REAL ESTATE SERVICES

WOGAN GROUP

GREATER.

Open Enrollment - June 1 Effective Date

Open Enrollment Begins May 18
Open Enrollment Ends May 20

Jonathan Wogan, President
The Wogan Group
jwogan@wogangroup.com

Benefit Program 06/01/2020 - 05/31/2021

There will be no changes to any benefit plan for the next plan year.

There will be a small change in your payroll deductions for the Medical plans.

The Dental and Vision payroll deductions will remain unchanged.

Benefit Options 06/01/2020 - 05/31/2021

Health Insurance

BlueCross BlueShield of Tennessee

Three plan options from which to choose, including one with an integrated Health Reimbursement Arrangement (HRA)

Dental Insurance

BlueCross BlueShield of Tennessee,

includes child orthodontics

Vision Insurance

BlueCross BlueShield of Tennessee

Life and AD&D Insurance/Short-term Disability

USAble Life

$15,000 Life & AD&D Insurance

Medical Insurance

BlueCross BlueShield of Tennessee	Medical - Base Plan - HDHP with HRA		Medical - Buy Up 1 - PPO		Medical - Buy Up 2 - PPO	
Benefit Plan Features	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
BCBST Network S	**Baptist**		**Baptist**		**Baptist**	
Deductible - Individual	$3,000	$6,000	$3,000	$6,000	$3,000	$6,000
Deductible - Family	$6,000	$12,000	$6,000	$12,000	$6,000	$12,000
Out of Pocket Maximum - Individual	$4,000	$12,000	$5,000	$15,000	$5,000	$15,000
Out of Pocket Maximum - Family	$8,000	$24,000	$10,000	$30,000	$10,000	$30,000
Coinsurance	50%	50%	50%	50%	90%	70%
Preventive Care Services	Covered at 100%	50% after Deductible	Covered at 100%	50% after Deductible	Covered at 100%	30% after Deductible
Office Visit - Primary Care Physician *	50% after Deductible	50% after Deductible	$50 copay	50% after Deductible	$25 copay	30% after Deductible
Office Visit - Specialist	50% after Deductible	50% after Deductible	$50 copay	50% after Deductible	$50 copay	30% after Deductible
Routine Diagnostic Lab, X-Ray	50% after Deductible	50% after Deductible	Covered at 100%	50% after Deductible	Covered at 100%	30% after Deductible
Advanced Radiological Imaging	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	10% after Deductible	30% after Deductible
Emergency Care Services	50% after Deductible	50% after Deductible	$250 copay	$250 copay	$250 copay	$250 copay
Outpatient Surgery	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	10% after Deductible	30% after Deductible
Inpatient Services	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	10% after Deductible	30% after Deductible
Prescription Drugs						
Generic	50% after Deductible	50% after Deductible	$10 copay	50% after Deductible	$10 copay	30% after Deductible
Preferred	50% after Deductible	50% after Deductible	$75 copay	50% after Deductible	$75 copay	30% after Deductible
Non-Preferred	50% after Deductible	50% after Deductible	$150 copay	50% after Deductible	$150 copay	30% after Deductible
Preventive Drugs (Generic/Preferred/Non-Preferred)	$10 / $ 35 / $60	50% after Deductible				
Specialty Drugs / Specialty Pharmacy	50% after Deductible	Not Covered	$300 copay	Not Covered	$300 copay	Not Covered

*Physicians Now (telemedicine): applies to deductible for Base plan; $25 copay for Buy up 1: $10 for Buy up 2

Health Reimbursement Arrangement (HRA)

Embedded with Option 1 - Medical - Base Plan - HDHP with HRA	
HRA Covered Services	Eligible Deductible, Coinsurance, Copays and Pharmacy expenses
HRA Reimbursement Order	HRA Pays First Dollar
HRA Reimbursement Rate	100%
HRA Annual Maximum Allocation	Employee Only $1,000
	Employee + Spouse $2,000
	Employee + Child(ren) $2,000
	Employee + Family $2,000

*** The HRA can NOT be combined with the Medical Buy Up PPO Options.**

Dental Insurance

- Network: DentalBlue PPO
- Calendar year deductible: $50 Per Member / $150 Max Family
- Preventive & Diagnostic Services: Deductible Waived

	In-Network	Out of Network
Preventive* (cleanings)	100%	100%
Basic* (fillings)	90%	90%
Major* (crowns, dentures)	60%	60%

- Annual Maximum per member: $1,000, * preventive not included in max.
- Orthodontia (child to age 18): $1,000 Lifetime Maximum Benefit

