



STEP 4 TEST COMPANY

2022 Plan Year EMPLOYEE BENEFITS PACKAGE



EBB

Insurance Terms and Definitions

PPO (PREFERRED PROVIDER ORGANIZATION)

A PPO is a type of insurance network. In this type of network, you may choose to obtain care in or out of your network. If you choose to visit a "Preferred", or "In-Network", provider, your out of pocket expense will be significantly less than if you visit a provider outside your network. The reason for this is the In network provider agrees to accept set, contracted rates as payment in full for their services in return for being part of the insurance carrier's Preferred Provider network.

DEDUCTIBLE

The amount you pay before the insurance carrier starts sharing the expense of your medical care. Major medical expenses apply to the deductible like inpatient/outpatient surgeries, MRI's, CT Scans, etc...

EMBEDDED DEDUCTIBLE

This only applies to employees who have dependents enrolled on their plans. In an Embedded deductible, no member of the family unit can satisfy more than the single deductible during the deductible period. Even though the family is subject to the family deductible as a whole, no one person can satisfy more than the single deductible.

DEDUCTIBLE PERIOD

This is the 12 month time period in which all medical expenses that would apply to your deductible accumulate. Your deductible will reset after this period ends. This time period is important to note, because it does not always align with your plan year

CO-INSURANCE

After you've reached your deductible for the year, the insurance carrier will split the balance of the major medical expense with you. They pay a percentage and you pay a percentage of your medical expense until you've reached your Out of Pocket Maximum

OUT OF POCKET MAXIMUM

This is the maximum amount you will pay for covered medical expenses during your deductible period

CO-PAYS

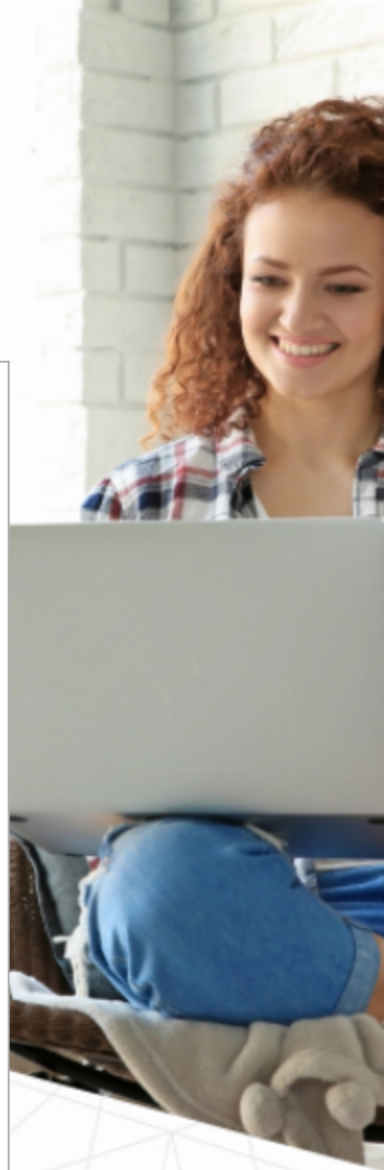
This is a set Dollar amount you pay when you receive medical care from a PCP, Specialist, Urgent Care, Emergency Room, or Pharmacy. It's called a CO-pay, because you pay the set dollar amount and your insurance carrier pays the rest of the actual charge from the doctor/facility. Co-pays DO NOT apply to the deductible

NEGOTIATED RATE (CONTRACTED RATE)

When a Provider (doctor, facility, pharmacy or hospital) contracts with an insurance carrier, they are considered In-Network. Part of the contract states that the provider will accept a lower payment (lower than what they normally charge) from the insurance carrier as payment in full. This lower payment is the Negotiated Rate.

EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.



