WORLDWIDEBDC

2027







EMPLOYEE BENEFITS BOOKLET

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

WORLDWIDEBDC

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aab All Atlantic Benefits

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Visit our Benefits Website for full plan information and to complete your enrollment:
www.worldwidebdcbenefits.com

OUR CARRIERS

HEALTH | DENTAL | VISION | LIFE | AD&D

NHP Telephone: (844) 634-1229
UHC Telephone: (800) 782-3740
Dental: (800) 822-5353
Vision: (800) 638-3120
www.myuhc.com

GAP

Transamerica/Amwins
Telephone: (800) 476-4491
www.webtpa.com



OPEN ENROLLMENT

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

PLAN YEAR

January 1, 2027 - December 31, 2027

NEW HIRE ENROLLMENTS

Effective the first of the month following 60 days after date of hire

ELIGIBILITY

Full time employees working 30 or more hours per week are eligible to enroll in the benefits outlined in this guide.

DEPENDENTS

You may be able to enroll eligible dependents in some of our plans. Eligible dependents include:

- Your spouse or domestic partnership
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

QUALIFYING EVENTS

We are unable to accept changes to benefit elections outside of the annual open enrollment period unless you have a qualifying event. You must notify Human Resources within 30 days of a qualifying event.

Examples of qualifying events include:

- Marriage, divorce or separation
- Birth or adoption of a child
- Change in child's dependent status
- Death in a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

PLEASE NOTE: The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.

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MEDICAL INSURANCE

UnitedHealthcare®

NHP (844) 634-1229 • www.myuhc.com

Plan Name	UHC Level Funded NHP EPO $5,000 Ded
Network Access	In Network Only
Provider Network	NHP EPO
Opportunities For Care	
Preventative Care	Covered 100%
Physician	$15 Copay
Telemedicine	Telehealth PCP: $15 Copay / Specialist: $50 / $100 Copay Virtual Visits: Covered 100%
Specialist	$50 / $100 Copay
Convenience Care Clinic	$25 Copay
Urgent Care	$25 Copay
Emergency Room	$300 Copay + 20% After Ded
Diagnostic Services	
Independent Clinical Lab / X-Ray	20% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	20% After Ded
Outpatient & Inpatient Services	
Outpatient Surgery Ambulatory Surgical Center/Hospital	20% After Ded
Inpatient Hospital	20% After Ded
Provider Services Inpatient Hospital	20% After Ded
Pharmacy Benefits	
Prescription	$10 / $35 / $75 / $250 Specialty: $10 / $150 / $350 / $500
Deductible	
Deductible	$5,000 / $10,000
Member Co-Insurance	20%
Maximum Benefits	
Member Out of Pocket Maximum	$8,150 / $16,300
Carrier Lifetime Benefit Maximum	Unlimited
Dependent Child/Student Age	Up to Age 30, benefits will terminate at end of the Calendar Year

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE

UnitedHealthcare®

NHP (844) 634-1229 • www.myuhc.com

Plan Name	UHC Level Funded NHP POS $1,500 Ded	
Network Access	In Network	Out of Network
Provider Network	NHP POS	
Opportunities For Care		
Preventative Care	Covered 100%	50% After Ded
Physician	$25 Copay	50% After Ded
Telemedicine	Telehealth: $25 / $75 Virtual Visits: Covered 100%	Refer to Benefit Summary
Specialist	$75 Copay	50% After Ded
Convenience Care Clinic	$25 Copay	50% After Ded
Urgent Care	$50 Copay	50% After Ded
Emergency Room	$300 Copay + 20% After Ded	
Diagnostic Services		
Independent Clinical Lab / X-Ray	Covered 100%	50% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	20% After Ded	50% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	20% After Ded	50% After Ded
Inpatient Hospital	20% After Ded	50% After Ded
Provider Services Inpatient Hospital	20% After Ded	
Pharmacy Benefits		
Prescription	$10 / $35 / $75 / $250 Specialty: $10 / $150 / $350 / $500	Not Covered
Deductible		
Deductible	$1,500 / $3,000	$3,000 / $6,000
Member Co-Insurance	20%	50%
Maximum Benefits		
Member Out of Pocket Maximum	$5,000 / $10,000	$10,000 / $20,000
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 30, benefits will terminate at end of the Calendar Year	

