



**CONSTRUCTA-CARE**

**2022 - 2023  
BENEFITS GUIDE**

This publication contains important information about your employee benefit program.

Please read thoroughly.

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## 2022/2023 BENEFITS ENROLLMENT

Welcome to your benefits enrollment. This is your opportunity to review our comprehensive selection of benefits and special programs. Our benefits program is designed to help you achieve maximum potential at work and at home.

Additionally, we hope this guide helps educate and empower you to elect the coverage and support you and your family needs. Please note, full details regarding our plans are contained in our plan booklets. Should this publication differ from our booklets, the booklets prevail.

## YOUR 2022/2023 BENEFITS GUIDE

### Welcome to Your 2022 Benefits Enrollment

At Constructa-Care, we offer our members a competitive and comprehensive benefits program. This is one of many ways we recognize how important you are. This benefit's guide briefly summarizes our program in a quick and easy-to-understand way. All information can be found on our website at [www.constructa-carebenefits.com](http://www.constructa-carebenefits.com).

### New Hire Enrollment

New employees are eligible for coverage on the first day of the month following your date of hire, 30 days, 60 days, or 90 days depending on your company. However, you must enroll in benefits to participate. Please verify with your HR department for your company's eligibility period.

### Qualifying Life Event

Once you make your elections, you will not be able to make changes until the next annual enrollment period unless you experience a qualifying life event. A qualifying life event is a change in your personal life which may impact your eligibility or dependent's eligibility for benefits. If you have a qualifying life event, you must notify Human Resources in order to update your benefits.

Examples of some qualifying events include the following:

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status

### Benefits Eligibility

#### Eligible Employee

You may enroll in the benefits program if you are a regular full-time team member who is actively working a minimum of 30 hours per week.

#### Eligible Dependents

Eligible dependents generally include your legally married spouse and children up to age 26. Children may include natural, adopted, step-children, as well as children obtained through court-appointed legal guardianship.

#### SSN Required

You must provide a valid Social Security Number for yourself and each enrolled dependent. Employers are required to provide names and Social Security Numbers to the federal government for each individual enrolled for medical coverage.

## **BENEFITS ENROLLMENT INSTRUCTIONS**

**TO ENROLL IN BENEFITS, GO TO [WWW.CONSTRUCTA-CAREBENEFITS.COM](http://WWW.CONSTRUCTA-CAREBENEFITS.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**

ABC\_INC

### **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.

**\*For immediate assistance, please email [clientsupport@jhbrisk.com](mailto:clientsupport@jhbrisk.com).**

## **BENEFITS ENROLLMENT INSTRUCTIONS, CONT.**

### **Benefits Elections**

To enroll dependents in benefits, 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.

### **HR Tasks (if applicable)**

To complete any required HR tasks, click "Start Tasks." If your HR department has not assigned any tasks, you're finished!

**\*For immediate assistance, please email [clientsupport@jhbrisk.com](mailto:clientsupport@jhbrisk.com).**

## MEDICAL/PHARMACY PLANS

Constructa-Care offers a robust medical and pharmacy insurance program to our employees. We partner with Blue Cross Blue Shield of Alabama to offer this coverage.

### Plan Highlights

Our plans offer coverage for most healthcare services. When you receive care in-network you benefit from our negotiated discounts with BCBS of Alabama.

#### How to Find a Provider

- Visit [www.bcbsal.org](http://www.bcbsal.org) and click Find a Doctor.
- On the next page type “PAC” prefix or “continue without prefix” at the bottom of the page
- A list of all providers by category will appear for review.

#### BCBS of Alabama Member Site

The BCBS of Alabama member site, [www.bcbsal.org](http://www.bcbsal.org) offers many valuable services including the following:

- In-network provider search
- See patient reviews and view hospital information
- Information regarding paid and pending claims

#### Medical coverage provided by BCBS of Alabama

##### In-Network vs. Out-of-Network

A network is a group of providers your plan contracts with at discounted rates. You will almost always pay less when you receive care in-network.

If you choose to see an out-of-network provider, you may be balance billed, which means you will be responsible for charges above BCBS of Alabama’s reimbursement amount.

