



2022 Benefit Guide

April 2022 – March 2023

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Your Benefits Package

Please review this guide to learn about the benefit options available to you, so you can make informed decisions about your benefits for the 2022/2023 plan year. When you make well-informed decisions, you can help reduce your out-of-pocket health care costs, and help control the rising costs of health care premiums.

This Benefit Summary does not provide all of the details about all of the benefit programs. Additional information is available in each program's Certificate of Coverage (COC). The COC's are available by request from the Human Resources Department.

This brochure summarizes the coverage that is available during the current plan year. If you have any questions, please contact Human Resources. Additional contact information is shown at the end of this guide.

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Welcome

Eligibility

Miller Industries is committed to providing a health care benefits program that offers choices and competitive coverage for you and your family. If you are an active, full-time employee working at least 30 hours per week, you are eligible to enroll in the benefits described in this guide. The following family members are eligible for Medical, Dental, Voluntary Life coverage:

- Legal Spouse
- Child(ren) up to age 26. *Extended coverage may be available for children with special needs. Please see policies for details.*

New Hires

Benefits for hourly employees begin 90 days after date of hire. Most benefits for salaried employees are effective on the date of hire.

Qualifying Events

Under IRS Section 125 regulations after your Initial / Annual Enrollment period is closed, you cannot make changes to the benefits you elect / waive until the next annual enrollment period unless you experience a qualifying event. Events falling within the following categories are considered qualifying events:

- Marriage, divorce, death of spouse, legal separation, or annulment
- Birth, adoption, placement for adoption, death, qualified medical child support order (QMCSO), or dependent ceases to satisfy eligibility requirements
- Employee or spouse termination / commencement of employment
- Change from part-time to full-time

In order to be eligible to make changes, you must notify HR within 30 days of a qualifying event.



Medical & Prescription Drugs

We are committed to providing you with comprehensive medical benefits to meet your needs. This section will provide a brief summary of our medical plan benefits. Two plans are offered with the only difference being the provider network. The S Network offers a more selective list of providers for a lower cost, while the P Network plan has a broader list of providers with higher payroll deductions. You may visit the physician of your choice, however, if you visit an out-of-network physician, you may be balance billed.

Costs for coverage are paid through pre-tax payroll deductions. By paying on a pre-tax basis, your cost is lower because the earnings you use to pay premiums are not subject to federal tax withholding or Social Security (FICA) taxes. Please refer to the summary plan descriptions for details.

Option 1 (Network P) and Option 2 (Network S)		
Plan Features	In-Network	Out-Of-Network
Calendar Year Deductible	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family
Coinsurance	20%	20%
Out-of-Pocket Maximum (includes deductible and all copays except Rx copays)	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
4th Quarter Carryover	Included	
Virtual Visit (PhysicianNow)	\$10 copay	Not applicable
Primary Physician Office Visit	\$35 copay	40% after deductible
Specialist Physician Office Visit	\$50 copay	40% after deductible
Preventive Care Services	Covered at 100%	40% after deductible
Hospital/Emergency Room/Urgent Care		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible
Emergency Room Charges	\$250 copay (waived if admitted to the hospital)	
Urgent Care	\$50 copay	40% after deductible
Mental Health/Substance Abuse		
Inpatient	20% after deductible	40% after deductible
Outpatient	Office Visit \$35 copay	40% after deductible
Pharmacy		
Retail Generic/Formulary/Non-Formulary	Up to 30-day Retail \$15 / \$35 / \$60 copay Up to 90-day Retail \$30 / \$70 / \$120 copay	
Mail Order Generic/Formulary/Non-Formulary	Mail Order not available	
Specialty Self-administered or provider administered	See Page 7	

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.

Introducing Your New Pharmacy Plan

Heads up! We're making some changes to our pharmacy benefits. **As of April 1, 2022**, important changes will be made to your prescription benefit plan. This includes changes to your plan's pharmacy network, as well as new choices for how and where you can fill your prescriptions.

Why the Switch? Medication costs continue to rise. To address this, we are partnering with VeracityRx to provide a broad pharmacy benefit while managing costs. To make this transition as hassle-free as possible, we've put together this guide, to help you better understand your benefits, find care, manage costs and get the most out of your pharmacy plan.

