

OUR BENEFITS MENU

November 1, 2023— October 31, 2024

Powered By:



AUSTIN BENEFITS GROUP
— Smart Benefit Solutions —

Provided By:



Helpful Information



Eligibility

If you are a full-time employee, you are eligible to enroll in the benefits outlined in this menu. Full-time employees are those who work 30 or more hours per week.



New Hire Enrollment / Open Enrollment

For newly hired employees or for those who become newly eligible during the plan year, you must enroll no later than 30 Days after your eligibility date or the date of your change in eligibility status. All other eligible employees must enroll during Open Enrollment, which this year is from 09/29/2023—10/06/2023.



Qualifying Event

Outside of Open Enrollment, you are not permitted to make changes to your benefit elections unless you experience a qualifying event defined as: marriage, divorce or legal separation, birth or adoption of a child, a change in your or your spouse's employment or insurance status, a dependent ceasing to meet eligibility requirements, a change in residence that affects coverage. If you experience a qualifying event, you must notify HR within 30 days of the qualifying event or you will not be able to make changes to your current benefit plan elections until the next open enrollment period.



Disclaimer

This Benefit Menu is intended to be a convenient summary of the major points of your benefit plan. This Benefit Menu does not cover all provisions, limitations and exclusions. If this document differs from any plan document(s), the plan document(s) will prevail.



Medical Benefits

Medical Benefits are designed to protect you and your family from unexpected, high medical claim costs. In addition, your preventative care, like vaccines, screenings and some check ups will be covered at no charge when you go to an in-network provider. Below please find the details of this year's Medical Plan offerings:

BCN HMO \$500

In-Network Benefits Only:

- Deductible: \$500 Single / \$1,000 Family
- Co-Insurance: 100% Covered after Deductible
- Out of Pocket Max: \$1,500 Single / \$3,000 Family
- PCP Copay: \$20
- Specialist Copay: \$30 (Referral Needed)
- Urgent Care Copay: \$35
- Emergency Room Copay: \$150 after Deductible
- Out of State Emergency Care: Emergencies only are covered when traveling, you must notify BCN
- Prescription Drug Coverage: \$4 or \$15 / \$40 / \$80 / 20% (\$200 Max) / 20% (\$300 Max)

BCBSM Simply Blue PPO \$250

In-Network Benefits:

- Deductible: \$250 Single / \$500 Family
- Co-Insurance: 80% Covered after Deductible
- Co-Insurance Max: \$1,000 Single / \$2,000 Family
- Out of Pocket Max: \$6,600 Single / \$13,200 Family
- PCP / Specialist Copay: \$20 / \$40
- Urgent Care Copay: \$60

Out-of-Network Benefits:

- Deductible: \$500 Single / \$1,000 Family
- Co-Insurance: 60% Covered after Deductible
- Co-Insurance Max: \$2,000 Single / \$4,000 Family
- Out of Pocket Max: \$13,200 Single / \$26,400 Family
- PCP / Specialist Copay: 60% Covered after Deductible
- Urgent Care Copay: 60% Covered after Deductible

Emergency Room: \$150 Copay (waived if admitted)

In-Network Prescription Drug Coverage: \$10 / \$40 / \$80 / 15% (\$150 Max) / 25% (\$300 Max)



Medical Plan Costs



Below please find the bi-weekly contributions for the medical plan offerings available to you. The following rates are based on age at the time you become eligible for benefits.

BCN HMO \$500 (Vision Included) Spouse and Dependent Costs			
0-14	\$125.95	40	\$210.42
15	\$137.15	41	\$214.37
16	\$141.43	42	\$218.16
17	\$145.71	43	\$223.42
18	\$150.32	44	\$230.01
19	\$154.93	45	\$237.75
20	\$159.71	46	\$246.97
21	\$164.64	47	\$257.34
22	\$164.64	48	\$269.19
23	\$164.64	49	\$280.88
24	\$164.64	50	\$294.06
25	\$165.30	51	\$307.06
26	\$168.60	52	\$321.39
27	\$172.55	53	\$335.88
28	\$178.97	54	\$351.52
29	\$184.24	55	\$367.16
30	\$186.87	56	\$384.12
31	\$190.82	57	\$401.24
32	\$194.77	58	\$419.52
33	\$197.24	59	\$428.57
34	\$199.88	60	\$446.85
35	\$201.19	61	\$462.65
36	\$202.51	62	\$473.03
37	\$203.83	63	\$486.03
38	\$205.15	64	\$493.93
39	\$207.78	65+	\$493.93

Employer covers Employee costs of the BCN HMO \$500 plan. Employee is responsible for Spouse and Dependent costs.



Medical Plan Costs



Below please find the bi-weekly contributions for the medical plan offerings available to you. The following rates are based on your age on 1/1/2023.