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MEDICAL INSURANCE

UnitedHealthcare®

UHC (800) 782-3740 • www.myuhc.com

Plan Name	UHC Level Funded Choice Plus POS $500 Ded	
Network Access	In Network	Out of Network
Provider Network	Choice Plus	
Opportunities For Care		
Preventative Care	Covered 100%	50% After Ded
Physician	$25 Copay	50% After Ded
Telemedicine	Telehealth: $25 / $75 Virtual Visits: Covered 100%	Refer to Benefit Summary
Specialist	$75 Copay	50% After Ded
Convenience Care Clinic	$25 Copay	50% After Ded
Urgent Care	$50 Copay	50% After Ded
Emergency Room	$300 Copay + 20% After Ded	
Diagnostic Services		
Independent Clinical Lab / X-Ray	Covered 100%	50% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	20% After Ded	50% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	20% After Ded	50% After Ded
Inpatient Hospital	20% After Ded	50% After Ded
Provider Services Inpatient Hospital	20% After Ded	
Pharmacy Benefits		
Prescription	$10 / $35 / $75 / $250 Specialty: $10 / $150 / $350 / $500	Refer to Benefit Summary
Deductible		
Deductible	$500 / $1,000	$1,000 / $2,000
Member Co-Insurance	20%	50%
Maximum Benefits		
Member Out of Pocket Maximum	$4,000 / $8,000	$8,000 / $16,000
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 30, benefits will terminate at end of the Calendar Year	

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A simpler employee experience that helps reduce the total cost of care



Half of U.S. adults have trouble affording health care costs and 40% have delayed or gone without medical care in the last year due to costs.[1] To help employees pay for certain health care costs and encourage them to use quality care, we offer Care Cash®. This preloaded debit card can be used for UnitedHealth Premium® primary care and specialist provider visits* as well as network primary care provider visits, 24/7 Virtual Visits, urgent care visits, outpatient behavioral health visits and lab visits.

Helping to remove barriers to care

Through Care Cash, employees may:

- ✔ **Save money** – Care Cash helps them pay their portion** of certain eligible health care costs
- ✔ **Stay healthier** – Care Cash helps them consider quality care and may help reduce delays in getting care
- ✔ **Take ownership of their health** – Care Cash is designed to educate employees on how to use their benefits effectively

Spending power

Care Cash is designed to give employees:

$200

for the year for individual coverage, or

$500

for family coverage

The card is reloadable, with any remaining balance rolling over each year toward a $2,000 max.***

*Tier 1 medical plans should look for network primary care providers and specialists (not Premium Care Physicians). Care Cash medical plan eligibility must be maintained.

**Cost sharing (copays, deductibles and coinsurance).

***Care Cash medical plan eligibility must be maintained.

continued

United Healthcare

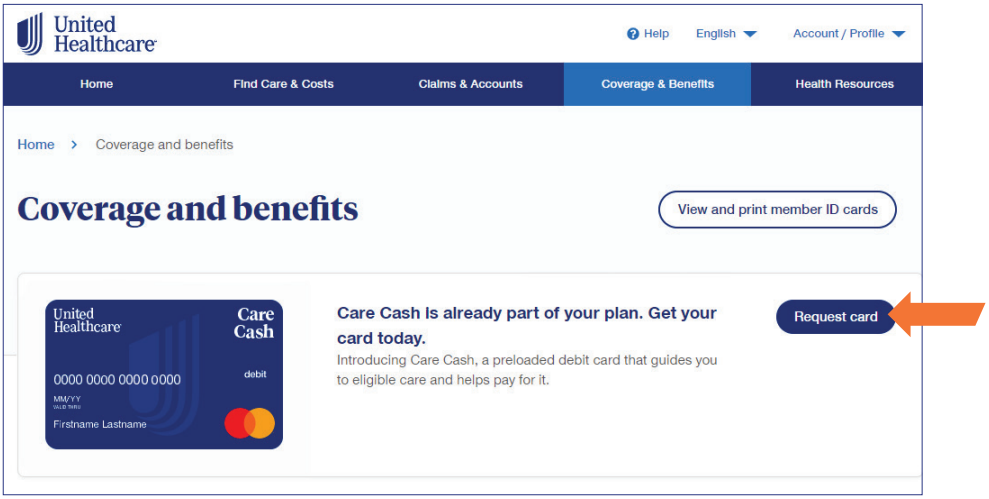
How to request your Care Cash card

Care Cash™ is a preloaded debit card that helps guide you to more cost-effective and convenient care—and it can be used in place of a credit or debit card to help pay for certain eligible expenses.

