



# Employee Benefits Summary Guide

Open Enrollment will be held from  
Month XX to Month XX, YEAR

# Quick Start

## Step 1 Benefit Counselor Scheduling

Schedule your appointment with a Call Center Benefits Counselor by visiting:

[www.myenrollmentschedule.com/sample](http://www.myenrollmentschedule.com/sample)



Or call 866-998-2915. A Call Center Benefits Counselor will call you at your scheduled appointment time (the call will originate from area code 850).



It is necessary that employees make an appointment to speak with a Call Center Benefits Counselor to record their benefit elections.

## Step 2 Your Appointment Session

During your appointment, the Call Center Benefits Counselor will:

- Help you understand your benefit options and changes
- Review your enrollment information
- Assist with making your benefit decisions
- Complete your benefits enrollment

## Be Prepared!

Your Appointment Session Checklist:

- ✓ Make your appointment at [www.myenrollmentschedule.com/sample](http://www.myenrollmentschedule.com/sample) or by calling 866-998-2915
- ✓ Complete your Enrollment Session Preparation Worksheet
- ✓ Read your benefit materials prior to your appointment and discuss with family, if needed
- ✓ Be prepared to make benefit decisions during your 30-minute call center enrollment session
- ✓ Bring the dates of birth and social security number(s) for all eligible dependent(s) to your appointment

## Step 3 Important things to do the last week in December...

### Benefit Resources & Elections

#### Stay MOBILE with Benefitfirst

Register at [www.BenefitFirst.com](http://www.BenefitFirst.com) or download the free app to enroll, review benefit elections, update personal information or beneficiaries, review important plan documents, or find other helpful benefit resources. Benefit Counselors will help you enroll the first time.

To register, you will need:

- Company ID
- First Name & Last Name
- Date of Birth
- Last 5 Digits of SSN

#### Medical Plan Administration through Ameriben

Your online resource for claims, benefits, provider directory, eligibility, and other medical resources.

#### Register your account today!

1. To register, please visit: <https://secure.myameriben.com/> or download the app
2. If you are a first-time user, click the "Click here to register" Button
3. Complete all fields on the Registration Page  
*TIP: Be sure to enter your full legal name—if you enter a nickname, your information will not match the information in the database, and you will not be able to register.*
4. Create a secure password that is at least 8 characters long, and Contains at least one special character (e.g., !@#\$%\*)
5. Click "Submit" and accept the Terms & Conditions that will appear.

## Pharmacy Administration through Express Scripts

Online access to savings and convenience. Manage your medications anywhere, any time with **express-scripts.com** and the **Express Scripts® mobile app**. And register for Home Delivery from Express Scripts Pharmacy® Online access to savings and convenience.

Registering with Express Scripts is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Fill your script(s) before January 1, so you have medications during transition
- Register with Express Scripts
- Provide your pharmacy with new ID card
- Register for Home Delivery
- Specialty medications must be filled through Accredo Specialty Pharmacy

Go to **express-scripts.com** and select **Register**, or download the **Express Scripts® mobile** app for free from your mobile device's app store and select **Register**.

- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click **Register now** and you're registered.

To register for Home Delivery from Express Scripts Pharmacy® Online access to savings and convenience

To access the member website:

- Log in at **express-scripts.com** (Register if it is your first visit. Just have your member ID or SSN handy.)

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.