BCBSM SB PPO \$250			
(Vision Included)			
Employee Cost			
0-14	\$28.93	40	\$48.33
15	\$31.50	41	\$49.24
16	\$32.49	42	\$50.11
17	\$33.47	43	\$51.32
18	\$34.53	44	\$52.83
19	\$35.59	45	\$54.61
20	\$36.68	46	\$56.73
21	\$37.82	47	\$59.11
22	\$37.82	48	\$61.84
23	\$37.82	49	\$64.52
24	\$37.82	50	\$67.54
25	\$37.97	51	\$70.53
26	\$38.73	52	\$73.82
27	\$39.64	53	\$77.15
28	\$41.10	54	\$80.74
29	\$42.32	55	\$84.33
30	\$42.92	56	\$88.23
31	\$43.83	57	\$92.16
32	\$44.74	58	\$96.36
33	\$45.31	59	\$98.44
34	\$45.91	60	\$102.64
35	\$46.21	61	\$106.27
36	\$46.51	62	\$108.65
37	\$46.82	63	\$111.64
38	\$47.12	64	\$113.46
39	\$47.73	65+	\$113.46

BCBSM SB PPO \$250			
(Vision Included)			
Spouse and Dependent Costs			
0-14	\$154.88	40	\$258.75
15	\$168.65	41	\$263.61
16	\$173.92	42	\$268.26
17	\$179.18	43	\$274.74
18	\$184.85	44	\$282.84
19	\$190.52	45	\$292.36
20	\$196.39	46	\$303.70
21	\$202.46	47	\$316.45
22	\$202.46	48	\$331.03
23	\$202.46	49	\$345.40
24	\$202.46	50	\$361.60
25	\$203.27	51	\$377.59
26	\$207.32	52	\$395.21
27	\$212.18	53	\$413.03
28	\$220.08	54	\$432.26
29	\$226.56	55	\$451.49
30	\$229.80	56	\$472.35
31	\$234.66	57	\$493.40
32	\$239.52	58	\$515.88
33	\$242.55	59	\$527.01
34	\$245.79	60	\$549.48
35	\$247.41	61	\$568.92
36	\$249.03	62	\$581.68
37	\$250.65	63	\$597.67
38	\$252.27	64	\$607.39
39	\$255.51	65+	\$607.39



Dental / Vision Plan

Dental insurance helps pay for dental care and includes regular checkups, cleanings and X-rays. Below please find the details of this year's Dental plan offering:

Dental Coverage through Delta Dental

PPO Network:

- Annual Single Deductible: \$50
- Annual Family Deductible: \$150
- 100% Preventative Coverage
- 80% Basic Coverage
- 50% Major Coverage

Premier Network:

- Annual Single Deductible: \$50
- Annual Family Deductible: \$150
- 100% Preventative Coverage
- 80% Basic Coverage
- 50% Major Coverage

*Out-of-Network:

- Annual Single Deductible: \$50
- Annual Family Deductible: \$150
- 100% Preventative Coverage
- 80% Basic Coverage
- 50% Major Coverage

Annual Max: \$1,500 Per Person

Dental Plan Enhancements: Preventative Advantage

PER PAY: Single: \$0.00 Two Person: \$19.37 Family: \$48.05

**Out-of-Network Provider can charge you for any differences between what the insurance carrier pays and their billed rate.*

Vision insurance can help you maintain your vision as well as detect any problems. Below please find the details of this year's Vision plan offering:

Vision Coverage through BCBSM- VSP Choice Network

(Included w/ Medical)

In-Network:

- Eye Exam / Materials Copay: \$5 / \$10
- Frames: Covered Up to \$130
- Elective Contact Lenses: Covered Up to \$130
- Medically Necessary Contact Lenses: Covered in Full

Out-of-Network:

- Eye Exam: Covered Up to \$34
- Frames: Covered Up to \$38.25
- Elective Contact Lenses: Covered Up to \$100
- Medically Necessary Contact Lenses: Up to \$210

Benefit Frequency:

Exams Every 24 Months

Contact Lenses / Lenses Every 24 Months

Frames Every 24 Months

PER PAY: Single: \$0.00 Two Person: \$0.00 Family: \$0.00



Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. We understand the value of this benefit and provide it at no cost to you as part of the benefit package. Below please find the details of this year's Life Insurance offering:



Life and AD&D Insurance through Mutual of Omaha

- Employee Benefit Amount = \$25,000
- Accelerated Death Benefit: Included
- Waiver of Premium: Included
- Portability and Conversion: Included / Included

Age Reductions Schedule: Reduces by 50% at 70

You may also choose to purchase additional life insurance coverage for yourself, your spouse and children. Think about your personal circumstances. Depending on your needs, you may want to consider buying extra life insurance coverage. Below please find the details of this year's Voluntary Life Insurance offering:

Voluntary Life Insurance through UNUM



- Employee Option = \$10K increments up to 5x Base Annual Earnings or \$500K
- Spouse Option = \$5K increments up to \$500K, not to exceed 100% of employee amount
- Child Option = \$2K increments up to \$10K

