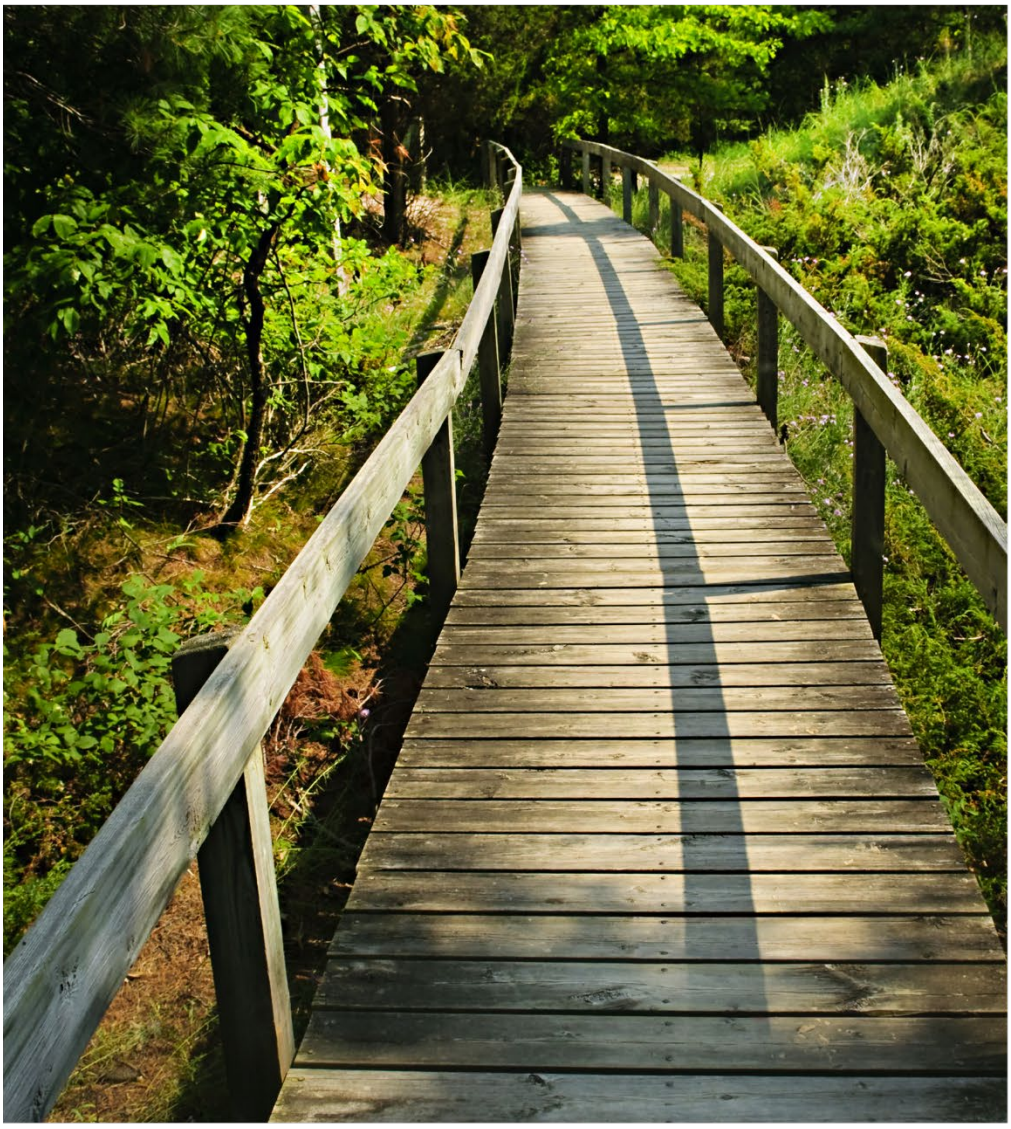

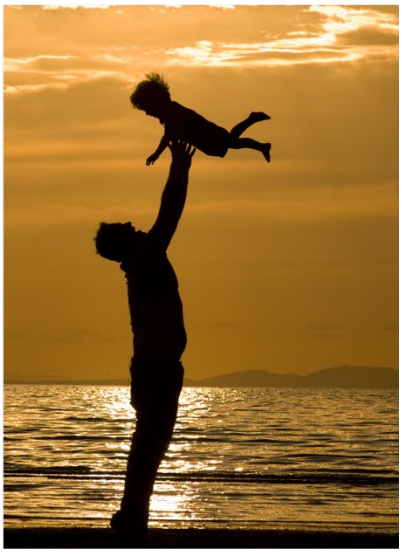

BROKERS BENEFITS GUIDE

Plan Year: 2024-2025

Shop Concepts LLC

Table of Contents

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 12/01/2024 and will be effective through 11/30/2025.

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.

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 first of the month after date of hire. Employees must make elections during the first 30 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

ENDEAVOR | RISK
ADVISORS

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	331147
Dental	Blue Cross Blue Shield	800-521-2227	331147
Vision	Blue Cross Blue Shield	877-442-4207	VF027849
Voluntary Life	Blue Cross Blue Shield	877-442-4207	VF027849
Flexible Spending	ABY Benefits	877-731-3532	

BlueCross BlueShield of Texas

BCBS Plan MTBCP310H – HDHP (HSA)

Plan Features	PPO Plan	
	In-Network	Out-of-Network*
Deductible (per calendar year)	**Individual:** $4,500 **Family:** $9,000	**Individual:** $9,000 **Family:** $20,000
Coinsurance	80%	60%
Out-Of-Pocket Max (includes deductible, coinsurance, & copays)	**Individual:** $6,900 **Family:** $13,800	**Individual:** Unlimited **Family:** Unlimited
Preventive Care	$0 Copay	Pay Full Cost
Virtual Visits (Call BCBSTX)	20% after Deductible	40% after Deductible
Primary Office Visit (general practice, internal medicine, pediatrics, OB-GYN)	20% after Deductible	40% after Deductible
Specialist Office Visit	20% after Deductible	40% after Deductible
Urgent Care Facility	20% after Deductible	40% after Deductible
Emergency Services	20% after Deductible	40% after Deductible