## Resources

### Where to go if you have questions or need assistance!

Benefit	Carrier	Contact #	Website
Medical	Ameriben	Customer Service: 866-438-0150 Precertification: 866-438-0152	MyAmeriben.com
Pharmacy	Express Scripts	877-520-1043	express-scripts.com
Specialty Medications	Accredo Specialty Pharmacy	877-895-9697	accredo.com
Dental	Guardian	800-541-7846	guardiananytime.com
Vision	VSP via Guardian	800-877-7195	vsp.com
Short Term Disability*	Guardian	800-268-2525	guardiananytime.com group_STD_claims@glic.com
Long Term Disability*	Guardian	800-538-4583	guardiananytime.com group_LTD_claims@glic.com
Life Insurance	MetLife	800-638-6420	MetLife.com
Critical Illness	Allstate	800-521-3535	Allstatebenefits.com/mybenefits
Accident Insurance	Allstate	800-521-3535	Allstatebenefits.com/mybenefits
Whole Life	Allstate	800-521-3535	Allstatebenefits.com/mybenefits
Flexible Spending Account*	Ameriben	866-438-0150	MyAmeriben.com
Employee Assistance Program	MetLife	888-319-7819	Metlifeeap.lifeworks.com or LifeWorks app / Password: <b>xxx</b>

\*Not offered at every location.



## Enrollment Session Preparation Worksheet

Bring this worksheet to your appointment with the Call Center Benefits Counselor to ensure your questions are answered about the benefits that are important to you and your family.

### My Information

- Is my address correct?  Employee ID# \_\_\_\_\_
- Cell Number \_\_\_\_\_
- Emergency Contact \_\_\_\_\_
- Email address \_\_\_\_\_

### My Dependent's Information

- SPOUSE  
Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_
- CHILD(REN)  
Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

### My Benefits

#### Medical Insurance

- Review with the counselor primary care and specialty doctor office visits
- Review with the counselor prescription drug usage
- Do I understand the out of pocket expense for each plan, including the premium?

#### Dental Insurance

- Do I understand Preventive Care?  Do I understand when I have to pay for care?

#### Vision Insurance

- What are my needs for a vision plan?  Who in my family needs an exam, glasses or contact lenses?

#### Disability Insurance

- Make sure I understand how it works

#### Basic Life Insurance

- Confirm my coverage  Are my beneficiaries up to date?

#### Voluntary Benefits

- Accident – This coverage can help with out of pocket medical expenses due to an accident.
- Critical Illness – How would my savings be affected by an unexpected serious illness?
- Life Insurance – Includes Long Term Care coverage that you can take with you if you change employers or retire.

### Questions for the Call Center Benefits Counselor:

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**REMEMBER!** It is necessary that you make an appointment to speak with a Call Center Benefits Counselor to record your benefit elections.



# Medical & Prescription Drug Benefits Administered by Ameriben

PPO Network: Blue Cross Blue Shield of Texas

Provider Directory: [www.ameriben.com](http://www.ameriben.com)

	Medical	
	In-Network	Out-of-Network
Deductible (Individual/Family)	\$1,000 / \$2,000	\$5,000 / \$10,000
Coinsurance	100%	80%
Out-of-Pocket Maximum	\$6,850 / \$13,700	\$10,000 / \$20,000
<b>PREVENTATIVE CARE</b>		
Preventative Services	Covered at 100%	80% after deductible
<b>OTHER SERVICES (not an all-inclusive listing)</b>		
Primary Care Physician (PCP)	100% after \$20 copay	80% after deductible
Specialist Physician	100% after \$20 copay	80% after deductible
Urgent Care Centers	100% after \$20 copay	80% after deductible
Emergency Room Services	100% after \$250 copay (copay waived if admitted)	Same as in-network benefit
Outpatient Hospital	100% after deductible	80% after deductible
Physical, Occupational & Speech Therapy	100% after \$20 copay 20 visits each therapy	80% after deductible
Inpatient Hospital (semiprivate)	100% after deductible	80% after deductible
Maternity Services	100% after deductible	80% after deductible
<b>PRESCRIPTION DRUGS (Retail) – 30-day supply</b>		
Generic *	\$10 copay (Preventative covered at 100%)	50% copay w/ \$70 minimum
Formulary Brand Name	\$20 copay	50% copay w/ \$70 minimum
Non-Formulary Brand	\$20 copay	50% copay w/ \$70 minimum
Specialty Drug	\$20 copay	50% copay w/ \$70 minimum
<b>PRESCRIPTION DRUGS (Mail Order) – 90-day supply</b>		
Generic *	\$20 copay (Preventative covered at 100%)	Not covered
Formulary Brand Name	\$40 copay	Not covered
Non-Formulary Brand	\$40 copay	Not covered
Specialty Drug	\$40 copay	Not covered
<b>RATES</b>	<b>Weekly Deductions (52 pays)</b>	
Employee Only	\$32.76	
Employee + Spouse	\$78.18	
Employee + Children	\$74.91	
Family	\$105.86	

