

Insurance One Agency

2024-2025 Employee Benefits Guide

An overview of the wide array of benefits provided by Insurance One Agency to help you enjoy increased well-being and financial security.



Prepared by Endeavor
Risk Advisors for
Insurance One Agency



INSURANCE ONE AGENCY, LC.

Welcome to Open Enrollment

Dear Employee,:

We are committed to supporting the health and wellness of our team of employees. Our annual employees benefits insurance is renewing effective 12/01/2024 and will be effective through 11/30/2025.

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

We will be doing a passive enrollment this year. Only complete the form if you have a change. Open Enrollment will be from November 1st through November 15th.

If you have any questions about any of the benefits mentioned in the guide or need assistance logging into HRC please reach out to our benefits consultant, Lisa Burkham with Endeavor Risk Advisors, at lisa@endeavorrisk.com or 972-220-0895.

Eligibility

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, 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 **first of the month following 60 days after date of hire**. 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:

- 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



Medical plan info



Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance. *Except for Grandfathered medical plans



Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.



Plan Types

- EPO/PPO – A network of doctors, hospitals and other health care providers
- HMO - A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care.
- POS - Combines aspects of a PPO and HMO
- HDHP - A plan that has higher annual deductibles in exchange for lower premiums

S663CHC PPO Plan



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$3,000	\$6,000
Family Deductible	\$9,000	\$18,000
Individual Max Out of Pocket	\$9,000	Unlimited
Family Max Out of Pocket	\$18,000	Unlimited
Co-Insurance	70%	50%
Primary Care Office Visit	\$45 Copay	50% after ded
Specialist Office Visit	\$90 Copay	50% after ded
Urgent Care	\$100 Copay	50% after ded
Emergency Room	\$600 Copay, then Ded & Coins	\$600 Copay, then Ded & Coins
Inpatient Services	\$350 Copay, then Ded & Coins	\$400 Copay, then Ded & Coins
Outpatient Services	\$300 Copay, then Ded & Coins	\$350 Copay, then Ded & Coins
Prescription Drugs	\$10/\$20/\$70/\$120/\$150/\$250	See SBC

	Monthly Cost
Employee	\$284.30
Employee & Spouse	\$1,218.60
Employee & Child(ren)	\$1,218.60
Employee & Family	\$2,152.90

Search for an In-Network Provider at: <https://www.bcbstx.com/find-care/providers-in-your-network/find-a-doctor-or-hospital>

B661CHC PPO Plan (HDHP - HSA)



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$7,100	\$14,200
Family Deductible	\$14,200	\$28,400
Individual Max Out of Pocket	\$7,100	\$14,200
Family Max Out of Pocket	\$14,200	\$28,400
Co-Insurance	100%	100%
Primary Care Office Visit	0% after ded	0% after ded
Specialist Office Visit	0% after ded	0% after ded
Urgent Care	0% after ded	0% after ded
Emergency Room	0% after ded	0% after ded
Inpatient Services	0% after ded	0% after ded
Outpatient Services	0% after ded	0% after ded
Prescription Drugs	0% after ded	See SBC

	Monthly Cost
Employee	\$186.78
Employee & Spouse	\$1,023.56
Employee & Child(ren)	\$1,023.56
Employee & Family	\$1,860.34

Search for an In-Network Provider at: <https://www.bcbstx.com/find-care/providers-in-your-network/find-a-doctor-or-hospital>

G664ADT HMO Plan



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$2,000	N/A
Family Deductible	\$6,000	N/A
Individual Max Out of Pocket	\$6,000	N/A
Family Max Out of Pocket	\$17,100	N/A
Co-Insurance	80%	N/A
Primary Care Office Visit	\$30 Copay	N/A
Specialist Office Visit	\$60 Copay	N/A
Urgent Care	\$75 Copay	N/A
Emergency Room	\$300 Copay, then Ded & Coins	\$300 Copay, then Ded & Coins
Inpatient Services	\$150 Copay, then Ded & Coins	N/A
Outpatient Services	\$100 Copay, then Ded & Coins	N/A
Prescription Drugs	\$10/\$20/\$70/\$120/\$150/\$250	N/A

	Monthly Cost
Employee	\$18.96
Employee & Spouse	\$687.93
Employee & Child(ren)	\$687.93
Employee & Family	\$1,356.88

Search for an In-Network Provider at: <https://www.bcbstx.com/find-care/providers-in-your-network/find-a-doctor-or-hospital>

