

# Employee Benefits Guide



# 2022/2023

## CONTACT INFORMATION



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<b>DENTAL</b>	Humana	800.457.4708	<a href="http://www.humana.com">www.humana.com</a>
<b>COMPREHENSIVE VISION PLAN</b>	EyeMed Vision	866.939.3633	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
<b>BASIC LIFE / AD&amp;D / VOL TERM LIFE / DISABILITIES</b>	Mutual of Omaha	800.775.6000	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>COLONIAL LIFE PRODUCTS</b>	Core Enrollments	843.388.6308	<a href="http://www.coloniallife.com">www.coloniallife.com</a>

The information contained in this summary should in no way be constructed as a promise or guarantee of employment or benefits. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from Human Resources.



SOUTHEAST

**Thorne Ambulance Service** takes pride in offering a comprehensive benefits program to help employees and their families better prepare for planned and unplanned life events. In addition to the medical plan, Thorne Ambulance Service will continue to offer comprehensive benefit options including dental, vision, basic life/AD&D, voluntary term life, short-term disability and long-term disability to all eligible employees. Accident, critical illness and whole life are offered through Colonial Life. Please review this guide to help you understand the benefit plans available to you and your family.

## ARE YOU ELIGIBLE FOR BENEFITS?

All full-time employees working at least 30 hours per week are eligible for benefits as of the first of the month following 60 days of your employment date. Available benefits include health, dental, vision and basic life insurance.

You may also elect coverage for your dependents including:

- Your legal spouse or domestic partner
- Your dependent children up to the age of 26 (regardless of student or marital status)
- Children, regardless of age, who are mentally or physically handicapped and incapable of self-care

## OPEN ENROLLMENT

Each year during open enrollment you have the opportunity to enroll in, or make changes to, your benefit elections. Full-time Employees who wish to make changes to their coverage options must do so during the company designated 'Open Enrollment Period.'

### Plan Effective October 1, 2022.

*Please note: You are required to enroll through Employee Navigator during Open Enrollment.*

## WHEN CAN I MAKE CHANGES?

During each annual enrollment period, you have the opportunity to review your benefit elections and make changes for the coming plan year. For most benefits, you may only make changes to your elections during the year if you have a qualifying event. Life events include:

- Marriage / Divorce
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent child age limit

- Change in your spouse's employment affecting benefit eligibility
- Change in your spouse's benefit coverage with another employer that affects benefit eligibility
- Change in Employee work status

The change to your benefit elections must be consistent with the life event. You have 30 days from the date of the life event to submit an enrollment change form and documentation of the event to Human Resources. In most cases, your election will become effective the first day of the month following the life event once the paperwork is received. Birth of a child or adoption is an exception and would begin on the day of birth or adoption. Otherwise, you must wait until the next annual enrollment period to make a change to your elections.

## ENROLLMENT PROCEDURES

The following steps will guide you through the enrollment/change process.

1. Carefully review the plan information in this benefit enrollment guide and all other plan materials included in your enrollment package. The insurance carriers' websites also provide important information and tools that can help you make enrollment decisions.
2. Consider the needs of any dependents you may have. If you are married, review any coverage offered through your spouse's employer to avoid costly duplicate coverage.
3. All eligible employees are required to enroll through Employee Navigator. As a new hire, should you decide to decline/waive coverage, you will need to do so through Employee Navigator.
4. Any new enrollment changes must be received no later than thirty days prior to your coverage effective date.
5. See page 12 for Employee Navigator instructions.



