





# **EMPLOYEE BENEFITS GUIDE**

Plan Year: 2023-2024



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This guide is an overview of your health benefits and does not provide a complete description of all the benefit provisions. Please refer to the summary plan descriptions for more detailed information.

The information provided by the carriers supersedes the contents of this booklet provided by Endeavor Risk Advisors.

# Welcome to Open Enrollment

#### Dear Employee:

We are committed to supporting the health and wellness of our team of employees. Our annual employee benefits insurance is renewing effective 12/01/2023 and will be effective through 11/30/2024.

This benefits guide is designed to help you understand the available benefit options so you can make the best benefit elections for you and your family. It provides a comprehensive overview of your benefits package, including eligibility, election periods, and costs. In addition, the guide offers descriptions and detailed explanations of each medical plan design.

We are excited to announce that we are continuing to provide employees and their families with Medical, Dental and Vision. Plus we are adding Group Life and Freshbenies at no cost to you!

Our goal is to, as a group, be efficient consumers of healthcare. This will help keep you from wasting money when consuming services and help make the process more efficient as well.

If you have any questions about any of the benefits mentioned in this guide or need assistance please reach out to our benefits consultant, Lisa Burkham with Endeavor Risk Advisors, at lisa@endeavorrisk.com.

Sincerely,

Your Benefits Team

# **Eligibility and Mid-Year Changes**

#### Who is Eligible?

All regular full-time employees working at least 30 hours per week in an active payroll status are eligible for the benefits listed. The following family members are also eligible for coverage:

- Your spouse (the person to whom you are legally married under state law)
- Your children under age 26 unless incapacitated due to a disability and primarily dependent on you for support

#### Who is Not Eligible?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, siblings
- Employees who work fewer than 30 hours per week, temporary employees, contract employees, or employees residing outside of the United States

# When does Coverage Begin for New Hires?

The date you are eligible to participate in these health benefits is the <u>first of the month after 60 days</u>. Employees must make elections during the first 60 days of employment to ensure you receive your ID cards in a timely manner.

#### **Enrollment Periods**

After your initial hire date, Open Enrollment is the only time during the year employees can make changes to their benefit elections without a qualifying event.

#### How to make changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.

Notify Human Resources within 30 days if you experience one of the following qualifying events and would like to make changes to your coverage.

Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

## **Contacts**



972-559-0461

clientservice@endeavorrisk.com

Enrollment Questions: Lisa Burkham, Benefits Consultant

lisa@endeavorrisk.com

	Carrier / TPA	Contact	Policy Number
Medical	Blue Cross Blue Shield	800-521-2227	006374
Dental	Guardian	800-541-7846	TBD
Vision	Guardian/VSP	877-814-8970	TBD
Group Life & AD/D	Guardian	800-525-4542	TBD
Freshbenies	Freshbenies	855-647-6762	TBD

# **Medical Plan 1**

Plan Features	RS33 PPO Plan			
riaii reatures		In-Network	Out-of-Network*	
	Individual: \$7,500 Combined		Combined with In-Network	
Deductible (per calendar year)	Family:	\$22,500 Combined	combined with in Network	
Coinsurance		75%	50%	
Out-Of-Pocket Max (includes deductible,	Individual	: \$5,000	Individual: \$10,000	
coinsurance, & copays)	Family:	\$15,000	Family: \$30,000	
Primary Office Visit (general practice, internal		\$40 copay	50% after Deductible	
medicine, pediatrics, OB-GYN)	, , ,			
Specialist Office Visit		\$40 copay	50% after Deductible	
Urgent Care Facility		\$65 copay	50% after Deductible	
Emergency Services	\$100	copay, then 25%	\$100 copay, then 25%	
Diagnostic Lab & X-rays	100%	after Deductible	50% after Deductible	
Hospitalization	100%	after Deductible	50% after Deductible	
Prescription Costs	100%	after Deductible	50% after Deductible	
Generic		\$20 copay	80% minus copay	
Preferred		\$40 copay	80% minus copay	
Non-Preferred		\$60 copay	80% minus copay	

The above is a <u>general</u> overview of your In-Network benefits. Please refer to your Summary of Benefits for more details.

<sup>\*</sup> Out-of-Network providers can balance bill members for any services incurred out of the network. These costs are in addition to the benefits listed.