New Pharmacy Benefits Partner

VeracityRx will oversee and manage your new pharmacy benefits. As your new benefits partner, VeracityRx will handle all claims and customer service functions including Specialty and International pharmacy fulfillment.

Where You Can Fill Prescriptions

Virtually any pharmacy can fill your prescription(s)*.

**Specialty drugs must be acquired through VeracityRx Specialty Pharmacy Services.*

How to Connect

- You can reach VeracityRx 24 hours a day, 7 days a week – they're always available to take your call, even on holidays.
 - Locate a network pharmacy
 - Understand your pharmacy benefit
 - Get prior authorization information
- Call 888-388-8228

Member Portal Access and Benefits Management

- Register for your member portal access **on or after April 1, 2022, and after you receive your ID card.**
 - Register at: <https://veracity.procarerx.com>
 - *Note: To access the secured portal listed above, the full web address must include https://*
- Use your online account to:
 - Access and/or restrict profile viewing by other family members
 - Review your prescription claims history or individual prescriptions
 - Look up a drug to identify formulary status and preferred alternatives
 - Locate pharmacies within a zip code, state, city, or county

Prescription Coverage Overview

VeracityRx

Here's what's changing in addition to a few ways our Pharmacy program strives to save members money.

Go Generic and Save

- When you choose a generic prescription versus the brand name Rx, you can save on your member cost/copay. *For example, if your physician prescribes name brand "Norvasc" to manage your blood pressure, choose the generic form amlodipine and save yourself and the plan money.*

Get your 90-day prescription filled right at your favorite pharmacy

- You can elect to get a 90-day fill using your local pharmacy (excludes high-cost drugs). *Please note that mail order is not available under the plan.*

NEW FOR 2022: Specialty Pharmacy Services

- **[REQUIRED] Specialty Medications**

- If you are on or prescribed a **Specialty Drug**, VeracityRx Specialty Pharmacy Services can help you pursue your medication often at no cost to you or the plan. If you are currently on a specialty drug, you can get started by going to www.veracity-rx.com and completing the "**Enrollment Form**" located at the top of the page with your information. Once completed, a VeracityRx Specialty team member will be in touch. **See page 3** for additional details and a list of commonly prescribed Specialty Medications.

- **[REQUIRED] International Medications**

- Medications that can be obtained internationally (from Canada) must also be acquired through the VeracityRx Specialty Pharmacy Services. When the medications are obtained this way, the cost to you is **\$0 Copay**. *You may still continue to fill these medications at your local retail pharmacy until you're enrolled into the program.* A VeracityRx Specialty team member will be in touch to help with enrollment. **See page 4** for additional details and a list of commonly prescribed International Medications.

Note: *Some drugs require a pre-authorization. Even if you have obtained a pre-authorization with the current plan, you may have to obtain an update one for the new plan.*

Specialty Medications

IMPORTANT: Specialty Medications

VeracityRx Specialty Pharmacy Services will only cover Specialty Medications effective April 1, 2022. A Pharmacy Specialist, who is a registered pharmacist, will work with you as your advocate. Their team works closely with you (and/or covered family members who are taking a specialty medication) and with the specialty medication manufacturer, the prescriber, and other entities to maintain the prescriptions while alleviating the financial burden.

- The program allows you to continue to fill Specialty medications **at low or no cost, but never more than you are currently paying.**
- To participate in this program, you will be required to submit certain documentation. If you choose not to participate in this program, you will be responsible for the **full cost of the medication.** This cost will **not** apply to your deductible or out of pocket accumulators.

These documents typically include:

- Limited Power of Attorney (gives the Pharmacy Specialist only the authority to help and that authority permits seeking assistance for Specialty medications).
- Signed copy of most recent federal tax return.
- Front and back copy of medical insurance card.

Please allow a member of our Pharmacy Specialty team to **take the lead in discussions with the drug manufacturer or their various foundations that offer assistance.** As your pharmacy specialist and patient advocate, we are here to work on your behalf. If you or your covered dependent are currently taking a medication affected by these changes, please enroll at www.veracity-rx.com. Following your enrollment, a member of the team will contact you.

To begin the process, log onto the website below to complete the “Enrollment Form”.