\*Must use generic or generic equivalent when available



## Dental Benefits Administered by Guardian

PPO Network: Network Access Plan (NAP)

Provider Directory: [www.Guardiananytime.com](http://www.Guardiananytime.com)

	Dental – (High)		Dental – (Low)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Indv/Family)	None		\$50 / \$100	
Annual Benefit Maximum	\$1,500		\$1,000	
Claim Reimbursement	PPO Fee Schedule	90th UCR	PPO Fee Schedule	90th UCR
<b>COVERAGE</b>				
Preventative	100%	100%	100%	100%
Basic	100%	100%	80%	80%
Major	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,500		\$1,500	
Replacement Age for Prosthetic Devices (Crowns, Bridges, Dentures)	5 years		5 years	
Endodontics Services	Basic		Basic	
Periodontics Services	Basic		Basic	
Complex Oral Surgery	Basic		Basic	
<b>RATES</b>				
	<b>Weekly Deductions (52 pays)</b>			
Employee Only	\$1.54		\$1.07	
Employee + Spouse	\$3.07		\$2.15	
Employee + Children	\$4.28		\$3.21	
Family	\$4.28		\$3.21	



## Vision Benefits Administered by Guardian

PPO Network: VSP Network

Provider Directory: [www.vsp.com](http://www.vsp.com)

	Vision	
	In-Network	Out-of-Network
Exam Copay	None	
Material Copay	None	
<b>EXAMS (12 months)</b>		
Eye Exam	Covered	\$50 maximum
<b>LENSES (12 months)</b>		
Single Vision	Covered	\$48 maximum
Bifocal	Covered	\$67 maximum
Trifocal	Covered	\$86 maximum
Lenticular	Covered	\$126 maximum
<b>CONTACT LENSES (12 months)</b>		
Medically Necessary	Covered	\$210 maximum
Elective Materials	\$150 maximum	\$120 maximum (copay waived)
<b>FRAMES (12 months)</b>		
Frames Benefit	\$150 retail maximum + 20% off balance	\$48 maximum
Costco, Walmart, Sam's Club	\$70 retail	Not covered
<b>RATES</b>		
	<b>Weekly Deductions (52 pays)</b>	
Employee Only	\$0.23	
Employee + Spouse	\$0.46	
Employee + Children	\$0.46	
Family	\$0.55	



Life Insurance & Employee Assistance Program (EAP)					
BASIC LIFE / AD&D (Company Paid)					
Benefit Amount	Flat \$25,000				
EMPLOYEE ASSISTANCE PROGRAM (EAP)					
Benefit	Short-term counseling for you or anyone living in your household for up to five sessions per incident				
Other Services	Work-Life services, financial services, legal services, identity theft recovery services and life coaching				
VOLUNTARY EMPLOYEE LIFE					
Benefit Increments	\$10,000 increments (rounded down)				
Benefit Maximum	Up to \$500,000				
Guarantee Issue	\$200,000				
VOLUNTARY SPOUSE LIFE					
Benefit Increments	\$10,000 increments				
Benefit Maximum	Up to \$50,000 not to exceed 100% of Voluntary Employee Life amount				
Guarantee Issue	\$50,000				
VOLUNTARY CHILD LIFE					
Benefit Increments	\$10,000 (\$1,000 for children under 15 days)				
Benefit Maximum	\$10,000				
Guarantee Issue	\$10,000				
MONTHLY RATES (based on employee's age for both employee & spouse coverage)					
Ages	Rate / \$1000	Ages	Rate /\$1000	Age	Rate / \$1000
<30	\$0.08	45-49	\$0.27	65-69	\$2.05
30-34	\$0.11	50-54	\$0.41	70+	\$3.20
35-39	\$0.14	55-59	\$0.71	Child Life	
40-44	\$0.19	60-64	\$1.07	0-26	\$0.20



