the gen·u·ine hospitality group

Benefits Guide

2021-2022

AMARA AT PARAISO

MICHAEL'S GENUINE FOOD & DRINK

TIGERTAIL + MARY

HARRY'S PIZZERIA

CARRIER CONTACT INFORMATION

Medical Plan (Group # 81388)	**FLORIDA BLUE** **Customer Service Number**: 1-800-352-2583 **Web Address:** www.bcbsfl.com To locate a medical provider, log on to: www.bcbsfl.com Click on "Find a Doctor" **FOR THE HMO 50 PLAN (FLORIDA EMPLOYEES ONLY)** **Step 1:** Select "Blue Care (HMO)" from the dropdown under, "Select a Plan." Hit continue. **Step 2:** Enter Doctor or Facility Information – as well as the city or zip code and provider type. Click, "Search Now." Hint: Less is more, so if you're not sure how to spell the name of the doctor or facility, only type in the first 3 letters. **FOR THE PPO 5302 PLAN (FLORIDA OR OUT OF STATE EMPLOYEES)** **Step 1:** Select "Blue Options" from the dropdown under, "Select a Plan." Hit continue. **Step 2:** Enter Doctor or Facility Information – as well as the city or zip code and provider type. Click, "Search Now." Hint: Less is more, so if you're not sure how to spell the name of the doctor or facility, only type in the first 3 letters. **FOR THE PPO 3766 PLAN (FLORIDA OR OUT OF STATE EMPLOYEES)** **Step 1:** Select "Blue Options" from the dropdown under, "Select a Plan." Hit continue. **Step 2:** Enter Doctor or Facility Information – as well as the city or zip code and provider type. Click, "Search Now." Hint: Less is more, so if you're not sure how to spell the name of the doctor or facility, only type in the first 3 letters. **TO SEARCH FOR A PROVIDER OUT OF STATE** **Step 1**: Go to www.bcbsfl.com **Step 2**: Click on "Find a Doctor" **Step 3**: Scroll down to the bottom of the page and select the, "Doctors & Hospitals Nationally" link under the, "Other Provider Searches" column. **Step 4**: Click, "I agree" to the Disclaimer for the 3rd party website **Step 5**: If you are an enrolled Member, enter the 1st three letters on your Medical ID Card. Otherwise, if you are just searching for one of the Blue Option PPO plans, select "Blue Card PPO/EPO" as your network. **Step 6**: Enter perimeters of search, i.e.: Name, Specialty, Procedure, etc. **Step 7**: Enter Location, i.e. Address, Zip Code, City, etc. **Step 8**: Hit Blue "GO" Button to perform the National provider search
Group Dental, Vision and Life Insurance	**CIGNA** 1-800-997-1654 (Dental and Vision) Web Address www.mycigna.com 1-800.362.4462 (Life) **Life Amount: Flat $20,000**
Supplemental Insurance	**COLONIAL** www.coloniallife.com 800-325-4368
NFP	**Account Manager:** Rhonda Simmons **Customer Service Number:** 1-704-672-5051 Email**: rhonda.simmons@nfp.com** You can contact Rhonda Simmons with any type of question related to the Medical, Dental, and Vision or Life policies.

Refer to this list when you need to contact one of the carriers. For general information, contact Management. Please read all materials carefully to help you understand how the plans work so you can make an informed decision for you and your family.

Table of Contents

A Benefits Message from Your Employer:

We know how important benefits are to you and your family! We believe that investing in solid employee benefit options aligns with our core values of a happy work place and taking care of each other.

We hope that you take advantage of these programs especially the Wellness benefits offered through our partner carriers.

Please make sure that you review this Guide fully and if you have any questions do not hesitate to contact Human Resources at 205-861-2541 ext.109 or our Benefit Advocate, Rhonda Simmons @ 704-672-5051 or via email at rhonda.simmons@nfp.com.

Thank you,
The Genuine Hospitality Group

How to choose your benefits?

We understand that choosing benefits can be daunting and confusing. Through our benefit partners, we are able to guide you in answering your questions to help you in your decision-making process. Attending your benefit orientation, reading this benefit guide, and reaching out to our individual benefit partners or to Human Resources are all resources available to you in deciding what to choose for you and your family.

Eligibility
If you are Full Time employee who works 30 hours a week or more on a consistent, non-seasonal basis then you are qualified to enroll in our benefit offerings. You are able to enroll in these benefits during:

- New Hire Eligibility- 1st of the month following 60 days of employment for new hires. Enrollment must be completed within your first 30 days on the job.
- Annual Open Enrollment – Every year during the months of April/May, employees are able to make new elections, change existing elections and learn about new benefit options or plan changes.
- Qualifying Life Event- Generally speaking, benefit elections can only be made within the first 31 days after you or your dependents become benefit eligible ("initial 31-day eligibility period") or during Open Enrollment – unless a relevant qualifying event occurs. A relevant qualifying event is an event that has a direct relationship to the benefit addition, change, or deletion you want to make.

Qualifying Events
If you experience a qualifying event, it is your responsibility to notify HR within 31 days of the event. The IRS determines what is considered an eligible qualifying event. If you have a valid qualifying event, you must complete all required forms for the change in your coverage to occur. **Changes, additions or voluntary cancellations CANNOT be made at other times during the year.**

Qualifying events include all events defined as qualifying events by the IRS. These include, but are not limited to:

- ✓ **The birth/adoption/legal custody of a child**
- ✓ **A marriage**
- ✓ **A covered dependent is no longer eligible for coverage**
- ✓ **A spouse or dependent child dies**
- ✓ **A decrease in your work hours**
- ✓ **A child gains or loses coverage with an ex-spouse**
- ✓ **A divorce**
- ✓ **A dependent returns to part or full time student status**
- ✓ **An increase in your work hours from part time to full time**
- ✓ **A spouse obtains employment or employment is terminated**

Eligible Dependents for Medical coverage:

- Legal Spouse
- Domestic Partner
- Natural Child
- Stepchild
- Legally Adopted Child
- Employee's child in process of being placed for adoption
- Child for whom legal guardianship has been awarded to the Participant or Participant's spouse

The Definition of dependent is subject to the following conditions and limitations:

A dependent also includes a child for whom health care coverage is required through a "Qualified Medical Child Support Order" or other court or administrative order.

Dependent children are only allowed to be covered through age 26 under the Medical policy.

Plan Year
Our current Plan Year for most of our benefits is June 1st – May 31st

Cafeteria Plan /125
Genuine Hospitality qualifies to offer these plans under the approved IRS Section 125 that allows employees to contribute benefit premiums /deductions pre-tax (or before taxes are calculated on gross wages). Simply defined, a cafeteria plan is a program that employers can use to offer a variety of benefits to employees who may use pretax payroll dollars to pay for the benefits they select. Changes to elections can only be made Below is an example of how the pre- tax option can help save money!

After Tax Premium	
Gross Wages	$ 600.00
No Pre Tax Premium	0
Total Taxable Incom	$ 600.00
Federal Income Tax	$ 150.00
After Tax Premium	$ 60.00
Take home pay	**$ 390.00**

Pre Tax- Premium	
Gross Wages	$600.00
Pre Tax Premium	$ 60.00
Total Taxable Income	$540.00
Federal Income Tax	$135.00
After Tax Premium	$ -
Take home pay	**$405.00**
Additional Take home pay	$ 15.00
	$540.00

Employees have more take home pay with Pre Tax Option!

Health Insurance Mandates
Under our current Presidential Administration, individuals are no longer required to have or obtain health insurance and are not supposed to incur a tax penalty for not having health insurance under the Affordable Care Act (ACA). Although the decision is up to you, keep in mind that health insurance is an important benefit to have to protect you & your family in the event of an unexpected catastrophic medical expense.

FAQ Section

Q: Do I have to sign up for all benefits?

A: No. You have the flexibility to pick and choose from any of the options provided. You can choose any option and also decide on dependents based on needs. The only type of insurance being offered that all full time employees must elect is the Life Insurance since that is 100% paid for by The Company.
For example: You may want to cover yourself & your spouse on Dental but only cover yourself for Health Insurance.

