer our employees a competitive and comprehensive benefits program. This is one of many ways we recognize how important you are to the company. This guide briefly summarizes our program in a quick and easy-to-understand way.

## OPEN ENROLLMENT :

### APRIL 24 - MAY 5

\*Warning: As a CUI employee, you are now eligible for "affordable" group insurance. As such, you are not eligible for a subsidy through the federal government for individual coverage. If you are still receiving a subsidy, it is your responsibility to update your status with the federal government through the exchange.

More information can be found on our website at  
[www.cuiemployeebenefits.com](http://www.cuiemployeebenefits.com)

# ENROLLMENT

TO ENROLL IN BENEFITS, GO TO  
[WWW.EMPLOYEENAVIGATOR.COM](http://WWW.EMPLOYEENAVIGATOR.COM)

## Login Page

Click on the Registration Link in the email sent to you by your admin or “Register as a new user.” Create an account, and create your own username and password.

If “Registering as a new user,” please see important user needs below:

Company Identifier  
 CU-Employment

Pin  
 Last four digits of your Social Security Number.

Homepage  
 On the Homepage, click “Let’s Begin” to complete your required tasks.

Personal Information  
 First, you’ll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.

Benefit Elections  
 To enroll dependents in a benefit, click the checkbox next to the dependent’s name under “Who am I enrolling?”

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click “Select”

Click “Save and Continue” at the bottom of each screen to save your elections.

If you do not want a benefit, click “Don’t want this benefit?” at the bottom of the screen and select a reason from the drop-down menu.

Forms  
 If you have elected benefits that require a beneficiary designation or an evidence of insurability, you will be prompted to add in those details upon finishing your enrollment.

Review & Confirm Elections  
 Review the benefits you selected on the enrollment summary page to make sure they are correct the click “Click to Sign” to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

# MEDICAL/PHARMACY COVERAGE

You have two medical plans to choose from—a low plan and a high plan. All medical plans are provided through Blue Cross Blue Shield of Alabama and AffirmedRx for pharmacy. A brief summary of your plans is included for your review below.

	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	Embedded		Embedded	
Individual	\$3,000	\$3,000	\$500	\$6,000
Family	\$6,000	\$8,000	\$1,500	\$12,000
Calendar Year Deductible	Embedded		Embedded	
Individual	\$7,900	Unlimited	\$7,900	Unlimited
Family	\$15,800	Unlimited	\$15,800	Unlimited
Primary Care	\$30 copay*	50% after ded	\$35 copay	50% after ded
Specialist	\$30 copay*	50% after ded	\$50 copay	50% after ded
Preventive	100%	Not covered	100%	Not covered
Inpatient	80% after ded	50% after ded	100% after ded	50% after ded.
Outpatient	80% after deductible		80% after deductible	
Emergency Room	80% after deductible		80% after deductible	
Tele-medicine	\$45 copay	Not covered	\$30 copay	Not covered
In-Network Prescription Drug Coverage (Out-of-Network Not Covered)				
Tier 1	\$15 copay		\$15 copay	
Tier 2	\$50 copay		\$40 copay	
Tier 3	\$70 copay		\$100 copay	
Tier 4	50%*		50%*	

\*Copay applies to 1st 3 visits only, then deductible.

\*requires prior authorization.

Effective 7/1/23 AffirmedRx will manage the Rx program for all enrolled members. Details available on our Benefits Website.

Mail Order (90-day supply-maintenance medications only at 3x the Retail copay) \*\* please see benefit guide page 6 for explanation

## 2023 Team Member Contributions

	Low Plan Weekly	Low Plan Bi-Weekly	High Plan Weekly	High Plan Bi-Weekly
Employee Only	\$34.62	\$69.23	\$69.23	\$138.46
Employee and Family	\$178.85	\$357.69	\$219.23	\$438.46

# DENTAL

We partner with Guardian to offer you and your family members vision insurance. This is a general overview of your in-network and out-of-network vision benefits.

Base Plan	
Calendar Year Deductible	
Individual	\$25
Family	\$75
Calendar Year Maximum	\$1,000
Plan Benefits	
Preventive	100% after deductible
Basic	100% after deductible
Major	50% after deductible

## 2023 Team Member Contributions (Semi-Monthly)

	Base Plan Bi-Weekly
Employee	\$6.90
Employee and Family	\$18.00

# VISION

We partner with Guardian to offer you and your family members vision insurance. This is a general overview of your in-network and out-of-network vision benefits.

	In-Network	Out-of-Network
Copay		
Exam	\$20 copay	Up to \$50
Materials	\$20 copay	See Schedule
Lenses		
Single	Covered in full after materials copay	Up to \$48
Bifocal	Covered in full after materials copay	Up to \$67
Trifocal	Covered in full after materials copay	Up to \$86
Lenticular	Covered in full after materials copay	Up to \$126
Frames	Up to \$130	Up to \$48
Contacts		
Necessary	Covered in full	Up to \$210
Elective	Up to \$130	Up to \$105
Frequency		
Exam		12 months
Lenses		12 months
Contacts (in lieu of glasses)		12 months
Frames		24 months

## 2023 Team Member Contributions

	Bi-Weekly
Employee	\$3.51
Employee and Family	\$7.84