Disability Insured by Guardian

Disability Insurance	
SHORT TERM DISABILITY (Company Paid)	
Elimination Period	7-day elimination period for illness & injury
Benefit	60% of weekly pay up to a maximum of \$1,000
Minimum Benefit	\$25
Maximum Benefit Period	Up to 25 weeks
LONG TERM DISABILITY (Company Paid)	
Elimination Period	180-day elimination period
Benefit	60% of monthly pay up to a maximum of \$5,000
Minimum Benefit	10% or \$100
Maximum Benefit Period	SSNRA with 2 year own occupation provision



## Voluntary Benefits Offered by Allstate

Voluntary Benefits		
<b>GROUP ACCIDENT INSURANCE</b>		
Available Coverage Tiers	Employee, Employee + Spouse, Employee + Child(ren) or Family	RATES: See Rate Table on page 9
Plans Available	Low Plan (\$1,000 initial hospital confinement) or High Plan (\$2,000 initial hospital confinement) - see brochure for full reimbursement schedule.	
<b>GROUP CRITICAL ILLNESS</b>		
Available Coverage Tiers	Employee, Employee + Spouse, Employee + Child(ren) or Family	RATES: See Tobacco/Non-Tobacco Rate Table on Page 10
Benefit Increments	\$10,000, \$20,000 or \$30,000 increments	
<b>GROUP EMPLOYEE WHOLE LIFE</b>		
Benefit Increments	\$25,000, \$50,000, \$75,000, \$100,000 or \$130,000	ISSUE AGE RATES: See Tobacco/Non-Tobacco Rate Table on Page 11
Guaranteed Issue	\$130,000	
<b>GROUP SPOUSE WHOLE LIFE</b>		
Benefit Increments	Working Spouse \$25,000, \$50,000, \$75,000 or Non-Working Spouse \$20,000	ISSUE AGE RATES: See Tobacco/Non-Tobacco Rate Table on Page 11
Guaranteed Issue	\$75,000	
<b>GROUP CHILD WHOLE LIFE</b>		
Benefit Increment	\$10,000	RATES: \$4.55 per month
Guaranteed Issue	\$10,000	

### Group Accident Insurance (Low Plan)

Deduction Frequency	52 pays	26 pays	24 pays	48 pays
Employee Only	\$1.98	\$3.96	\$4.28	\$2.14
Employee + Spouse	\$3.42	\$6.84	\$7.40	\$3.70
Employee + Children	\$5.23	\$10.46	\$11.32	\$5.66
Family	\$6.89	\$13.78	\$14.93	\$7.46

### Group Accident Insurance (High Plan)

Deduction Frequency	52 pays	26 pays	24 pays	48 pays
Employee Only	\$3.18	\$6.36	\$6.88	\$3.44
Employee + Spouse	\$5.49	\$10.98	\$11.88	\$5.94
Employee + Children	\$8.26	\$16.52	\$17.89	\$8.26
Family	\$10.86	\$17.89	\$23.52	\$11.76