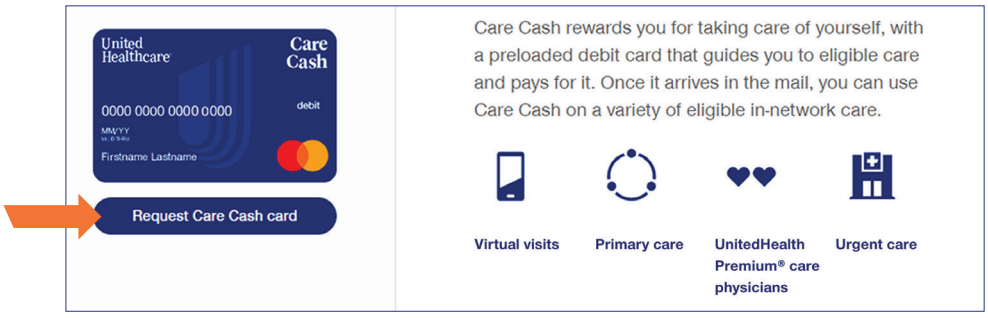
Follow these 5 steps to get your card

1. Go to **myuhc.com® > Coverage & Benefits**. If you haven't yet registered at **myuhc.com**, you'll need to do that first.

2. Scroll to the Care Cash section and select the **Request card** button.



3. Once you're on the Care Cash page, select the **Request Care Cash card** button.



4. Follow the prompts to verify your address and contact info or make any required updates. When you're finished, select the **Request Care Cash card** button.

5. Make sure you get the confirmation message. When you do, you'll know your request is complete.

Once you receive your card, there's one final step

After completing your request, your card should arrive by mail within 7–10 business days. You'll need to activate it, which you can do by calling the toll-free phone number that's listed on the card sticker.

Questions? Call **1-888-201-4286**

United Healthcare

MEMBER SERVICES

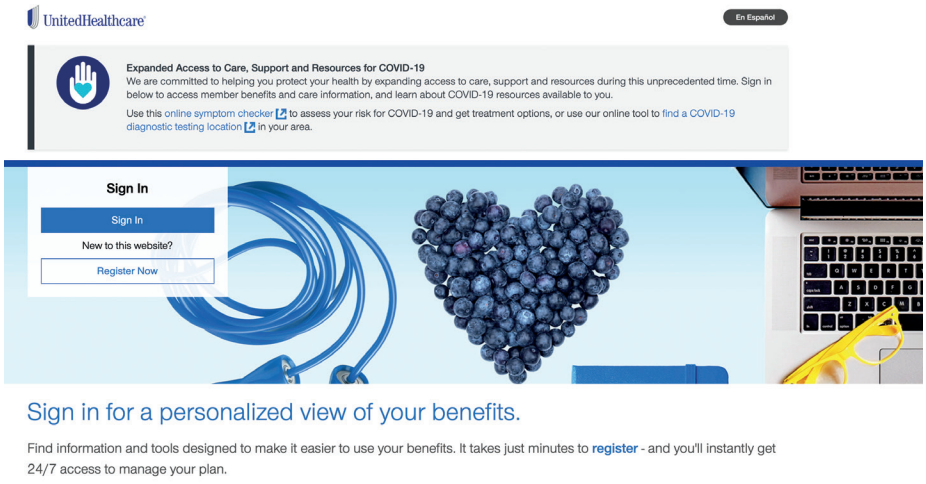
UnitedHealthcare®

NHP (844) 634-1229 | UHC (800) 782-3740 • www.myuhc.com

Get answers about your benefits, claims and more by registering at myuhc.com. Download the Health4Me App it makes the online pharmacy experience simple and possible. Get access today by following the simple steps listed below.

