



**2021-2022
EMPLOYEE BENEFITS GUIDE**

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2021 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 2021 BENEFITS GUIDE

Welcome to Your 2021 Benefits Enrollment

ARHACare offers our Team Members a competitive and comprehensive benefits program. This is one of many ways we recognize how important you are to the company. This benefit guide briefly summarizes our program in a quick and easy-to-understand way. All information can be found on our website at arhacarebenefits.com as well.

Eligibility

Changes After Your Initial Enrollment:

Changes can only be made in the middle of a plan year if you have a qualified change in status as explained in this package. Therefore, once you are enrolled, that coverage will remain in effect until the next open enrollment period. Also, should you fail to sign up for coverage by your effective date, coverage may only be elected during the open enrollment period. Again, the only way to make a mid-plan year change would be if you have a qualified change in status.

It is your responsibility to notify the Plan Administrator or process your event online at www.employeenavigator.com within 31 days of the event. **In these cases you have 60 days instead of 31.*

Qualified life events include:

- Change in status: Marriage, divorce, legal separation, annulment or death
- Change in number of dependents: Birth, death, adoption/placement for adoption or dependent reaching limiting age
- Change in employment status of Team Member, dependent or spouse that affects that individual's eligibility
- Change in Team Member, spouse or dependent coverage on spouse's plan during spouse's Open Enrollment period
- Changes in entitlement to Medicare, Medicaid or State Children's Health Insurance Program (CHIP)* for Team Member, dependent or spouse
- Change in eligibility for group health plan premium assistance under Medicaid or CHIP* for Team Member, dependent or spouse

Benefits Eligibility

Eligible Team Members

You may enroll in the benefits program if you are a full-time Team Member or a variable hour Team Member who has averaged 30 hours per week during their measurement period.

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

ARHA Care

Pin

Last four digits of your Social Security Number

Homepage

On the Homepage, click "Get Started" to complete your required tasks.

Personal Information

You will be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.

Benefit Elections

- To enroll dependents in a benefit, 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.

BENEFITS ENROLLMENT INSTRUCTIONS, CONT.

Forms

If you have elected benefits that require a beneficiary designation, you will be prompted to add in those details.

Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then 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.

Mapping Rules

All Team Members currently enrolled in a medical, dental and/or vision plan will automatically be enrolled into the same/similar plan with the same dependents if no action is taken by the end of the open enrollment period.

MEDICAL COVERAGE 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.

How to Find a Provider

1. Visit www.bcbsal.org and click Find a Doctor. Enter your City, State, or ZIP Code and the name of your doctor or type of doctor you are looking to find.
2. Once the list is pulled up you will need to click on View Network/Plans to make sure that your plan is listed. Your plan is in the BlueCard PPO.

MEDICAL/PHARMACY

ARHACare offers a robust medical and pharmacy insurance program to our Team Members. We partner with Blue Cross Blue Shield of Alabama to offer this coverage.

Plan Highlights

You have the option of choosing one of three plans. Our plans offer coverage for most healthcare services. When you receive care in-network you benefit from our negotiated discounts with BCBS of Alabama.

BCBS of Alabama Member

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

Prescription Drug Coupons

Pharmaceutical manufacturer may offer coupons to decrease your copay at the point of purchase. Included is a website that will link you to your drug for access to your coupon. <https://www.needymeds.org/brand-drug>

2021 BENEFITS ENROLLMENT

You have three medical plans to choose from. All plans are provided through Blue Cross Blue Shield of Alabama and all offer comprehensive coverage when care is provided through network providers. A brief summary of your plans are included for your review below.