Important Items to Remember

NEW HIRE WAITING PERIOD

New employees are eligible for company insurance benefits: The day after 30 days of continuous full time employment

TERMINATION OF BENEFITS

When your employment with the company is terminated, your benefits will stop: At the end of that month

ELIGIBLE EMPLOYEES

To be eligible for company benefits, you must be a full time employee working an average of 30 hours per week during the year

DEPENDENT CHILDREN

Children under the age of 26 are eligible to be covered under the benefits. They will be taken off of the plan at the end of the month in which they turn 26

OPEN ENROLLMENT

You can make changes to your plans (enroll in coverage, waive coverage, add/drop dependents, etc..) during this time period each year. Open enrollment occurs 30 days prior to your plan renewal. All changes made during this time period will take effect on the renewal date

MAKING PLAN CHANGES DURING THE YEAR

If you've had a major life event (getting married, having a child, getting divorced, losing coverage, becoming eligible for Medicare, etc...) during the year, you're able to make coverage changes to your plan even though it's outside of the Open Enrollment window. Please turn in all paperwork within 30 days of your Qualifying Event to ensure it will be processed timely and any claims incurred will be paid. PLEASE NOTE: If adding a newborn baby to your plan, the baby's social security number will not be available right away. Please submit the paperwork without it, and provide it once it's available

COBRA

PLEASE NOTE: In the event your employment is terminated with the company, you will receive a packet in the mail giving you the opportunity to continue your Medical, Dental and Vision benefits for up to 18 months. This is called COBRA coverage. Your employer DOES NOT contribute to this coverage as they may when you are employed with them. You will be responsible for 102% of the actual cost of the insurance if you wish to continue with it.

STAY IN NETWORK

To obtain the best benefits, it's important to stay in the insurance carrier's network. Always check online or verify over the phone that a doctor or hospital is in network BEFORE your visit. Also, when having a procedure done in a hospital/facility, ask the hospital staff to make sure EVERY doctor/nurse/radiologist/anesthesiologist/etc... is in your network

EXPLANATION OF BENEFITS

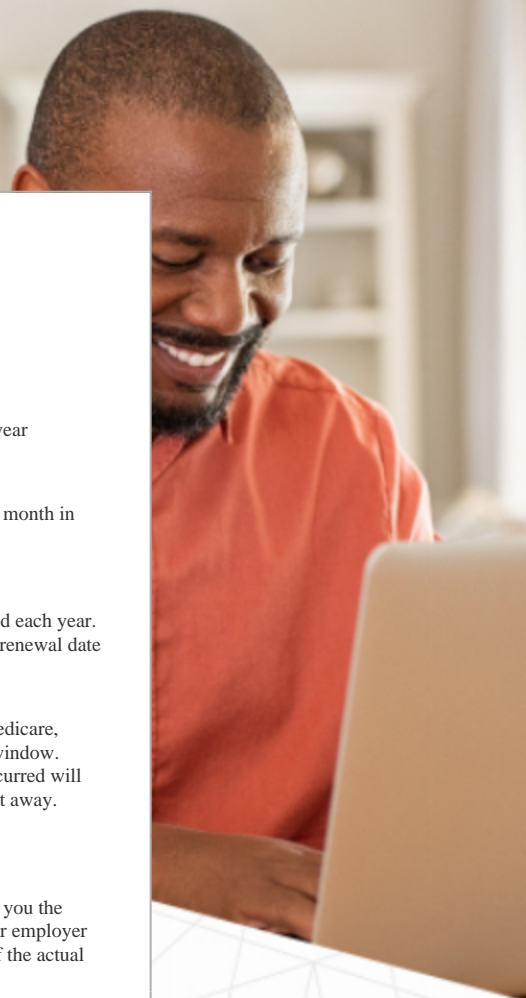
Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

NEED A NEW ID CARD OR ANOTHER ID CARD FOR A DEPENDENT?

You can register for the insurance carrier's website where you can print out temporary ID cards and order new cards, or you can contact: Jane Doe at ABC Insurance Services Email: Phone:

HAVE QUESTIONS ABOUT AN INSURANCE CLAIM?

