



2022

Health and Welfare Benefits Overview

Puerto Rico Contract Full-Time
averaging 30 hours or more per week



Aleron *sdi*

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Welcome to the 2022 Open Enrollment Period

We're pleased to offer comprehensive, competitive benefits to our employees and their eligible dependents. This overview is designed to help you better understand the choices available to you and your family.

Once you make your benefit selections, they remain in effect until our next annual benefits open enrollment period—therefore, it is important to thoroughly review your choices. However, if you have a qualifying life event (e.g., get married, have a baby, get a divorce, etc.), you may be able to change certain benefits during the year. You must make any changes within 30 days of the life event.

If eligible, new hires have 30 days to enroll in benefits from their start date. Benefits become effective the 1st of the month following 60 days of employment.

Domestic Partner Coverage is available for some benefit plans. An Affidavit of Domestic Partnership will be required with proper documentation.

Questions? We're here to help!

Tel: 1.800.568.8310

Fax: 716.817.5253

Aleron: benefitsdepartment@aleroninc.com

SDI: benefitsdepartment@sdintl.com

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Dependent Eligibility by Plan

Plan	Dependents Covered Up to Age	Effective Date of Plan	Termination Date of Plan	
			Employment Ends	Date Coverage Ends
BlueCross BlueShield of Western New York (BCBS) Medical Plans	26	1st of the month following 60 days of employment	1st to 15th of the month	Employment end date
			16th to end of the month	End of month
Vision Service Plan (VSP)	26	1st of the month following 60 days of employment	End of month	
MetLife Benefits Group Plans	26	1st of the month following 60 days of employment	End of month	

**If a full-time student, insurance company needs an official letter/statement of enrollment and once per semester from the accredited college, university, or technical training program, verifying the dependent's full-time status.

Instructions to Enroll (or Decline) in the Health and Welfare Benefits

Two Ways to Enroll or Waive Coverage

The special enrollment period for new hire employees is **30 days from your employment start date**. If you do not affirmatively elect benefit coverage during your allotted enrollment period, you will be unable to elect such coverage again until the next annual open enrollment period, unless you experience a qualifying event that entitles you to a new special enrollment period.

Here's how to enroll:

- You can self-enroll online at your own pace at <https://www.employeenavigator.com/benefits/> OR
- Call our Benefit Call Center at 1-888-592-1840, Mon – Fri, between the hours of 11 a.m. – 8 p.m. EST to speak to a benefits counselor and have them enroll for you (or waive) any coverage.

If you do not enroll or waive benefit coverage within 30 days of your start date, you will be considered to have waived all benefit coverage.

Employee understands and agrees to the following terms:

You cannot change your benefit elections or salary reduction agreement (including stopping your deductions) as of any date prior to the next annual open enrollment, unless that change or revocation is on account of and consistent with a change in your family status as listed in the IRS regulations. Changes based on: financial reasons, not reading the provided information, not calling the insurance company's customer service department with any questions (or the company's Benefit Call Center or Benefits Department), or because you found a less expensive direct pay plan, are not allowed under IRS regulations.

How to Decline Medical Coverage (as a New Hire)

As a new hire through the onboarding system, you will be asked to complete a Waiver of Medical Coverage form.

You will have two options:

- Tell us you need up to 30 days from your employment start date to decide what benefits you would like or to decide if you want to waive coverage. **If you do not complete enrollment or waive coverage through the Benefit Call Center within the 30 days of your employment start date, you will be considered to have waived coverage.**

OR

- Immediately decline the medical coverage and complete the medical waiver form.

BlueCross BlueShield of WNY Medical Plan Options (ACA-compliant)

Two national medical plans are offered to our full-time contract employees in Puerto Rico. Please review the detailed summaries before making a final decision.