*This is a high-level summary of your benefits coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.*

*Generic drugs are mandatory when available and may be classified at any tier.*

*\*Family Coverage and Embedded Deductibles*

*Embedded deductibles mean your plan has individual deductibles for each family member and the family deductible. When a family member meets his or her deductible, the plan will begin sharing healthcare costs for that family member. The rest of the family still has to satisfy their individual deductible. However, all individual expenses for each family member count toward the family deductible. Once the family deductible is met (by more than one family member) the plan will share costs for all family members for the rest of the plan year.*

*\*\*Covered at 100% of the allowed amount after \$30 for the first illness related office visit; thereafter covered at 80% of the allowed amount subject to calendar year deductible.*

**RX Helpline: 1-866-556-7482**

## 2022 MEDICAL PLANS

All plans are provided through Blue Cross Blue Shield of Alabama and all offer comprehensive coverage when care is provided through network providers. A brief summary of your plans is included for your review below. Please locate the correct plan offered by your company, if you need assistance locating your elected plan, please contact client support [855-542-3779](tel:855-542-3779).

## 2022 MEDICAL PLANS (SMALL GROUP)

2022 / 2023 Small Group Plan Options				
Plan Options: 1 Year Rate Guarantee	Option 1 (Blue Secure Silver)	Option 2 (Blue Secure Bronze / Med Plus 3000)	Option 3 (Blue Secure Bronze / Med Plus 1500)	Option 4 (Blue Secure Bronze / Med Plus 500)
Plan Year/Calendar Year	2022 - 2023	2022 - 2023	2022 - 2023	2022 - 2023
Plan Type	PPO	PPO	PPO	PPO
In-Network Deductible	\$4000 / \$8000	\$3000 / \$6000	\$1500 / \$3000	\$500 / \$1000
Out-of-Pocket Maximum	\$8550 / \$17100	\$3000 / \$6000	\$1500 / \$3000	\$500 / \$1000
Coinsurance	100% In Network / 50% Out of Network	100%	100%	100%
Office Visit (Primary/Specialist)	\$40 / \$70	\$40 copay / \$40 copay	\$40 copay / \$40 copay	\$40 copay / \$40 copay
Out of Office Physician Services (Teladoc)	\$40	\$45 copay	\$45 copay	\$45 copay
Inpatient Hospital	\$450 copay (days 1-5)	100% after deductible	100% after deductible	100% after deductible
Outpatient Surgery	\$450 copay	100% after deductible	100% after deductible	100% after deductible
Outpatient Lab/X-Ray	0% after Deductible	100% after deductible	100% after deductible	100% after deductible
Complex Diagnostics	\$450 copay	100% after deductible	100% after deductible	100% after deductible
Emergency Room (Medical Emergency)	\$450 copay	100% after deductible	100% after deductible	100% after deductible
Emergency Room (Accident)	\$450 copay	100% after deductible	100% after deductible	100% after deductible

In - Network Prescription Drug Coverage				
Plan Options: 1 Year Rate Guarantee	Option 1 (Blue Secure Silver)	Option 2 (Blue Secure Bronze / Med Plus 3000)	Option 3 (Blue Secure Bronze / Med Plus 1500)	Option 4 (Blue Secure Bronze / Med Plus 500)
<b>Tier 1</b> (Preferred Generic)	\$15 Copay	\$20 Copay	\$20 Copay	\$20 Copay
<b>Tier 2</b> (Non - Preferred Generic)	\$30 Copay	\$35 Copay	\$35 Copay	\$35 Copay
<b>Tier 3</b> (Preferred Brand)	\$75 Copay	\$70 Copay	\$70 Copay	\$70 Copay
<b>Tier 4</b> (Non - Preferred Brand)	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
<b>Tier 5</b> (Specialty)	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
<b>Tier 6</b> (Non - Preferred Specialty)	60% Covered	40% Covered	40% Covered	40% Covered
<b>Mail Order</b> (90 day supply - maintenance medications only at 3x the Retail Copay) Available through Home Delivery Network (Enroll online at <a href="https://alabamablue.com/HomeDeliveryNetwork">AlabamaBlue.com/HomeDeliveryNetwork</a> )				