# SUMMARY HEALTH BENEFITS: BASE PLAN



CHAMBER BLUE HDHP 2	IN-NETWORK	OUT-OF-NETWORK
<b>MEDICAL &amp; SURGICAL BENEFITS</b>		
<b>CALENDAR YEAR DEDUCTIBLE (Embedded*)</b>	\$4,000 Individual / \$8,000 Family	\$4,000 Individual / \$8,000 Family
<b>COINSURANCE</b>	Plan pays 70% after Deductible	50% after Deductible
<b>MAXIMUM OUT-OF-POCKET</b>	\$8,000 Individual / \$16,000 Family <i>Includes Deductible, Copays &amp; Coinsurance</i>	\$16,000 Individual / \$32,000 Family <i>Includes Deductible &amp; Coinsurance</i>
<b>PHYSICIAN SERVICES IN THE OFFICE</b> <i>Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN</i> Blue CareOnDemand: <a href="http://www.BlueCareOnDemandSC.com">www.BlueCareOnDemandSC.com</a>	Deductible, 30%	Deductible, 50%
<b>OTHER PHYSICIAN SERVICES</b> <i>Inpatient/Outpatient hospital, anesthesia services, radiology, pathology, obstetrical delivery, initial new born pediatric exam, all other outpatient/office services</i>	Deductible, 30%	Deductible, 50%
<b>WELLNESS BENEFITS</b> <i>Based on the Health Care Reform Guidelines refer to <a href="http://www.healthcare.gov">www.healthcare.gov</a></i>	100% <i>(Coded as Preventive)</i>	Not Covered
<b>SUSTAINED HEALTH BENEFIT</b>	\$500	Not Covered
<b>MAMMOGRAMS</b> – <i>Must see a provider in Mammography Network and follow specified age guidelines</i>	100% <i>(Coded as Preventive)</i>	Not Covered
<b>INPATIENT FACILITY CHARGES</b>	Deductible, 30%	Deductible, 50%
<b>SKILLED NURSING FACILITY CHARGES</b> <i>(60 Days per year)</i>	Deductible, 30%	Deductible, 50%
<b>OUTPATIENT FACILITY CHARGES</b>	Deductible, 30%	Deductible, 50%
<b>OTHER SERVICES</b> <b>Physical / Occupational Therapy</b> <i>(30 combined visits)</i> <b>Home Healthcare, Hospice</b>	Deductible, 30%	Deductible, 50%
<b>AMBULANCE</b>	Deductible, 30%	In-Network Deductible, 50%
<b>EMERGENCY ROOM FACILITY CHARGES**</b>	Deductible, 30%	Deductible, 50%
<b>EMERGENCY ROOM PROFESSIONAL CHARGES**</b>	Deductible, 30%	Deductible, 50%
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE BENEFITS</b>		
<b>INPATIENT FACILITY / PROFESSIONAL CHARGES</b>	Deductible, 30%	Deductible, 50%
<b>OUTPATIENT FACILITY / PROFESSIONAL CHARGES</b>	Deductible, 30%	Deductible, 50%
<b>EMERGENCY ROOM FACILITY CHARGES</b>	Deductible, 30%	Deductible, 50%
<b>EMERGENCY ROOM PROFESSIONAL CHARGES</b>	Deductible, 30%	Deductible, 50%
<b>PHYSICIAN SERVICES IN THE OFFICE</b>	Deductible, 30%	Deductible, 50%
<b>PHARMACY BENEFITS</b>		
<b>PRESCRIPTIONS MANDATORY GENERIC</b> <i>(Includes diabetic supplies and oral contraceptives)</i> <b>Retail (31-day supply)</b>	Deductible, 30%	Tier 0 & 4: No Benefits; Tiers 1-3: Deductible, 50%
<b>Mail Order (90-day supply)</b>	Deductible, 30%	N/A
<b>SPECIALTY DRUG – 855.427.4682</b> BriovaRx/Optum Specialty Pharmacy Only	Deductible, 30%	Not Covered
<b>ANNUAL / LIFETIME MAXIMUM</b>	Unlimited	Unlimited

**\*Embedded Deductible:** An individual deductible “embedded” within the family deductible. Before the insurance benefits begin the individual must meet the embedded individual deductible amount, which is equal to the single coverage deductible.

**\*\*Out-of-Network True Emergency Facility and Professional charges** are subject to in-network coinsurance and/or co-pay and Out-of-Network Benefit Year Deductible and Out-of-pocket.

*This a Summary of Benefits and not intended to be all-inclusive. Please refer to the Plan Documents for more detail.*