*see summary of benefits for all services covered

Vision Insurance

- Network — VisionBlue
- Exam Copay — $10
- Frames — $0 copay; $135 Allowance
- Materials Copay — $10
- Contact Lenses — $0 copay; $135 Allowance
- Out-of-Network — Allowances (see plan summary)
- Service Frequencies
  - Exams — Every 12 months
  - Lenses — Every 12 months
  - Frames — Every 24 months
- Dependent Age Limit — 26

*see summary of benefits for all options and additional copay(s) if applicable

Find a Provider

Go to: www.bcbst.com

Click on Find a Doctor in the upper Right corner under Log In or Register.
A box will appear. Click on the Select your plan to continue (not logged in).

Medical - If you live in the State of Tennessee, please select Blue Network S.
Medical - If you live outside the State of Tennessee, please select BlueCard PPO.
At the top of the page, you can enter your LOCATION/ZIP.

Medical Network: Tennessee - BLUE NETWORK S - Baptist Hospital (Memphis)
Outside Tennessee - BlueCard PPO

Dental Network: DENTAL

Vision Network: VISIONBLUE

Call the Benefit Resource Center ("BRC"), We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services

USI

Benefit Resource Center

BRCSouth@usi.com | Toll Free: 855-874-0835

EMPLOYEE DEDUCTIONS PER PAY PERIOD

Current Ending 5/31/2020	Medical Base with HRA	Medical Buy-Up 1	Medical Buy-Up 2	Dental	Vision
Employee Only	$ 37.62	$ 88.15	$ 131.61	$ 3.14	$ 0.69
Employee + Spouse	$ 161.75	$ 267.87	$ 359.12	$ 18.25	$ 3.46
Employee + Child(ren)	$ 131.28	$ 223.76	$ 303.29	$ 17.68	$ 3.74
Employee + Family	$ 245.33	$ 420.64	$ 552.52	$ 36.30	$ 7.06

Renewal Beginning 06/01/2020	Medical Base with HRA	Medical Buy-Up 1	Medical Buy-Up 2	Dental	Vision
Employee Only	$ 45.13	$ 88.70	$ 108.69	$ 3.14	$ 0.69
Employee + Spouse	$ 177.54	$ 269.03	$ 311.01	$ 18.25	$ 3.46
Employee + Child(ren)	$ 145.04	$ 224.77	$ 261.36	$ 17.68	$ 3.74
Employee + Family	$ 290.07	$ 422.31	$ 482.98	$ 36.30	$ 7.06

USAble Life

LIFE AND AD&D INSURANCE

$15,000 Life Insurance

$15,000 Accidental Death & Dismemberment

SHORT TERM DISABILITY INSURANCE

USAble Life

PERCENT OF SALARY	60%
MINIMUM BENEFIT AMOUNT	$10
MAXIMUM BENEFIT AMOUNT	$950
ACCIDENT BENEFITS BEGIN	15 days
ILLNESS BENEFITS BEGIN	15 days
BENEFIT DURATION	13 Weeks
DISABILITY OCCUPATION	Regular Occupation

EMPLOYEE ASSISTANCE PLAN (ONLINE)

ONLINE EAP
The EAP website offers resources for a wide range of Work/Life issues. Users can access the Legal Resource Center for over 50 legal documents including estate planning. The Health Resource Library contains over 5,000 articles, assessments, videos, financial tools and training programs. The main categories are Health, Legal, Financial, Emotional Wellbeing, Relationships and Personal Growth.

OFFSETS

Your benefit may be subject to reduction if you are receiving income from your employer, workers compensation, unemployment insurance, other work earnings, or certain other benefit sources where payments are triggered by your disability. Benefits from some contributory pension plans, military pensions, and certain other sources such as profit sharing awards generally will not reduce your benefit. See the sample certificate for complete details.

EARNINGS DEFINITION

The employee's normal rate of pay in effect the day prior to the date a claim is incurred,
- including, commissions
- excluding overtime, bonus, or any other extra pay

ANNUAL ENROLLMENT PROCESS

Annual Enrollment will begin Monday, May 18 and will end Wednesday, May 20.

Your current benefit elections will end 05/31/2020.

If you do not enroll and make your elections by the close of annual enrollment, Wednesday, May 20 at 5:30 PM CST, you will not be enrolled in a benefits plan effective 06/01/2020.

Please complete any necessary forms and return to Brittanee. If you wish to waive coverage please indicate your waiver decision on the form.

You will receive instructions via an email or memo.

Enrolling For Benefits

› Questions?