## 2022 MEDICAL PLANS (LARGE GROUP)

2022 / 2023 Large Group Plan Options			
Plan Options:	Option 1 (MVP Low)	Option 2 (Blue Saver 4000)	Option 3 (Blue Saver 3000)
1 Year Rate Guarantee	2022 - 2023	2022 - 2023	2022 - 2023
Plan Year/Calendar Year	PPO	PPO	PPO
In-Network Deductible	\$4,000 / \$8,000	\$4,000 / \$8,000	\$3,000 / \$6,000
Out-of-Pocket Maximum	\$6,000 / \$12,000	\$6,800 / \$13,600	\$6,000 / \$12,000
Coinsurance	40% - 100%	80% - 100%	100%
Office Visit (Primary/Specialist)	60% subject to CYD	\$45 copay / \$65 copay	\$40 copay / \$40 copay
Out of Office Physician Services (Teladoc)	\$40 copay	\$45 copay	\$45 copay
Inpatient Hospital	60% subject to CYD	80% after deductible	100% after deductible
Outpatient Surgery	60% subject to CYD	80% after deductible	100% after deductible
Outpatient Lab/X-Ray	60% subject to CYD	80% after deductible	100% after deductible
Complex Diagnostics	60% subject to CYD	80% after deductible	100% after deductible
Emergency Room (Medical Emergency)	60% subject to CYD	80% after deductible	100% after deductible
Emergency Room (Accident)	60% subject to CYD	80% after deductible	100% after deductible

2022 / 2023 Large Group Plan Options			
Plan Options:	Option 4 (MVP Low - Med Plus 500)	Option 5 (Blue Saver 4000 / Med Plus 250)	Option 6 (Blue Saver 3000 / Med Plus 250)
1 Year Rate Guarantee	2022 - 2023	2022 - 2023	2022 - 2023
Plan Year/Calendar Year	PPO	PPO	PPO
In-Network Deductible	\$500 / \$1000	\$250 / \$500	\$250 / \$500
Out-of-Pocket Maximum	\$500 / \$1000	\$250 / \$500	\$250 / \$500
Coinsurance	100%	100%	100%
Office Visit (Primary/Specialist)	\$40 copay / \$40 copay	\$45 copay / \$65 copay	\$30 copay / \$30 copay
Out of Office Physician Services (Teladoc)	\$45 copay	\$45 copay	\$30 copay
Inpatient Hospital	100% after deductible	100% after deductible	100% after deductible
Outpatient Surgery	100% after deductible	100% after deductible	100% after deductible
Outpatient Lab/X-Ray	100% after deductible	100% after deductible	100% after deductible
Complex Diagnostics	100% after deductible	100% after deductible	100% after deductible
Emergency Room (Medical Emergency)	100% after deductible	100% after deductible	100% after deductible
Emergency Room (Accident)	100% after deductible	100% after deductible	100% after deductible

In - Network Prescription Drug Coverage			
Plan Options:	Option 1 / Option 4 (MVP Low) (MVP Low - Med Plus 500)	Option 2 / Option 5 (Blue Saver 4000) (Blue Saver 4000 / Med Plus 250)	Option 3 / Option 6 (Blue Saver 3000) (Blue Saver 3000 / Med Plus 250)
<b>Tier 1</b> (Preferred Generic)	\$15 Copay	\$15 Copay	\$15 Copay
<b>Tier 2</b> (Non - Preferred Generic)	\$15 Copay	\$15 Copay	\$15 Copay
<b>Tier 3</b> (Preferred Brand)	\$50 Copay	\$50 Copay	\$50 Copay
<b>Tier 4</b> (Non - Preferred Brand)	\$70 Copay	\$70 Copay	\$70 Copay
<b>Tier 5</b> (Specialty)	\$395 Copay	\$395 Copay	\$395 Copay
<b>Tier 6</b> (Non - Preferred Specialty)	\$395 Copay	\$395 Copay	\$395 Copay
<b>Mail Order</b> (90 day supply - maintenance medications only at 3x the Retail Copay) Available through Home Delivery Network (Enroll online at <a href="https://AlabamaBlue.com/HomeDeliveryNetwork">AlabamaBlue.com/HomeDeliveryNetwork</a> ) <b>Mail Order is not Eligible with the MVP Plan</b>			

