



2022 BENEFITS ENROLLMENT GUIDE

CareLink Staff Benefits

Effective 5/1/2022 to 4/30/2023

CONTENTS

3	<i>Benefits Overview</i>
6	<i>Medical Insurance</i>
10	<i>Dental Insurance</i>
11	<i>Vision Insurance</i>
13	<i>Basic Life and Accidental Death & Dismemberment Insurance</i>
14	<i>Voluntary Life Insurance</i>
17	<i>Disability Insurance</i>
19	<i>Important Contacts</i>
20	<i>Carrier Resources</i>
22	<i>Glossary</i>

BENEFITS OVERVIEW

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ENROLLMENT

You can enroll in benefits or change your elections at the following times:

- 30 days prior to your initial eligibility date (as a newly hired employee)
- During the annual benefits open enrollment period
- Within 30 days of experiencing a qualifying life event

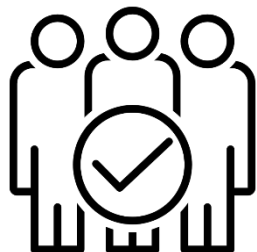


OPTIONS

We offer a comprehensive benefits package consisting of:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Basic Life and Accidental Death & Dismemberment Insurance
- Voluntary Life Insurance
- Disability Insurance

BENEFITS OVERVIEW



ELIGIBILITY

Full-time employees working at least 30 hours per week are eligible for benefits on the first of the month following 60 days of employment. Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse
- Your children to age 26, regardless of student, marital, or tax-dependent status (including stepchild, legally adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian)
- Your dependent children over age 26 who are physically or mentally unable to care for themselves



CHANGING BENEFITS AFTER OPEN ENROLLMENT

You may pay your portion of the medical, dental, and vision plan costs on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying event, and election changes must be consistent with your life event.

To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order

MEDICAL INSURANCE



MEDICAL INSURANCE

CARRIER: QualChoice Health Insurance

Plan Options: Two plan choices, a PPO Plan (Option 1) or a High-Deductible Health Plan (Option 2)

Please refer to the official plan documents for additional information on coverage and exclusions.

COVERED BENEFITS	Option 1 PPO Complete		Option 2 HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	\$5,000	\$7,500	\$3,000 combined	
Family	\$10,000	\$15,000	\$6,000	\$6,000
Out of Pocket Maximum	<i>Includes deductibles, copays and coinsurance</i>		<i>Includes deductibles, copays and coinsurance</i>	
Individual	\$6,350	\$12,700	\$3,000	\$12,000
Family	\$12,700	\$25,400	\$6,000	\$24,000
Coinsurance (Plan Pays)	70%	50%	100%	80%
Preventive Care	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered
Physician Services				
Primary Care	\$35 copay	50% after deductible	0% after deductible	20% after deductible
Specialist	\$50 copay	50% after deductible	0% after deductible	20% after deductible
Urgent Care	\$50 copay	50% after deductible	0% after deductible	20% after deductible
Emergency Room	\$100 copay	\$100 copay	0% after deductible	0% after deductible
Hospital Services				
Inpatient	30% after deductible	50% after deductible	0% after deductible	20% after deductible
Outpatient	30% after deductible	50% after deductible	0% after deductible	20% after deductible
Prescription Drugs				
Generic	\$10 copay		0% after deductible	
Preferred Brand	\$35 copay		0% after deductible	
Non-Preferred Brand	\$60 copay		0% after deductible	
Specialty	\$100 copay		0% after deductible	

WHICH MEDICAL INSURANCE PLAN IS RIGHT FOR YOU?

Choosing the right medical plan is an important decision. Take the time to learn about your options to ensure you select the right plan for you and your family.



THINGS TO CONSIDER

1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?
2. Or, do you prefer to pay less out of your paycheck, but more when you need care?
3. What planned medical services do you expect to need in the upcoming year?
4. Do you or any of your covered family members take prescription medications on a regular basis?