# SUMMARY HEALTH BENEFITS: BUY-UP PLAN



CHAMBER BLUE SECURE 14	IN-NETWORK	OUT-OF-NETWORK
<b>MEDICAL &amp; SURGICAL BENEFITS</b>		
<b>CALENDAR YEAR DEDUCTIBLE (Embedded*)</b>	\$2,250 Individual / \$6,750 Family	\$4,500 Individual / \$13,500 Family
<b>COINSURANCE</b>	Plan pays 50% after Deductible	50% after Deductible
<b>MAXIMUM OUT-OF-POCKET</b>	\$7,500 Individual / \$15,000 Family <i>Includes Deductible, Copays &amp; Coinsurance</i>	\$15,000 Individual / \$30,000 Family <i>Includes Deductible &amp; Coinsurance</i>
<b>PHYSICIAN SERVICES IN THE OFFICE</b> <i>Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN</i> Blue CareOnDemand: <a href="http://www.BlueCareOnDemandSC.com">www.BlueCareOnDemandSC.com</a>	\$40 Primary Care Copay \$30 Blue CareOnDemand \$65 Specialist Copay \$65 Urgent Care Copay	Deductible, 50%
<b>OTHER PHYSICIAN SERVICES</b> <i>Inpatient/Outpatient hospital, anesthesia services, radiology, pathology, obstetrical delivery, initial new born pediatric exam, all other outpatient/office services</i>	Deductible, 50%	Deductible, 50%
<b>WELLNESS BENEFITS</b> <i>Based on the Health Care Reform Guidelines refer to <a href="http://www.healthcare.gov">www.healthcare.gov</a></i>	100% <i>(Coded as Preventive)</i>	Not Covered
<b>SUSTAINED HEALTH BENEFIT</b>	\$500	Not Covered
<b>MAMMOGRAMS</b> – <i>Must see a provider in Mammography Network and follow specified age guidelines</i>	100% <i>(Coded as Preventive)</i>	Deductible, 50%
<b>INPATIENT FACILITY CHARGES</b>	\$500 Copay, then Deductible, 50%	\$500 Copay, then Deductible, 50%
<b>SKILLED NURSING FACILITY CHARGES</b> <i>(60 Days per year)</i>	Deductible, 50%	Deductible, 50%
<b>OUTPATIENT FACILITY CHARGES</b>	Deductible, 50%	Deductible, 50%
<b>OTHER SERVICES</b> <b>Physical / Occupational Therapy</b> <i>(30 combined visits)</i> <b>Home Healthcare, Hospice</b>	Deductible, 50%	Deductible, 50%
<b>AMBULANCE</b>	Deductible, 50%	In-Network Deductible, 50%
<b>EMERGENCY ROOM FACILITY CHARGES**</b>	\$300 Copay, then Deductible, 50%	\$300 Copay, then Deductible, 50%
<b>EMERGENCY ROOM PROFESSIONAL CHARGES**</b>	Deductible, 50%	Deductible, 50%
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE BENEFITS</b>		
<b>INPATIENT FACILITY / PROFESSIONAL CHARGES</b>	Deductible, 50%	Deductible, 50%
<b>OUTPATIENT FACILITY / PROFESSIONAL CHARGES</b>	Deductible, 50%	Deductible, 50%
<b>EMERGENCY ROOM FACILITY CHARGES</b>	Deductible, 50%	Deductible, 50%
<b>EMERGENCY ROOM PROFESSIONAL CHARGES</b>	Deductible, 50%	Deductible, 50%
<b>PHYSICIAN SERVICES IN THE OFFICE</b>	Copay, then 100%	Deductible, 50%
<b>PHARMACY BENEFITS</b>		
<b>PRESCRIPTIONS MANDATORY GENERIC</b> <i>(Includes diabetic supplies and oral contraceptives)</i> <b>Retail (31-day supply) Copay</b>	<i>Tier 0 / Tier 1 / Tier 2 / Tier 3 / Tier 4</i> \$0 / \$8 / \$35 / \$70 / 20% up to \$500	<i>Tier 0 &amp; 4: No Benefits;</i> <i>Tiers 1-3: In-Network Copay, then 50%</i>
<b>Mail Order (90-day supply) Copay</b>	\$0 / \$16 / \$80.50 / \$161 / No Benefits	N/A
<b>SPECIALTY DRUG – 855.427.4682</b> BriovaRx/Optom Specialty Pharmacy Only	Dependent on Tier outlined above	Not Covered
<b>ANNUAL / LIFETIME MAXIMUM</b>	Unlimited	Unlimited

**\*Embedded Deductible:** An individual deductible “embedded” within the family deductible. Before the insurance benefits begin the individual must meet the embedded individual deductible amount, which is equal to the single coverage deductible.

**\*\*Out-of-Network True Emergency Facility and Professional charges** are subject to in-network coinsurance and/or co-pay and Out-of-Network Benefit Year Deductible and Out-of-pocket.

*This a Summary of Benefits and not intended to be all-inclusive. Please refer to the Plan Documents for more detail.*

## MEDICAL BI-WEEKLY RATES

	<u>BASE PLAN / HDHP</u>	<u>BUY-UP PLAN</u>
EMPLOYEE	\$65.00	\$109.28
EMPLOYEE & SPOUSE	\$367.99	\$467.14
EMPLOYEE & CHILD(REN)	\$288.42	\$371.71
EMPLOYEE & FAMILY	\$467.45	\$586.43



## MY HEALTH TOOLKIT



When you're a member of BlueCross BlueShield of South Carolina, you have one main place to find answers about your health care. My Health Toolkit is a one-stop shop for managing your health benefits – customized just for you!

### LEARN MORE ABOUT YOUR COVERAGE

Wondering if something is covered by your health plan? Look up your medical coverage, deductible and out-of-pocket spending.

### CHECK MEDICAL CLAIMS

Need to know if a claim has been paid? View the status of any current or previous medical claim, the date of service and the amount charged by your provider.

### REPLACE YOUR I.D. CARD

Lost your I.D. card? You can easily order a new one or access an electronic version on the spot.

### VIEW YOUR MEDICAL HISTORY

Can't remember the last time you had a physical? View a summary of medical visits, prescriptions, treatments and more in your confidential **Personal Health Record**.