PLEASE HAVE COPIES OF YOUR EXPLANATION OF BENEFITS ALONG WITH A COPY OF YOUR BILL(S) READY & CONTACT: Jane Doe at ABC Insurance Services Email: Phone:



Health

Aetna | 2500 80/50

DEDUCTIBLE	IN-NETWORK	OUT OF NETWORK
Single	\$2,500	\$5,000
Family	\$5,000	\$15,000
COINSURANCE		
Member %	20%	50%
OUT OF POCKET MAXIMUM		
Single	\$6,000	\$15,000
Family	\$12,000	\$45,000
COMMONLY USED SERVICES		
Primary Care Physician Office Visit	\$35	50% after the deductible
Specialist Office Visit	\$70	50% after the deductible
Urgent Care	\$75	50% after the deductible
Emergency Room	\$500	\$500
PREVENTIVE CARE		
Preventive Services	0%	50% after the deductible
MAJOR MEDICAL EXPENSES		
Outpatient Surgery	20% after the deductible	50% after the deductible
Inpatient Hospitalization / Surgery	20% after the deductible	50% after the deductible
CT scan, PT scan, MRI	20% after the deductible	50% after the deductible
Hospital Newborn Delivery	20% after the deductible	50% after the deductible
PRESCRIPTION DRUG COVERAGE		
Prescription Deductible	\$0	N/A
Generic (Tier 1)	\$10	N/A
Brand Name (Tier 2)	\$50	N/A
Non-Preferred (Tier 3)	\$80	N/A
Mail Order - 90 day Supply	\$20 / \$100 / \$160 / 20% / 40%	N/A
PLAN INFORMATION		
Plan Year	January 1st - December 31st	
Deductible Period	January 1st - December 31st	
Deductible Explanation	Embedded	
Network Type	PPO	
Network Name	Choice POS II	
Member Website	www.aetna.com	
Customer Service Phone Number	1-888-802-3862	
PREMIUMS ARE PER PAYCHECK		
Employee Only	\$92.31	
Family	\$300.00	

Plan Explanation

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage



Dental

Delta Dental | PPO Dental

DEDUCTIBLE	IN-NETWORK	OUT OF NETWORK
Single	\$50	\$50
Family	\$150	\$150
MAXIMUM THE CARRIER WILL PAY		
Annual Maximum	\$1,000	\$1,000
FREQUENCIES		
Cleaning	2 per calendar year	
Exam	2 per calendar year	
DENTAL COVERAGE		
Cleanings	0%	0%
Exams	0%	0%
X-Rays	0%	0%
Sealants	0%	0%
Fillings	20%	20%
Simple Extractions	20%	20%
Root Canal	20%	20%
Periodontal Gum Disease	20%	20%
Oral Surgery	20%	20%
Crowns	50%	50%
Dentures	50%	50%
Bridges	50%	50%
Implants	50%	50%
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	\$1,000	
Orthodontia Maximum Age	19	
OUT OF NETWORK EXPLANATION		
	Out of network dentists are NOT contracted with your dental insurance carrier. After you pay for the service based on your benefit plan, the insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist. In most cases, the out of network dentist does not consider this as payment in full (like an in-network dentist would) and may "Balance bill" you. That is, they may ask you to pay the difference.	
PLAN INFORMATION		
Waiting Period for Major Services	None	
Plan Year	January 1st - December 31st	
Network Type	PPO	
Network Name	PPO + Premier	
Member Website	www.deltadentaloh.com	
Customer Service Phone Number	555-555-5555	
PREMIUMS ARE PER PAYCHECK		
Employee Only	\$1.85	
Family	\$1.85	

Plan Explanation

Dental Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevant information employees need to know about their plan.