MEDICAL RATES	Option 1 PPO Complete		Option 2 HDHP	
	Per Pay Period – Bi-Weekly		Per Pay Period – Bi-Weekly	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee Only	\$65.94	\$79.13	\$62.67	\$75.21
EE & Spouse	\$308.43	\$321.62	\$293.15	\$305.68
EE & Child(ren)	\$156.69	\$169.88	\$148.92	\$161.46
EE & Family	\$427.29	\$440.47	\$406.11	\$418.65

COMPARING YOUR MEDICAL PLAN OPTIONS

- Higher cost per paycheck
- Lower deductible

- Lower cost per paycheck
- Higher deductible

DENTAL & VISION INSURANCE

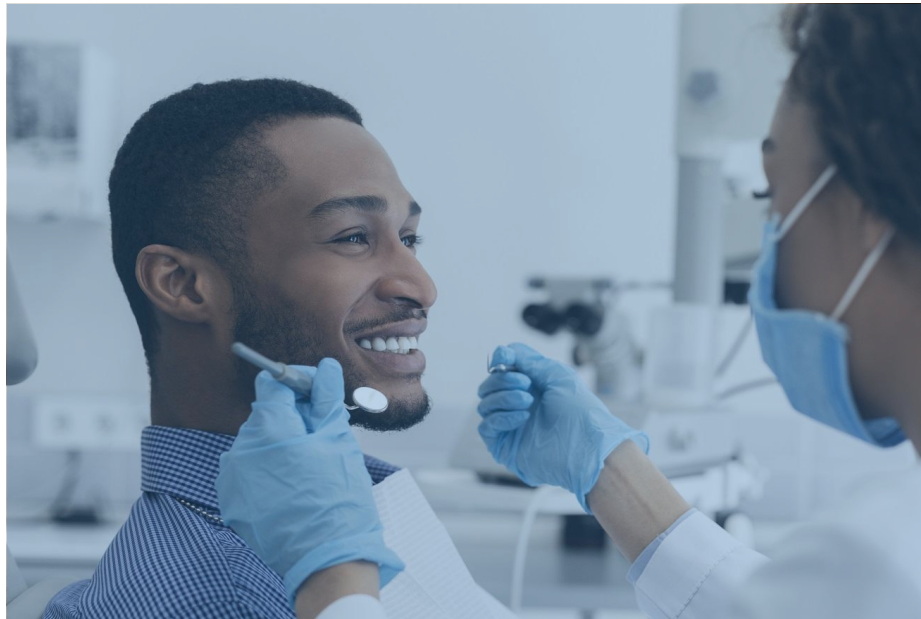


DENTAL INSURANCE

CARRIER: MetLife

- You will pay less out of pocket when you choose an in-network provider.
- Locate an in-network provider at www.metlife.com.
- Be sure to ask for a pre-treatment estimate.
- Out-of-network providers can balance bill, or bill you for the difference between the provider's charge and the allowed amount.

ELECTION	DENTAL PREMIUM BI-WEEKLY PAY PERIOD
Employee Only	\$16.70
EE & Spouse	\$32.39
EE & Child(ren)	\$35.93
EE & (Family)	\$52.62



COVERED BENEFITS

PLAN PAYS

Deductible (per calendar year)	\$25 per person, \$75 per family
Annual Plan Benefit Maximum	\$1,750 per covered member
Preventive Care Oral exams, cleanings, X-rays, sealants	100%
Basic Services Space maintainers, fillings, root canal, non-surgical periodontics, oral surgery	80%
Major Services Surgical periodontics, crowns, dentures, bridges, inlays/onlays	50%
Orthodontia Services (Dependent Children to age 19)	50%
Lifetime Orthodontia Plan Max	\$1,500



VISION INSURANCE

CARRIER: Ameritas / VSP Network

- You will pay less out of pocket when you choose an in-network provider.
- Locate an in-network provider at www.ameritas.com.
- You must submit a claim form for out-of-network expenses.
- LASIK surgery discounts available

ELECTION	VISION PREMIUM BI-WEEKLY PAY PERIOD
Employee Only	\$3.40
EE & 1 Dependent	\$7.59
EE & 2+ Dependents	\$10.36



COVERED BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Eye Exam (every 12 months)	\$10 copay	\$45 allowance
Frames (every 24 months)	\$100 allowance	\$70 allowance
Standard Plastic Lenses (every 12 months) Single / Bifocal / Trifocal / Lenticular	\$25 copay	\$30 / \$50 / \$65 / \$100 allowance
Contact Lenses in lieu of glasses (every 12 months)		
Elective	\$115 allowance	\$105 allowance
Medically Necessary	Plan Pays 100%	\$210 allowance

GROUP LIFE INSURANCE

GROUP LIFE INSURANCE

CARRIER: MetLife



LIFE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic life and AD&D insurance are automatically provided to all benefits-eligible employees at **no cost**. If you die as a result of an accident, your beneficiary would receive both the life and the AD&D benefit.