\*The Out of Pocket with Medplus does NOT include Doctor CoPays or Pharmacy deductibles or Copays \*\*Fully insured prescription drug coverage provided through secondary PBM at matching BCBSAL formulary. CVS Caremark is a non-participating pharmacy provider at this time. \*\*Office visit and pharmacy copay benefits after copay are not subject to Gap deductible and continue through BCBSAL OPM.

## 2022 Employee Contributions

Available through your HR Department, Online, or Enrollment Call Center.



## **SUPPLEMENTAL MEDICAL EXPENSE (GAP) INSURANCE**

Like many people today, you may now be responsible for paying some of your healthcare costs. Even with your Blue Cross Blue Shield insurance, you may have certain expenses that are not covered.

For example, you may need to meet a deductible before your Blue Cross Blue Shield insurance pays.

Supplemental Medical (Gap) insurance with MedPlus covers certain out-of-pocket medical expenses you incur in inpatient and outpatient settings. If you elect the Buy-up plan you will have access to the Supplemental Medical (Gap) insurance with MedPlus.

### **GAP Program**

Covers 100% of approved “in-network” services after deductible.

*\*Does not apply to office visit or pharmacy copays*

### **How does the Supplemental Medical (GAP) Insurance work?**

1. Enroll in a BCBS medical plan paired with a supplemental (GAP) Plan.
2. You will receive an ID card from MedPlus
3. If you receive services, you may assign your benefits to the provider
4. Your provider will submit claim to MedPlus on your behalf
5. BCBS will send you an explanation of benefits showing your out-of-pocket expense
6. You (or your provider) will submit your explanation of benefits to MedPlus
7. MedPlus will send payment to your provider if benefits were assigned or to you

## **TELEMEDICINE**

### **Telemedicine Available Through Teladoc**

Blue Cross Blue Shield of Alabama has partnered with Teladoc, which gives you 24/7 access to board-certified doctors by web, phone, or mobile app.

It is an affordable alternative to costly urgent care and ER visits when you need care right away. It is a helpful service if you are on vacation, a business trip, or away from home and has a 92% resolution rate. Teladoc doctors can treat many medical conditions, including, but not limited to, cold and flu symptoms, allergies, urinary tract infection, sinus problems, etc. You can talk to a doctor anytime for a fee of \$40 or \$45 depending on your plan.

Telemedicine services are only available for minor conditions and should not replace care provided by your regular physician.

#### Teladoc is Easy to Use

- Provide your medical history
- Request a consult
- Talk with a physician
- No waiting room time
- Do not have to drive to the doctor
- Get care 24/7 from any location
- To register, go online:
  - [www.teladoc.com/Alabama](http://www.teladoc.com/Alabama)

## DENTAL COVERAGE

We partner with UNUM to offer you and your family members dental insurance. You have the choice of two plans to choose from. Below is a general overview of the in-network benefits for the base and buy-up plans.

Visit [www.unumdentalcare.com](http://www.unumdentalcare.com) to find in-network providers and access a variety of online tools and programs.

Plan Options:	Network	Out of Network
Plan Type	PPO	PPO
Annual Maximum	\$750	\$1,500
Deductible	\$50 (Waived on Preventative)	\$25 (Waived on Preventative)
Preventative Coinsurance	100%	100%
Basic Coinsurance	50%	80%
Major Coinsurance	50%	50%
Ortho Coinsurance	0%	50%
Ortho Maximum	N/A	\$1,000
Waiting Periods	None	None
Dependent Age Limits	26	26
Network/OON Reimbursement	UNUM (DenteMax) / 90% UCR	UNUM (DenteMax) / 90% UCR

This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

*\*Your dentist may balance bill if using “on-network” providers.*

### 2022 Employee Contributions

Available through your HR Department, Online, or Enrollment Call Center.