Registration is quick and simple at MyUHC.com

1. Go to myuhc.com
2. Click the "Register Now" button
3. Enter your name, date of birth and the account numbers from your health plan ID card. Or, enter your Social Security number and your date of birth
4. Create a username and password
5. Enter your email address and optional phone numbers, and choose security questions.
6. Reviewing and agree to the website policies, and be sure to keep the email opt-in checked so you get relevant new and wellness information



By registering, you will also get Explanation of Benefits, claim letters, regulatory notices and other important information by email. You may choose to get paper communications at any time by changing your Mailing preferences.

On myuhc.com, you can:

- Check past and current statements and claim status.
- Review eligibility and look up benefits.
- Find a hospital or doctor, including UnitedHealth Premium® designated physicians.
- Print a temporary health plan ID card or request a replacement card.
- Take a health assessment and participate in online programs designed to help you set goals toward your health objectives.
- Learn about health conditions, symptoms and the latest treatment options.
- Use the Personal Health Record to organize and store your health data in one convenient, confidential place.

Health4Me App

The UnitedHealthCare® Health4Me® App makes the online pharmacy experience as simple as possible. You can easily:

- Search drug prices at multiple pharmacies
- Locate a network pharmacy
- Manage medication reminders
- Access your ID Card if your plan allows

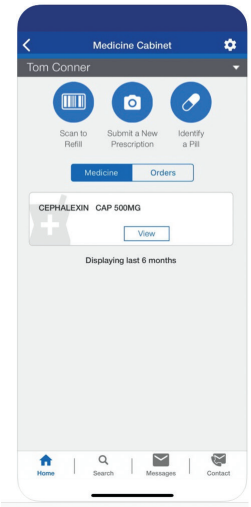
Manage OptumRx® home delivery orders:

- Transfer a prescription to home delivery
- Track your home delivery order
- Refill a home delivery prescription

The Health4Me® App:

The most convenient way to manage your prescriptions

Download the Health4Me App now from the Apple® App Store or Google Play™



SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEMBER SERVICES

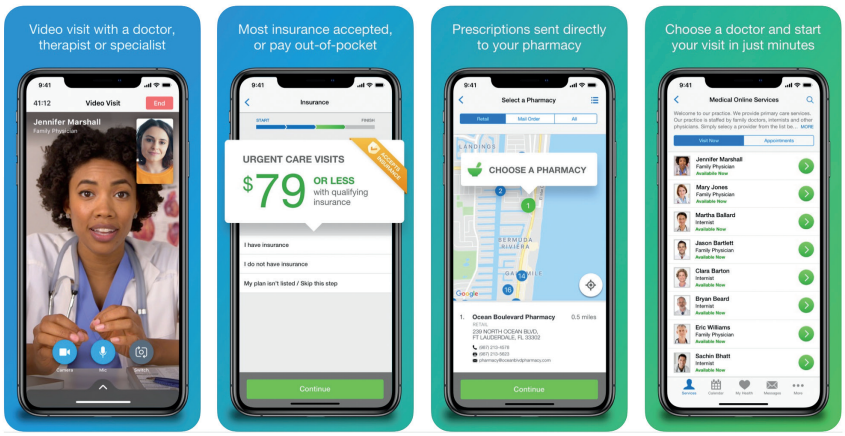
UnitedHealthcare®

NHP (844) 634-1229 | UHC (800) 782-3740 • www.myuhc.com

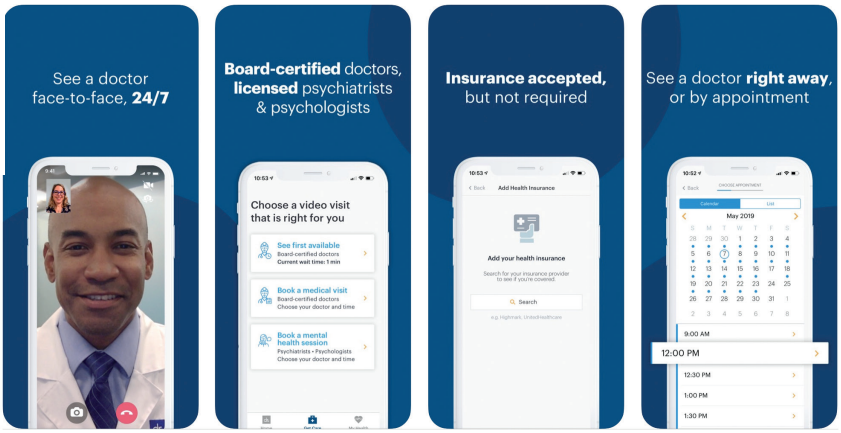
A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that you can pick up at your local pharmacy.