- **Life Insurance Amount:** 1x basic annual earnings.
- **AD&D Amount:** Equal to life insurance amount
- **Plan Maximum:** \$100,000



REMINDER

Review your beneficiary designations

VOLUNTARY LIFE INSURANCE

VOLUNTARY LIFE INSURANCE

CARRIER: MetLife

WHAT IS VOLUNTARY LIFE INSURANCE?

Voluntary Life Insurance is offered through an employer but is paid by employees.

WHY PURCHASE VOLUNTARY LIFE INSURANCE?

- This type of life insurance has limited underwriting required. This allows for people with health conditions or lifestyles that might otherwise disqualify them to qualify for life insurance.
- The group rates are lower than what you could purchase on your own.
- You may purchase a policy for your spouse and children.
- You may purchase a policy for your spouse and children IF you elect coverage for yourself.



Employee

- \$10,000 increments to a maximum of 5x annual salary or \$500,000
- Guarantee Issue Amount: \$100,000
- AD&D amount is 100% of Supplemental Life benefit amount
- Evidence of Insurability: Any new election or increase in current Supplemental Life coverage will be subject to medical underwriting. An Evidence of Insurability (EOI) form will be required for any employee or dependent increasing coverage or enrolling in new coverage.

Spouse

- \$5,000 increments to a maximum of \$100,000,
- Guarantee Issue Amount: \$25,000
- AD&D amount is 100% of Supplemental Life benefit amount

Child(ren)

- Flat amount options: \$1,000 / \$2,000 / \$4,000 / \$5,000 / \$10,000
- AD&D amount is 100% of Supplemental Life benefit amount



REMINDER

Review your beneficiary designations

VOLUNTARY LIFE INSURANCE RATES

CARRIER: MetLife

AGE	EMPLOYEE or SPOUSE Rate per \$1,000 (Bi-Weekly Rate)
0-29	\$0.037
30-34	\$0.061
35-39	\$0.080
40-44	\$0.114
45-49	\$0.170
50-54	\$0.250
55-59	\$0.423
60-64	\$0.550
65-90	\$1.190

CHILD(REN) Rate per \$1,000 (Bi-Weekly Rate)
\$0.235



REMINDER

Review your beneficiary designations

DISABILITY INSURANCE

DISABILITY INSURANCE

CARRIER: MetLife



LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) Insurance is automatically provided to all benefits-eligible employees **at no cost**. LTD Insurance is designed to help you meet your financial needs during longer disability periods. Benefit may be offset due to other benefits such as paid sick leave, workers' compensation.

- **Benefit Amount** – 60% of base monthly salary up to \$5,000 per month
- **Elimination Period:** 90 days
- **Benefit Duration** – Until Social Security Normal Retirement Age
- **Own Occupation Period:** 24 months
- **Evidence of Insurability:** Any new election for LTD Coverage will be subject to medical underwriting. An Evidence of Insurability (EOI) form will be required for any new coverage.
- **Pre-Existing Condition Waiting Period:** 3/12
Pre-existing Condition means a sickness or accidental injury for which the employee:
 - Received medical treatment, consultation, care, or services; or
 - Took prescription medication or had medications prescribed in the 3 months before insurance or any increase in the amount if insurance under the certificate takes effect.

We will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of insurance for a disability that results for a pre-existing condition, if the employee has been actively at work for less than 12 consecutive months after the date their disability insurance or the elected increase in the amount of such insurance takes effect under the certificate.



REMINDER

Review your beneficiary designations

IMPORTANT CONTACTS

BENEFIT	CARRIER	PHONE	WEBSITE
Medical Insurance	QualChoice Health Insurance	800-235-7111	www.qualchoice.com
Dental Insurance	MetLife	800-942-0854	www.metlife.com
Vision Insurance	Ameritas / VSP	800-877-7195	www.ameritas.com
Life and AD&D Insurance	MetLife	800-638-5000	www.metlife.com
Disability Insurance	MetLife	800-638-5000	www.metlife.com
CareLink	Natasha Kendrick	501-688-7481	nkendrick@carelink.org



YOUR BXS INSURANCE ACCOUNT REPRESENTATIVE:

Sherri Speer
501-614-1182
Sherri.Speer@bxsi.com

CARRIER RESOURCES



To support our members' efforts to quit tobacco use, QualChoice offers a free *Kick the Nic!* 12-week program for new and renewing group members.