### Find an In-Network Provider

Remember to visit in-network dentists to receive the deepest level of discount on your services.

To find a participating in-network dentist in your area please follow these steps.

- Go to [www.unumdentalcare.com](http://www.unumdentalcare.com)
- Click Login/Register in the top right corner
- Register as a member
- Fill out all \* information fields
- Group Number is 00499839

### Examples of Services

**Preventive**—exams, cleanings, fluoride, x-rays, and sealants

**Basic**—fillings, extractions, and repairs

**Major**—crowns, inlays, dentures, and periodontics

## VISION COVERAGE

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

Plan Options:	Network	Out of Network
Copay		
Exam Copay	\$10	Up to 435
Materials Copay	\$25	
Network	UNUM (Eyemed)	
Standard Lenses Benefit		
Single Vision	Covered by Copay	Up to \$25
Bifocal	Covered by Copay	Up to \$40
Trifocal	Covered by Copay	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Standard Progressive	\$70 allowance	Up to \$40
Lens Options	Polycarbonate (Under Age 19) Standard Scratch Resistant Coating (Walmart Only)	Not Covered
Frame & Contacts Benefit		
Frames	\$130 allowance	Up to \$50
Elective (standard contacts)	\$130 allowance	Up to \$100
Medically Necessary	\$210 allowance	Up to \$210

You may receive additional discounts on amounts over your in-network allowance.

This is a high-level summary of your benefits coverage.

Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

### 2022 Employee Contributions

Available through your HR Department, Online, or Enrollment Call Center.

## VOLUNTARY LIFE INSURANCE

One of the most critical aspects of financial planning is ensuring that your risks are covered with adequate insurance. Without it, just one catastrophic event could significantly change the financial circumstances for you and your family.

Therefore, voluntary life and AD&D insurance is available to assist you and your family in the event of a loss. You have the opportunity to purchase life and AD&D coverage through Mutual of Omaha for yourself, your spouse, and dependent children.

Your cost for this coverage is based on the amount you elect and your age. You must purchase life and AD&D coverage for yourself in order to purchase spouse and/or dependent child(ren) coverage. The system will calculate your premium when you enroll. This will provide you the opportunity to decide to elect the coverage or not.

If you are newly eligible and have not previously waived your opportunity to elect coverage, you can elect up to the guaranteed issue amounts without submitting evidence of insurability (EOI).

If you are a late entrant and have previously waived the opportunity to purchase additional coverage, you may be required to submit EOI. However, if you currently have coverage, you may increase your coverage without submitting EOI.

Your benefit will be reduced to 65% at age 70 and again to 45% at age 75.

## 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 \$250,000 or 5x your annual earnings. The guarantee issue amount is \$100,000.

### 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 \$100,000. The amount elected cannot exceed 100% of employee coverage. The guarantee issue amount is \$25,000.

### 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 \$1,000. If he or she is older, the benefit amount is \$10,000. Dependent children between ages 19 and 26 must be students to be covered.

## 2022 EMPLOYEE CONTRIBUTIONS

Premiums will be calculated as a percentage of your salary at enrollment. You will be able to review prior to electing or declining coverage.

## **VOLUNTARY DISABILITY INSURANCE**

### **Short Term Disability (STD)**

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 \$1,000 benefit. The benefit begins on the 15th day of an accident/illness and continues until the earlier of recovery or 26 weeks.

### **Long Term Disability (LTD)**

Long term disability insurance pays part of your salary in the event of an injury or illness. The LTD benefit provides a monthly benefit of 60% of your monthly earnings up to a monthly maximum benefit of \$7,500. The benefit begins on the 180th day of continuous disability and continues until the earlier of recovery or Social Security Normal Retirement Age or five years (depending on option chosen).

Please note: If you decline the LTD insurance coverage when you are first eligible and you wish to elect at a later date, you will be subject to medical underwriting (evidence of insurability).

The plan has a “pre-existing condition” provision, which means if you received medical treatment or took prescription drugs for an injury or illness within three months of your effective date, that injury or illness may not qualify you for an LTD benefit.