Q: What if I do not choose to enroll at this time and want to enroll later in the year?

A: Because of ERISA and IRS regulations, you will not be able to choose /elect or waive benefits at any other time during the Plan Year unless you have a Qualifying Event as per the Section above.

Q: Must I attend one of the Open Enrollment meetings?

A: Yes! We encourage all eligible employees to attend Open Enrollment meetings as there are always updates to the plan, new and improved resources and the ability to ask questions and talk about options directly with our benefits broker.

Q: When do my deductions start?

A: If you are not on any of our plan offerings now, and you have already met your eligibility requirements, your premium deductions will begin on the first pay date in June. If you are eligible after June 1st, your premium deductions will begin on the first pay date for the month in which your benefits will be effective.

Q: Can my spouse attend an Open Enrollment meeting?

A: Yes!

Q: How do I update my home address?

A: For your Company records, please change your home address on your employee self-service portal https://Paycom.com. For FL Blue's and CIGNA records please send me an email to emyrtil@thegenuinehospitalitygroup.com. For all other carriers, please contact the carrier directly.

Q: What about my insurance ID Card?

A: If you are signing up for the first time, your card will arrive at your home address within 7-10 business days after signing up. If you are already enrolled but switching from an HMO to a PPO plan, you will receive a new ID card but keep the same Member ID # you have now. If you are already enrolled but not making any changes, your current ID card will be the same, so no new card will be mailed to you. If you have lost your ID Card or need a new one, you can either call Member Services (see contact page), or request one by logging into the website. You can also email Stephanie Joy and she will request one for you. ***Side note:*** *If you are enrolled with family members, your name will be the only name on all ID cards and all family members will have the same Member ID #.*

Q: Is there a website or app that I can log into or download?

A: *Yes! Both! You can either go to* www.bcbsfl.com (medical) *or* www.mycigna.com (dental and vision) *and register for access online to view your claims, search doctors specific to your plan, print up a temp ID card or order a new one & you can also view all discount programs, etc. You can access the same information by downloading the app to your cell phone or other electronic device.*

Q: Where can I access my plan documents? For example, my Summary of Benefits & Coverage (SBC), the Summary Plan Description (SPD?), Federal Notices, etc.?

A: *You can access all of this information & more on the Employee Portal through Paycom.*

FAQ Section continued…

Q: How do I update my Life Insurance Beneficiary information if I need to?

A: *A beneficiary form will be available through the Paycom employee portal.*

Q: Am I allowed to change my coverage throughout the year? For example, if I want to change the medical plan I chose during open enrollment?

A: *The only time you are allowed to change the plans you originally chose is either during the Annual Open Enrollment period OR if you experience a qualifying event.*

Q: If I am on the Blue Care HMO 50 medical plan and I want to change my Primary Care Physician, how do I do that?

A: *You can either call Member Services at the number on the back of your card or update the information on-line. if you did not originally choose one yourself, FL Blue will choose one from the network for you based on your home address. This is the provider that you must see for things such as your Annual Physical that FL Blue covers at 100%.*

Q: What are some of the Wellness Benefits available to me as a Member with FL Blue?

A: *Each year, FL Blue will cover certain preventive wellness benefits for you at 100%. These include, but are not limited to: 1 Annual Physical per family member each year, 1 Well Woman Exam per female family member each year, Well Child Visits throughout the year (including their vaccinations), Mammograms once a year if you're 40 or over (the 100% coverage of that mammogram does not include additional services like an ultrasound in addition to the mammogram). Also, if you are over 55 and have a routine colonoscopy, where nothing is found or removed to be biopsied, the procedure will be covered by Florida Blue at 100% once every 10 years. Please note that based on immediate family medical history, there may be different rules regarding when these items are covered and how often. Please refer to your FL Blue plan contract which will always prevail.*

Q: How am I covered if I travel outside of the state of Florida? (Reminder – ONLY if you are enrolled on one of the Blue Options PPO plans does this apply).

A: *When traveling out-of-state, you're covered under the BlueCard® Program. You'll receive in-network benefits and will be protected from balance billing when receiving covered services from a BlueCard® participating provider. To find a BlueCard® participating provider, follow the instructions listed on the Contact Page in this guide, or call 1-800-810-BLUE.*

Q: How are contributions & premiums taken out?

A: *Through payroll, the company will apply pretax /after tax deductions and/or contributions from your wages paid to you. Wages are considered any pay from hourly rate and other earnings such as tips, bonuses, commissions, etc.*

FLORIDA BLUE
HEALTH INSURANCE

PLAN OFFERING(S):

The Genuine Hospitality Group will offer the following 3 plans to choose from:

- **PLAN #1 - BlueCare HMO 50 – FL Only Plan**
  - The Blue Care HMO 50 is an Open Access HMO Plan. The network for this plan is called, "Blue Care." There are no out of network benefits. Therefore, it is very important to confirm that your doctors and hospitals participate in this network before seeking services. You can choose your own Primary Care Physician or Florida Blue will choose one for you based on your home address. Only in the event of a true emergency will an out of network claim be processed as if you are in network.
- **PLAN #2 - BlueOptions PPO 5302 – FL & Out of State Plan**
  - The Blue Options 5302 is a PPO Plan. The network for this plan is called, "Blue Options." There are out of network benefits, but you will always save money when you remain in network. It is very important to confirm that your doctors and hospitals participate in this network before seeking services.
- **PLAN #3 - BlueOptions PPO 3766 – FL & Out of State Plan**
  - The Blue Options 3766 is a PPO Plan. The network for this plan is called, "Blue Options." There are out of network benefits, but you will always save money when you remain in network. It is very important to confirm that your doctors and hospitals participate in this network before seeking services.

You choose which plan works best for you & your family.

The next page will illustrate a brief summary of all three plans. The summary does not include all benefits & limitations/exclusions. Therefore, your plan summary & policy will always prevail.

EMPLOYER CONTRIBUTION:

The Genuine Hospitality Group will contribute $325.00 per month or $3,900.00 per year towards the plan of your choice.