Get access to care online. Any where. Any time.

Amwell.com



doctorondemand.com



Note: Doctor on Demand does not support any version of Internet Explorer®

A Virtual Visit lets you see talk with a doctor from your laptop or mobile device.

You have access to a network of Virtual Visits provider groups. To learn more about Virtual Visits and our network please log into myuhc.com® or the UnitedHealthCare Health4Me® app.

Once you choose a Virtual Visit provder group you'll be directed to their website from myuhc.com or their app from Health4Me. You also have the option of going directly to their website or app to access care. You can download their app directly from Google Play or The Apple® App Store®.

Virtual Visits are covered under your health plan benefits either way you decide to access care.

Available on the iPhone App Store | ANDROID APP ON Google play

Tips for registering:

Locate your member ID number on your health plan ID card

Or Look up your number on myuhc.com

Have your primary care provider name and medical history ready

Choose a pharmacy that's open in case you're given a prescription.

When to use Virtual Visits:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requring bandaging or sprains/broken bones

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.



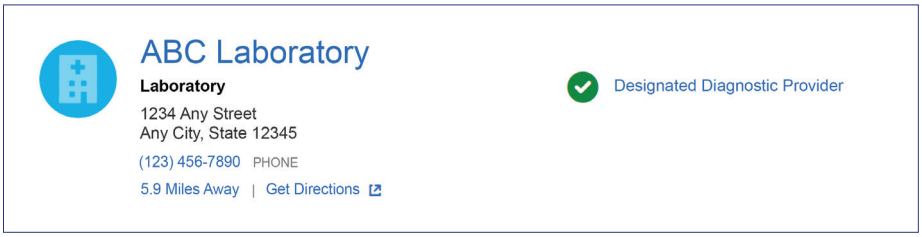
Say hello to the Designated Diagnostic Provider benefit

More value for you, more savings for employees

Designated Diagnostic Providers (DDP) are freestanding and hospital lab providers who meet requirements for providing quality and efficient services. When your employees choose a DDP for their outpatient lab services they'll receive the highest level of benefit from their health plan. This means more value for lab services—and more value for your employees.

Look for the green check

Participating labs will be designated in the provider search on **myuhc.com®**. Look for this icon beginning in late June 2021:



What is a DDP?

DDPs are labs committed to improving access, quality and service at a lower cost.

Participating labs include:

- AmeriPath/DermPath
- BioReference
- GeneDx
- Invitae
- LabCorp & Subsidiaries
- Mayo Clinic Laboratories*
- Millennium Health
- Quest Diagnostics
- Hospital and freestanding labs meeting quality and efficiency requirements

Note: Participating DDP providers are subject to change upon annual review process and contracting work is ongoing and will expand DDP to include additional facilities.

Contact your UnitedHealthcare representative for more information

United Healthcare

*Laboratory services billed by Mayo Clinic and Mayo Health System are not included under the Mayo Clinic Laboratories agreement.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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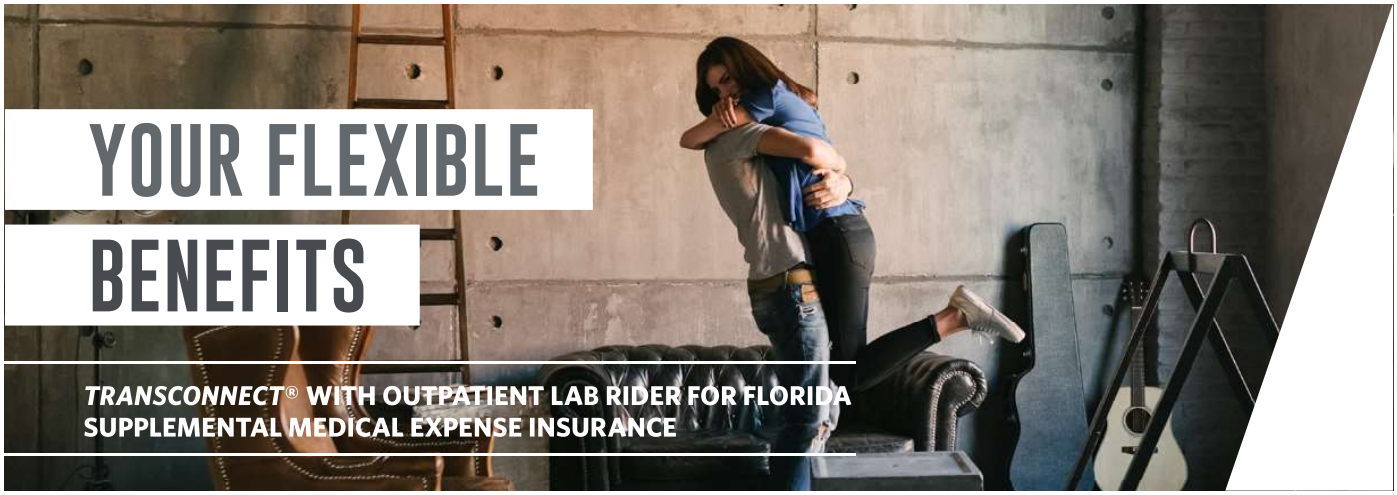
GAP INSURANCE