VeracityRx Specialty Pharmacy Contact Information:

Enroll at: www.veracity-rx.com

**List is only a sample of the top specialty drugs and is subject to change without notice. Additional specialty drugs can be pursued beyond this list.*

Commonly Prescribed Specialty Drugs*

Drug	Drug	Drug
Actemra	Humatrope	Stelara
Adempas	Humira	Strensiq
Afinitor	Humira CF	Sutent
Aubagio	Ibrance	Tagrisso
Avonex	Kuvan	Taltz
Benlysta	Norditropin AQ	Tobi Podhaler
Cimzia	Opsumit	Tyvaso
Cosentyx	Orencia	Vimpat
Dupixent	Otezla	Vumerity
Enbrel	Pulmozyme	Xeljanz
Envarsus XR	Rebif	Xeljanz XR
Firazyr	Revlimid	Xtandi
Genotropin	Simponi	Zelboraf
Gilenya	Skyrizi	
Haegarda	Sprycel	

International Medications

IMPORTANT: International Medications

Note: The international medications process differs slightly from the specialty

Enrollment Process:

- If you or a covered member of your household are on any of the commonly prescribed international drugs listed below, **please continue to fill locally at your pharmacy.**
- VeracityRx Specialty Services will contact you once we move you into the international program. **The benefit of enrolling is that you will no longer have a copay** and your employer will save at least 50% on the cost of the medication. If you choose to get started sooner, you may enroll at Veracity-Rx.com.
- Medications fulfilled through the international program will be the same medications made by the same manufacturers but filled through our partner pharmacy in Canada. Once we enroll you in the international program, you will be contacted to verify your shipping address and/or additional information. Processing and shipping can take up to 30 days; however, please note that your medications will continue to be filled without interruption.

Commonly Prescribed International Drugs*		
Drug	Drug	Drug
Apidra	Janumet	Tresiba
Atripla	Janumet XR	Trintellix
Basaglar KwikPen	Januvia	Trulicity
Biktarvy	Jardiance	Truvada
Breo Ellipta	Levemir	Victoza
Bydureon	Ozempic	Xarelto
Dexcovy	Prexcobix	
Eliquis	Rexulti	
Farxiga	Saxenda	
FIASP	Tivicay	
Invokana	Toujeo	
Invokamet	Tradjenta	

**List is only a sample of the top international drugs and is subject to change without notice.
Additional international drugs can be pursued beyond this list.*



Virtual Care with PhysicianNow Powered by MDLIVE

With virtual visits, you can be treated for various general health and general pediatric care concerns from the comfort of your home or office. If you are enrolled in a medical plan, you will have access to board-certified doctors and pediatricians. This service can be accessed via online video, chat, or the mobile app.

Use PhysicianNow Powered by MDLIVE when it's not an emergency and you can't get to a doctor's office. **It's available 24/7, and the cost is less than you would pay for a visit to the office or urgent care clinic.**

Use PhysicianNow for things like:

- Allergies, cold, fever and flu
- Urinary tract infections
- Sinus or respiratory issues
- Skin conditions (rashes or insect bites)
- Constipation or diarrhea
- Earaches
- Nausea and vomiting
- Pink Eye
- Certain pediatric conditions

Take advantage of this on-demand service for a copay of \$10 per consultation. For more information, see contact page.

How to use PhysicianNow

You can talk with a doctor using your phone, online video chat, or the mobile app. Just have your Member ID card ready.

It's easy to get started.

Register by logging in at bcbst.com/PhysicianNow and clicking Talk with a Doctor Now. Or call 1-888-283-6691.

Once you register, you can use it anytime. You can also use it by signing in to the my BlueTN app, available free from the App Store® or Google Play®.

Wellness

With the goal of helping you achieve a healthier and more balanced lifestyle, you have the option of participating in a biometric screening. This helps those enrolled in our medical plan to reach their personal health and wellness objectives. By establishing a health profile through biometric screenings, you can set health and wellness goals for yourself. This is the first step in managing your health. Other steps you can take and the results you can see:

- Develop healthy goals
- Make positive lifestyle changes
- Go to the doctor when you need to
- Get routine wellness checkups
- Eat well and make sure you get enough sleep
- Don't forget to exercise

Results you can see:

- Increased productivity
- Reduce your costs for healthcare
- Enjoy a healthier life

By taking an active role in your wellness and participating in a biometric screening, you will receive a \$25 bonus.