HEALTH INSURANCE PLANS COMPARISON

PLAN FEATURES	PLAN # 1 BLUE CARE HMO 50 (Florida Only) *Requires you to select a Primary Care Physician *Does NOT Require Referrals to see Specialists *This plan uses the BLUE CARE Network*		PLAN # 2 BLUE OPTIONS PPO 5302 (FL & Out of State) *This plan uses the BLUE OPTIONS Network*		PLAN # 3 BLUE OPTIONS PPO 3766 (FL & Out of State) *This plan uses the BLUE OPTIONS Network*	
	In-Network Benefits	Out of Network	In-Network Benefits	Out of Network	In-Network Benefits	Out of Network
Calendar Year Deductible (CYD):	Per Individual: $2000 Per Family: $6000 ($2000 per person up to 3 people)	*NO OUT OF NETWORK COVERAGE. IF YOU GO TO A DOCTOR OR FACILITY, ETC. THAT IS NOT IN THE BLUE CARE NETWORK, YOU HAVE NO INSURANCE COVERAGE.*	Per Individual: $5000 Per Family: $10000 ($5000 per person up to 2 people)	Per Individual: $10,000 Per Family: $30,000	No Deductible	Per Individual: $500 Per Family: $1500
Coinsurance (Ins. Co / Member):	70% / 30%		70% / 30%	50% / 50%	80% / 20%	50% / 50%
Out-of-Pocket Maximum: (Includes all In-Network, covered expenses)	Per Individual:$6350 Per Family: $12700 ($6350 per person up to 2 people)		Per Individual: $6350 Per Family: $12700 ($6350 per person up to 2 people)	Per Individual: $20,000 Per Family: $40,000	Per Individual: $2500 Per Family: $5000 ($2500 per person up to 2 people)	Per Individual: $5000 Per Family: $10000
Lifetime Maximum	No Maximum		No Maximum		No Maximum	
Physician Office Visit	$35 Copay / $0 Preventive		$30 Copay/ $0 for Preventive	Ded + Coinsurance	$20 Copay / $0 for Preventive	Ded + Coinsurance
Specialist Office Visit	$65 Copay / $0 Preventive		$55 Copay / $0 for Preventive	Ded + Coinsurance	$40 Copay / $0 for Preventive	Ded + Coinsurance
Urgent Care	$70 Copay		$60 Copay	Ded + Coinsurance	$45 Copay	Ded + Coinsurance
Emergency Room	$300 Copay		$300 Copay	$300 Copay	$100 Copay	$100 Copay
Inpatient Hospital	$100 per Admit Deductible + Deductible + Coinsurance		Ded + Coinsurance	Ded + Coinsurance	$600 Copay	Ded + Coinsurance
Surgery @ an Ambulatory Surgical Center	$250 Copay (Provider Charges: $65 Copay per Physician)		Ded + Coinsurance	Ded + Coinsurance	$100 Copay	Ded + Coinsurance
Outpatient Surgery @ Hospital	Deductible + Coinsurance		Ded + Coinsurance	Ded + Coinsurance	$200 Copay	Ded + Coinsurance
Physician Charges: At Hospital/ER/All Other Locations (except Ambulatory Surgical center)	Deductible + Coinsurance		Ded + Coinsurance	Ded + Coinsurance	Hospital & ER: No Charge Ambulatory Surgical Center: $40 Copay per Physician	Ded + Coinsurance
Outpatient Diagnostic Services - X-ray/Blood Work (except Advanced Imaging Services):	Routine Lab work at Quest: Covered at 100% X-ray, etc. @ Independent Testing Center: $50		Routine Lab work at Quest: Covered at 100% X-ray: Deductible + Coinsurance @ all locations	Ded + Coinsurance	Routine Lab work at Quest: Covered at 100% X-ray, etc. @ Independent Testing Center: $50	Ded + Coinsurance
Advanced Imaging Services (At an Independent Diagnostic Testing Facility):	$300 Copay CT Scans, MRIs, PET scans, etc.		Ded + Coinsurance CT Scans, MRI's, PET Scans, etc.	Ded + Coinsurance	$150 Copay CT Scans, MRI's PET scans, etc.	Ded + Coinsurance
Prescription Drugs: (Specialty Medications are subject to the cost share based on the applicable drug tier)	$10 Generic $50 Preferred Brand $80 Non-Preferred Mail Order: 2.5 Retail		$10 Generic Only Coverage You will pay 20% for certain covered Brand Name Medications. Non Preferred: Not Covered Mail Order: 2.5 x Retail	Ded + Coinsurance	$10 Generic $50 Preferred Brand $80 Non Preferred Mail Order: 2.5 x Retail	Ded + Coinsurance

FLORIDA BLUE
HEALTH

BI-WEEKLY PAYROLL DEDUCTIONS
Effective June 1, 2021 – May 31, 2022

PLAN #1 – Blue Care HMO 50

TIER	TOTAL MONTHLY RATE	EMPLOYER CONTRIBUTION	EMPLOYEE PORTION	BI-WEEKLY DEDUCTION
Employee Only	$536.62	$325.00	$211.62	$97.67
Employee + Spouse	$1,277.16	$325.00	$952.16	$439.46
Employee + Child (ren)	$1,030.31	$325.00	$705.31	$325.53
Family	$1,717.19	$325.00	$1,392.19	$642.55

Plan # 2 – Blue Options PPO 5302

TIER	TOTAL MONTHLY RATE	EMPLOYER CONTRIBUTION	EMPLOYEE PORTION	BI-WEEKLY DEDUCTION
Employee Only	$438.36	$325.00	$113.36	$52.32
Employee + Spouse	$1,043.31	$325.00	$718.31	$331.53
Employee + Child (ren)	$841.66	$325.00	$516.66	$238.46
Family	$1,402.77	$325.00	$1,077.77	$497.43

Plan # 3 – Blue Options PPO 3766

TIER	TOTAL MONTHLY RATE	EMPLOYER CONTRIBUTION	EMPLOYEE PORTION	BI-WEEKLY DEDUCTION
Employee Only	$745.30	$325.00	$420.30	$193.98
Employee + Spouse	$1,773.81	$325.00	$1,448.81	$668.68
Employee + Child (ren)	$1,430.97	$325.00	$1,105.97	$510.45
Family	$2,384.95	$325.00	$2,059.95	$950.75

CIGNA
GROUP TERM LIFE INSURANCE

PLAN OFFERING

The Company offers an employee sponsored life insurance plan. New hires may enroll in life insurance within their first 30 days of employment with the coverage becoming effective on the 1st of the month after 60 days.

- **Flat $20,000 Basic Life & AD&D for Hourly Employees**

At certain ages, these amounts will reduce as follows:

- At age 65, the benefit will reduce by 35%
- At age 70, the benefit will reduce by 50%

Please be sure to update your beneficiary information each year!

EMPLOYER CONTRIBUTION:

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The Genuine Hospitality Group will pay 100% of this benefit for all full-time/eligible employees.

CIGNA
DENTAL INSURANCE – PPO Plan

The Genuine Hospitality Group will provide two dental coverage plans insured through CIGNA. The Genuine Hospitality Group will share in the cost of the premiums for the plan of your choice. The first plan is CIGNA Dental PPO plan. The CIGNA PPO Plan you can see any licensed dentist or specialist.

The second plan is CIGNA Dental Care Plan, which is a copayment plan. The CIGNA Dental Care Plan requires you to select a general dentist from the CIGNA Network.

DENTAL INSURANCE – PPO Plan

Services	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	 $50 $150	 $50 $150
Calendar Year Maximum	$1,500	$1,500
Preventive Services (Oral Exams, X-Rays, Basic Cleaning, Fluoride Treatment, Sealants & Space Maintainers)	Covered at 100% ; Deductible waived	Covered at 100% ; Deductible waived
Basic Services (Endodontics, Periodontics, Fillings & Anesthesia)	Covered at 80%	Deductible, then 80%
Major Services (Oral Surgery, Crowns, Bridgework, Dentures)	Covered at 50%	Deductible, then 50%
Child Orthodontia (for up dependent children up to age 19)	50%	50%
Orthodontia Lifetime Maximum	$1,000	$1,000

Review your plan materials for more detailed information about how your plan works.

Dental - PPO	Bi-Weekly Premiums
Teammate Only	$2.01
Teammate + Spouse	$3.96
Teammate + Child(ren)	$5.44
Family	$8.19

CIGNA
DENTAL INSURANCE – HMO Plan

With your Cigna Dental Care plan (you have to select a dentist), some preventive services are covered at 100%. (See chart below.) Your plan also covers many other dental services that help your mouth stay healthy.

Your Cigna Dental Care plan is a **copayment plan**. Here's how it works. When you get a dental service, Cigna allows your network dentist to charge a certain amount. Then **you pay a fixed portion** of that cost, in addition to any allowable charge for upgraded materials (such as gold, high noble metal or porcelain used in molar restorations), CAD/CAM services, complex rehabilitation or characterizations (for dentures). And, your plan pays the rest. There are **no annual maximums** and **no deductibles!**

Sampling of covered procedures

Adult cleaning (two per calendar year – each at $0) (additional cleanings available at $45.00 each)	$0	$68–$155 each
Child cleaning (two per calendar year – each at $0) (additional cleanings available at $30.00 each)	$0	$53–$121 each
Periodic oral evaluation	$0	$40–$90
Comprehensive oral evaluation	$0	$63–$143
Topical fluoride (two per calendar year – each at $0) (additional topic fluoride available at $15.00 each)	$0	$28–$63 each
X-rays – (bitewings) 2 films	$0	$33–$75
X-rays – panoramic film	$0	$83–$189
Sealant – per tooth	$12.00	$41–$94
Amalgam filling (silver colored) – 2 surfaces	$0	$117–$266
Composite filling (tooth – colored) – 1 surface, Anterior	$0	$118–$270
Molar root canal (excluding final restoration)	$335.00	$840–$1,914
Comprehensive orthodontic treatment of the adolescent dentition – Banding	$515.00	$967–$2,203
Periodontal (gum) scaling & root planning – 1 quadrant	$83.00	$182–$414
Periodontal (gum) maintenance	$53.00	$107–$243
Removal/extraction of erupted tooth	$12.00	$124–$282
Removal/extraction of impacted tooth – completely bony	$115.00	$362–$825
Crown – porcelain fused to high noble metal*	$450.00	$839–$1,911
Implant supported retainer for porcelain fused to metal fixed partial denture*	$750.00	$1,079–$2,458
Surgical placement of implant body within jawbone	$1,025.00	$1,487–$3,386
Occlusal appliance, by report (for treatment of TMJ)	$330.00	$730–$1,662

Review your plan materials for more detailed information about how your plan works.