## Group Critical Illness Insurance

Monthly Rate based on Employee Age

Monthly Premiums	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000 Non-Tobacco													
Employee Only	\$3.06	\$3.86	\$5.18	\$7.47	\$10.19	\$14.13	\$19.45	\$25.74	\$36.53	\$51.20	\$70.14	\$97.87	\$146.68
Employee + Spouse	\$5.31	\$6.53	\$8.50	\$12.01	\$16.19	\$22.23	\$30.36	\$39.95	\$56.39	\$78.74	\$107.56	\$149.36	\$222.66
Employee + Child(ren)	\$3.06	\$3.86	\$5.18	\$7.47	\$10.19	\$14.13	\$19.45	\$25.74	\$36.53	\$51.20	\$70.14	\$97.87	\$146.68
Family	\$5.31	\$6.53	\$8.50	\$12.01	\$16.19	\$22.23	\$30.36	\$39.95	\$56.39	\$78.74	\$107.56	\$149.36	\$222.66
\$10,000 Tobacco													
Employee Only	\$3.43	\$4.26	\$6.32	\$9.63	\$13.55	\$20.19	\$29.32	\$39.87	\$57.34	\$81.20	\$110.27	\$144.24	\$202.79
Employee + Spouse	\$5.86	\$7.12	\$10.23	\$15.28	\$21.24	\$31.34	\$45.18	\$61.15	\$87.60	\$123.71	\$167.76	\$218.93	\$306.82
Employee + Child(ren)	\$3.43	\$4.26	\$6.32	\$9.63	\$13.55	\$20.19	\$29.32	\$39.87	\$57.34	\$81.20	\$110.27	\$144.24	\$202.79
Family	\$5.86	\$7.12	\$10.23	\$15.28	\$21.24	\$31.34	\$45.18	\$61.15	\$87.60	\$123.71	\$167.76	\$218.93	\$306.82
\$20,000 Non-Tobacco													
Employee Only	\$4.64	\$6.21	\$8.74	\$13.19	\$18.50	\$26.20	\$36.52	\$48.78	\$69.88	\$98.52	\$135.62	\$190.67	\$288.06
Employee + Spouse	\$7.68	\$10.02	\$13.89	\$20.65	\$28.69	\$40.32	\$55.96	\$74.53	\$106.43	\$149.72	\$205.77	\$288.55	\$434.75
Employee + Child(ren)	\$4.64	\$6.21	\$8.74	\$13.19	\$18.50	\$26.20	\$36.52	\$48.78	\$69.88	\$98.52	\$135.62	\$190.67	\$288.06
Family	\$7.68	\$10.02	\$13.89	\$20.65	\$28.69	\$40.32	\$55.96	\$74.53	\$106.43	\$149.72	\$205.77	\$288.55	\$434.75
\$20,000 Tobacco													
Employee Only	\$5.36	\$7.01	\$11.03	\$17.55	\$25.23	\$38.36	\$56.29	\$77.04	\$111.50	\$158.47	\$215.87	\$283.41	\$400.28
Employee + Spouse	\$8.76	\$11.22	\$17.34	\$27.17	\$38.78	\$58.54	\$85.59	\$116.92	\$168.85	\$239.67	\$326.15	\$427.65	\$603.09
Employee + Child(ren)	\$5.36	\$7.01	\$11.03	\$17.55	\$25.23	\$38.36	\$56.29	\$77.04	\$111.50	\$158.47	\$215.87	\$283.41	\$400.28
Family	\$8.76	\$11.22	\$17.34	\$27.17	\$38.78	\$58.54	\$85.59	\$116.92	\$168.85	\$239.67	\$326.15	\$427.65	\$603.09
\$30,000 Non-Tobacco													
Employee Only	\$6.23	\$8.54	\$12.32	\$18.94	\$26.84	\$38.26	\$53.60	\$71.84	\$103.24	\$145.85	\$201.09	\$283.47	\$429.46
Employee + Spouse	\$10.05	\$13.54	\$19.28	\$29.25	\$41.17	\$58.42	\$81.60	\$109.09	\$156.45	\$220.70	\$303.97	\$427.75	\$646.82
Employee + Child(ren)	\$6.23	\$8.54	\$12.32	\$18.94	\$26.84	\$38.26	\$53.60	\$71.84	\$103.24	\$145.85	\$201.09	\$283.47	\$429.46
Family	\$10.05	\$13.54	\$19.28	\$29.25	\$41.17	\$58.42	\$81.60	\$109.09	\$156.45	\$220.70	\$303.97	\$427.75	\$646.82
\$30,000 Tobacco													
Employee Only	\$7.32	\$9.74	\$15.77	\$25.47	\$36.93	\$56.47	\$83.25	\$114.23	\$165.66	\$235.79	\$321.47	\$422.56	\$597.80
Employee + Spouse	\$11.68	\$15.33	\$24.44	\$39.03	\$56.29	\$85.76	\$126.06	\$172.68	\$250.07	\$355.62	\$484.55	\$636.42	\$899.31
Employee + Child(ren)	\$7.32	\$9.74	\$15.77	\$25.47	\$36.93	\$56.47	\$83.25	\$114.23	\$165.66	\$235.79	\$321.47	\$422.56	\$597.80
Family	\$11.68	\$15.33	\$24.44	\$39.03	\$56.29	\$85.76	\$126.06	\$172.68	\$250.07	\$355.62	\$484.55	\$636.42	\$899.31