Dental

Dental care may be obtained from any dental provider; however choosing dental services from a dentist participating in-network will provide you with substantial savings.

Sometimes dental insurance pays based on a less expensive alternative to treatment that may be available. If you anticipate receiving dental treatment in excess of \$400 your dentist should submit your treatment plan to the dental carrier to obtain a pre-treatment estimate.

Delta Dental PPO (Point of Service)		
	Delta Dental PPO Dentist	Premier Dentist & Non-participating Dentist
Annual Deductible Individual Family	\$50 \$150	\$50 \$150
Annual Plan Maximum	\$1,000 per member	\$1,000 per member
Preventive Services <i>Exams, cleanings, X-rays</i>	100% deductible waived	100% deductible waived
Basic Services <i>Fillings, simple extractions, root canals</i>	90% after deductible	80% after deductible
Major Services <i>Crowns, bridges, dentures</i>	60% after deductible	50% after deductible
Orthodontia <i>For dependent children up to age 19</i>	50%, deductible waived	50%, deductible waived
Orthodontic Lifetime Maximum	\$1,000 per member	\$1,000 per member

Maximum Carryover – If at least one diagnostic and preventive services, emergency palliative treatment, sealants, radiographs, or periodontal maintenance service is paid in a benefit year and the total benefit paid does not exceed \$500 in that benefit year, up to \$350 will carry over to the next benefit year's maximum payment. This carryover amount will accumulate from one benefit year to the next, but will not exceed \$1,000. If no covered services are paid during a benefit year, all accumulated carryover amounts from previous benefit years will be forfeited.

Basic Life and AD&D and Disability

Basic Life and AD&D

Miller Industries provides full time employees with Basic Life and Accidental Death & Dismemberment (AD&D) coverage in the amount of 2x's salary up to \$500,000.

Deferred Effective Date: If you or your eligible dependent is totally disabled, his / her coverage will begin on the first of the month coincident with / or the next following date he / she no longer is totally disabled. This provision does not apply to a newborn child while dependent insurance is in effect.

Short-Term Disability

Disability insurance provides income protection in case you are sick or injured and cannot work. Short-term disability income benefits are available to you to provide income benefits if you become disabled from a non-work-related injury or sickness. This benefit is provided by Miller Industries.

Long-Term Disability

Long-term disability provides a source of income if you are disabled due to an injury or illness, for 180 days or more. Cost is 100% covered by Miller Industries.

Short-Term Disability	
Waiting Period Illness / Injury	7 days
Benefit Percentage Paid	60%
Benefit Duration	180 days
Long-Term Disability	
Waiting Period Illness / Injury	180 days
Benefit Percentage Paid	60%
Maximum Monthly Benefit	\$10,000
Benefit Duration	Social Security Normal Retirement Age (SSNRS)

Important! Remember to keep your beneficiary information up-to-date.

Voluntary Life and AD&D

All eligible employees may purchase additional life coverage. You may elect coverage for you, your spouse and child(ren) up to the guaranteed issue with no evidence of insurability (EOI) "health questionnaire" required. You must have coverage for yourself if you want to cover your spouse and/or child(ren). If an amount greater than the guarantee issue is selected, an EOI form will be required. If you waive(d) this coverage during open enrollment, an EOI form is required for any amount of insurance. The chart below is a brief outline of the plan. Please see the summary plan description for complete plan details.

	Employee	Spouse*	Child(ren)
Benefit Amount	Increments of \$10,000	Increments of \$5,000	Birth to 6 months: \$500
Maximum Benefit	\$1,000,000	50% of employee amount up to \$100,000	6 months to 26 years: \$10,000
Guarantee Issue	\$400,000	\$30,000	
Benefits reduced to:	75% at age 70; 50% at 75+		Covered to age 26

*Spouse coverage is based on the spouse's age and ends at age 85

Conversion Privilege & Portability Option: When you terminate employment, retire or lose insurance eligibility due to status change, you have the Conversion Privilege / Portability Option available to continue your current group term life insurance. You have 30 days immediately following loss of coverage to apply and submit first premium payment. Subject to the terms described in the certificate of coverage.