Dental - HMO	Bi-Weekly Premiums
Teammate Only	$0.81
Teammate + Spouse	$1.44
Teammate + Child(ren)	$1.78
Family	$2.58

CIGNA
VISION INSURANCE

The Genuine Hospitality Group will provide a vision coverage plan insured through CIGNA. The Genuine Hospitality Group will share in the cost of the premiums for your plan. The chart below provides a summary of benefits.

Coverage	In-Network Benefit***	Out-of-Network Benefit	Frequency Period **
Exam Copay	$10	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to $45	12 months
Materials Copay	$25	N/A	12 months
Eyeglass Lenses Allowances: (one pair per frequency period)Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay	Up to $32 Up to $55 Up to $65 Up to $80	12 months 12 months 12 months 12 months
Contact Lenses Allowances: (one pair or single purchase per frequencyperiod) Elective Therapeutic	Up to $130 Covered 100%	Up to $105 Up to $210	12 months 12 months
Frame Retail Allowance (one per frequency period)	Up to $130	Up to $71	12 months

Review your plan materials for more detailed information about how your plan works.

Vision	Bi-Weekly Premiums
Teammate Only	**$0.43**
Teammate + Spouse	**$0.61**
Teammate + Child(ren)	**$0.73**
Family	**$1.13**

SUPPLEMENTAL BENEFITS – COLONIAL*

Additional Supplemental Benefits

Supplemental benefit plans are offered for Accident, Critical Illness, Cancer or other such gap insurance. The Company may provide this benefit during their open enrollment period only.

Colonial Life Accident Insurance (Pre-tax Benefit)
Accidents can happen anytime, anywhere.

Colonial Life Critical Care Insurance (Post-tax benefit)
...so you can better deal with the cost of an illness.
If you were to suffer a heart attack, stroke or other critical illness, would you have the money to cover …?

Colonial Life Short-Term Disability Income Insurance (Post-tax benefit)
Short Term Disability coverage pays you up to 60% of your monthly income if you cannot work due to covered accidents, sickness, or maternity.

**This should not be seen as your employer endorsing Supplemental Benefits.*

401(k) RETIREMENT PLANS

The Company offers a 401(k) Plan as a way for employees to save for retirement pretax. Employee must be at least twenty one (21) years of age to participate in the plan. Full time and Part time employees (minimum of 1,000 hours or more) are eligible to sign up 1st of the quarter after completing 60 days of employment. For 2021, you are able to participate in this qualifying retirement plan and save up to $19,000 annually as pretax dollars. Catch up contribution for those age 50 and over can set aside an additional $6,000 in 2021. To enroll, you can contact Human Resources for the enrollment form.

IMPORTANT
OPEN ENROLLMENT INFORMATION

WHAT DO I NEED TO DO DURING THE ANNUAL OPEN ENROLLMENT PERIOD?

HEALTH INSURANCE:

IF YOU ARE……

- **CURRENTLY COVERED WITH NO CHANGES TO MAKE**
- **CURRENTLY COVERED AND NEED TO MAKE CHANGES TO YOUR COVERAGE, OR…**
- **NOT CURRENTLY COVERED AND YOU WANT TO ENROLL AT THIS TIME:**

Please attend one of the enrollment meetings being held on May 5th through May 7th, 2021.

- **IF YOU ARE NOT INTERESTED IN ENROLLING DUE TO HAVING OTHER COVERAGE OR JUST SIMPLY REFUSING:** Please attend an enrollment session where you can decline coverage.

LIFE INSURANCE:

IF YOU ARE……

- **CURRENTLY COVERED:** Now is the time to update your beneficiary information. **Please see one of the insurance representatives that are here today and update your elections on line. Your benefits will renew "as is." If you do not update your beneficiary, then the most recent person(s) you named as your beneficiary will remain.**

- **NOT CURRENTLY COVERED, PLEASE COMPLETE THE LIFE INSURANCE ENROLLMENT FORM. ALL EMPLOYEES ARE REQUIRED TO ENROLL SINCE THIS IS NOW A 100% COMPANY PAID BENEFIT.** Please complete the CIGNA Life enrollment form with one of the people who are here to help today.

EVERYONE MUST COMPLETE AN ENROLLMENT OR DENIAL OF SOME KIND BASED ON THEIR SITUATION.

ALL EMPLOYEES ARE ALSO REQUIRED TO COMPLETE THE DATA COLLECTION FORM THAT YOUR COMPANY IS REQUESTING OF YOU. THAT FORM IS TO BE GIVEN DIRECTLY TO HR.

FLORIDA BLUE
MEMBER INFORMATION

Pages 14-20 will provide those of you who are FL Blue members or who will become a FL Blue member with valuable resources available to you, such as:

- **BLUE COMPLIMENTS** – This outlines discounts & more available to you as a member.

- **BETTER YOU STRIDES** – This provides you with directions on how to register for this program through your member portal so that you get assistance in creating a custom-made plan to help meet your health & wellness goals.

- **CARE CONSULTANT** – This program provides you with one-on-one support from a health care professional who will assist you in determining cost estimates for prescriptions or certain procedures at different provider locations, etc. ***For example, if you are told that you need an MRI, call this phone number and tell them what you have a prescription for. They will look up different providers near you and give you your estimated responsibility as far as cost goes.***

- **BLUE CARD PROGRAM (for those who choose a PPO plan)** – This goes over how your insurance plan will work when travelling outside of the USA.

- **HOW TO REGISTER FOR ONLINE ACCESS** – This goes over step-by-step instructions on how to register as a member on www.bcbsfl.com.

BlueComplements℠

Discounts and more for Blue Cross and Blue Shield of Florida, Inc. and Health Options, Inc. members.

As part of our ongoing commitment to bringing expanded choices and greater value to your health plan, we are pleased to offer a program of discounted products and value-added services called BlueComplements.

BlueComplements is available to you automatically as a plan member at no additional premium cost. And you can access the services throughout Florida and, where available, nationwide. This program includes:

Healthy Alternatives℠[2]: Discounts on alternative care. Enjoy discounts on thousands of alternative medicine products and provider services through this complementary alternative medicine discount program provided by American Specialty Health Networks, Inc[1]. (ASH Networks). Receive discounts of up to 25% on the customary fees for acupuncture, chiropractic and massage therapy. You'll also receive up to 45% discounts and free standard shipping on vitamins, herbal supplements, sports nutrition remedies, fitness products, yoga, pilates, health-related books, tapes and videos, and more when visiting "My Store" at the Healthyroads website.

In order to take advantage of the discounted wellness product offerings, you may call ASH Networks toll-free at 1-877-335-2746 to order products or request a free catalog.

[1]Healthy Alternatives is administered by ASH Networks which has been awarded full accreditation by URAC.

Vision One®: Discounts[2] on vision care. Receive comprehensive vision care with significant savings on eye exams and eyewear. Members pay $40 for eyeglass exams and receive up to 40% off retail prices for frames and lenses. Offered through EyeMed Vision Care.

Visit participating optical departments at LensCrafters®, Target Optical®, Sears Optical®, JCPenney Optical® and most Pearle Vision® locations. To locate participating providers, please call EyeMed Vision Care's toll-free number for members of Blue Cross and Blue Shield of Florida (BCBSF) at 1-800-793-8622.