Diagnostic Lab & X-rays	20% after Deductible	40% after Deductible
Hospitalization	20% after Deductible	40% after Deductible
Prescription Costs		
Tier 1	90% after Deductible	50% allowable amount minus copay after Deductible
Tier 2	90% after Deductible	50% allowable amount minus copay after Deductible
Tier 3	80% after Deductible	50% allowable amount minus copay after Deductible
Tier 4	70% after Deductible	50% allowable amount minus copay after Deductible

** 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.*

BCBS Plan MTBCP023 – Blue Choice PPO

Plan Features	PPO Plan	
	In-Network	Out-of-Network*
Deductible (per calendar year)	**Individual:** $2,500 **Family:** $7,500	**Individual:** $5,000 **Family:** $15,000
Coinsurance	80%	60%
Out-Of-Pocket Max (includes deductible, coinsurance, & copays)	**Individual:** $5,500 **Family:** $14,700	**Individual:** Unlimited **Family:** Unlimited
Preventive Care	$0 Copay	Pay Full Cost
Virtual Visits (Call BCBSTX)	$0 Copay	N/A
Primary Office Visit (general practice, internal medicine, pediatrics, OB-GYN)	$30 Copay	40% after Deductible
Specialist Office Visit	$60 Copay	40% after Deductible
Urgent Care Facility	$75 Copay	40% after Deductible
Emergency Services	$500 Copay, then 20% after Deductible	
Diagnostic Lab & X-rays	20% after Deductible	40% after Deductible
Hospitalization	20% after Deductible	40% after Deductible
Prescription Costs		
Preferred Pharmacy Prescription Costs	$0/$10/$50/$100	50% allowable amount minus copay after Deductible
Non-Preferred Pharmacy Prescription Costs	$10/$20/$70/$120	50% allowable amount minus copay after Deductible

