



2014 EMPLOYEE BENEFITS GUIDE

Non-Union
Illinois & Wisconsin



Open Access Plus In-Network	
Network Benefits	
Plan Deductible	
\$300 per individual \$600 per family	
Coinsurance	
90%	
Out-of-Pocket Maximum <i>includes deductible, coinsurance & copayments</i>	
\$3,000 per individual \$6,000 per family	
Doctor Office Visit <i>applies to consultation only</i>	
\$30 copay Primary Care (PCP) \$40 copay Specialist	
Prescription Drug Card	
Retail	
Generic: \$10 copay Preferred Brand: \$40 copay Non-preferred Brand: \$60 copay Specialty Injectables: greater of \$75 copay or 20% coinsurance	
Mail Order <i>90 day-supply</i>	
Preventive Maintenance Generic: \$0 copay Generic: \$20 copay Preferred Brand: \$80 copay Non-preferred Brand: \$120 copay Specialty Injectables: greater of \$150 copay or 20% coinsurance	
Prescription Out-of-Pocket	
\$2,000 per individual \$4,000 per individual	
Health Savings Account (HSA) <i>not available</i>	

Open Access Plus	
Network Benefits	Non-Network Benefits
Plan Deductible	
\$400 per individual \$800 per family	\$600 per individual \$1,200 per family
Coinsurance	
90%	70%
Out-of-Pocket Maximum <i>includes deductible, coinsurance & copayments</i>	
\$4,350 per individual \$8,700 per family	\$8,700 per individual \$17,400 per family
Doctor Office Visit <i>applies to consultation only</i>	
\$30 copay (PCP) \$40 copay Specialist	30% after plan deductible
Prescription Drug Card	
Retail	
Generic: \$10 copay Preferred Brand: \$40 copay Non-preferred Brand: \$60 copay Specialty Injectables: greater of \$75 copay or 20% coinsurance	no coverage
Mail Order <i>90 day-supply</i>	
Preventive Maintenance Generic: \$0 copay Generic: \$20 copay Preferred Brand: \$80 copay Non-preferred Brand: \$120 copay Specialty Injectables: greater of \$150 copay or 20% coinsurance	no coverage
Prescription Out-of-Pocket	
\$2,000 per individual \$4,000 per individual	
Health Savings Account (HSA) <i>not available</i>	

ChoiceFund HSA Open Access Plus	
Network Benefits	Non-Network Benefits
Plan Deductible	
\$1,500 per individual \$3,000 per family	\$3,000 per individual \$6,000 per family
Coinsurance	
90%	60%
COMBINED Out-of-Pocket Maximum <i>includes deductible & coinsurance</i>	
\$3,000 per individual \$6,000 per family	\$6,000 per individual \$12,000 per family
Doctor Office Visit <i>applies to consultation only</i>	
10% after plan deductible	40% after plan deductible
Prescription Drug Card	
Retail	
10% after plan deductible	no coverage
Mail Order <i>90 day-supply</i>	
Preventive Maintenance Generic: 0%, deductible waived Other: 10% after plan deductible	no coverage
Specialty Injectables: 10% after plan deductible	
Prescription Out-of-Pocket	
Prescription Drug expenses apply towards a COMBINED Out-of-Pocket Maximum	
Health Savings Account (HSA) <i>available through Chase Bank</i>	
Annual Employer Contribution:	
Single	\$500
Employee + One Dependent	\$1,000
Family	\$1,000

Log on:

CIGNA Access for Members: www.mycigna.com
CIGNA Provider Finder: www.mycigna.com

Important Phone Numbers

CIGNA Member Customer Service: 800-CIGNA24
(800) 244-6224

**Payroll Deductions / Medical Contributions
Cost Per Paycheck (26 pay periods)**

	OAP In-Network	OAP	ChoiceFund HSA OAP
Employee	\$54.19	\$69.31	\$46.63
Employee + Spouse	\$170.13	\$207.92	\$117.40
Employee + Child(ren)	\$119.71	\$159.93	\$81.91
Family	\$182.73	\$226.83	\$130.76
Biometric Screenings Participation Discount:			
		Employee	Spouse
Tobacco-free		\$5.00	\$5.00
BMI or Body Fat %		up to \$7.50	up to \$7.50
Glucose < 100		\$5.00	\$5.00
Cholesterol < 5.0		\$3.75	\$3.75
BP < 130/85		\$3.75	\$3.75
TOTAL BIOMETRIC CREDIT		up to \$25.00	up to \$25.00