# **Medical Plan 2**

Plan Features	RS18 PPO Plan		
riaii i eatules	In-Network	Out-of-Network*	
	Individual: \$2,000 Combined	Combined with In-Network	
Deductible (per calendar year)	Family: \$6,000 Combined	combined with in Network	
Coinsurance	80%	60%	
Out-Of-Pocket Max (includes deductible,	Individual: \$3,000	Individual: \$6,000	
coinsurance, & copays)	Family: \$9,000	Family: \$18,000	
<b>Primary Office Visit</b> (general practice, internal medicine, pediatrics, OB-GYN)	\$20 copay	40% after Deductible	
Specialist Office Visit	\$20 copay	40% after Deductible	
Urgent Care Facility	\$45 copay	40% after Deductible	
Emergency Services	\$100 copay, then 25%	\$100 copay, then 40%	
Diagnostic Lab & X-rays	100% after Deductible	40% after Deductible	
Hospitalization	100% after Deductible	40% after Deductible	
Prescription Costs	100% after Deductible	40% after Deductible	
Generic	\$15 copay	80% minus copay	
Preferred	\$40 copay	80% minus copay	
Non-Preferred	\$55 copay	80% minus copay	

The above is a <u>general</u> overview of your In-Network benefits. Please refer to your Summary of Benefits for more details.

<sup>\*</sup> Out-of-Network providers can balance bill members for any services incurred out of the network. These costs are in addition to the benefits listed.

# Dental PPO Plan

	Calendar Year Deductible: \$50 Individual / \$150 Family		
	Coverage	In-Network	Out-of-Network
Diagno	ostic		
0	Oral Exams (2 per 12 months)		
0	Radiographs (1 series per calendar year)	100%	100%
0	Lab and Other Diagnostic Tests		
Prever	ntive		
0	Cleanings (2 per 12 months)		
0	Fluoride Treatments (to age 14; 2 per 12 months)	1000/	1000/
0	Sealants (to age 16; 1 per 36 months)	100%	100%
0	Space Maintainers/Harmful Habit Appliances		
Basic			
0	Fillings		
0	Perio Maintenance Procedure (2 per 12 months		2004
0	Periodontal Services (scaling and root planing	000/	
0	Periodontal Surgery	80%	80%
0	Simple Extractions/Complex Extractions		
0	Endodontic Services		
0	General Anesthesia		
Major			
0	Bridges & Dentures		50%
0	Implants		
0	Single Crowns	50%	
0	Repair & Maintenance of Crowns, Bridges & Dentures	30%	
0	Inlays, Onlays, Venners		
0	TMJ		
Calend	Calendar Year Maximum \$1,000 per covered person		overed person
Waitin	g Periods	None	

In-Network and Out-of-Network benefits are paid at the same coinsurance percentages, but all benefits are paid based on the discounted contracted fees schedule.

 $Network\ is\ Dental Guard\ Preferred.\ Search\ for\ an\ In-Network\ Provider\ at\ www.guardian life.com$ 

# Dental HMO Plan

Member is responsible for Patient Charge		
Coverage	Patient Charge	
o Office Visit Copay	\$5	
Preventive O Oral Exams		
<ul><li>O Cleanings</li><li>O X-Rays full mouth</li><li>O Fluoride Treatment/Sealants</li></ul>	\$0	
<ul> <li>Fillings</li> <li>Space Maintainers/Harmful Habits</li> <li>Periodontal Maintenance Procedure</li> <li>Periodontal (Scaling &amp; Root Planing)</li> <li>Simple Extractions</li> </ul>	\$0	
<ul> <li>Endodontic (Root Canal)</li> <li>Perio Surgery</li> <li>Single Crowns</li> <li>Repair &amp; Maintenance of Crowns, Bridges &amp; Dentures</li> <li>Inlays, Onlays, Venners</li> <li>Complex Extractions</li> </ul>	\$120 Anterior/\$270 Molar \$380 \$375 \$88-\$120 \$250-\$360 \$114-\$160	
Calendar Year Maximum	N/A	
Orthodontia	\$1,500 to age 18 \$2,800 other members	

Network is Managed DentalGuard (TX). Search for a HMO provider at www.guardianlife.com.

# Vision - VSP Plan

Covered Charges	Network	Non-Network
Exams (1 per 12 months)	\$10 Copay	\$39 max
Frames (1 per 12 months)	\$130 Allowance + 20% Discount	\$46 max
Lenses  O Single O Bifocal O Trifocal O Lenticular  (1 per 12 months)	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	\$23 max \$37 max \$49 max \$64 max
Contacts (1 per 12 months)  *instead of frames and lenses	Up to \$130 Allowance if elective, covered in full if medically necessary	Up to \$100 Allowance if elective, \$210 allowance if medically necessary

Guardian's affiliation with Vision Service Plan (VSP), offers one of the largest vision care networks in the industry with over 86,000 provider access points nationwide, including private practice providers, Visionworks and contracted Pearle Vision locations. It's easy to find a network provider at GuardianAnytime.com.

## Basic Life Insurance and AD&D

Plano Kawasaki will provide each eligible employee with Basic Life and Accidental Death and Dismemberment Insurance at no cost to the employee through Guardian.

Eligible full-time employees automatically receive the Basic Life and AD&D Insurance of \$20,000.

At age 65, benefits will reduce by 35% of the original amount and by 50% at age 70. Benefits will terminate when you retire or leave the company.