** 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.*

BCBS Plan MTBCP034 – Blue Choice PPO

Plan Features	PPO Plan	
	In-Network	Out-of-Network*
Deductible (per calendar year)	**Individual:** $4,000 **Family:** $12,000	**Individual:** $10,000 **Family:** $20,000
Coinsurance	80%	50%
Out-Of-Pocket Max (includes deductible, coinsurance, & copays)	**Individual:** $7,900 **Family:** $15,800	**Individual:** Unlimited **Family:** Unlimited
Preventive Care	$0 Copay	Pay Full Cost
Virtual Visits (Call BCBSTX)	$0 Copay	N/A
Primary Office Visit (general practice, internal medicine, pediatrics, OB-GYN)	$35 Copay	50% after Deductible
Specialist Office Visit	$70 Copay	50% after Deductible
Urgent Care Facility	$75 Copay	50% after Deductible
Emergency Services	$500 Copay, then 20% after Deductible	
Diagnostic Lab & X-rays	20% after Deductible	50% after Deductible
Hospitalization	20% after Deductible	50% after Deductible
Prescription Costs		
Preferred Pharmacy Prescription Costs	$0/$10/$50/$100	50% allowable amount minus copay after Deductible
Non-Preferred Pharmacy Prescription Costs	$10/$20/$70/$120	50% allowable amount minus copay after Deductible

** 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.*

BCBS Plan MTBCP043 – Blue Choice PPO

Plan Features	PPO Plan	
	In-Network	Out-of-Network*
Deductible (per calendar year)	**Individual:** $6,000 **Family:** $15,800	**Individual:** $10,000 **Family:** $20,000
Coinsurance	100%	50%
Out-Of-Pocket Max (includes deductible, coinsurance, & copays)	**Individual:** $7,900 **Family:** $15,800	**Individual:** Unlimited **Family:** Unlimited
Preventive Care	$0 Copay	Pay Full Cost
Virtual Visits (Call BCBSTX)	$0 Copay	N/A
Primary Office Visit (general practice, internal medicine, pediatrics, OB-GYN)	$40 Copay	50% after Deductible
Specialist Office Visit	$80 Copay	50% after Deductible
Urgent Care Facility	$75 Copay	50% after Deductible
Emergency Services	$500 Copay, then 0% after Deductible	
Diagnostic Lab & X-rays	0% after Deductible	50% after Deductible
Hospitalization	0% after Deductible	50% after Deductible
Prescription Costs		
Preferred Pharmacy Prescription Costs	$0/$10/$50/$100	50% allowable amount minus copay after Deductible
Non-Preferred Pharmacy Prescription Costs	$10/$20/$70/$120	50% allowable amount minus copay after Deductible

** 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.*

BCBS Dental DTNLM38 - Base Plan

Calendar Year Deductible: $50 Individual / $150 Family		
Coverage	**Network**	**Non-Network**
Diagnostic o Periodic Oral Evaluations o X-rays, Bitewing o Comprehensive Oral Evaluations	100%	100%
Preventive o Cleanings o Topical Fluoride applications	100%	100%
Basic o Amalgams o Resin based composite restorations o Non-surgical extractions o Non-surgical Periodontal services o General anesthesia	80%	80%
Major o Endodontic Services o Oral Surgery Services o Surgical Periodontal Services o Major Restorative Services o Prosthodontic Services	50%	50%
Calendar Year Maximum	$1,500 per covered person	
Orthodontics (Adult & Dependent children)	50%	
Orthodontics Lifetime Maximum	$1,000 per covered person	

Dental implants are not covered.

The above is a listing of common services available through your network of Contracting Dentists.
The Member's share of the cost is determined by whether care is received from a Contracting or Non-Contracting Dentist.

Out of Network Reimbursement is MAC.

