



CONSTRUCTA-CARE

**2023 - 2024
BENEFITS GUIDE**

This publication contains important information about your employee benefit program.

Please read thoroughly.

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2023/2024 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 2023/2024 BENEFITS GUIDE

Welcome to Your 2023 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 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.

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.

Changes After Your Initial Enrollment:

Changes can only be made in the middle of a plan year if you have a qualified change in status as explained in this package. Therefore, once you are enrolled, that coverage will remain in effect until the next open enrollment period. Also, should you fail to sign up for coverage by your effective date, coverage may only be elected during the open enrollment period. Again, the only way to make a mid-plan year change would be if you have a qualified change in status.

It is your responsibility to notify the Plan Administrator or process your event online at www.employeenavigator.com within 31 days of the event.

Qualifying Life Event

- Change in status: Marriage, divorce, legal separation, annulment or death
- Change in number of dependents: Birth, death, adoption/placement for adoption or dependent reaching limiting age
- Change in employment status of Team Member, dependent or spouse that affects that individual's eligibility
- Change in Team Member, spouse or dependent coverage on spouse's plan during spouse's Open Enrollment period
- Changes in entitlement to Medicare, Medicaid or State Children's Health Insurance Program (CHIP)* for Team Member, dependent or spouse
- Change in eligibility for group health plan premium assistance under Medicaid or CHIP* for Team Member, dependent or spouse

***All amounts for premium payroll deductions will be available online through Employee Navigator and/or available from your HR Dept.**

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

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 clientsupportabc@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 clientsupportabc@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 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.

2023 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.

2023 MEDICAL PLANS (SMALL GROUP)

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.

Current Plan Options	Option 1 Blue Saver Bronze (\$3000 MedPlus)	Option 2 Blue Saver Bronze (\$1500 MedPlus)	Option 3 Blue Saver Bronze (\$500 MedPlus)
Plan Design	Plan Design	Plan Design	Plan Design
In-Network Deductible	\$3000 / \$6000	\$1500 / \$3000	\$500 / \$1000
Out-of-Pocket Maximum	\$3000 / \$6000	\$1500 / \$3000	\$500 / \$1000
Coinsurance	0%	0%	0%
Office Visit (Primary/Specialist)	\$40 copay / \$40 copay	\$40 copay / \$40 copay	\$40 copay / \$40 copay
Out of Office Physician Services (Teladoc)	\$45 copay	\$45 copay	\$45 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
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%

2023 Employee Contributions

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

Pharmacy

Prescriptions are filled at your Pharmacy using both the Blue Cross Blue Shield of Alabama card and MedPlus card. Once submitted to the primary, the remaining amount is then submitted to CitizensRx, which is the secondary pharmacy benefit. After the amounts have been submitted to both prescription plans, the member will be charged a copay or coinsurance.

If the member feels the amount is more than the copay amounts listed on the summary of benefits, ask the pharmacy if they have utilized both Rx plans, or call the number listed below for assistance.

Members with questions, please call Gulf Guaranty: 601-981-9505 8:00 AM to 4:30 PM Monday through Friday and speak with the Customer Service team.

***Pharmacies please call the Citizens Helpdesk at: 1-888-556-7482 that will also be listed on the members card, as indicated below.

Pharmacist should look for the following on your Insurance card to process Rx claims:
Submit primary PBM allowed amount to:

- RX Bin: 015284
- RXGrp: Will be specific to each group.
- PCN: CRX
- RX Helpline: 1-888-556-7482

Current Plan Options	Option 1 Blue Saver Bronze (\$3000 MedPlus)	Option 2 Blue Saver Bronze (\$1500 MedPlus)	Option 3 Blue Saver Bronze (\$500 MedPlus)
Plan Design	Plan Design	Plan Design	Plan Design
Tier 1	\$20	\$20	\$20
Tier 2	\$35	\$35	\$35
Tier 3	\$70	\$70	\$70
Tier 4	\$100	\$100	\$100
Tier 5	\$250	\$250	\$250
Tier 6	60% covered	60% covered	60% covered

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

2023 Employee Contributions

*Included with medical plan premiums.

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, with your providers and at the pharmacy. The amount of GAP coverage depends on the plan option selected.

GAP Program

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

**Keep in mind that the GAP program does not cover the office visits and pharmacy copays. Outline on page 7 of this summary.*

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

What you need to know info:

Your medical plan combines the benefits of the Blue Cross/Blue Shield Bronze program with those of the supplemental MedPlus benefits administered by Gulf Guaranty.

- Two card program-both the BCBS card and the MedPlus card must be presented to the provider/facility and pharmacy at the time of service.
- MedPlus will cover approved in-network claims up to \$7,850 for an individual \$15,700 per family subject to your selected annual deductible based on the option selected.
- BCBS will cover all approved claims once the MedPlus benefits are exhausted.
- The provider/facility/pharmacy must file claims with both BCBS and MedPlus to have benefits applied properly

Our client support team stands ready to assist if needed. They can be contacted in the following manner.

Email: clientsupportABC@jhbrisk.com

Phone: 855 542-3779

2023 Employee Contributions

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

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 \$45.

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

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:	Basic	Buy-Up
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 “out of network” providers.*

2023 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
- Click Login/Register in the top right corner
- Register as a member
- Fill out all * information fields
- Group Number is 00661283

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.

2023 Employee Contributions

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

You will save the most money out-of-pocket by going to an In-Network Provider. *Vision Benefit cards are not issued by UNUM but can be obtained online.

Register and login to the member portal at www.EyeMedVisionCare.com/Unum. Review your vision benefit information.

Find an In-Network Provider:

1. Login to www.EyeMedVisionCare.com/Unum
2. Select "Locate a Provider".
3. Enter your zip code to be connected with eye health experts near you.

Still have questions? Feel free to contact our award-winning Customer Care Center at (855) 652-8686.

Learn more at www.EyeMedVisionCare.com/Unum.

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 One America 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 will 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 \$50,000.

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.

2023 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. Premiums vary by age and will be determined at time of enrollment.

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 12 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.

2023 Employee Contributions

Premiums will be calculated based on your age and 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	Basic Plan	Premium Plan
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

2023 Employee Contributions

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

VOLUNTARY CRITICAL ILLNESS

If enrolled, Critical Illness coverage is offered through Colonial Life. If you are diagnosed with any of the identified conditions, Colonial Life 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, \$20,000 or \$30,000 benefit. Rates are based on your age.

Covered Condition	Face Amount Payable
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

2023 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 and Blue Shield of Alabama

- 800 292-8868- customer service
- 800 248-2342 – preadmission certification
- 800 810-BLUE (2583) – participating providers

Supplemental GAP Coverage provided by Gulf Guaranty (MedPlus)

- 601 981-6356 or 601 981-6359

Pharmacy Benefits provided by Citizens PBM and administered by Gulf Guaranty

- 601 981-9505 - member support
- 888 556-7482 – Pharmacy support

Dental and Vision benefits provided by UNUM

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

Life Insurance and Disability benefits provided by OneAmerica

- www.oneamerica.com
- 855 517-6365 – to file a disability claim

Accident and Critical Illness coverage provided by Colonial Life

- 888 208-8055 ext. 201 or 205 – client support

For immediate assistance, please call **855-542-3779** or email clientsupportabc@jhbrisk.com.

