



CONSTRUCTA-CARE

COBRA GUIDE

This publication contains important information about your employee benefit program.

Please read thoroughly.

TABLE OF CONTENTS

Medical/Pharmacy 3
Supplemental Medical Expense (GAP) 6
Telemedicine..... 7
Dental Coverage 8
Vision Coverage..... 9
Voluntary Life Insurance 10

2022 COBRA BENEFITS

Welcome to your benefits enrollment. This is your opportunity to review our comprehensive selection of benefits once you are eligible. We hope this guide helps educate and empower you to elect the coverage and support your Cobra rights. Please note, full details regarding our plans are contained in our plan booklets. Should this publication differ from our booklets, the booklets prevail.

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

You have the option of choosing one of four plans. 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 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 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.*

2022 MEDICAL PLANS

You have four medical plans to choose from. 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.

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)
Tier 1 (Preferred Generic)	\$15 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Tier 2 (Non - Preferred Generic)	\$30 Copay	\$35 Copay	\$35 Copay	\$35 Copay
Tier 3 (Preferred Brand)	\$75 Copay	\$70 Copay	\$70 Copay	\$70 Copay
Tier 4 (Non - Preferred Brand)	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Tier 5 (Specialty)	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Tier 6 (Non - Preferred Specialty)	60% Covered	40% Covered	40% Covered	40% Covered
<p>Mail Order (90 day supply - maintenance medications only at 3x the Retail Copay) Available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork)</p>				

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	2022 - 2023	2022 - 2023	2022 - 2023
Plan Type	PPO	PPO	PPO
In-Network Deductible	\$4,000 / \$8,000	\$4,000 / \$8,000	\$3000 / \$6000
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	2022 - 2023	2022 - 2023	2022 - 2023
Plan Type	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)
Tier 1 (Preferred Generic)	\$15 Copay	\$15 Copay	\$15 Copay
Tier 2 (Non - Preferred Generic)	\$15 Copay	\$15 Copay	\$15 Copay
Tier 3 (Preferred Brand)	\$50 Copay	\$50 Copay	\$50 Copay
Tier 4 (Non - Preferred Brand)	\$70 Copay	\$70 Copay	\$70 Copay
Tier 5 (Specialty)	\$395 Copay	\$395 Copay	\$395 Copay
Tier 6 (Non - Preferred Specialty)	\$395 Copay	\$395 Copay	\$395 Copay
Mail Order (90 day supply - maintenance medications only at 3x the Retail Copay) Available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork) Mail Order is not Eligible with the MVP Plan			

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 BCBS Medical Plan paired with Supplemental (GAP) insurance
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

***Please Note - If you are newly eligible for Cobra, outside of the open enrollment time frame , and you were not previously covered under supplemental insurance, you will not be able to elect it until the next open enrollment.**

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 \$30 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 or call
 - www.teladoc.com/Alabama
 - 855-477-4549

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 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.*

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
- 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.

LIFE INSURANCE

For more information about life insurance please visit:
www.constructa-carebenefits.com/cobra

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

855-517-6365—file a STD or LTD Claim

NOTES

For access to the insurance marketplace:
www.HealthCare.gov

For information about extending length of COBRA Benefits: <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/an-employees-guide-to-health-benefits-under-cobra.pdf>

For information regarding Children's Health Insurance Program (CHIP): www.HealthCare.gov

For information about your rights under Employee Retirement Income Security (ERISA): www.dol.gov/ebsa