401(K) Plan

Our 401K plan is administered by Great West. You are eligible to enroll in the 401K plan at the beginning of the month following 60 days of service. You are allowed to contribute up to the IRS maximum which changes annually (note: the 2014 contribution limit is \$17,500). If you are age 50 or older, you are also entitled to make an additional "catch-up contribution". The catch-up contribution limit is also set by IRS annually and it equals \$5,500 for 2014. Individual contributions are always 100% vested. Coleman Cable may match a portion of your contributions through employer matching contributions, however, these contributions are discretionary and they may vary from year to year. There is a 2-year vesting period for discretionary contributions (including match), i.e. 50% one year, 100% two years.

Great West Contacts 401(K)

Great West Access for Members: www.gwrs.com

Great West Phone number: 800-338-4015

Dental benefits are insured by:



Dental PPO Plan	
In-Network	Out-of-Network
Calendar Year Maximum	
<i>Preventive/Diagnostic Services Do Not Apply</i>	
\$1,000 per individual	\$1,000 per individual
Calendar Year Deductible	
\$50 per individual \$150 per family	\$50 per individual \$150 per family
Preventive & Diagnostic Care (Deductible waived)	
<i>Cleanings, Exams, Fluoride Treatment, Sealants, Space Maintainers</i>	
100%	100%
Basic Restorative Care	
<i>Fillings, Oral Surgery, Periodontics, Endodontics</i>	
80% after deductible	80% after deductible
Major Restorative Care	
<i>Crowns, Bridges, Dentures</i>	
50% after deductible	50% after deductible
Orthodontia	
<i>For dependent children to age 19</i>	
50% after deductible	50% after deductible
Lifetime Orthodontia Maximum	
\$2,000 per individual	
Usual & Customary paid 80th percentile	

Basic life/AD&D, supplemental life, voluntary AD&D and voluntary long term disability benefits are insured by: **RELIANCE STANDARD**

Life/AD&D Insurance
You must be regularly scheduled to work at least 32 hours per week. Basic group life/AD&D insurance equals 1 times your annual salary (\$50,000 minimum / \$400,000 maximum). Coleman Cable pays 100% of the premiums for basic life/AD&D insurance.

Supplemental Life and AD&D
Supplemental Employee / Spouse / Dependent Life and AD&D are also available for purchase at your own cost

Supplemental Life for Employee:
Benefit Amount
increments of \$10,000
Guarantee Issue
\$150,000
Maximum Life Benefits
\$500,000

Optional Life for Dependents:
Spouse
Benefit Amount
<i>Spouse cannot elect more than 100% of the employees coverage</i>
increments of \$10,000
Guarantee Issue
\$30,000
Maximum Life Benefits
\$250,000
Children
<i>Up to age 26</i>
Benefit Amount
increments of \$5,000
Guarantee Issue
\$25,000
Maximum Life Benefits
\$25,000

Payroll Deductions / Dental Contributions Cost Per Paycheck (26 pay periods)	
	Dental PPO
Employee	\$11.99
Employee + Spouse	\$23.62
Employee + Child(ren)	\$29.98
Family	\$35.61

Vision benefits are insured by:



Vision Plan	
In-Network	Out-of-Network
Eye Exam every 12 months	
Covered in full	\$45 allowance
Lenses, Contact Lenses & Frames every 12 months	
\$150 allowance	\$96 allowance

Payroll Deductions / Vision Contributions Cost Per Paycheck (26 pay periods)	
	Vision
Employee	\$0.93
Employee + Spouse	\$1.86
Employee + Child(ren)	\$1.87
Family	\$2.99

Optional Life Monthly Rates Per \$10,000 of Benefit	
<i>Employee & Spouse</i>	
Less than 30	0.90
Age 30 - 34	0.90
Age 35 - 39	1.10
Age 40 - 44	1.60
Age 45 - 49	2.50
Age 50 - 54	4.30
Age 55 - 59	6.90
Age 60 - 64	10.90
Age 65 - 69	18.80
Age 70 - 74	28.70
Age 75 - 79	48.90
80+	79.90
<i>Child</i>	
Age 0 - 26	\$0.60 per \$5,000 of Benefit

Short - Term Disability
Short term disability coverage provides financial protection in the event of illness or injury. STD benefits begin on the 6th consecutive day of sickness or injury, payable from the first day of absence. The benefit amount is based on your weekly earnings and your length of service with the company - please refer to the employee handbook for details. Benefits are paid up to a maximum period of 13 weeks. Coleman Cable sponsors the Short Term Disability benefits at no cost to you.