### STAY CONNECTED WHILE ON THE GO

Log in to My Health Toolkit from your mobile or tablet device to quickly access the most popular tools. At any time, you can navigate from the mobile site to the full site. Download the App today!



### FIND A DOCTOR OR HOSPITAL

Not sure where to go for medical care? Use the Doctor and Hospital Finder to view a list of doctors and medical facilities in your area. Filter your search and compare results side by side. You can even view feedback from other members about a specific doctor!

### MANAGE FINANCIAL ACCOUNTS

Do you have a financial account specifically for medical spending? Access your account and view your balance. If you have an HRA bank account, you can even pay claims.

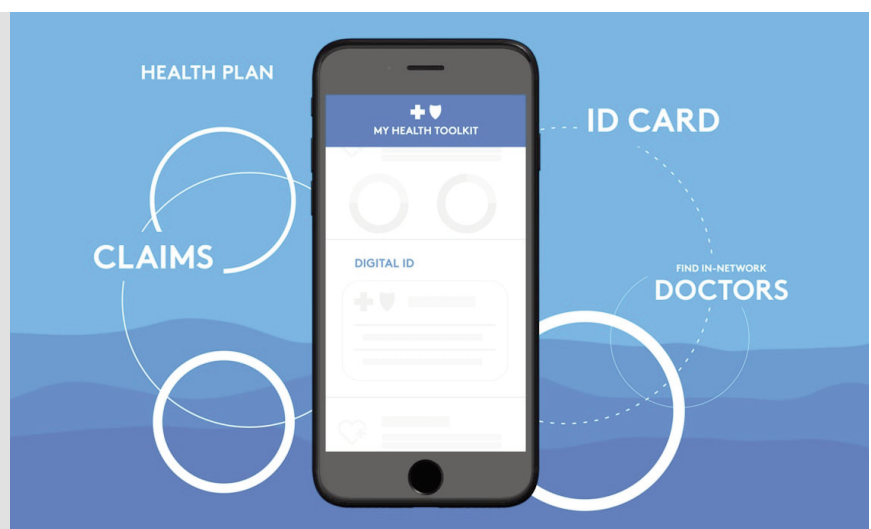
### ESTIMATE COSTS AHEAD OF TIME

Want to compare costs before you schedule treatment? Plug in your ZIP code and the name of a medical procedure to the Treatment Cost Estimator. You'll see real-time cost estimates for nearby hospitals, surgery centers and physician offices.

### GET STARTED TODAY

Why wait? It's easy to sign up for My Health Toolkit. In just a few clicks, you'll have everything you need at your fingertips.

1. Go to [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and select Register Now.
2. Enter the number on your I.D. card and your date of birth. If you don't have your membership card, enter the policyholder's Social Security number.
3. Choose a username and password.
4. Enter your email address and choose to go paperless.



If you have any questions, visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and log in to your My Health Toolkit account. Or simply call the number on the back of your BlueCross I.D. card.

## Blue CareOnDemand is available to employees that are covered by BlueCross BlueShield of SC.

Why wait for the care you need now? You can see doctors when and where you want through video consults. Use your smartphone, tablet or personal computer to access faster and easier care. It's truly care on demand – no matter the time of day or night, or even where you happen to be!

***It's free to enroll, and the cost of a consultation is the same as your PCP copay.***

**EXAMPLES OF TREATMENT:** Colds, Flu, Fever, Rash, Pinkeye, Ear Infection, Abdominal Pain, Sinusitis, Migraines

### YOU GET:

- Choice of trusted, board-certified doctors
- Video visits using the Web or mobile app
- Consultation, diagnosis – even prescriptions

### CONVENIENT WAYS TO START A VISIT...

- By downloading our free app from Google Play or the App Store
- At [www.BlueCareOnDemandSC.com](http://www.BlueCareOnDemandSC.com) and signing up using your email address and password.



## BLUE365® VALUE-ADDED PROGRAM

### Because Health is a Big Deal

BlueCross BlueShield members have FREE access to Blue365, a daily deal website with discounts on everyday products that can help families live healthier, happier lives. Members of the BlueCross BlueShield system can enjoy discounts on personal care products, fitness, and wellness. Blue365 also offers year-round discounts on gym memberships, fitness gear, healthy eating options and more. We are here to make living well more affordable – Blue365 complements a member's health coverage by making it easier to make healthy choices.

As a partner in your health, Blue365 is committed to providing you with easy access to discounts on premier products and services. We help you achieve the lifestyle you desire through our extensive array of exclusive discounts, healthy tips, and inspirational stories from fellow Blue365 members on how this program has changed their lives.