Worksite

Voluntary Accident Plan

Where most medical insurance plans only pay a portion of the bills, Accident Insurance is here to help. This policy can help pick up where other insurance leaves off and provide cash to cover the expenses. This benefit is “guaranteed issue” with no evidence of insurability required at initial enrollment.

Key Benefits Include:

- | | |
|---------------------------|-------|
| • Physician Treatment | \$150 |
| • Emergency Room Services | \$300 |
| • X-rays | \$300 |

Plan pays per incident with no limits each year.

Voluntary Cancer/Intensive Care

A diagnosis of cancer can feel overwhelming and this coverage helps to ease the stress. Treatment covered includes radiation, chemotherapy, anesthesia, and medical imaging. Benefits are paid regardless of any additional coverage you may have. You may elect to use these benefits to pay for expenses that are not medical but have occurred due to the diagnosis. This benefit is also “guaranteed issue” with no evidence of insurability required; however, there are pre-existing condition limitations.

Intensive Care hospitalizations for cancer and for other causes including heart issues, strokes, and accidents are also covered.

\$100 wellness reimbursement for annual screenings for each family member covered. Screenings covered include pap smear/test, mammogram, PSA test, colonoscopy, blood test for triglycerides, echocardiogram, EKG, lipid panel, and stress test on bike or treadmill.

Voluntary Critical Illness

An option to enhance the Cancer/Intensive Care coverage

Conditions covered:

- Heart attack
- Stroke
- Coronary artery bypass surgery
- End-stage renal failure
- Other critical illness (see plan summary for more details)

Includes a \$25 wellness screening benefit

For additional details about covered expenses, please refer to your benefit summary

Life Assistance Program

Balancing your work and home life is not always easy. With the Life Assistance Program your confidential employee assistance program, you don't have to face life's challenges alone. Life Assistance Program provides support and guidance for matters that range from personal issues you might be facing to providing information on everyday topics that affect your life. This program is made available by your employer through New York Life.

Call anytime, any day

Help is just a phone call away whenever you need it. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a specialist

You have three face-to-face sessions with a behavioral counselor available to you and your household members. Call to request a referral.

Achieve work/life balance

For help handling life's challenges, go online for articles and resources including on family, care giving, pet care, aging, grief, balancing, working smarter, and more.



Legal consultation and referrals

Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.



Financial Consultation

Receive a free 30-minute consultation and 25% discount on tax planning and preparation.

Phone: 800.538.3543
Website: www.nylgbs-lap.com



Retirement Savings

401(k)

Miller Industries helps you save for retirement by providing a 401k plan. You are eligible after 90 days of employment. In addition to the plan, your employer will match 50% of the first 5% that you contribute. For example, you contribute 5%, Miller puts in 2.5%.

Things you should know:

- ✓ All employees are automatically enrolled at 5%, if not specified otherwise.
- ✓ You can make changes to investments or contribution amounts any time during the year (not just during open enrollment)
- ✓ Your money is always yours – the company contribution vests at 100% after 5 years of service



401(k) Roth Option

Available April 1, there's a new way to contribute to your 401(k) account. Roth contributions have taxes taken out now, while the traditional 401(k) contributions are pre-tax, with taxes taken later at the time that you withdraw funds.

Comparing the Regular 401(k) vs. the Roth Option

	Regular	Roth
Contributions	Pre-tax	After-tax
Qualified distributions	Taxable	Tax-free*
May be better if you think...	Your tax rate will be <i>lower</i> when you retire	Your tax rate will be <i>higher</i> when you retire

*As long as you're at least 59½ and the money has been in your account for at least five years.