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Vision

	Joe 4 Joe 1		Joe 4 Joe 2	
VISION COVERAGE	IN-NETWORK	OUT OF NETWO.	IN-NETWORK	OUT OF NETWO.
Eye Exam	\$10	\$50	\$10	\$50
Single Vision Lens	\$25	\$50	\$25	\$50
Lined Bi-Focal Lens	\$25	\$50	\$25	\$50
Lined Tri-Focal Lens	\$25	\$50	\$25	\$50
Lenticular Lens	\$25	\$50	\$25	\$50
Contact Lens Allowance	\$150	\$50	\$150	\$50
Frame Allowance	\$150	\$50	\$150	\$50
FREQUENCIES				
Exam Frequency	12 MONTHS		12 MONTHS	
Lens Frequency	12 MONTHS		12 MONTHS	
Frame Frequency	12 MONTHS		12 MONTHS	
OUT OF NETWORK EXPLANATION				
	OON			
PLAN INFORMATION				
Plan Year	Jan		Jan	
Network Name	PPO		PPO	
Member Website	VSP.COM		VSP.COM	
Customer Service Phone Number	555-5555		555-5555	
PREMIUMS ARE PER PAYCHECK				
Employee Premium Per Paycheck	\$2.308		\$2.192	

Plan Explanation

Vision Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevant information employees need to know about their plan.

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Short Term Disability

Joe 4 | Joe 1

STD INSURANCE BENEFITS

How does my insurance carrier define Disability?	LOSS OF DUTY
Weekly Benefit	\$600
When do benefits start? (Elimination period)	1/7
How long do my benefits pay out?	13 WEEKS
Are there any limitations on coverage for Pre-Exisitng conditions?	NONE
Is Maternity Covered?	YES
Guaranteed Insurability	\$600
Taxation of Benefit	NONE

PLAN INFORMATION

Plan Year	MAR
Member Website	P.COM
Customer Service Phone Number	555-5555

PREMIUMS ARE PER PAYCHECK

Employee Only	\$2.31
Family	\$2.31

PREMIUM CALCULATION

$$\frac{\text{_____}}{\% \text{ of weekly pay}} \div \frac{\text{\$10}}{\text{per \$10}} \times \frac{\text{_____}}{\text{Unit Rate}} = \frac{\text{_____}}{\text{Premium per paychecks}}$$

Plan Explanation

STD Insurance explanation - brief synopsis of the plan details for the year. What is short term disability and what is it used for?

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Long Term Disability

Joe 4 | Joe 1

LTD INSURANCE BENEFITS

How does my insurance carrier define Disability?	Loss of duties
Monthly Benefit	\$5,000
When do benefits start? (Elimination period)	90 days
How long do my benefits pay out?	ssnra
Are there any limitations on coverage for Pre-Exisitng conditions?	none
Own Occupation Limitation	2 years
Guaranteed Insurability	\$5,000
Taxation of Benefit	none

PLAN INFORMATION

Plan Year	MAY
Member Website	LTD.COM
Customer Service Phone Number	555-5585

PREMIUMS ARE PER PAYCHECK

Employee Premium Per Paycheck	\$2.308
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PREMIUM CALCULATION

$$\frac{\text{Monthly Pay}}{\frac{\$100}{\text{per\$100}}} \times \text{Unit Rate} = \text{Premium per paychecks}$$

Plan Explanation

LTD Insurance explanation - brief synopsis of the plan details for the year. What is long term disability and what is it used for?

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Term Life

Joe 4 | Joe 1

LIFE INSURANCE BENEFITS		
Life Insurance Coverage		\$15,000
Accidental Death & Dismemberment		\$15,000
Age Reduction Schedule		65
Beneficiary		ANYONE
Taxation of Benefit		TAXED
PLAN INFORMATION		
Plan Year		Janu
Member Website		lincoln.com
Customer Service Phone Number		555-5555



Plan Explanation

Life Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevant information employees need to know about their plan.

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Notes