S644ADT HMO Plan



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$7,900	N/A
Family Deductible	\$15,800	N/A
Individual Max Out of Pocket	\$7,900	N/A
Family Max Out of Pocket	\$15,800	N/A
Co-Insurance	100%	N/A
Primary Care Office Visit	\$45 Copay	N/A
Specialist Office Visit	\$90 Copay	N/A
Urgent Care	\$75 Copay	N/A
Emergency Room	\$500 Copay, then Ded & Coins	\$500 Copay, then Ded & Coins
Inpatient Services	\$250 Copay, then Ded & Coins	N/A
Outpatient Services	\$200 Copay, then Ded & Coins	N/A
Prescription Drugs	\$10/\$20/\$70/\$120/\$150/\$250	N/A

	Monthly Cost
Employee	\$0.00
Employee & Spouse	\$528.52
Employee & Child(ren)	\$528.52
Employee & Family	\$1,117.78

Search for an In-Network Provider at: <https://www.bcbstx.com/find-care/providers-in-your-network/find-a-doctor-or-hospital>

S643ADT HMO Plan



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$3,500	N/A
Family Deductible	\$7,000	N/A
Individual Max Out of Pocket	\$9,000	N/A
Family Max Out of Pocket	\$18,000	N/A
Co-Insurance	70%	N/A
Primary Care Office Visit	\$50 Copay	N/A
Specialist Office Visit	\$90 Copay	N/A
Urgent Care	\$100 Copay	N/A
Emergency Room	\$750 Copay, then Ded & Coins	\$750 Copay, then Ded & Coins
Inpatient Services	\$350 Copay, then Ded & Coins	N/A
Outpatient Services	\$300 Copay, then Ded & Coins	N/A
Prescription Drugs	\$10/\$20/\$70/\$120/\$150/\$250	N/A

	Monthly Cost
Employee	\$0.00
Employee & Spouse	\$525.12
Employee & Child(ren)	\$525.12
Employee & Family	\$1,112.68

Search for an In-Network Provider at: <https://www.bcbstx.com/find-care/providers-in-your-network/find-a-doctor-or-hospital>

S9E5ADT HMO Plan



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$6,000	N/A
Family Deductible	\$12,000	N/A
Individual Max Out of Pocket	\$7,900250	N/A
Family Max Out of Pocket	\$15,800	N/A
Co-Insurance	80%	N/A
Primary Care Office Visit	\$45 Copay	N/A
Specialist Office Visit	\$90 Copay	N/A
Urgent Care	\$100 Copay	N/A
Emergency Room	\$750 Copay, then Ded & Coins	\$750 Copay, then Ded & Coins
Inpatient Services	\$250 Copay, then Ded & Coins	N/A
Outpatient Services	\$200 Copay, then Ded & Coins	N/A
Prescription Drugs	\$10/\$20/\$70/\$120/\$150/\$250	N/A

	Monthly Cost
Employee	\$0.00
Employee & Spouse	\$516.70
Employee & Child(ren)	\$516.70
Employee & Family	\$1,100.05

Search for an In-Network Provider at: <https://www.bcbstx.com/find-care/providers-in-your-network/find-a-doctor-or-hospital>



Preventative Care

Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Insurance One Agency, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

Which preventative care services are covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine physical exam
- Well baby and child care
- Well women visits
- Immunizations
- Routine bone density test
- Routine breast exam
- Routine gynecological exam
- Screening for Gestational diabetes
- Obesity screening and counseling
- Routine digital rectal exam
- Routine colonoscopy
- Routine colorectal cancer screening
- Routine prostate test
- Routine lab procedures
- Routine mammograms
- Routine pap smear
- Smoking cessation
- Health education/counseling services
- Health counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and counseling for domestic violence

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips



Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems



Connect

Computer, smartphone, tablet or telephone



Interact

Real-time consultation with a board-certified doctor or therapist



Diagnose

Prescriptions sent electronically to a pharmacy of your choice (when appropriate)



Website:

Visit the website

MDLIVE.com/BCBSTX

- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for MembersSM



Mobile app:

- Download the MDLIVE app from the Apple App StoreSM or Google PlayTM Store
- Open the app and choose an MDLIVE doctor
- Chat with the doctor from your mobile device



Telephone:

- Call MDLIVE (**888-680-8646**)
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.