BCBS Dental DTNHR33 - Buy Up Plan

Calendar Year Deductible: $50 Individual / $150 Family		
Coverage	**Network**	**Non-Network**
Diagnostic o Periodic Oral Evaluations o X-rays, Bitewing o Comprehensive Oral Evaluations	100%	100%
Preventive o Cleanings o Topical Fluoride applications	100%	100%
Basic o Amalgams o Resin based composite restorations o Non-surgical extractions o Non-surgical Periodontal services o General anesthesia o Endodontic Services o Oral Surgery Services o Surgical Periodontal Services	80%	80%
Major o Major Restorative Services o Prosthodontic Services o Implants	50%	50%
Calendar Year Maximum	$1,500 per covered person	
Orthodontics (Adult & Dependent children)	50%	
Orthodontics Lifetime Maximum	$1,500 per covered person	

The above is a listing of common services available through your network of Contracting Dentists.

The Member's share of the cost is determined by whether care is received from a Contracting or Non-Contracting Dentist.

BCBS Vision

Vision – 8-12/12/24 $130 600V		
Coverage	**Network**	**Non-Network**
Eye Examination ○ Comprehensive exam of visual functions & prescription of corrective eyewear	$10 Copay	Up to $30
Materials / Eyewear **Standard Corrective Lenses** ○ Single Vision ○ Lined Bifocal ○ Lined Trifocal ○ Lenticular	$25 copay	 Up to $25 Up to $40 Up to $55 Up to $55
Frame Allowance **(You will receive 20% off any amount over your allowance.)**	$130 allowance	Up to $65
Contact Lenses (in lieu of glasses) ○ Contact Fitting & Evaluation ○ Elective Lenses (You will receive 15% off any amount over your allowance.) ○ Necessary	Up to $40 Standard $130 allowance Covered in full	N/A Up to $104 Up to $210
Frequency ○ Examinations ○ Standard Corrective Lenses ○ Frames ○ Contact Lenses	1 per 12 months 1 per 12 months 1 per 24 months 1 per 12 months	

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Voluntary Life Insurance and AD&D

When you enroll yourself or yourself and your dependents in this Voluntary Life/AD&D, you pay the full cost through payroll deductions. You must enroll to enroll your dependents.

	Employee	Spouse	Child
Life Coverage: provides a benefit in the event of death Schedules:	Increments of $10,000	Increments of $5,000	Flat Amount: $1,000, $2,000, $4,000, $5,000, or $10,000
Non Medical Maximum	$100,000	$25,000	$10,000
Overall Benefit Maximum	The lesser of 5 times Your Basic Annual Earnings, or $500,000	Not to exceed 50% of Employees coverage	$10,000
AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
AD&D Maximum	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
Employee Contribution	100%	100%	100%

Any Purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of BCBS.

Due to rounding, your actual payroll deduction amount may vary slightly.

Your Monthly Cost

MEDICAL				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
MTBCP310H	$451.87	$1,110.35	$1,053.78	$1,712.30
MTBCP023	$676.23	$1,661.64	$1,576.97	$2,562.44
MTBCP034	$667.55	$1,640.32	$1,556.73	$2,529.56
MTBCP043	$629.64	$1,547.17	$1,468.32	$2,385.91

DENTAL				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
BASE PLAN	$32.33	$64.67	$83.04	$127.03
BUY UP PLAN	$47.43	$94.85	$116.28	$179.51

VISION				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
BASE PLAN	$6.79	$12.90	$13.58	$19.96

Voluntary Life				
Age Band	EE & SP Life Rates per $1,000	EE & SP AD&D Rates per $1,000	EE & SP Total Monthly Rates per $1,000	Child Total Rates per $1,000
>20 – 29	0.070	0.030	0.100	0.481
30-34	0.100	0.030	0.130	0.481
35-39	0.120	0.030	0.150	0.481
40-44	0.150	0.030	0.180	0.481
45-49	0.210	0.030	0.240	0.481
50-54	0.390	0.030	0.420	0.481
55-59	0.650	0.030	0.680	0.481
60-64	0.980	0.030	1.010	0.481
65-69	1.570	0.030	1.600	0.481
70 +	2.970	0.030	3.000	0.481

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.