Age Reductions Schedule: Reduces by 50% at 70

Guarantee Issue Amounts:

- Employee: \$100K
- Spouse: \$25K
- Child: \$10K

Plan Features:

- Waiver of Premium: Included
- Accelerated Death Benefit: Included
- Portability / Conversion: Included / Included



Disability Coverage

Short Term Disability is coverage that provides you with some income replacement in the event that you become disabled from a non-work related injury or sickness. Below please find the details of this year's Short Term Disability offering:



Short Term Disability through Mutual of Omaha

- Company provided at no cost to you
- Coverage Begins—Accident: Day 1
- Replaces 60% of your weekly earnings up to \$800
- Coverage Begins—Illness: Day 8

Benefit Duration: Up to 13 Weeks

Long Term Disability is coverage that continues after your Short Term Disability has concluded and you are still disabled. This benefit will continue to provide you with some income replacement until you are able to return or until the benefit ends. Below please find the details of this year's Long Term Disability offering:



Long Term Disability through Mutual of Omaha

- Company provided at no cost to you
- Definition of Disability: Own Occupation
- Replaces 60% of your monthly earnings up to \$5,000
- Pre-Existing Condition Limit: 3 / 12
- Elimination Period: 90 Days

Benefit Duration: RBD to SSNRA



Additional Plans



Identity Theft Protection through ID Watchdog

- Services include identity protection, family credit and social security account number monitoring, ability to lock your credit report, social media account monitoring, monitoring sex offenders in your area and more.
- ID Watchdog monitors for signs of potential fraud across billions of data points including the dark web, credit reporting and high risk transactions to keep you and your family safe.

PER PAY: Single: \$5.03 Family: \$8.72

Enroll Now

First Time Users

Website:

austinbenefits.employeenavigator.com

Instructions:

1. Click on Register as a New User
2. You will be asked to enter the following data:
 - * First Name
 - * Last Name
 - * Company Identifier: **AGBU**
 - * Pin: Last 4 of your SSN
 - * Birth Date in MM/DD/YYYY format
3. Follow the steps to complete your enrollment
 - * Verify your information
 - * Verify your dependent information
 - * Elect your benefits
 - * Click to Complete your enrollment

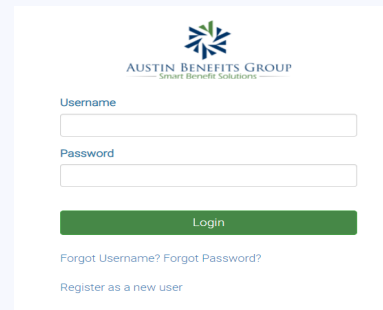
Returning Users

Website:

austinbenefits.employeenavigator.com

Instructions:

1. Enter the username and password that you made the first time you logged in
2. Follow the steps to complete your enrollment
 - * Verify your information
 - * Verify your dependent information
 - * Elect your benefits
 - * Click to Complete your enrollment



Additional Information

- If you forget your username or password, click on the links provided on the above website to obtain your information securely. The reset information will be sent your email address on file.
- When logged in, if you are looking for more details about the plan design, click on the “Details” button.
- When you choose an option that works for you, click “Select” and then “Save and Continue” to proceed to the next benefit.
- Helpful Resources are located in the document library. Plan Documents such as summaries, mobile app flyers and carrier information about your benefits are housed in this location as well.

[Click Here or Scan for
Online Benefits Login](#)



Helpful Tips

BCBSM / BCN Medical Plan:

- Locate a participating provider: www.bcbsm.com and click on “Find a Doctor”
- Download the mobile app: <https://www.bcbsm.com/content/microsites/app/en/index.html>
- Want to do an online doctor visit? Go to <https://www.bcbsmonlinevisits.com/landing.htm>
- Looking for resources on mental health, go to <https://www.bcbsm.com/behavioral-mental-health/basics>
- Need a letter for your auto insurance carrier? Download it on your mobile app or log into your patient portal at www.bcbsm.com to obtain the letter.

Delta Dental Plan:

- Locate a participating dentist: www.deltadental.com and click “Find Dentist”
- Download the mobile app: <https://www.deltadental.com/us/en/member/mobile.html>
- What is Preventative Advantage? This is a dental plan enhancement that lets you go for your cleanings, and exams without using any of your annual max. Giving you more money in the plan for when something major occurs.
- What is Maximum Rollover? The dental plan rewards you when you go for your preventative care. If you do not have any major dental expenses and go for your preventative care, the plan will roll funds over into the next plan year. Giving you more money to spend should something major happen.

Basic and Voluntary Life Plans:

- You must select a beneficiary for these plans otherwise the benefit will be sent to probate court.
- You must be actively at work in order to participate in this plan.
- The insurance carrier may require you to submit Evidence of Insurability before approving this coverage.

Disability Plans:

- You must be actively at work in order to participate in this plan.



AUSTIN BENEFITS GROUP
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Questions? Contact Austin

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