



2023

BENEFITS GUIDE

This publication contains important information about your employee benefit program.
Please read thoroughly.

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2023 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 BENEFITS GUIDE

Welcome to Your 2023 Benefits Enrollment

We offer our members a competitive and comprehensive benefits program. This is one of many ways we recognize how important you are. This benefit's 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.

Qualifying Life Event

Once you make your elections, you will not be able to make changes until the next annual enrollment period unless you experience a qualifying life event. A qualifying life event is a change in your personal life which may impact your eligibility or dependent's eligibility for benefits. If you have a qualifying life event, you must notify Human Resources in order to update your benefits.

Examples of some qualifying events include the following:

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status

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.EMPLOYEENAVIGATOR.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 clientsupport@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.

***For immediate assistance, please email clientsupport@jhbrisk.com.**

MEDICAL/PHARMACY PLANS

We offer 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.

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.*

RX Helpline: 1-866-556-7482

2023 MEDICAL PLANS

The plan is provided through Blue Cross Blue Shield of Alabama and all offer comprehensive coverage when care is provided through network providers. A summary of your plan is included for your review below and premiums are per pay period. Please locate the correct plan offered by your company, if you need assistance locating your elected plan, please contact client support [855-542-3779](tel:855-542-3779).

2023 MEDICAL PLANS

Plan Options:	
1 Year Rate Guarantee	(Blue Secure Bronze / Med Plus 3000)
Plan Year/Calendar Year	2022 - 2023
Plan Type	PPO
In-Network Deductible	\$3000 / \$6000
Out-of-Pocket Maximum	\$3000 / \$6000
Coinsurance	100%
Office Visit (Primary/Specialist)	\$40 copay / \$40 copay
Out of Office Physician Services (Teladoc)	\$45 copay
Inpatient Hospital	100% after deductible
Outpatient Surgery	100% after deductible
Outpatient Lab/X-Ray	100% after deductible
Complex Diagnostics	100% after deductible
Emergency Room (Medical Emergency)	100% after deductible
Emergency Room (Accident)	100% after deductible

In - Network Prescription Drug Coverage	
Plan Options:	
1 Year Rate Guarantee	(Blue Secure Bronze / Med Plus 3000)
Tier 1 (Preferred Generic)	\$20 Copay
Tier 2 (Non - Preferred Generic)	\$35 Copay
Tier 3 (Preferred Brand)	\$70 Copay
Tier 4 (Non - Preferred Brand)	\$100 Copay
Tier 5 (Specialty)	\$250 Copay
Tier 6 (Non - Preferred Specialty)	40% Covered
Mail Order (90 day supply - maintenance medications only at 3x the Retail Copay) Available through Home Delivery Network (Enroll online at AlabamaBlue.com/HomeDeliveryNetwork)	

2023 Employee Contributions

	<i>Contributions *per pay period</i>
Employee Only	\$88.88
Employee and Spouse	\$323.50
Employee and Child(ren)	\$280.89
Employee and Family	\$515.50

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 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

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 \$40 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:
 - 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:	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.*

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 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.

2023 Employee Contributions

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

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 Mutual of Omaha 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 may 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 \$100,000.

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.

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 three 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.

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.

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