### BLUE 365 OFFERS:

- Handpicked deals from premium brands on products and services such as:
  - Apparel & Footwear
  - Fitness
  - Hearing and Vision
  - Home & Family
  - Nutrition
  - Personal Care
  - Travel
- Better discounts than other health savings programs across nearly all categories
- Exclusive offers only available to Blue365 members
- Year-round discounts – no limited supplies, no limits on savings

Visit: [www.Blue365deals.com/BCBSSC](http://www.Blue365deals.com/BCBSSC) for the deal of the day!

## HEALTH SAVINGS ACCOUNT

If you are a participant in the High Deductible Health Plan, you are eligible for a Health Savings Account (HSA). An HSA is a tax-exempt trust or custodial account created exclusively to pay for medical expenses for you, your spouse and eligible dependents. You may contribute to an HSA if you are enrolled in a HDHP, not enrolled in any other major medical plan including Medicare and not claimed as a dependent on another person's tax return.



### For Participants Enrolled in the BlueCross BlueShield **HDHP ONLY**

**HSA 2022 Annual Maximum:**  
\$3,650 Individual | \$7,300 Family

**HSA 2023 Annual Maximum:**  
\$3,850 Individual | \$7,750 Family

**Ages 55 or older can contribute an additional \$1,000 annually**

TRADITIONAL PREFERRED – HIGH PLAN	IN-NETWORK	OUT-OF-NETWORK (Payable at 90th percentile)
<b>TYPE A – PREVENTIVE SERVICES</b>	100% - No Deductible	100% - No Deductible
<b>TYPE B – BASIC SERVICES</b>	90% after Deductible	90% after Deductible
<b>TYPE C – MAJOR SERVICES</b>	60% after Deductible	60% after Deductible
<b>TYPE D – ORTHODONTIA</b> (Dependent children up to age 19)	50% - No Deductible	50% - No Deductible
<b>DEDUCTIBLE</b> (Applies to both Basic and Major Services)	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
<b>ANNUAL MAXIMUM BENEFIT</b> (Per Individual – All services combined)	Unlimited	Unlimited
<b>ORTHODONTIA LIFETIME MAXIMUM</b> (Dependent Child to age 19)	\$1,000 per Person	\$1,000 per Person
<b>DEPENDENT AGE</b>	Eligible for benefits until the day he/she turns 26	Eligible for benefits until the day he/she turns 26

TRADITIONAL PREFERRED – LOW PLAN	IN-NETWORK	OUT-OF-NETWORK (Payable at 90th percentile)
<b>TYPE A – PREVENTIVE SERVICES</b>	100% - No Deductible	100% - No Deductible
<b>TYPE B – BASIC SERVICES</b>	80% after Deductible	80% after Deductible
<b>TYPE C – MAJOR SERVICES</b>	50% after Deductible	50% after Deductible
<b>TYPE D – ORTHODONTIA</b> (Dependent children up to age 19)	50% - No Deductible	50% - No Deductible
<b>DEDUCTIBLE</b> (Applies to both Basic and Major Services)	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
<b>ANNUAL MAXIMUM BENEFIT</b> (Per Individual – All services combined)	\$1,000 + extended 30%	\$1,000 + extended 30%
<b>ORTHODONTIA LIFETIME MAXIMUM</b> (Dependent Child to age 19)	\$1,000 per Person	\$1,000 per Person
<b>DEPENDENT AGE</b>	Eligible for benefits until the day he/she turns 26	Eligible for benefits until the day he/she turns 26

**TYPE A – PREVENTIVE SERVICES**

Routine oral examinations (3 per year); Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older); Routine cleanings (3 per year); Periodontal cleanings (4 per year); Fluoride treatment (1 per year, through age 16); Sealants (permanent molars, through age 16); Space maintainers (primary teeth, through age 15); Oral Cancer Screening (1 per year, ages 40 and older)

**TYPE B – BASIC SERVICES**

Emergency care for pain relief; Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth); Oral surgery (tooth extractions including impacted teeth); Stainless steel crowns; Harmful habit appliances for children (1 per lifetime, through age 14)

**TYPE C – MAJOR SERVICES**

Crowns (1 per tooth every 5 years); Inlays/onlays (1 per tooth every 5 years); Bridges (1 per tooth every 5 years); Dentures (1 per tooth every 5 years); Denture relines/rebases (1 every 3 years, following 6 months of denture use); Denture repair and adjustments (following 6 months of denture use); Implant Related Services (crowns, bridges, and dentures each limited to 1 per tooth every five years. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered.); Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years); Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)

**To Search for In-Network Providers:** Visit [www.humana.com](http://www.humana.com). Find a Provider: Member Resources/Find a Doctor, Click on Dentist

**DENTAL RATES (PER 26 PAY PERIODS)**

	HIGH PLAN	LOW PLAN
<b>EMPLOYEE</b>	\$14.66	\$10.22
<b>EMPLOYEE &amp; SPOUSE</b>	\$29.31	\$20.45
<b>EMPLOYEE &amp; CHILD(REN)</b>	\$40.26	\$28.96
<b>EMPLOYEE &amp; FAMILY</b>	\$55.50	\$39.76