2022	1 HDPPO 8000 Plan 1	2 HDPPO 8000 Plan 2
Benefit	In-Network	In-Network
Annual Deductible (combined with out-of-network deductible)—Single	\$5,000 (Embedded)	\$3,000 (True Family)
Annual Deductible (combined with out-of-network deductible)—Family	\$10,000* (Embedded)	\$6,000** (True Family)
Coinsurance	30% coinsurance after deductible	30% coinsurance after deductible
Out-of-Pocket Maximum—Single (includes deductible)	\$6,350 (Embedded)	\$6,650 (Embedded)
Out-of-Pocket Maximum—2-Party or Family (includes deductible)	\$12,700 (Embedded)	\$13,300 (Embedded)
Preventive Services	Covered in full not subject to deductible	Covered in full not subject to deductible
Telemedicine	30% coinsurance after deductible	30% coinsurance after deductible
Primary Office Visit (Specialist Visit)	30% coinsurance after deductible	30% coinsurance after deductible
Pediatric Visits for children up to age 19	30% coinsurance after deductible	30% coinsurance after deductible
Allergy Injections & Testing	30% coinsurance after deductible	30% coinsurance after deductible
Chiropractic	30% coinsurance after deductible	30% coinsurance after deductible
Laboratory Tests	30% coinsurance after deductible	30% coinsurance after deductible
Radiology (x-ray, MRI, CT & other high-tech imaging)	30% coinsurance after deductible	30% coinsurance after deductible
Pre & Post Natal Care (Initial visit)	30% coinsurance after deductible	30% coinsurance after deductible
Inpatient Hospital Stay	30% coinsurance after deductible	30% coinsurance after deductible
Outpatient Surgical Procedure (Facility)	30% coinsurance after deductible	30% coinsurance after deductible
Diabetic Supplies/Services	30% coinsurance after deductible	30% coinsurance after deductible
Rehabilitation Services	30% coinsurance after deductible	30% coinsurance after deductible
Mental Health and Substance Abuse	30% coinsurance after deductible	30% coinsurance after deductible
Emergency Room Visit and Urgent Care Center (waived if admitted to hospital)	30% coinsurance after deductible	30% coinsurance after deductible
Pharmacy Cost (up to 30-day supply)	\$15/\$50/50% after deductible	\$15/\$50/50% after deductible
Mail Order	2.5 copays per 90-day supply	2.5 copays per 90-day supply

BlueCross BlueShield (BCBS) High Deductible Health Plan (HDHP) HDPPO 8000 Plan 1 - A plan where coinsurance applies for most in-network services after the deductible is met (\$5,000 for single; \$10,000 for 2-party/family).

BlueCross BlueShield (BCBS) High Deductible Health Plan (HDHP) HDPPO 8000 Plan 2 - A plan where coinsurance applies for most in-network services after the deductible is met (\$3,000 for single; \$6,000 for 2-party/family).

To the left is a brief comparison of the medical plan options offered to our employees for the in-network benefits only. Please review the detailed summaries before making a final decision. Please note that since these are high deductible health plans you are eligible to enroll in a Health Savings Account.

*Benefits covered under the plan are payable to a family member who reaches the \$5,000 single deductible even though the 2-party/family deductible of \$10,000 has not yet been met.

**2-Party/Family deductible of \$6,000 must be met before any covered benefits are paid.

BlueCross BlueShield of WNY Medical Plan Options

BCBS Medical Premiums

Plan	Coverage Level	Monthly Premium Cost	Your Weekly Deduction*
HDPPO 8000 Plan 1 (\$5,000/\$10,000)	Single	\$587.60	\$146.90
	Two Party	\$1,201.11	\$300.28
	Family	\$1,641.62	\$410.41
HDPPO 8000 Plan 2 (\$3,000/\$6,000)	Single	\$626.07	\$156.52
	Two Party	\$1,252.12	\$313.03
	Family	\$1,824.04	\$456.01

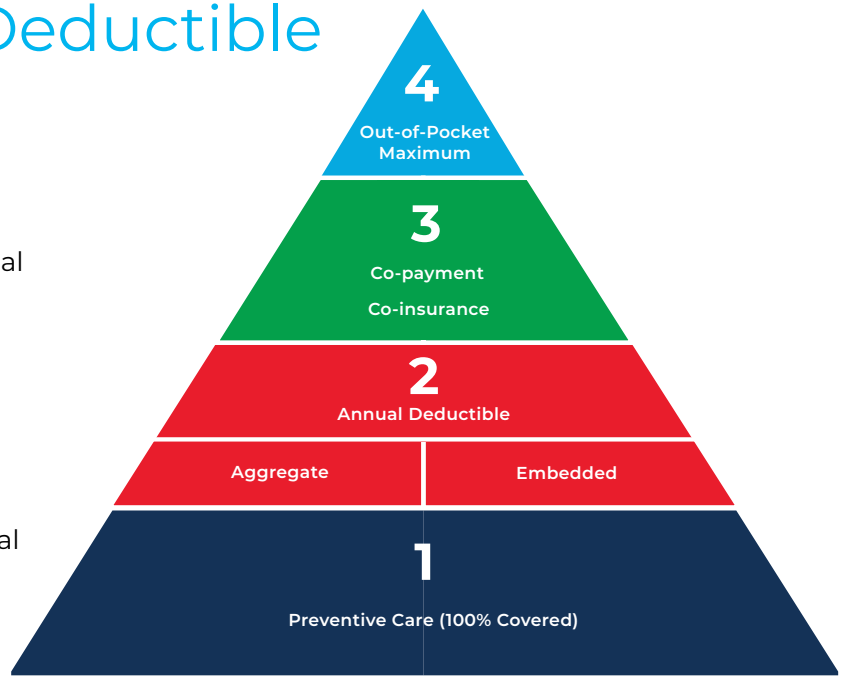
*Deductions only come out four times in the month (even if there is a month with five pay days).