HEARx and the HearUSA Hearing Care Network[2]: Discounts on hearing products. Explore the possibilities—new products and hearing care services are available from HEARx and HearUSA your qualified hearing care provider. You should hear what you are missing! BCBSF members receive free hearing screenings — a savings of 25% off the retail price of any hearing aid purchased at a HEARx or HCNetwork location, or special promotional prices that provide even greater savings.

Take the first step to better hearing. Since this is a discount program through HEARx, it is not a benefit of your health care plan. Call HEARx toll-free at 1-800-333-3389.

TruVision™[2]: Laser vision correction services.
Traditional LASIK - $895 / eye
Custom LASIK - $1,295 / eye
Why pay more than you have to? Affordable laser vision correction services are offered through TruVision™, with surgeons across the country credentialed in refractive surgery. In addition to the low price, TruVision also offers 100% patient financing upon approved credit.

For more information, call toll-free 1-877-747-2021 to schedule a pre-operative exam or to receive a free telephone screening to determine if you are a good candidate for LASIK or Custom LASIK.

BlueCross BlueShield of Florida

TruVision™[2]: Contact Lens Mail Order Service. Receive some of the largest discounts available on contact lenses. Prices on average are 15%

lower than other national contact lens mail-order programs. Includes free shipping to your home in five to seven days.

Blue Cross and Blue Shield of Florida (BCBSF) members pay no additional premiums for this program. For more information or to place an order, call toll-tree 1-877-747-2021.

GlobalFit™[2]: Discounted fitness club memberships. The GlobalFit Fitness Program offers low monthly rates – up to 60% off regular club dues – at over 1500+ participating fitness clubs nationwide. When you join GlobalFit, you can enjoy month-to-month memberships with no long-term contracts, transfer options to any participating club and more. A one-time enrollment fee will apply.

Jenny Craig®[2]: Weight management discounts. BCBSF members who enroll with Jenny Craig will receive up to 50%‡ off Jenny Craig's weight loss management program. All Jenny Craig programs are personalized and offer one-on-one support by trained consultants. An easy at-home program is also available (Jenny Direct). Jenny Direct offers the same great tools and personal support as Jenny Craig Centres, with the added convenience of having Jenny's Cuisine and program materials delivered directly to your home.

Visit Jenny Craig from our website to print your personalized discount coupon or call 1-800-597-JENNY to find the nearest Centre or to learn more about Jenny Direct.

‡*Plus the cost of food*

YMCA of Florida's First Coast[2]: Family health and wellness center. Take advantage of the many fun and healthy events happening at your First Coast YMCA. When you join a YMCA in Clay, Baker, Duval, Nassau or St. John's County, the joining fee will be waived and you will receive one complimentary YMCA session course (such as aquatics or personal training).

With programs throughout the year including, youth and adult sports leagues, wellness programs, day camps, health screenings and

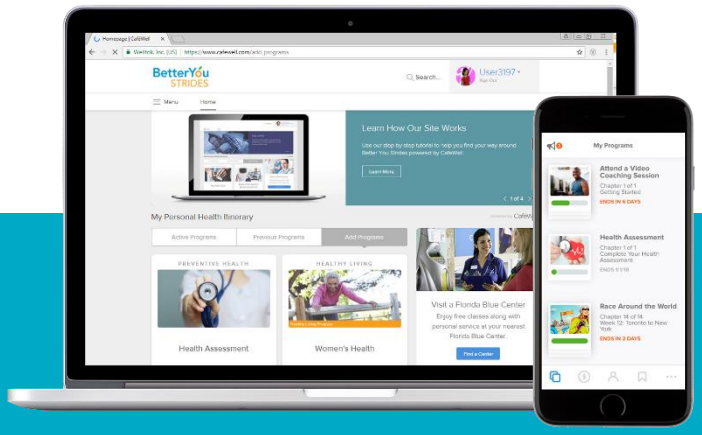
child care options, the YMCA provides the perfect opportunity for you and your family to build a closer relationship while also having fun! The YMCA of Florida's First Coast is proud to offer programs that build strong kids, strong families and strong communities. Call 1-888-524-9622 to locate the nearest Florida's First Coast YMCA.

TruHearing™[2]: Discounts on hearing care and products. If you or a loved one can benefit from hearing aids, TruHearing offers discounts on state-of-the-art, 100% digital hearing aids. TruHearing offers discounts to BCBSF members and their covered dependents. TruHearing offers up to 60% off the MSRP and all hearing aids come standard with a two-year warranty, as well as a money back guarantee. For more information, call toll-free 1-800-530-9561.

To take advantage of any of these services, just log on to www.bcbsfl.com and log into MyBlueService and click on Member Resources.

[2]The products, services and information provided through the BlueComplements program are made available as a courtesy to our members and are not a part of insurance coverage, nor a substitute for medical advice. Please note: Your insurance coverage may already include benefits for some of the services available to you through BlueComplements, so it is important to exhaust those benefits first. Blue Cross and Blue Shield of Florida reserves the right to discontinue or change this program at any time without notice. Blue Cross and Blue Shield of Florida does not endorse and is not responsible for the products, services or information provided by the vendors that are a part of the BlueComplements program.

BetterYou STRIDES

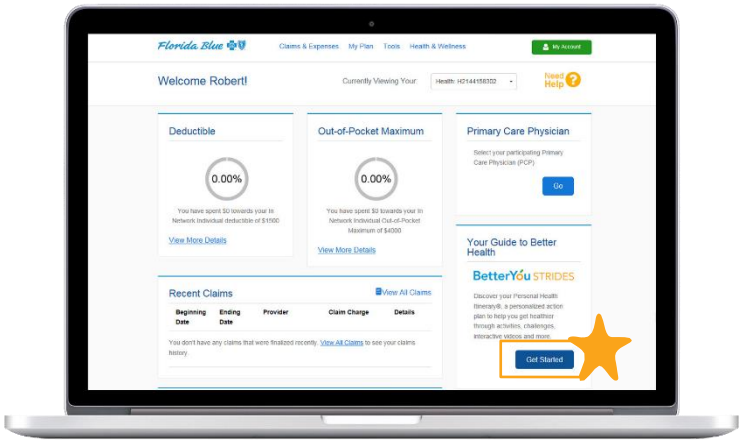


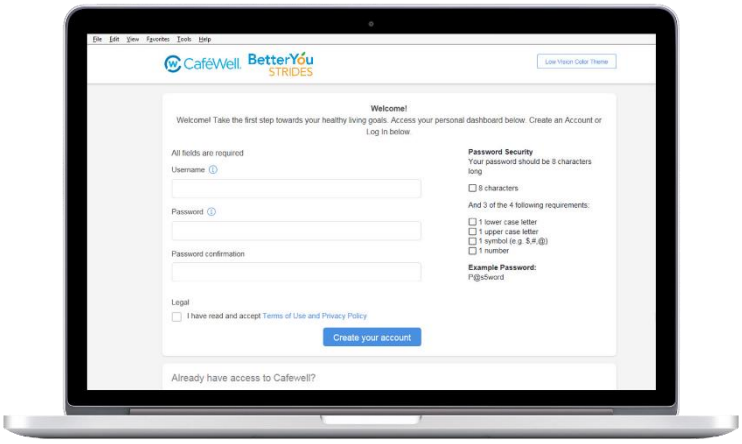
Start Your Journey to Better Health!

Take strides toward better health today. Register now for Better You Strides, powered by CaféWell®, a personal wellness site that creates a custom-made plan to help you meet your health and wellness goals.

You can register for Better You Strides in one of two ways: from your floridablue.com member account or the CaféWell mobile app. Registering takes just a few steps.

From floridablue.com





Step 1.

Log in to your Florida Blue online account at floridablue.com. Find "Your Guide to Better Health" on the right side of your home page. Click "Get Started."

Step 2.

On the welcome screen that appears, provide a user name and password. Click "Create your account." Then answer a few security questions to help protect your account. *Welcome to your Better You Strides personal page!*

QUESTIONS?

Give us a call at **855-337-8340** or send an email to **betteryoustrides@cafewell.com**.