TRANSAMERICA®

(800) 476-4491 | www.webtpa.com



YOUR FLEXIBLE BENEFITS

***TRANSCONNECT*® WITH OUTPATIENT LAB RIDER FOR FLORIDA SUPPLEMENTAL MEDICAL EXPENSE INSURANCE**

***TransConnect* For Florida, underwritten by Transamerica Life Insurance Company.**

Andrea was involved in a serious car accident. After the whirlwind of the ambulance ride, ER, surgery, and hospital stay, she's nervous about how much her major medical insurance will pay. It's a relief to remember that she signed up for *TransConnect* which can pay for out-of-pocket expenses like deductibles, coinsurance, and copayments.

INPATIENT HOSPITAL BENEFITS $2000

Your policy pays benefits for inpatient hospital stays, inpatient procedures, inpatient physician charges, and even routine nursery care for dependent children. Your employer determines your calendar year maximum benefit (multiplied by three for an insured family).

OUTPATIENT HOSPITAL BENEFITS WITH OUTPATIENT LAB BENEFIT RIDER $2000

Your policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiological diagnostic testing performed in a hospital outpatient facility or a magnetic resonance imaging (MRI) facility
- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- MRIs, CT scans, PET scans, diagnostic ultrasounds, electrocardiogram (EKG) tests performed in a physician's office (X-rays and lab fees are not included)
- Cardiac catheterization and stress tests
- Accident, injury, or emergency condition treatment in a hospital ER or urgent care center
- Laboratory tests performed on an outpatient basis in an independent laboratory (a lab that is independent of both an attending or consulting physician's office and of a hospital).

ACCIDENT-ONLY AMBULANCE BENEFIT $2000

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

ELIGIBILITY

You must be actively employed qualifying as an eligible insured (defined by the employer) and have an employer's basic, major medical, or comprehensive medical plan.

PRODUCT HIGHLIGHTS

- Guaranteed Issue
- No pre-existing conditions
- Present a *TransConnect* ID card along with your group medical ID card to the medical service provider
- Review claims online

TRANSAMERICA®

DENTAL INSURANCE

UnitedHealthcare®

(800) 822-5353 | www.myuhcdental.com

Plan Name	PPO Plan	
	In Network	Out of Network
Network	UHC Options PPO 20 Network	
Individual Deductible	$25	$25
Family Deductible	$75	$75
Waived for Preventative	Yes	
Deductible Calendar Year or Lifetime	Calendar Year	
Annual Maximum	Unlimited	
Preventative - Type 1	100%	100%
Basic - Type 2	90%	80%
Major - Type 3	60%	50%
Ortho - Type 4	50%	
Ortho Age Limit	Adult & Child	
Ortho Maximum	$2,000	
Endodontics	90%	80%
Periodontics - Non-Surgical	90%	80%
Periodontics - Surgical	90%	80%
Oral Surgery	90%	50%
Implants	60%	50%
Out-of-Network Reimbursement	MAC	
Maximum Rollover	Not Included	
Waiting Period	None	
Dependent Child/Student Age	Up to Age 26, benefits will terminate at end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