Weekly Benefit Payroll Deductions

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Medical				
Opt. 1 – P Network	\$48.23	\$101.20	\$88.19	\$134.28
Opt. 2 – S Network	\$25.30	\$53.13	\$48.07	\$70.84
Dental				
Delta Dental	\$4.39	\$8.92	\$9.44	\$14.13
Accident				
Allstate Accident	\$4.28	\$6.22	\$8.65	\$10.82

Allstate Cancer/Intensive Care			
WEEKLY	Low Option	Median Option	High Option
Employee Only	\$3.61	\$5.63	\$7.28
Employee + Spouse	\$5.75	\$8.79	\$11.46
Employee + Child(ren)	\$4.96	\$7.87	\$10.32
Employee + Family	\$7.09	\$11.03	\$14.50

Allstate Critical Illness - \$10,000 Basic Benefit (Low Plan)				
Ages	Non-tobacco EE & EE+CH	Non-tobacco EE+SP & FAM	Tobacco EE & EE+CH	Tobacco EE+SP & FAM
18 to 35	\$0.89	\$1.29	\$1.28	\$1.87
36 to 50	\$2.18	\$3.21	\$3.43	\$5.09
51 to 60	\$4.53	\$6.74	\$7.28	\$10.87
61 to 63	\$7.47	\$11.15	\$11.23	\$16.79
64+	\$11.84	\$17.70	\$17.93	\$26.84

Allstate Critical Illness - \$20,000 Basic Benefit (High Plan)				
Ages	Non-tobacco EE & EE+CH	Non-tobacco EE+SP & FAM	Tobacco EE & EE+CH	Tobacco EE+SP & FAM
18 to 35	\$1.43	\$2.08	\$2.20	\$3.25
36 to 50	\$4.00	\$5.94	\$6.49	\$9.68
51 to 60	\$8.69	\$12.99	\$14.21	\$21.26
61 to 63	\$14.57	\$21.81	\$22.09	\$33.08
64+	\$23.32	\$34.92	\$35.49	\$53.18

Bi-Weekly Benefit Payroll Deductions

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Medical				
Opt. 1 – P Network	\$96.46	\$202.40	\$176.38	\$268.56
Opt. 2 – S Network	\$50.60	\$106.26	\$96.14	\$141.68
Dental				
Delta Dental	\$8.78	\$17.84	\$18.88	\$28.26
Accident				
Allstate Accident	\$9.26	\$13.47	\$18.74	\$23.43

Allstate Cancer/Intensive Care			
WEEKLY	Low Option	Median Option	High Option
Employee Only	\$7.81	\$12.18	\$15.76
Employee + Spouse	\$12.45	\$19.03	\$24.83
Employee + Child(ren)	\$10.73	\$17.05	\$22.35
Employee + Family	\$15.36	\$23.89	\$31.41

Allstate Critical Illness - \$10,000 Basic Benefit (Low Plan)				
Ages	Non-tobacco EE & EE+CH	Non-tobacco EE+SP & FAM	Tobacco EE & EE+CH	Tobacco EE+SP & FAM
18 to 35	\$1.93	\$2.78	\$2.77	\$4.05
36 to 50	\$4.71	\$6.96	\$7.42	\$11.01
51 to 60	\$9.80	\$14.59	\$15.78	\$23.55
61 to 63	\$16.18	\$24.15	\$24.32	\$36.36
64+	\$25.64	\$38.35	\$38.83	\$58.14

Allstate Critical Illness - \$20,000 Basic Benefit (High Plan)				
Ages	Non-tobacco EE & EE+CH	Non-tobacco EE+SP & FAM	Tobacco EE & EE+CH	Tobacco EE+SP & FAM
18 to 35	\$3.08	\$4.51	\$4.76	\$7.03
36 to 50	\$8.65	\$12.86	\$14.05	\$20.97
51 to 60	\$18.83	\$28.13	\$30.78	\$46.06
61 to 63	\$31.57	\$47.25	\$47.86	\$71.67
64+	\$50.51	\$75.65	\$76.89	\$115.22

Voluntary Life Premium Tables

Weekly Cost Per \$5,000 Unit		
Current Age	Employee Cost per \$5,000 Unit	Spouse* Cost per \$5,000 Unit
<25	\$0.070	\$0.070
25 - 29	\$0.070	\$0.070
30 - 34	\$0.080	\$0.080
35 - 39	\$0.115	\$0.115
40 - 44	\$0.195	\$0.195
45 - 49	\$0.325	\$0.325
50 - 54	\$0.555	\$0.555
55 - 59	\$0.945	\$0.945
60 - 64	\$1.290	\$1.290
65 - 69	\$2.075	\$2.075
70 - 74	\$3.520	\$3.520
75+	\$6.060	\$6.060