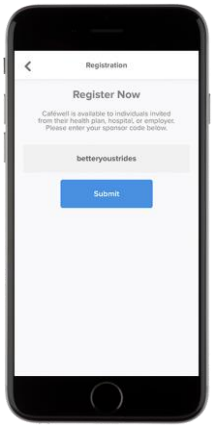
From the CaféWell mobile app

Step 1.

Download the CaféWell mobile app from the Apple App store or Google Play. Click “Register now.”

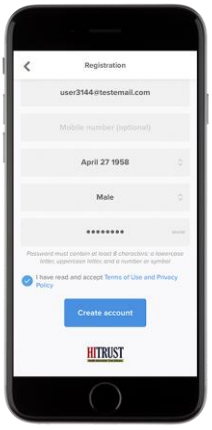
Step 2.

Enter the sponsor code: betteryoustrides



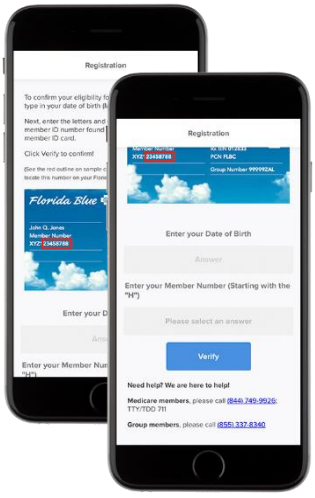
Step 3.

Create a user name and provide your date of birth, gender and password for your account. Click “Create account.” Answer a few security questions to help protect your account. Click “Save.”

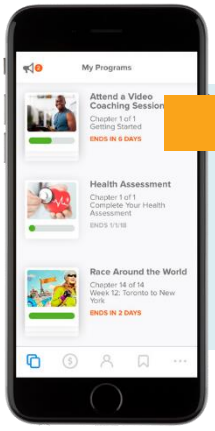


Step 4.

Almost finished! We just need to verify your registration. Enter your date of birth and your member ID number found on your Florida Blue member ID card. Click “Verify.”



Now you’ve got everything you need to start taking strides toward better health!



QUESTIONS?

If you have questions or need help registering for Better You Strides, call **855-337-8340** or send an email to **betteryoustrides@cafewell.com**.

Florida Blue
floridablue.com

Don’t pay more than you should—Shop, compare and save money.

You have choices when it comes to the cost of your health care.

- The quality and price of medical services can vary depending on where you go for office visits, imaging services, and surgery, including inpatient and outpatient care.
- Compare quality and cost before you go, and then decide what’s best for your care.
- Cost estimates are based on your plan and where you stand with your deductible.[1] Your costs are lower after your deductible is met—pay only coinsurance or a copay for in-network services.
- To get cost estimates, simply log in at FloridaBlue.com and select **Compare Medical Costs** under **Tools**.

Check doctor ratings.

- See patient reviews on important factors like trust, communication, availability and environment.
- To read reviews, log in at FloridaBlue.com. Once you find a doctor using the search tool, click **Details** and then **See Patient Reviews**.

We’re here to help:

Click
Log in at **FloridaBlue.com**.

Call
a Care Consultant at **1-888-476-2227**.

Visit
us in person at a **Florida Blue Center** near you. Visit **FloridaBlue.com** for locations.

Surgery Cost Example*	
Inpatient or Outpatient Select back, leg, pelvis & more!	**Cost Range** Your actual cost can be estimated by a Care Consultant
Health Care Facility A	$21,710 - $24,423
Health Care Facility B	$17,752 - $19,970
Health Care Facility C	$13,197 - $15,395

Imaging Cost Example*	
MRI, Scan or X-ray Select ankle, back, foot & more!	**Your cost** Before your deductible is met
Imaging Facility A	$797
Imaging Facility B	$689
Imaging Facility C	$1,569

Office Visit Cost Example*	
Primary or Specialist Select allergy, cardiology, dermatology & more!	**Your cost** Before your deductible is met
Health Care Provider A	$181
Health Care Provider B	$326
Health Care Provider C	$177

*On FloridaBlue.com, you’ll also see a detailed cost break down, plus the health care provider or facility name, phone number, address, credentials, quality programs, approvals if needed, and patient ratings when available.

[1] Since surgery may involve multiple services and health care providers, you’ll be able to compare cost ranges and then speak to our Care Consultants for actual cost estimates based on your plan.

Florida Blue
In the pursuit of health®

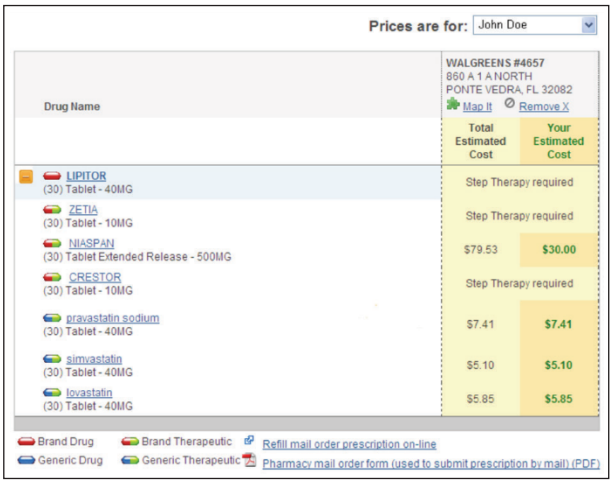
Not all medications are alike—Know before you go to the pharmacy.

Find out…

- **Is my prescription drug covered?** If not, discounts may be available through our BlueSaver discount program.
- **Is this a generic drug?** Great! You're saving money.
- **Is an authorization required first?** If so, your doctor will need to submit a Prior Authorization form.
- **Is a limited quantity covered per prescription?** If so, your plan will cover up to the 1 month maximum, and you can pay for more.
- **Is this a brand name drug?** Ask your doctor or pharmacist if there's a generic available that's right for you.
- **Is this drug in the Step Therapy program?** If so, ask your doctor about the alternative drugs that must be tried first?
- **Is this an oral or injectible Specialty drug?** Specialty drugs require prior authorization and must be obtained through Caremark Specialty Pharmacy at 1-866-387-2573.
- **Is this a diabetic supply?** Supplies such as blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets and/or syringes require a prescription that you can fill at your local pharmacy.
- **Is this a drug that you take ongoing?** If your plan has mail order, order up to a 3-month supply and pay less than monthly refills at your local pharmacy.

Find participating pharmacies at **FloridaBlue.com.**

Get answers...and compare drug costs based on your plan.



Call

a Care Consultant at **1-888-476-2227**.

Click

Log in at **FloridaBlue.com**. Select **Compare Drug Prices** under **Tools**

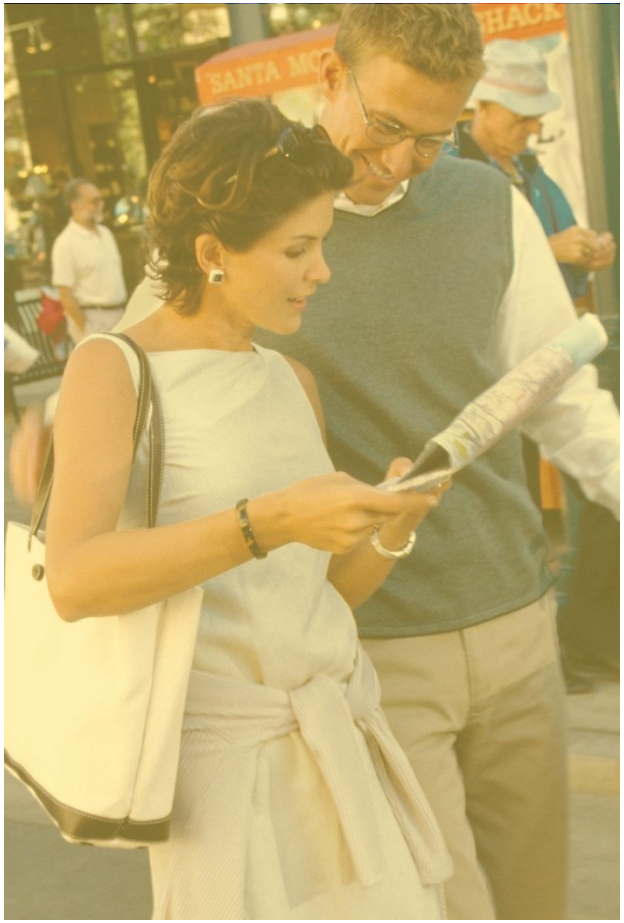
Step 1: Enter the drug name (or search by alphabet).