Internet/Wi-Fi connection is needed for computer access. Data charges may apply. Check your cellular data or internet service provider's plan for details. Non-emergency medical service in Idaho, Montana and New Mexico is limited to interactive audio/video (video only), along with the ability to prescribe. Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation, along with the ability to prescribe. Behavioral health service is limited to interactive audio/video (video only), along with the ability to prescribe in all states. Service availability depends on location at the time of consultation.

Virtual visits, powered by MDLIVE, may not be available on all plans. Virtual visits are subject to the terms and conditions of your benefit plan, including benefits, limitations, and exclusions. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE is not an insurance product or a prescription fulfillment warehouse. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

MDLIVE, an independent company, operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

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Google Play Store is a trademark of Google Inc. ("Google").

Windows is a registered mark of Microsoft™



Dental plan info

Summary of coverage

Dental coverage is similar to regular medical insurance—you pay a premium and then your insurance will cover part or all of the cost for many dental services.

Preventative care

Professional dental care can diagnose or help prevent common dental problems, including toothaches, inflamed gums, tooth decay, bad breath and dry mouth. If conditions like these remain untreated, they can worsen into painful and expensive problems, such as gum disease or even tooth loss.

Great for families

This coverage is also great for families. Since dental work can be very expensive, proactive dental care, such as routine cleanings, can help save children from costly issues as they age.

Routine care

Dental coverage allows you to visit a dentist whenever you need to inexpensively receive preventive and diagnostic care.

Diagnostic care

Additionally, dental health professionals are able to spot more serious health issues, including some types of cancer. That makes it even more important to see a dentist regularly.

Specialized treatments

With dental insurance, you're investing in your smile and overall health. Beyond cleanings and routine care, dental coverage may also help pay for more specialized treatments, such as root canals or fillings.

See everything your plan covers by reviewing the benefits statement and overview. Reach out to HR with any questions.

Aetna Dental



Summary of Coverage

	In Network
Maximum Annual Benefit	\$2,000
Annual Deductible Individual	\$50
Annual Deductible Family	\$150
Preventive Services	100% of U&C
Basic Services	80%
Major Services	50%
Orthodontics - dependent children	50%
Orthodontics Lifetime Maximum	\$1,500

	Monthly Cost
Employee	\$45.10
Employee & Spouse	\$85.60
Employee & Child(ren)	\$112.40
Employee & Family	\$152.90

This plan has Out of Network benefits paid the same as in network. You will see more saving if you utilize an In Network provider. Out of Network providers may balance bill you.

Search for In Network providers at www.aetnadental.com



Vision plan info

Summary of coverage

Similar to other forms of insurance, with vision care you pay a premium and the insurance company will cover part or all of your vision costs.

Preventative care

Vision coverage is important because an eye doctor can catch eye issues before they worsen. A visit with your eye doctor can determine whether you need corrective lenses and, if so, the correct prescription. Other eye concerns that will be addressed in an eye exam include checking for conditions or diseases—such as glaucoma and cataracts—which can lead to vision loss.

Coverage

Vision coverage does not usually cover surgeries or experimental vision services. However, vision insurance may help lower the costs of some procedures, such as laser eye surgery, even if it's not 100% covered. This will depend on the plan.

Plans

Vision plans typically cover things like eyeglass frames, lenses, contacts and annual eye exams. In most cases, plans have a set dollar amount that they will pay for certain items. For instance, a plan may pay up to \$130 for frames, and anything over that amount is covered by you. Although, your plan specifics may vary.

Diagnostic care

Eye doctors can even help detect some types of cancer, making regular visits even more important.

Review your benefits statement to see everything your vision plan covers. Reach out to HR with any questions.