# SUMMARY VISION BENEFITS: GROUP #5000156



	IN-NETWORK (INSIGHT NETWORK)	OUT-OF-NETWORK (REIMBURSEMENT)
<b>EXAM AT PLUS PROVIDERS</b>	\$0 copay	Up to \$40
<b>EXAM</b>	\$10 copay	Up to \$40
<b>FRAMES</b>		
Any available frame at PLUS Providers	\$0 copay; 20% off balance over \$210 allowance	Up to \$112
Frame	\$0 copay; 20% off balance over \$160 allowance	Up to \$112
<b>CONTACT LENSES</b> <i>(Contact Lens allowance includes materials only)</i>		
Conventional	\$0 copay; 15% off balance over \$160 allowance	Up to \$112
Disposable	\$0 copay; 100% of balance over \$160 allowance	Up to \$112
Medically Necessary	\$0 copay; paid-in-full	Up to \$210
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$70
Lenticular	\$10 copay	Up to \$70
Progressive - Standard	\$65 copay	Up to \$50
Progressive - Premium Tier 1	\$95 copay	Up to \$50
Progressive - Premium Tier 2	\$105 copay	Up to \$50
Progressive - Premium Tier 3	\$120 copay	Up to \$50
Progressive - Premium Tier 4	\$185 copay	Up to \$50
<b>LENS OPTIONS</b>		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$23
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$23
Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$23
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$20

**FREQUENCY:** Examination, Lenses (in lieu of contacts), Contacts (in lieu of lenses) and Frames: **Once every plan year**

**To Search for In-Network Providers:** Visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). Click on "Find an Eye Doctor," then select "Insight Network," add Zip Code and Search.

## VISION RATES (PER 26 PAY PERIODS)

EMPLOYEE	\$2.63
EMPLOYEE & SPOUSE	\$5.00
EMPLOYEE & CHILD(REN)	\$5.26
EMPLOYEE & FAMILY	\$7.74



## GROUP TERM LIFE INSURANCE: GROUP #G000-BVCV



Thorne Ambulance Service provides employees with an **Employer-Paid** Basic Life / AD&D benefit in the amount of \$50,000.

Benefits reduce 65% at age 65 and 50% at age 70.



## VOLUNTARY SHORT-TERM DISABILITY INSURANCE: GROUP #G000-BVCV

<b>WEEKLY BENEFIT AMOUNT*</b>	60%
<b>MAXIMUM WEEKLY BENEFIT</b>	\$1,000
<b>ELIMINATION PERIOD</b>	7 Days Accident / 7 Days Sickness
<b>PRE-EXISTING CONDITION</b>	3/6
<b>BENEFIT DURATION</b>	12 Weeks

\*The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives.

### BI-WEEKLY PREMIUM CALCULATION

**EXAMPLE:**

*(42-year-old employee earning \$40,000 a year)*

List your weekly earnings (Max. is \$1,666.67)	\$ _____	\$ <b>769.23</b>
Multiply by the Premium Factor	<u>0.0207692</u>	<u>0.0207692</u>
Your <u>Estimated</u> Bi-Weekly Premium*	\$ _____	\$ <b>15.98</b>

\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

## VOLUNTARY LONG-TERM DISABILITY INSURANCE: GROUP #G000-BVCV

<b>COVERAGE</b>	60% of Pre-disability Earnings
<b>MONTHLY MAXIMUM</b>	\$6,000
<b>ELIMINATION PERIOD</b>	90 Days
<b>BENEFIT DURATION</b>	SSNRA (Social Security Normal Retirement Age)
<b>PRE-EXISTING CONDITION CLAUSE*</b>	12/12

AGE BAND	PREMIUM FACTOR
<20	\$0.0016615
20-24	\$0.0018000
25-29	\$0.0025385
30-34	\$0.0038308
35-39	\$0.0048000
40-44	\$0.0058154
45-49	\$0.0078923
50-54	\$0.0115385
55-59	\$0.0137077
60-64	\$0.0145846
65-69	\$0.0153231
70+	\$0.0161077

### BI-WEEKLY PREMIUM CALCULATION

**EXAMPLE:**

*(42-year-old employee earning \$40,000 a year)*

List your monthly earnings (Max. is \$10,000)	\$ _____	\$ <b>3,333.33</b>
Multiply by the Premium Factor	_____	<u>0.0058154</u>
Your <u>Estimated</u> Bi-Weekly Premium*	\$ _____	\$ <b>19.38</b>

\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

► **\*STD AND LTD PRE-EXISTING CLAUSE:** The pre-existing period is 3/6 for STD and 12/12 for LTD. This means that any resulting condition from injury or sickness for which the Employee received medical treatment, services or incurred expenses for 3 months for STD or 12 months for LTD prior to the date of his or her coverage that results in disability within the first 12 months of coverage will not be covered.