Step 2: Select pharmacies based on zip code.

Step 3: Compare prices and lower cost options, when available. Plus, see when Step Therapy, Prior Authorization or other requirements apply.

Visit

us in person at a **Florida Blue Center** near you. Visit **FloridaBlue.com** for locations.



Health care coverage wherever you go.

When you're a BlueOptions or BlueChoice member, you take your health care benefits with you across the country and

The BlueCard Program gives you access to doctors and hospitals almost everywhere, giving you the peace of mind that you'll be able to find the health care provider you need.

Important

Visit **floridablue.com** and click on **Find a Doctor** or call **1-800-810-BLUE (2583)** to locate doctors and hospitals outside of Florida.

Florida Blue

In the pursuit of health®

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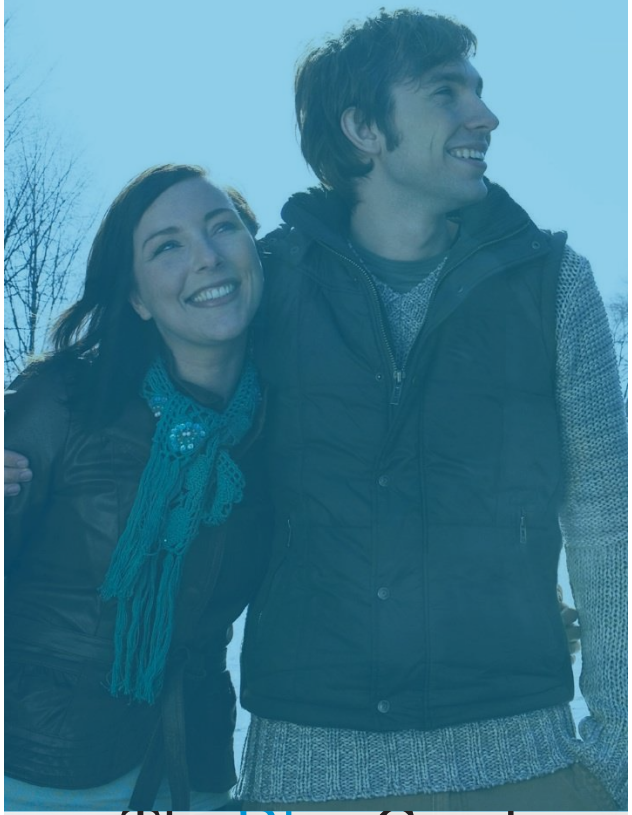
Across the country and around the world. . . We've got you covered.



TheBlueCard

Now, Home Is Where The Card Is®

Florida Blue

In the pursuit of health®

You have the freedom of choice.

As a Florida Blue member, you have more freedom to choose the doctors and hospitals that best suit you and your family. Your membership gives you a world of choices. Within the United States, you 're covered whether you need care in urban or rural areas. Outside of the United States, you have access to doctors and hospitals in more than 200 countries and territories around the world through the BlueCard Worldwide® Program.

If you're a BlueOptions or BlueChoice member and need care outside of Florida, always use a BlueCard PPO doctor or hospital to make sure you receive the highest level of benefits.

Designed to save you money.

In most cases, when you travel or live outside of Florida, you can take advantage of savings the local Blue Plan has negotiated with doctors and hospitals in the area. For covered services received from a BlueCard PPO provider, you should not have to pay any amount above these negotiated rates.

In the United States, Puerto Rico and U.S. Virgin Islands

1. Always carry your current member ID card.
2. **In an emergency, go directly to any hospital.**
3. To find doctors and hospitals outside of Florida, call the BlueCard Customer Service Center at **1-800-810-BLUE (2583)** or visit **bcbs.com** to access the Blue National Doctor and Hospital Finder.
4. If you need to be hospitalized, call us for pre-certification or prior authorization, if necessary. The phone number is on your member ID card. *Note: This phone number is different from the phone number shown above.*
5. Show the participating doctor's office or hospital your member ID card.

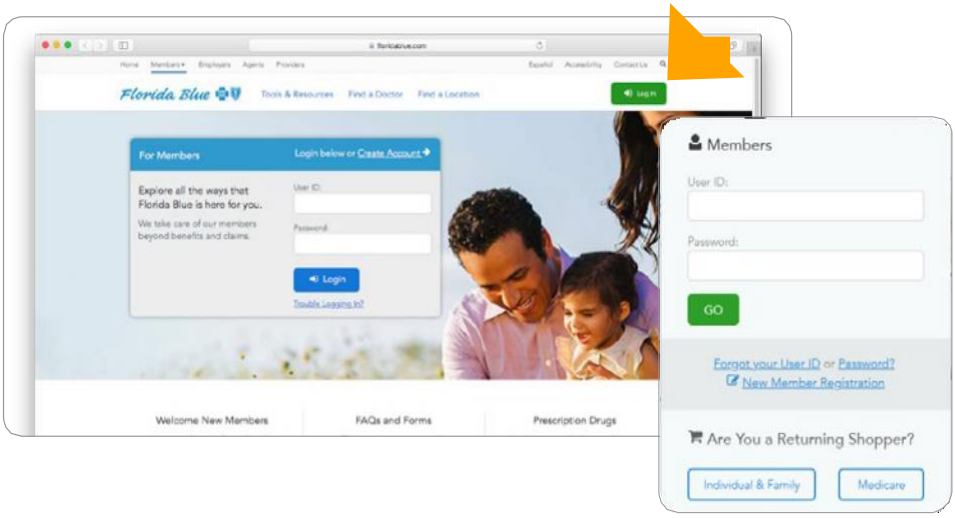
After you receive care, you should:

- not have to complete any claim forms
- not have to pay up front for medical expenses, except for the usual out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance)
- receive a health statement from Florida Blue, after your claim is processed

Outside the United States and Around the World

1. Verify your international benefits by calling the customer service number on your member ID card before leaving the United States. Coverage may be different outside the country.
2. Always carry your current member ID card.
3. **In an emergency, go directly to any hospital.**
4. To find doctors and hospitals around the world, call the BlueCard Customer Service Center at **1-800-810-BLUE (2583)** or collect at **1-804-673-1177**, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will help arrange a doctor's appointment or hospitalization, if necessary.
5. If you need to be hospitalized, call us for pre-certification or pre-authorization. The phone number is on your member ID card. *Note: This number is different from the phone number shown above.*
6. Call the BlueCard Customer Service Center when you need inpatient care. In most cases, you should not need to pay up front for inpatient care at participating hospitals except for the usual out-of-pocket expenses. The hospital should submit the claims on your behalf.
7. You will need to pay up front for care received from a doctor and/or non-participating hospital. Then, complete an international claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). Claim forms can be found online at **BCBS.com/bluecardworldwide.**