Plan Options: 1 Year Rate Guarantee	Option 1 (MVP Low)	Option 2 (Blue Saver \$4,000)	Option 3 (Blue Saver \$4,000 / MedPlus \$500)
Plan Design	Plan Design	Plan Design	Plan Design
Plan Year/Calendar Year	5/1/21 - 4/30/22	5/1/21 - 4/30/22	5/1/21 - 4/30/22
Plan Type	PPO	PPO	PPO
In-Network Deductible	\$4,000 / \$8,000	\$4,000 / \$8,000	\$500 / \$1,000
Out-of-Pocket Maximum	\$6,000 / \$12,000	\$6,800 / \$13,600	\$500 / \$1,000
Coinsurance	60%	80%-100%	100%
Office Visit (Primary/Specialist)	60% after deductible	\$45 copay / \$65 copay	\$45copay / \$65 copay
Out of Office Physician Services (Teladoc)	\$40 copay	\$45 copay	\$45 copay
Inpatient Hospital	60% after deductible	80% after deductible	100% after deductible
Outpatient Surgery	60% after deductible	80% after deductible	100% after deductible
Outpatient Lab/X-Ray	60% after deductible	80% after deductible	100% after deductible
Complex Diagnostics	60% after deductible	80% after deductible	100% after deductible
Emergency Room (Medical Emergency)	60% after deductible	80% after deductible	100% after deductible
Emergency Room (Accident)	60% after deductible	80% after deductible	100% after deductible
Prescription Drugs (Tier 1 / 2 / 3 / 4)	Ded + \$15 / \$50 / \$75/ \$395	\$15 / \$60 / \$100 / \$425	\$15 / \$60 / \$100 / \$425
Mail Order (Tier 1 / 2 / 3 / 4)	Ded + \$15 / \$50 / \$75/ \$395 (Maint. Only)	\$37.50 / \$150 / \$250 / NC	\$37.50 / \$150 / \$250 / NC
Preventive Care	100% no deductible	100% no deductible	100% no deductible

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 like deductibles and coinsurance you may need to pay before Blue Cross and Blue Shield 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 Deluxe Plus plan you will automatically have access to the Supplemental Medical (Gap) insurance with Beazley.

If you elect option 3 (buy-up), the Supplemental Medical (Gap) insurance will automatically be included under MedPlus.

Covered Services	Benefits
Inpatient	\$6,300 benefit amount reimburses eligible out-of-pocket expenses through BCBS
Outpatient	\$3,500 benefit amount reimburses eligible out-of-pocket expenses through BCBS
Ambulance Transportation	\$350 benefit amount reimburses eligible out-of-pocket expenses through BCBS
Dependent Coverage	Your family maximum is two times the individual benefit as long as they are covered under BCBS

How does the Supplemental Medical (GAP) Insurance work?

1. Enroll in Plan with BCBS
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

Blue Cross Blue Shield of Alabama has partnered with Teladoc, which gives you 24/7 access to board-certified doctors by web 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 to:
 - www.teladoc.com/Alabama
 - You will need your: Name, Date of Birth and Member ID/Group # (This is on your BCBS of AL card and starts with "PPA")

DENTAL COVERAGE

We partner with Blue Cross Blue Shield of Alabama to offer you and your family members dental insurance. You have the choice of two plans to choose from. Below is a high-level overview of the in-network benefits for the classic and deluxe plans. Visit www.bcbsal.com to find in-network providers and access a variety of online tools and programs.

Plan Options:	Low Plan	High Plan
Plan Design	In-Network Benefits	In-Network Benefits
Plan Type	PPO	PPO
Annual Maximum	\$1,000	\$2,500
Deductible	\$25 (Waived on Preventative)	\$25 (Waived on Preventative)
Preventative Coinsurance	100%	100%
Basic Coinsurance	100% & 80%	100%
Major Coinsurance	50%	100% & 80%
Ortho Coinsurance	50%	50%
Ortho Maximum (Dep Child to Age 19)	\$1,500	\$1,500
Waiting Periods	365 Days late enrolless "major" and ALL "ortho"	365 Days late enrolless "major" and ALL "ortho"
Dependent Age Limits	26	26
Network/OON Reimbursement	BCBS Preferred Dental	BCBS Preferred Dental

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.bcbsal.com
- Click "Find a Doctor" in the top right corner
- Click "Dentist" under search term

Examples of Services

Preventive—exams, cleanings, fluoride, x-rays, and sealants

Basic—fillings, extractions, and repairs

Major—crowns, inlays, dentures, and periodontics

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.

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. You will still be required to meet pharmacy copays.

Prescription Drug Coupons

Pharmaceutical manufacturer may offer coupons to decrease your copay at the point of purchase. Included is a website that will link you to your drug for access to your coupon. <https://www.needymeds.org/brand-drug>

Below is a list of professionals who partner with our company to help guide you in the benefits process.

Medical Coverage—
Blue Cross Blue Shield

- 800.292.8868—customer service
- 800.248.2342—preadmission certification
- 800.810.BLUE—participating providers

Dental – 800.292.8868