	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
<b>INCREMENT AMOUNTS</b>	\$10,000	\$5,000	\$10,000
<b>MINIMUM BENEFIT</b>	\$10,000	\$5,000	\$10,000
<b>MAXIMUM AMOUNT</b>	\$500,000 EOI Required	\$250,000 not to exceed 50% of employee; EOI Required	\$10,000
<b>GUARANTEE ISSUE AMOUNT</b> <i>(New Hires Only)</i>	\$100,000	\$50,000	\$10,000

■ Age Reduction: Coverage reduces to 65% at age 70, to 45% at age 75, and to 30% at age 80.

**VOLUNTARY TERM LIFE RATES (COMBINED WITH AD&D)**

**EMPLOYEE:** Bi-Weekly Premium Guarantee Issue = \$100,000

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0-29	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
30-34	\$0.65	\$1.29	\$1.94	\$2.58	\$3.23	\$3.88	\$4.52	\$5.17	\$5.82	\$6.46
35-39	\$0.74	\$1.48	\$2.22	\$2.95	\$3.69	\$4.43	\$5.17	\$5.91	\$6.65	\$7.38
40-44	\$1.15	\$2.31	\$3.46	\$4.62	\$5.77	\$6.92	\$8.08	\$9.23	\$10.38	\$11.54
45-49	\$1.89	\$3.78	\$5.68	\$7.57	\$9.46	\$11.35	\$13.25	\$15.14	\$17.03	\$18.92
50-54	\$2.86	\$5.72	\$8.58	\$11.45	\$14.31	\$17.17	\$20.03	\$22.89	\$25.75	\$28.62
55-59	\$4.25	\$8.49	\$12.74	\$16.98	\$21.23	\$25.48	\$29.72	\$33.97	\$38.22	\$42.46
60-64	\$6.88	\$13.75	\$20.63	\$27.51	\$34.38	\$41.26	\$48.14	\$55.02	\$61.89	\$68.77
65-69	\$11.40	\$22.80	\$34.20	\$45.60	\$57.00	\$68.40	\$79.80	\$91.20	\$102.60	\$114.00
70-74	\$20.31	\$40.62	\$60.92	\$81.23	\$101.54	\$121.85	\$142.15	\$162.46	\$182.77	\$203.08
75-79	\$33.37	\$66.74	\$100.11	\$133.48	\$166.85	\$200.22	\$233.58	\$266.95	\$300.32	\$333.69
80+	\$67.43	\$134.86	\$202.29	\$269.72	\$337.15	\$404.58	\$472.02	\$539.45	\$606.88	\$674.31

**SPOUSE:** Bi-Weekly Premium Guarantee Issue = \$50,000. Spouse coverage terminates at age 70 and is based on Employee's age.

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0-29	\$0.23	\$0.46	\$0.69	\$0.92	\$1.15	\$1.38	\$1.62	\$1.85	\$2.08	\$2.31
30-34	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62	\$1.94	\$2.26	\$2.58	\$2.91	\$3.23
35-39	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69
40-44	\$0.58	\$1.15	\$1.73	\$2.31	\$2.88	\$3.46	\$4.04	\$4.62	\$5.19	\$5.77
45-49	\$0.95	\$1.89	\$2.84	\$3.78	\$4.73	\$5.68	\$6.62	\$7.57	\$8.52	\$9.46
50-54	\$1.43	\$2.86	\$4.29	\$5.72	\$7.15	\$8.58	\$10.02	\$11.45	\$12.88	\$14.31
55-59	\$2.12	\$4.25	\$6.37	\$8.49	\$10.62	\$12.74	\$14.86	\$16.98	\$19.11	\$21.23
60-64	\$3.44	\$6.88	\$10.32	\$13.75	\$17.19	\$20.63	\$24.07	\$27.51	\$30.95	\$34.38
65-69	\$5.70	\$11.40	\$17.10	\$22.80	\$28.50	\$34.20	\$39.90	\$45.60	\$51.30	\$57.00

**ALL CHILDREN\*:** Bi-Weekly Premium Guarantee Issue = \$10,000.

**\$10,000**

\$0.92

\*Regardless of how many children you have, they are included in the "All Children" premium amounts.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)



**Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being.**

When facing life's challenges, you often turn to family or friends for support. But sometimes that's not enough. Sometimes you need an experienced professional to talk with to know you're not alone.

Mutual of Omaha's Employee Assistance Program (EAP) assists employees and their eligible dependents with personal and job-related concerns, including:

- ✓ Emotional well-being
- ✓ Family and relationships
- ✓ Legal and financial
- ✓ Healthy lifestyles
- ✓ Work and life transitions

## HIGHLY TRAINED, EXPERIENCED EAP STAFF

Our EAP staff members are all licensed, master's level Employee Assistance Professionals. They provide a solution-focused approach by assessing your situation and referring to the appropriate resources necessary.