This limitation will not apply to a period of disability which begins after an employee is covered for at least 12 months after his or her most recent effective date of insurance.

### **Employee Contributions**

Premiums will be calculated as a percentage of your salary at enrollment. You will be able to review prior to electing or declining coverage.

## 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 Colonial 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.

Plan Design	In-Network Benefits	Out of Network Benefits
Health Screening Benefit	\$50	\$50
Accident ER Treatment (4 Visits per CY)	\$100	\$150
Accident Follow-Up Doctor Visit	Included	Included
(Up to 3 visits per covered Accident)	\$50	\$50
(Up to 12 Visits per covered Person)	\$50	\$50
Accidental Death (Per Covered Person)	\$25,000	\$50,000
Ambulance (Ground Only)	\$200	\$300
Appliance Aid in Personal Locomotion or Mobility	\$75	\$100
Dislocation (Separated Joint)	Included	Included
Non-Surgical	\$140 - \$2,000	\$200 - \$3,000
Surgical	\$280 - \$4,000	\$400 - \$6,000
Fracture	Included	Included
Non-Surgical	\$200 - \$2,250	\$200 - \$3,750
Surgical	\$400 - \$4,500	\$400 - \$7,500
Hospital Admission (Per Accident)	\$750	\$1,000
Hospital Confinement (Up to 365 days)	\$175 per day	\$250 per day
Knee Cartilage (Torn)	\$500	\$750
Laceration	Included	Included
No Stitches	\$50	\$50
Stitches	\$75 - \$600	\$150 - \$600
Medical Imaging (CT, CAT scan, EEG, MR, or MRI)	\$150	\$200
Occupational or Physical Therapy	\$35 per day	\$45 per day
Tendon/Ligament/Rotator Cuff	\$600 - \$1,200	\$900 - \$1,800
X-Ray	\$50	\$60

## 2022 Employee Contributions

Premiums will be calculated as a percentage of your salary at enrollment. You will be able to review prior to electing or declining coverage.

## **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 issued, 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.

<b>Covered Condition</b>	<b>Face Amount Payable</b>
Heart Attack	100%
Stroke	100%
Permanent Paralysis due to covered accident	100%
Blindness	100%
Occupational Infectious HIV or Hep B, C, or D	100%
Coronary Artery Bypass Surgery/Disease	100%
Diagnosis of Cancer (Internal or Invasive)	100%
Diagnosis of Carcinoma in site	25%
Skin Cancer	\$500

Benefit Amounts - \$10,000, \$20,000, and \$30,000

## **2022 EMPLOYEE CONTRIBUTIONS**

Available through your HR Department, Online, or Enrollment Call Center.



## TERMS AND OTHER RESOURCES

### What is a Deductible?

A deductible is the dollar amount you must pay for certain services during the calendar year before the plan provides benefits for those services. There are two separate deductible amounts. One for in-network providers and another for out-of-network providers. Services which require a copay do not count towards meeting your deductible.

### What is Coinsurance?

Coinsurance is the amount you must pay as a percent of the allowed amount. A common example is the percentage of the allowed amount you must pay when you receive other covered services.

### What is an Out-of-Pocket Maximum?

The out-of-pocket maximum is your total calendar year out-of-pocket costs. This includes office visit copays, deductible, and coinsurance. Once you meet the out-of-pocket maximum, the plan will cover your costs at 100% of services which are subject to the deductible/coinsurance.

Below is a list of professionals who partner with our company to help guide you in the benefits process:

#### Medical Coverage Provided by Blue Cross Blue Shield

- 800.292.8868—customer service
- 800.248.2342—preadmission certification
- 800.810.BLUE—participating providers

MedPlus – 601-981-6356  
or 601-981-6359

**Dental** – 1-888-400-9304  
**Vision** – 855-652-8686

**Life and Disability Insurance:**  
[www.oneamerica.com](http://www.oneamerica.com)

855-517-6365—file a STD or LTD Claim

## NOTES

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This Benefits Enrollment Guide is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.