Semi-Monthly Cost per \$5,000 Unit		
Current Age	Employee Cost per \$5,000 Unit	Spouse* Cost per \$5,000 Unit
<25	\$0.150	\$0.150
25 - 29	\$0.150	\$0.150
30 - 34	\$0.175	\$0.175
35 - 39	\$0.250	\$0.250
40 - 44	\$0.425	\$0.425
45 - 49	\$0.700	\$0.700
50 - 54	\$1.200	\$1.200
55 - 59	\$2.050	\$2.050
60 - 64	\$2.800	\$2.800
65 - 69	\$4.500	\$4.500
70 - 74	\$7.625	\$7.625
75+	\$13.125	\$13.125

*Spouse rates are based on his/her age as of effective date; spouses may be covered up to age 85 if employee has applied and been approved for coverage.

How to Calculate your Cost:

Step 1: Use the charts above to find your Weekly or Semi-Monthly rate based on your age as of your effective date.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the appropriate table above to find the unit amounts for employee and/or spouse.

Step 3: The result is your Weekly or Semi-Monthly Cost

Employee Cost per \$5,000 unit _____ x # of \$5,000 units _____ = _____ per pay period

Spouse Cost per \$5,000 unit _____ x # of \$5,000 units _____ = _____ per pay period

Voluntary Life	Death Benefit	Monthly Cost per \$10,000	Weekly Cost	Semi-Monthly Cost
Dependent Child(ren)	\$10,000	\$2.00	\$0.46	\$1.00

Notices

Full versions of the below notices along with Summary Plan Descriptions (SPD) and Summary of Benefits and Coverage (SBC) are available in print. You may contact Human Resources for a printed copy.

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

COBRA – FIRST NOTICE OF COBRA RIGHTS

Summary: This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

MEDICAL PRE-TAX PREMIUMS PLAN

Summary: Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standard for reward or if it is medically inadvisable for you to attempt to achieve the standard for reward under your employer's wellness program, please contact your employer's Human Resources representative to develop another way for you to qualify for the wellness program reward.

TERMS TO KNOW

Appeal - If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

Coinsurance - The amount of payment split between the employee and the insurance company. Example: Insurance company pays 80% and employee pays 20% of the charges after the deductible is met.

Deductible - Amount an employee pays out of pocket prior to the insurance company paying a percentage of the provider charges.

Evidence of Insurability (EOI) - The form containing medical questions that are required to be answered if you decide to elect voluntary life insurance after you have previously declined coverage, or if you decide to increase your current coverage. This may also be needed if you decide to add disability coverage after you have previously declined.

Explanation of Benefits (EOB) - The EOB is mailed to the employee after a claim is received and processed by the insurance company. The EOB will describe how the claim was processed and outline what portion of the charges are applied to the deductible, what portion the employee is responsible for, and explain if there is a denial or error processing the claim.

Guaranteed Issue - The maximum amount of voluntary life insurance you can choose when making your initial election that does not require the answering of medical questions.

Network Providers - Doctors, Hospitals and other healthcare providers who have an agreement/contract with insurance companies agreeing to charge a discounted amount for services they render.

Out-of-Pocket Maximum - The maximum an employee is responsible for paying out of pocket in any one calendar year prior to the insurance company paying the entire eligible amount for the remaining of the calendar year.

Pre-Authorization - Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

Pre-Determination - If you are having a major procedure done, your doctor or dentist can submit a pre-determination to the insurance company so you can know in advance of treatment how much of the bill you will be responsible for.



NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Important Contacts

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	BlueCross BlueShield of Tennessee	bcbst.com	800-565-9140
Dental	Delta Dental	deltadentaltn.com	800-223-3104
Voluntary Benefits	Allstate	allstatebenefits.com/mybenefits	800-521-3535
Life and AD&D	New York Life	myNYLGBS.com	800-362-4462
Long-term Disability	New York Life	myNYLGBS.com	888-842-4462
401(k)	Principal	principal.com	800-547-7754
Life Assistance Program	New York Life	nylgbs-lap.com	800-538-3543



This Guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents, including any dis-closures (whether regarding “grandfathering” of plans or others) required by the new health reform law, the Patient Protection and Affordable Care Act (PPACA). In the event of conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail. Please contact your Human Resources Department for further information. ©McGriff Insurance Services