## WHAT TO EXPECT

When you call, you will speak directly to an EAP professional to receive **immediate support and guidance**.

You can entrust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional resources are needed, your EAP professional can assist by locating affordable solutions in your area.

## EAP BENEFITS

As an employee, or eligible dependent, of your company your EAP benefits include:

- Access to EAP professionals 24 hours a day, seven days a week
- Information and referral services
- Service for employees and eligible dependents
- Robust network of licensed and/or certified mental health professionals
- Three face-to-face sessions\* with a counselor (per household per calendar year)

### Legal and financial resources

- Online will preparation
- Legal library and online forms
- Financial tools & resources

### Resources for:

- Work/life balance
- Substance use
- Dependent and Elder Care resources

### Access to:

- A library of educational articles, handouts and resources via [mutualofomaha.com/eap](https://mutualofomaha.com/eap)

*\*Face-to-face visits also can be used toward legal consultations. California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period per person.*

## EAP CONSULTATION

Mutual of Omaha's Employee Assistance Program provides professional, confidential quality consultation, 24 hours a day.

[mutualofomaha.com/eap](https://mutualofomaha.com/eap)  
**800.316.2796**

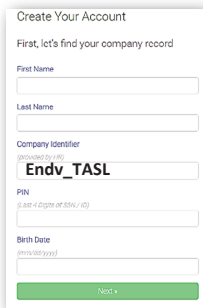


## GETTING STARTED WITH YOUR EMPLOYEE BENEFITS ONLINE PORTAL

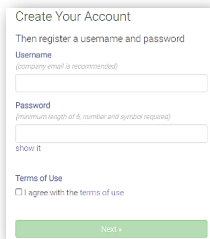
Welcome to your Online Benefits Portal provided by Hilb Southeast. This guide will walk you through the steps to get started. This is a multi-step process and is designed to ensure the privacy of your sensitive information. You should only need to go through this process once, after which you can simply log in at <https://endeavor.employeeenavigator.com/benefits/account/login>.

### FOR NEW USERS:

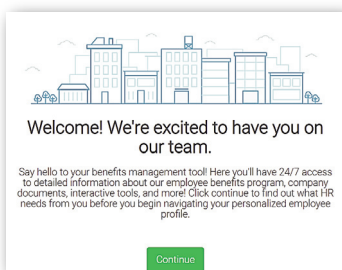
- 1 Go Online and Visit:  
<https://endeavor.employeeenavigator.com/benefits/account/login>
- 2 Click the **'New User Registration'** link.
- 3 Enter the information requested on the registration screen. The *Company Identifier* is **"Endv\_TASL"**. Click **'Next'**.



- 4 Enter your desired password on the resulting screen. Please note the password requirements. You may also set/change your username here – it will default to your email address if that has already been entered in the system.

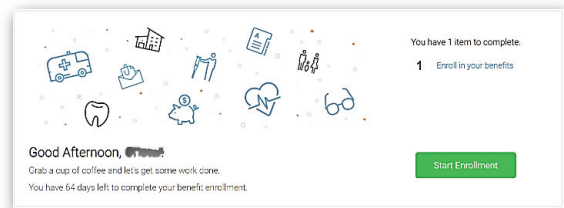


- 5 If you have successfully completed the registration, you will receive a notification on the next screen and will be able to log in using your new user name and password.



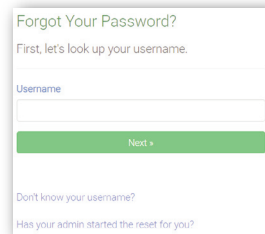
### READY TO ENROLL IN BENEFITS?

- 1 Go Online and Visit:  
<https://endeavor.employeeenavigator.com/benefits/account/login>
- 2 Once logged in, click the **'Start Benefits'** link.



### FOR CURRENT USERS (*Forgotten Passwords*):

- 1 Go Online and Visit:  
<https://endeavor.employeeenavigator.com/benefits/account/login>
- 2 Click the **'Reset Password'** link then **'Click Here'** under Employees.
- 3 Enter your username. Click **'Next'**. If you do not remember your username, click **'Don't know your username?'** to request a reset. The *Company Identifier* is **"Endv\_TASL"**.



- 4 An email will be sent to the one on file. Click the **'Password Reset'** link in the email to enter a new password. Accept the Terms and Conditions and you will automatically be logged into the Portal.

For future logins, go to  
<https://endeavor.employeeenavigator.com/benefits/account/login>

Please contact **Sumner Mentch** at  
**864.877.6644** or **smentch@hilbgroup.com**.