Voluntary Long - Term Disability
For periods of disability lasting longer than 90 days, voluntary long-term disability coverage is available at an affordable price. If you become disabled due to a non-work-related illness or injury, this benefit pays you up to 60% of your monthly earnings, to a maximum of \$7,000 per month.

YOUR EMPLOYEE BENEFITS

Coleman Cable is pleased to offer to you and your family our comprehensive benefits program. Our benefits program contains a variety of plans intended to enhance your life and those of your family members now and in the future. As part of this benefits program you will be asked to make choices about the benefits described in this booklet. Please study the information about each plan carefully, then, promptly complete the enrollment forms provided so that you can begin to enjoy the features of your benefits program as soon as they become effective.

Highlights of Your Benefits

- Choice of health coverage
 - CIGNA Open Access Plus In-Network, Open Access Plus, and ChoicePlus Health Savings Account – Open Access Plus medical plan
 - CIGNA Dental PPO program
 - CIGNA Vision plan
- Employer-paid Basic Life insurance and Accidental Death & Dismemberment (AD&D)
- Voluntary Life insurance and AD&D
- Employer-paid Short Term Disability
- Voluntary Long Term Disability
- Flexible Spending Accounts

Eligibility

All full-time employees regularly scheduled to work at least 30 hours per week are eligible to participate in our benefits program. Most benefits begin the first of the month following your 30 days waiting period. In addition to covering yourself, you may also choose to cover eligible dependents including your eligible spouse and children until they reach age 26.

MEDICAL

Choosing a Medical Plan

The Company's medical coverage is provided by CIGNA insurance company. All three medical plans offer the same extensive national network of physicians and hospitals, called Cigna Open Access Plus network (OAP).

OAP In-Network has NO coverage out of network. For your health care to be covered by the plan, you must choose a health care professional who is part of the Cigna network. It's not required, but recommended that you select a primary care physician (PCP) as your personal doctor. However, you do not need a referral to see a Specialist.

OAP offers you the convenience of referral-free access to medical care and the freedom to choose the providers you prefer, but you are covered at a higher level if you receive care from a provider in the Cigna network rather than outside of the network.

ChoiceFund HSA OAP plan combines traditional, high deductible health insurance coverage with a Health Savings Account (HSA) and other investment options to help you pay for your healthcare expenses. This plan also offers the

DENTAL

Choosing a Dental Plan

Our dental plan is provided by Cigna.

DENTAL PPO works in the same way as the medical PPO in that you will receive the maximum benefits if you receive care from a PPO in-network dentist. While you may still be covered if you choose an out-of-network dentist, those benefits are limited to "usual and customary" (U&C) rates prevailing in the geographic areas in which the expenses are incurred.

www.cigna.com



VISION

Choosing a Vision Plan

Our vision plan is provided by Cigna and it allows you the choice to visit an in-network or out-of-network vision care provider, however, you will receive the maximum benefits if you receive care from a Cigna Vision provider. The Cigna Vision network consists of private practice providers and optical retailers such as Pearle Vision, Sears, Target, and JCPenney.

www.cigna.com



BASIC LIFE, VOLUNTARY LIFE and AD&D

To assist your family financially in the unfortunate event of your loss of life, Coleman Cable provides you with basic term life insurance, generally in increments equal to your base annual salary, at no cost to you. An additional benefit may be payable for accidental death or non-work-related dismemberment. Should you desire more life insurance coverage for yourself and/or your dependents, voluntary "buy-up" life/AD&D insurance is available at an affordable price. Life and AD&D coverage is carried through Reliance Standard.

www.rsl.com

RELIANCE STANDARD

FLEXIBLE SPENDING ACCOUNT (FSA)

Coleman Cable makes available to you flexible spending accounts for healthcare and dependent care.

Healthcare FSA enables you to put aside pre-tax dollars to pay for out-of-pocket expenses you may incur for medical, dental, vision and pharmacy care (including over-the-counter medically-necessary healthcare products). The maximum contribution is limited to \$2,500 as set by the ACA healthcare reform act.

Dependent Care FSA enables you to put aside pre-tax dollars to pay for child and elder care expenses. The maximum contribution you may elect for your dependent care FSA is \$5,000.