VISION INSURANCE

UnitedHealthcare®

(800) 638-3120 | www.myuhcvision.com

Plan Name	Vision
	In Network Copays & Allowances
Network	Spectera
Exam Copay	$10 Copay
Materials Copay	$15 Copay
Frequency - Exam / Lenses / Frames	12 / 12 / 12
Single Lenses	Covered in full after copay
Bifocal Lenses	
Trifocal Lenses	
Lenticular Lenses	
Frames - After Copay	$200 Allowance + 30% off balance
Contacts (Elective)	$200 Allowance
Dependent Child/Student Age	Up to Age 26, benefits will terminate at end of the month of Birth Date

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LIFE INSURANCE

UnitedHealthcare®

(800) 782-3740 | www.myuhc.com

EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

Worldwide BDC provides Employer Paid Life Insurance and AD&D to all Full-Time Employee eligible for benefits in the amount of:
All Active Full Time Employees - $25,000

Benefits will reduce:
65% at age 65
50% at age 70
Benefits will terminate at retirement

VOLUNTARY LIFE & AD&D

Employee Benefits

Benefit Amount:

- Choice of $10,000 Increments
- Not to exceed 5 times your annual salary
- Maximum Amount $300,000

Guarantee Issue:

- Up to $80,000 at Initial Enrollment

Child Benefits

- Choice of $5,000 or $10,000

Spousal Benefits

Benefit Amount:

- Choice of $10,000 or $20,000
- Not to exceed 50% of Employee's elected amount
- Employee must elect coverage in order to enroll spouse

DISCLOSURES

Accidental Death and Dismemberment (AD&D) pays the Principal Sum Amount for the loss of life due to an accident or the loss of 2 or more members such as hand, foot, or eye.

Half the Principal Sum is payable for the loss of one member.

Please refer to the certificate of insurance for full policy details, benefits, and restrictions.

Rate information can be found in your enrollment kit or platform.

Exclusions may apply.

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DISABILITY INSURANCE

UnitedHealthcare®

(800) 782-3740 | www.myuhc.com

VOLUNTARY SHORT-TERM DISABILITY

Classes	All Full Time Employees
Elimination Period	7 Days Accident and 7 Days Sickness
Maximum Weekly Benefit	50% of Your Weekly Salary up to $1,500
Benefit Duration	13 Weeks
Pre-Existing Period	No Pre-Exisiting Period

DEFINITIONS AND REQUIREMENTS

Elimination Period: The number of days you must be disabled before benefit payments begin.

Maximum Benefit: The benefit amount you will receive when you are disabled.

Benefit Duration: The maximum period of time that benefits will be paid during a period of disability.

Definition of Disability: Disability means you are unable to perform the main duties of your occupation on a full-time basis due to non-work related injury or sickness. Please see the summary of benefits for more detail.

Eligibility Requirements: You must be a permanent employee regularly scheduled to work at least 30 hours per week, be actively at work on the coverage effective date.

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

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DISCLOSURES

Medicare Part D

This notice officially confirms the fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is November 15th to December 31. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about $32-$37/Month. If you do decide to enroll, coordination of benefits will be required.

Section 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

Medicaid CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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EMPLOYEE RESOURCE CENTER

TOOLS TO HELP YOU GET THE MOST OUT OF YOUR BENEFITS

PAYING TOO MUCH FOR PRESCRIPTION DRUGS?

Did you know that prescription prices can vary from pharmacy to pharmacy?

The cost of a prescription may differ by more than $100 between pharmacies across the street from each other!

GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. The average GoodRx customer saves $355 a year on their prescriptions!

Even better - **GoodRx is 100% free** and no personal information is required.

Go to **www.goodrx.com** to learn more

GoodRx

www.goodrx.com

1. **Type your drug name**
2. **Set your location**
3. **Compare prices, print, save! coupons, save up to 80%**

CHECK LOCAL RETAILERS FOR NO COST MEDICATION OPTIONS

Many local retailers offer no or low cost medications. Be sure to check the selections of retailers in your area such as the ones below to see how you can get free medications, discounts, and more!