How Does a High Deductible Health Plan Work?

A High Deductible Health Plan (HDHP) is a health plan product that combines a Health Savings Account (HSA) with traditional medical coverage. It provides insurance coverage and a tax-advantaged way to help save for future medical expenses. The HDHP/HSA gives you greater flexibility and discretion over how you use your health care dollars.

HDHPs have higher annual deductibles and out-of-pocket maximum limits than traditional medical plans. With an HDHP, the annual deductible must be met before plan benefits are paid for services other than in-network preventive care services, which are covered at 100%.

HDHPs also protect you against catastrophic out-of-pocket expenses for covered services. Once your annual out-of-pocket expenses for covered services from in-network providers,



including deductibles, copayments and coinsurance, reaches the pre-determined catastrophic limit, the plan pays 100% of the allowable amount for the remainder of the calendar year.

Aggregate vs. Embedded Deductible — What is the Difference?

The deductible is the amount of money you will pay out of pocket before the insurance company begins to make any payments. How the family deductible is calculated and applies is what causes the difference between an embedded and an aggregate deductible. Knowing what kind of deductible your plan has can save you a lot of headaches and help you plan for medical services.

Embedded - When the health plan begins to make payments as soon as one member of the family has reached the individual deductible limit.

For example, if the individual deductible is \$5,000 and the family deductible is \$10,000 and one member of your family has a covered procedure that costs \$6,000, the health plan begins paying for this person's covered expenses over \$5,000 (for the \$1,000 over the deductible amount minus any copayments or coinsurance), but not the health care expenses of other family members (unless it's preventive care).

Aggregate or True Family - The health plan doesn't begin paying for the health care expenses of anyone in the family until the entire family deductible has been met. This aggregate family deductible can be met by one individual or several covered individuals combined together.

For example, if the individual deductible is \$1,500 and the family deductible is \$3,000, if an individual has \$1,500 in covered health care services, the insurance company does not begin to pay for that individual until the \$3,000 (family deductible) is met (unless it's preventive care).

Preventive Services 100% Covered

You can proactively manage your health by using the preventive services that come with the BCBS medical plans. By using these services, your doctor may be able to identify issues which are easier to treat when detected early.



The following are just some of the in-network, routine preventive services offered to you at no charge.

Please review all the preventive services [here](#):

Benefit (In-Network) - Routine*	Comments
Colorectal cancer screening	Age 50 or older
Depression screening	Adults
Diabetes type 2 screening	Adults over 19
Diet counseling	Adults
Immunizations - including influenza, measles, mumps, tetanus, and more	If nonparticipating doctor, facility, or pharmacy is used, you will have to pay upfront and submit a claim for reimbursement.
Mammogram	If you are 40-49 years old, talk to your doctor about when to start and how often to get a mammogram. If you are 50-74 years old, be sure to have a mammogram at least once every two years. Tell your doctor if your mother or sister has had breast cancer. Depending on your family history and other risk factors, your doctor may have you get a mammogram before age 40 or more frequently.
Obesity screening and counseling	Adults—up to 20 visits of behavioral intervention
Well women visits	1 per year
Pap smear	1 per year
Physical	1 per year
Smoking cessation medications	
Vision exam (additional benefits through Affinity Discount Program)	1 every 2 years; 1 per year for children under 14 with diagnosed refractive error
Well child	Subject to well child guidelines