Aetna Vision

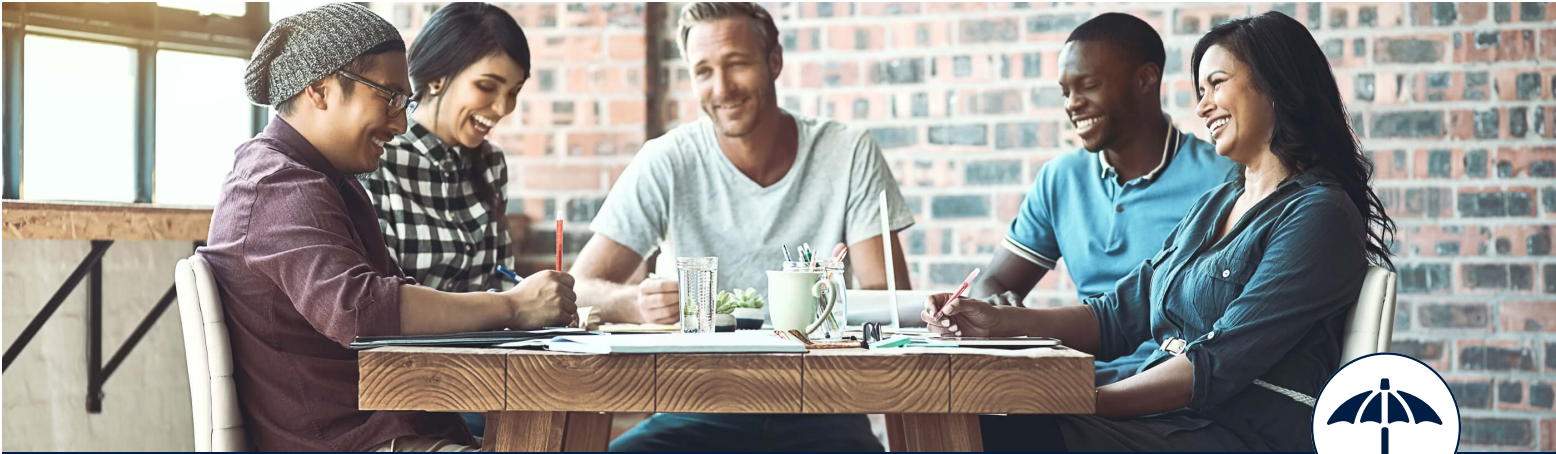


Summary of Coverage

	In Network	Out Of Network
Exams (Every 12 months)	\$10 Co-pay	\$25 Reimbursement
Materials Co-pay	\$10 Co-pay	Varies
Contact Lenses (in lieu of glasses)	\$115 allowance	\$80 Reimbursement
Glass Lenses (Every 12 months)	\$10 Co-pay Single, Bifocal, Trifocal & Lenticular	Varies
Frames (Every 24 months)	\$130 allowance	\$65 Reimbursement

	Per Pay Period Pricing
Employee	\$6.35
Employee & Spouse	\$12.06
Employee & Child(ren)	\$12.70
Employee & Family	\$18.66

Search for an in-network provider at www.aetnavision.com



Group Life Insurance

Summary of Coverage

Plan Features	Basic Life - Group
Employee benefit amount	\$50,000
Maximum benefit amount	\$50,000
AD&D benefit	\$50,000
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
At Age 65	35%
At Age 70	60%
At Age 75	80%

Group life is 100% covered by the employer with the option of employees adding voluntary life.

Life insurance isn't a fun thing to think about, but, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you—your designated beneficiary would collect a financial benefit upon your death.

Group life insurance coverage is a employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. If you believe you need additional coverage, you may wish to enroll in voluntary life insurance as well.



Voluntary Life Insurance

Summary of Coverage

Plan Features	Basic Life - Voluntary
Employee benefit amount	Increments of \$10,000
Minimum benefit amount	\$10,000
Maximum benefit amount	\$250,000
AD&D benefit	1x the Life benefit
Spouse benefit	Increments of \$5,000, up to 100% of Employee's volume
Dependent benefit	Flat \$10,000
Guaranteed Issue Amounts	
Employee	Age 15-64 \$100,000 / Age 65-69 \$10,000 / 70 up requires EOI
Spouse	Age 15-64 \$25,000 / Age 65 up \$5,000 (All spouses coverage terms at age 70)
Child	\$10,000 (All child coverage terms at age 26)

Employees must fill out an EOI form if they exceed the guaranteed issue amount. Spouse's rate is based on Employees age.

You must enroll in order to enroll your dependents. You pay 100% of the cost of Voluntary Life.



Disability Insurance Long-term

Summary of Coverage

Plan Features	Salary less than \$50,000	Salary \$50,000 plus
Employee benefit amount	60% of Monthly income	60% of Monthly Income
Maximum benefit amount	\$6,000	\$10,000
Elimination period	90 days	90 days
Benefit duration	Insured Social Security Normal Retirement Age	Insured Social Security Normal Retirement Age

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Long-term disability (LTD) coverage is a type of disability insurance that pays you a set percentage of your regular income after a specified waiting period.

The length of LTD plans varies—some may be limited to a period between two and 10 years, while other plans continue paying out until age 65.

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