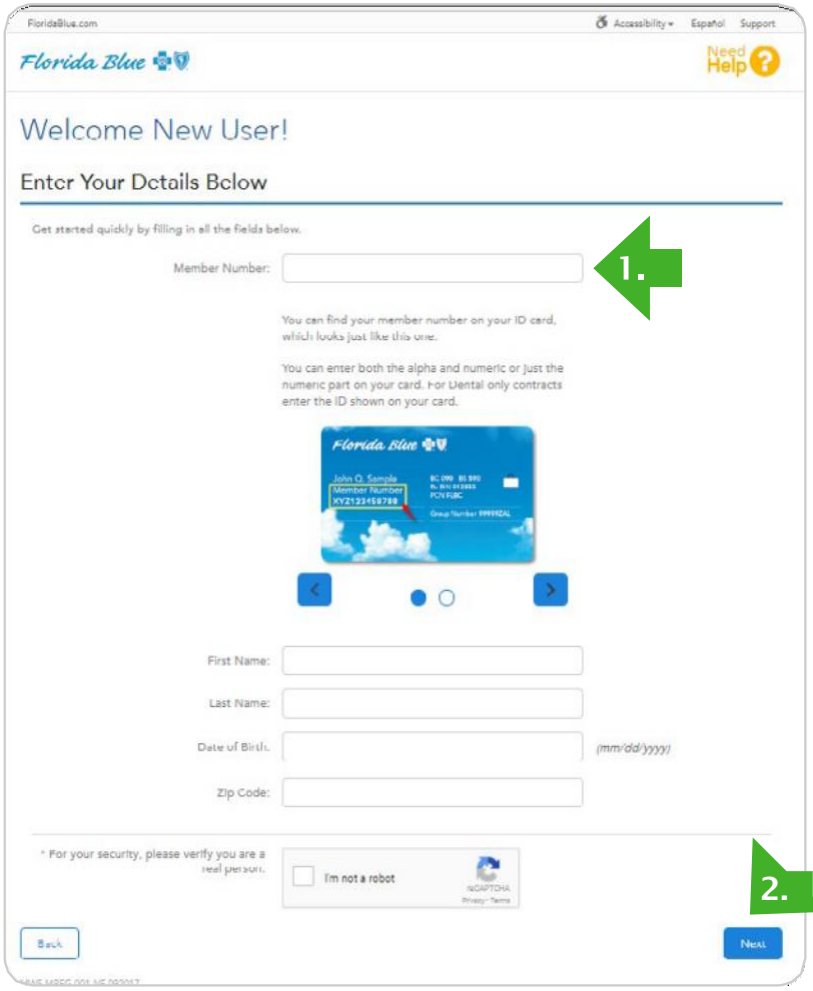
Visit **FloridaBlue.com** to **Sign Up** and **Log In**



If you are already signed up for an account, simply enter your **User ID** and **Password** to log in. If you forgot these, click Forgot your User ID or Password. You'll need your Florida Blue Member ID to recover your User ID.

If you have trouble logging in, call 800-352-2583 for help.

New User Sign Up

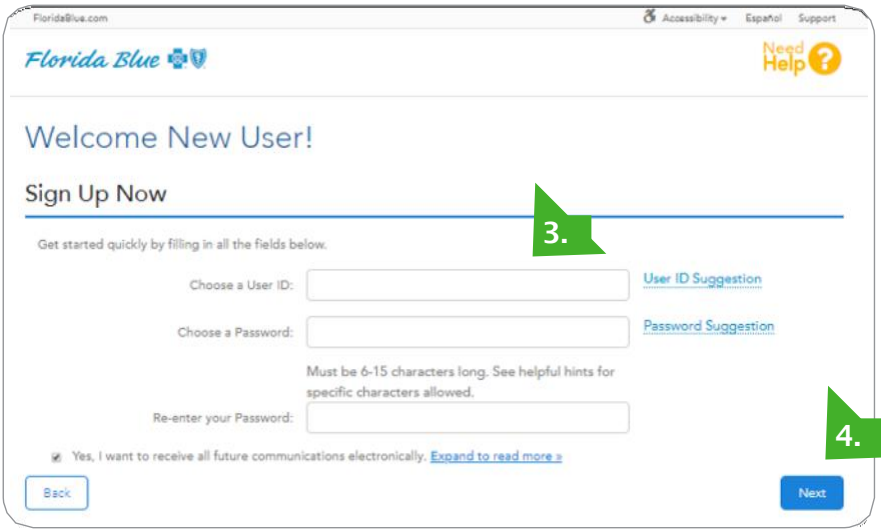


Step 1: To Sign up for your Member Account, you'll need your **Member Number** (shown on your ID card).

Step 2: Fill in all of the boxes, and click **Next**.

(continued next page)

New User Sign Up

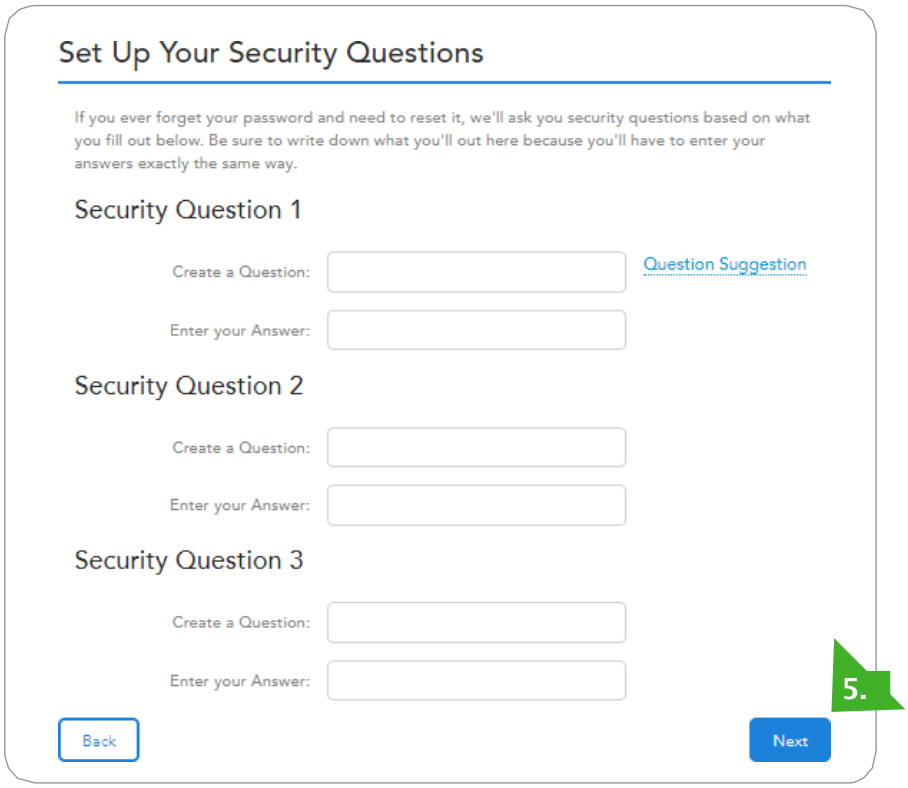


Step 3: Choose and type in a User ID (click on User ID suggestion for help on User IDs).

Step 4: Choose and type in a Password. The Password must be typed in twice for security purposes. Click **Next**.

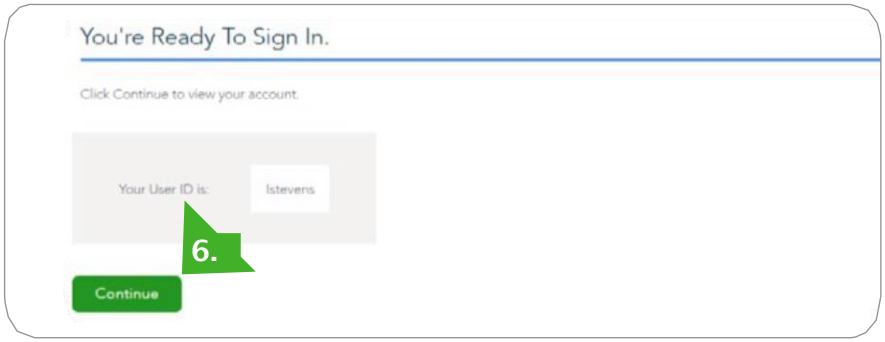
*If you opt-in for electronic communications, a screen for **email address** will also appear on this screen. If so, enter your email address twice, and click **Next**. (not applicable for everyone)*

***Note**: Write down your User ID and Password in case you forget them later.*



Step 5: Type three different security questions and type an answer to each. Click **Next**.

***Note**: The security questions will be used if you forget your **User ID** or **Password**.*



Step 6: Click **Continue**, and you'll be taken to the member website homepage.

NOTES

The information in this Benefit Guide is presented for illustrative purposes and is based on information provided by the employer and carriers. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions, please contact your Employer.