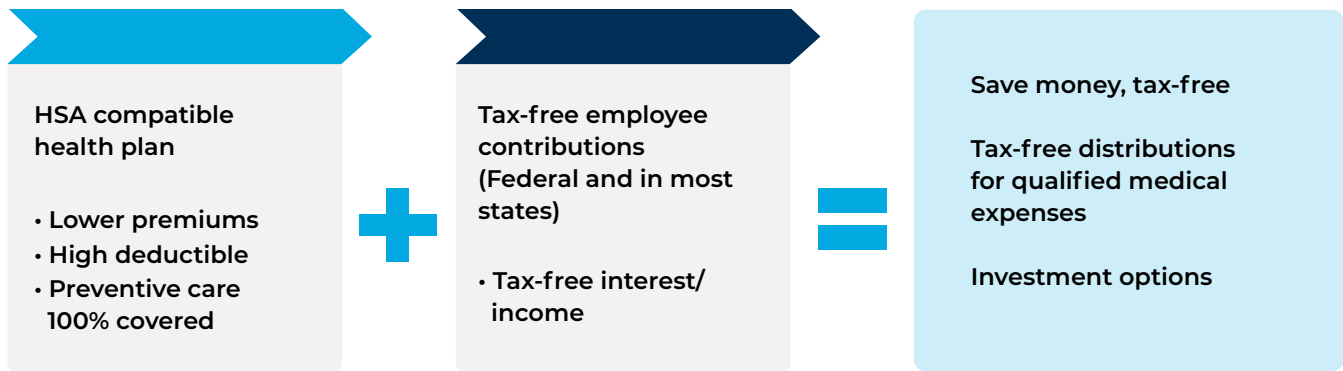
*If during a routine procedure something is found or additional tests are performed, then it is billed as a diagnosis code and would have the normal benefit cost (e.g., no longer considered preventive).

Health Savings Account - HSA Bank

If you elected to enroll in one of the BCBS medical plans, you may elect to enroll in the Health Savings Account (HSA).

An HSA gives you more control over how you spend, or save, your healthcare dollars. The HSA must be tied to a high deductible health plan (i.e., BCBS HDPPO 8000 Plans 1 or 2). With the HDPPO plans, you get the protection of a medical benefits plan with lower premiums, plus the option of opening a tax-free (Federal and most states) health savings account that can be used for qualified medical expenses (i.e., expenses such as those you can deduct if in a flexible spending account).

You can withdraw money from your HSA to reimburse yourself for qualified medical expenses (including your deductible), or you can let your HSA grow and earn interest for future or retiree health expenses. You can also invest your HSA money similar to that of a 401(k) plan. Best of all, you are entitled to keep all HSA contributions, even if you change health plans or jobs. At the end of the year, any money remaining in your account will rollover to the next year.



Health Savings Account Internal Revenue Limits for 2022

	Single	Family
Regular	\$3,650	\$7,300
Catch-up (age 55 or older)	\$1,000	\$1,000

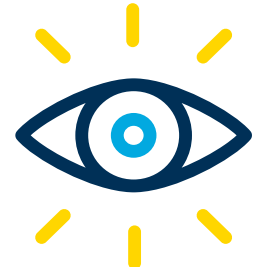
Prorated HSA Contributions

If you do not have HSA-compatible health coverage for an entire calendar year, you must prorate your HSA contributions to avoid tax penalties.

See the Health Savings Account worksheet on the enrollment portal for more details.

Vision Plan - VSP

A stand-alone vision plan (100% employee-paid) is offered*. The plan design (glasses or contacts) is listed below. At your appointment, tell them you have VSP. There's no ID card necessary. Use an in-network provider to get the full benefit.



Find an eyecare provider who is right for you.

Visit vsp.com or call 800.877.7195.

Vision Plan Design Frequency	In-Network (VSP guarantees coverage from VSP network providers only)	Co-Pay	Out-of-Network (Visit vsp.com for details on how to use an out-of-network provider)
WellVision Exam (12 months)	Focuses on your eyes and overall wellness	\$15	Up to \$50
Prescription Glasses		\$25	
Lenses (12 months)	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Single Vision Lenses: Up to \$30 Lined Bifocal Lenses: Up to \$50 Lined Trifocal Lenses: Up to \$65
Frames (12 months)	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% off the amount over your allowance 	Included in Prescription Glasses	Up to \$70
Lens Enhancements (12 months)	<ul style="list-style-type: none"> UV coating Scratch Resistant Coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	<ul style="list-style-type: none"> \$0 \$0 \$55 \$95 - \$105 \$150 - \$175 	Progressive lenses: Up to \$50
Contacts instead of glasses (12 months)	<ul style="list-style-type: none"> \$200 allowance for contacts Contact lens exam (fitting and evaluation) 	Up to \$60	Up to \$105

*Please read the exclusions and limitations listed in the summary plan description.

Vision Premiums

Vision Premiums by Coverage Type	Monthly Premium	Payroll Deduction 4 Times Per Month
Employee	\$7.78	\$1.95
Employee + Spouse/ Domestic Partner	\$12.07	\$3.02
Employee + Child(ren)	\$12.92	\$3.23
Employee + Family	\$20.65	\$5.17

Note: If there are any discrepancies with this document and the plan documents or contracts with the carriers, the plan documents or contracts apply. Benefits and premiums are subject to change and can be terminated at the employer's sole discretion.