## Group Employee Whole Life

Monthly Rate based on Employee Age

Non-Tobacco	\$25,000	\$50,000	\$75,000	\$100,000	\$130,000
18-25	\$13.67	\$27.34	\$41.00	\$54.67	\$71.07
26-30	\$17.13	\$34.25	\$51.38	\$68.50	\$89.05
31-35	\$21.92	\$43.83	\$65.76	\$87.67	\$113.97
36-40	\$28.73	\$57.46	\$86.19	\$114.91	\$149.39
41-45	\$37.77	\$75.55	\$113.32	\$151.08	\$196.41
46-50	\$50.75	\$101.50	\$152.26	\$203.00	\$263.90
51-55	\$70.40	\$140.79	\$211.19	\$281.58	\$366.06
56-60	\$100.87	\$201.75	\$302.62	\$403.50	\$524.55
61-65	\$145.46	\$290.92	\$436.38	\$581.83	\$756.38
Tobacco	\$25,000	\$50,000	\$75,000	\$100,000	\$130,000
18-25	\$22.63	\$45.25	\$67.88	\$90.50	\$117.65
26-30	\$28.28	\$56.54	\$84.82	\$113.08	\$147.01
31-35	\$35.28	\$70.54	\$105.82	\$141.08	\$183.41
36-40	\$45.35	\$90.71	\$136.06	\$181.41	\$235.84
41-45	\$59.04	\$118.09	\$177.13	\$236.16	\$307.01
46-50	\$77.35	\$154.71	\$232.07	\$309.42	\$402.25
51-55	\$103.05	\$206.08	\$309.13	\$412.17	\$535.82
56-60	\$138.93	\$277.88	\$416.81	\$555.75	\$722.47
61-65	\$185.11	\$370.21	\$555.32	\$740.42	\$962.54

## Group Spouse Whole Life

Monthly Rate based on Spouse Age

Non-Tobacco	\$20,000	\$50,000	\$75,000
18-25	\$10.93	\$27.34	\$41.00
26-30	\$13.70	\$34.25	\$51.38
31-35	\$17.53	\$43.83	\$65.76
36-40	\$22.99	\$57.46	\$86.19
41-45	\$30.22	\$75.55	\$113.32
46-50	\$40.66	\$101.50	\$152.26
51-55	\$56.32	\$140.79	\$211.19
56-60	\$80.70	\$201.75	\$302.62
61-65	\$116.37	\$290.92	\$436.38
Tobacco	\$25,000	\$50,000	\$75,000
18-25	\$18.10	\$45.25	\$67.88
26-30	\$22.62	\$56.54	\$84.82
31-35	\$28.22	\$70.54	\$105.82
36-40	\$36.29	\$90.71	\$136.06
41-45	\$47.24	\$118.09	\$177.13
46-50	\$61.88	\$154.71	\$232.07
51-55	\$82.43	\$206.08	\$309.13
56-60	\$111.15	\$277.88	\$416.81
61-65	\$148.08	\$370.21	\$555.32



Please note that these are benefit summaries only. For more information and coverage details, please reference the Summary Plan Description and/or other plan materials and resources found on BenefitFirst at [www.benefitfirst.com](http://www.benefitfirst.com) or contact Human Resources for assistance. In case of a discrepancy, the plan document will supersede this summary.