The Quality Choice for Stopping Tobacco Use

What's Involved

The program includes the help of a trained health coach, limited free doctor visits and (if prescribed) free prescriptions of Chantix®, a medicine to help adults quit smoking. The U.S. Surgeon General's office reports that 33% of smokers using Chantix were able to quit after six months. The *Kick the Nic!* program has seen even better results, with 39% of smokers staying smoke free six months after the program has ended.

How to Join

To sign up, group members must call one of our *Kick the Nic!* health coaches, who have been trained in stopping tobacco use. Coaches give members an action plan for quitting any type of tobacco use. A *Kick the Nic!* voucher is included, which entitles the member to two free primary care doctor visits for stopping tobacco use, with no co-payment.

Program Benefits

If the member and their doctor decide that medicine is needed, QualChoice covers Chantix® (varenicline) for three months, as well as other aids such as nicotine replacement therapy. Another three months of treatment may be added. Members can also stay in touch with their health coach as long as they like!

To learn more about our *Kick the Nic!* program, call Customer Service at 501.228.7111 or 800.235.7111 and ask to speak to a health coach.

QualChoice is the registered name used for products and services provided by one or more of the QualChoice group of subsidiary companies. The QualChoice companies that offer, underwrite or administer benefits coverage include QCA Health Plan, Inc., and/or QualChoice Life and Health Insurance Company, Inc.

KICK the Nic!

Stop-smoking program from QualChoice

Diagnosis Code: F17.200 – Tobacco Use Disorder, used with one of the following:

99406 – Smoking and tobacco use cessation counseling visit; intermediate

99407 – Smoking and tobacco use cessation counseling visit; intensive

Dear Physician,

Our member _____ / _____
MEMBER NAME MEMBER ID NUMBER
is participating in QualChoice's 12-week **Kick the Nic!** stop-smoking program. For this QualChoice member, varenicline (Chantix®) will be covered as a 100% preventive benefit with no member responsibility for payment. To receive reimbursement for an office visit which pertains to the member's smoking and tobacco use cessation, please include the code on the left, with the appropriate E&M code, on your claim reimbursement form.



QCARE Health and Wellness Programs | QualChoice.com | 800.235.7111 | 501.228.7111

QCARE, our personal health and wellness management program, offers support and learning tools for QualChoice members. This keeps our healthiest members healthy and gives those with chronic illness the special attention they need. QCARE is led by a team of health experts including a staff of registered nurses (RNs) and a Medical Director. To learn more or to view a list of QCARE programs, visit QualChoice.com; select QCARE Program. *NOTE: Programs vary by group and benefit plan. Check with your benefits administrator.



GLOSSARY

GLOSSARY

Coinsurance: Your share of the cost of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service, typically after you meet your deductible. For instance, if your plan's allowed amount for an office visit is \$100 and you've met your deductible (but haven't yet met your out-of-pocket maximum), your coinsurance payment of 20% would be \$20. Your plan sponsor or employer would pay the rest of the allowed amount.

Copay: The fixed amount, as determined by your insurance plan, you pay for health care services received.

Deductible: The amount you owe for medical services before your medical insurance or plan sponsor (employer) begins to pay its portion. For example, if your deductible is \$3,000, your plan does not pay anything until you've met your \$3,000 deductible for covered health care services. This deductible may not apply to all services, including preventive care. Preventive care is 100% covered by the plan.

Explanation of Benefits (EOB) / Personal Health Statement (PHS): A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.

Health Care Cost Transparency: Also known as Market Transparency or Medical Transparency. Health care provider costs can vary widely, even within the same geographic area. To make it easier for you to get the most cost-effective health care products and services, online cost transparency tools, which are typically available through health insurance carriers, allow you to search an extensive national database to compare costs for everything from prescription drugs and office visits to MRIs and major surgeries.

Employee Contribution: The weekly amount you pay for your insurance coverage.

High Deductible Health Plan (HDHP): Plan option that provides choice, flexibility and control when it comes to spending money on health care. Preventive care is covered at 100% with in-network providers, there are no copays, and all qualified employee-paid Medical expenses count toward your deductible and your out-of-pocket maximum.

In-Network: In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide health care services at discounted rates.

Out-of-Network: Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate and your cost sharing (deductibles and coinsurance) will increase.

Out-of-Pocket Maximum: The maximum amount of money you will pay for medical services during the plan year. The out-of-pocket maximum is the sum of your deductible and coinsurance payments.

CareLink

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