- **Publix**
- **CVS Health**
- **Target**
- **Walmart**
- **Kmart**

MAXIMIZE YOUR HEALTHCARE DOLLAR

Consider all your options when choosing where to receive care, such as:

- Physician's Office
- Telemedicine
- Convenience Clinic
- Urgent Care
- Emergency Room

Remember to take advantage of the cost estimator tools on your healthcare provider's website to estimate the cost and find low cost options for big ticket items such as diagnostic tests and outpatient surgeries.

PREVENTATIVE CARE

Preventative care refers to measures taken in order to prevent individuals from contracting diseases. Rather than waiting to become sick, preventative care aims to keep people healthy, or at least catch illnesses at their earliest and most treatable stages. Things that are considered preventative care include medical tests, immunizations, screening tests, preventative medications and any other services that prevent disease

Examples of covered preventative care services.

Adults	Women	Children	Medicare
• Physical Examination • Immunizations • Screening for obesity and counseling, including dietary counseling • Blood pressure and test for high cholesterol and diabetes • Counseling on the daily use of aspirin to reduce the risk of stroke • Counseling from your healthcare provider on topcis such as, quitting smoking, treating depression, and reducing alcohol use. • HIV and STD screenings	• Well-women visits • Anemia screenings • Breast cancer genetic test counseling (BRCA) for women at higher risk of breast cancer • Mammograms every one to two years for women over 40 • Cervical cancer screening • Osteoporosis screening for women over age 60 depending on risk factors • Domestic violence screening and counseling • Contraceptive and counseling • Multiple test for pregnant women	• Physical examination and height, weight and body mass index measurements • Vision and hearing screening • Oral health risk assesments • Supplements for children without fluoride in their water source • Dyslipidemia screening for children at a higher risk for lipid disorders • Iron supplements for children ages 6 to 12 months at a risk for anemia • Phenylketonuria (PKU) screening for newborns • Alcohol and drug use assessments for adolescents • Immunizations: Vaccines for children from birth to age 18	• Mammograms every 12 month • Cardiovascular disease screenings • Colorectal cancer screenings • Cholesterol screenings • Diabetes screenings • Medical nutrition therapy to manage diabetes or kidney disease • Prostate cancer screenings • Annual Flu shot and Hep B Vaccine • Bone mass measurement • HIV screening tests

Under the ACA, many private health plans must provide coverage for a range of preventative services. These plans may not change any copayments, deductibles or co-insurance to patients receiving preventative care. The preventative care requirements do not apply to grandfathered plans.

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

GLOSSARY OF TERMS

FLORIDA STATUTE: Dependent Children-yours and your spouse's. Dependent Children must be: A dependent child from the end of the calendar year in which the child turns age 26 until the end of the calendar year in which the child turns turns age 30 provided the child is: Unmarried | A resident of Florida or a full-time student | Not eligible for Medicare and not covered under the another group or individual health benefit plan.

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays do not apply to the deductible. For example, if your plan's deductible is $2,500, you'll pay 100 percent of eligible healthcare expenses until you have met the $2,500 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.
IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

INNETWORK: Health care received from your primary care physician or from a specialist within an outlines list of health care practitioners.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

HIGH DEDUCTIBLEHEALTH PLAN (HDHP): This is a type of medical plan that requires the member to reach a deductible prior to having services covered by coinsurance. All expenses paid by the member count toward the deductible and out-of-pocket maximum.

PRESCRIPTION DRUGS

RETAIL PHARMACY: includes independent, supermarket, and chain pharmacies that dispense prescription medications.

TIER 1—PREFERRED GENERIC: are lowest in cost. They are equivalent to a brand-name product in dosage, strength, performance, and intended use. Ask your doctor to authorize generic substitutions when medically appropriate.

TIER 2—PREFERRED BRAND-NAME DRUGS: are more costly because they are produced and sold only by one company that holds a patent.

TIER 3—NON-PREFERRED GENERIC AND BRAND-NAME: are even more costly under our plans. These drugs are patent-pending and have just recently become available in the market.

SPECIALTY DRUGS: are high-cost drugs to treat rare and/or complex conditions. Typically self-injectable drugs are included in this category. Specialty drugs must be obtained through the Aetna Specialty Pharmacy.

MAIL ORDER: delivers a 90-day supply conveniently right to your door and helps you save a little bit of money on copays in addition to having fewer refills throughout the year.

NOTES

NOTES

Brought to you by:

All Atlantic Benefits

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