Beneficiary Designation: A beneficiary designation is the person named to receive Life Insurance benefits in the event of the employee's death. It is important to name at least one primary and at least one contingent beneficiary in the event you survive the primary beneficiary. It is important that you keep this beneficiary designation up to date.



# Cut healthcare costs and confusion for your family ...in one easy membership!



#### **Advocacy PLUS**

**Personalized, healthcare support** - Ask your HealthPro to find highly-rated doctors, compare procedure pricing, reduce prescription costs, review and resolve medical bills and more.



#### **Behavioral Telehealth**

**Choose your mental health expert -** Get unlimited \$0 video visits with your choice of therapists or psychiatrists for temporary or ongoing support.



#### **Dental Savings**

**Smile at the savings -** Save an average 20-40% on cleanings, whitening, root canals, braces and more at thousands of dental practices nationwide.



#### **Vision Savings**

**See real savings** - Get discounts on exams, brand name eyewear, contacts, LASIK and more - at thousands of providers nationwide.



at freshbenies.com. Click the "I'm new" banner at the top to create your login.



#### **General Telehealth**

**Your 24/7 virtual urgent care -** Get unlimited \$0 visits for cold, flu, pink eye, sinus infections and more. Get a prescription written, if necessary.



#### **Prescription Savings**

**Your Rx for savings -** Use our pricing tool and quickly find the best local price on most brand or generic meds at 60,000+ pharmacies nationwide.



#### benieWALLET

Important cards ready anytime, anywhere -Store and access all your cards in

one, easy place insurance, pharmacy, fitness clubs, passport and more!





I needed an MRI. My doctor referred me to a facility that quoted me \$3500. The freshbenies Advocacy service found me a facility that brought my cost down to \$400. — Dan



My son was sick and needed two prescriptions. I looked them up with the freshbenies app and found I could save over \$70 on one of them just by driving 5 minutes away. It's SO EASY to use.

Your state may have specific requirements.

This program is NOT insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Learn more at freshbenies.com and within the member app and portal.

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# Telehealth: Don't wait to feel better...call a doctor!

Did you know you have access to 24/7 doctor visits over the phone at no additional cost to you? It's true! And you can get a prescription written, if medically necessary.

Do you know what people usually say **BEFORE** they use Telehealth?

"HMMM, I don't know if that'll work."

Do you know what they say AFTER a Telehealth visit?

"WOW! That was easy! I'm totally doin' that again!"

#### Here are two pieces of advice:



# Have you completed your Telehealth account setup?

If not, click the Telehealth icon from your member app or portal and take a few minutes to do it now - before you get sick ;-)

If you need help, chat with Al Assistant Bonnie at freshbenies.com or call Member Services at 1-855 647-6762.



# Have you requested a Telehealth visit?

When you or someone in your family isn't feeling well and you're considering a visit to the doctor/ER/Urgent Care...STOP and request a visit!



Read page 2 for answers to the most popular Telehealth questions.



Its Aborto

I was going to see my family 5 hours from my home. About 30 minutes into the drive, my back started to spasm, normally the start of something much worse unless I handle it quickly. Instead of a 5+ hour wait to even try to get to a doctor, I called the Telehealth service.. They called me back and called in a prescription to a pharmacy right by my destination. I was able to pick it up before seeing my family and had a great visit. What an amazing service to have! — Mike







In addition to your freshbenies Telehealth service with \$0 primary care visits, your membership includes convenient, discreet access to therapists and psychiatrists - at a fraction of the cost of typical in-person visits.

#### Here's how it works:

- Log into your freshbenies app or portal to schedule a Behavioral Health visit online or call the number provided
- Follow the prompts to choose the type of specialist you prefer
- Complete a short intake questionnaire
- Make selections based on provider profiles and your preferences
- Get temporary support or establish an ongoing relationship
- Only psychiatrists can prescribe medication, if they deem necessary

#### Your Behavioral Telehealth service can help with...

# Anxiety **Depression** Family Issues **Stress** PTSD **Panic Disorder Grief** Marriage Issues AND MORE!

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Disclosures: **This is not insurance.** This discount card program contains a 30-day cancellation period. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. Learn more at freshbenies.com. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380, 855-647-6762. Some state restrictions may apply.



# **3 STEPS** to use your services



Activate your membership

Simply visit freshbenies.com and click the "I'm new" banner to create your login.



(2) Explore all your services in your app or portal

Scan QR code to download the app. Then tap any service icon to see how it works.







Use your benies & save

Your freshbenies membership includes your immediate family so have them download the app, too!

Now you're ready to cut healthcare costs & confusion!

## Welcome to Open Enrollment |

The insurance carrier and published plans take precedence as the correct information in the event of any conflicting information. Endeavor Risk Advisors is not responsible for any errors or omissions in this book.

