

2022-2023



RENEGADE|GROUP

EMPLOYEE HEALTH AND WELFARE BENEFITS

This guide is intended to provide a summary of the main features of your benefits package. It is much shorter and less technical than the legal documents and contracts that govern your benefits. We have made every effort to ensure the information in this summary is accurate; however, in the case of any discrepancy, the provisions of the legal plan documents and insurance certificates will govern.

The more you understand the various elements of your benefits, the better prepared you will be to take full advantage of the benefits we provide for you and your family. This benefits guide is a resource that will answer questions most employees have. We've also provided phone numbers of benefit plan vendors and other contacts so you can manage your personal issues more efficiently. Finally, if you have additional questions concerning your benefits or need assistance, please do not hesitate to contact your Human Resources department or Marsh McLennan Agencies.

# Welcome

Renegade Group, LLC is very pleased to provide a comprehensive benefit package to our employees. This guide will provide you with an overview of the Health and Welfare benefits that are available to you and your loved-ones for the 2022-2023 Plan Year. If you have questions about our benefits or anything in this guide, please contact your HR representative or Gary Price with [Marsh McLennan](mailto:Marsh McLennan) at 210.249.2330 or [gary.price@marshmma.com](mailto:gary.price@marshmma.com).

## 2022-2023 Program Highlights



**Medical** – Three medical plan options from **Imagine360**. You have a choice of two HSA Eligible Base Plans (HDHP PPO) or a PPO Buy-up plan. Access to providers through the Multi-Plans Practitioners and Ancillary Network. Prescription through Southern Scripts Pharmacy Network



**Voluntary Dental with Orthodontia** – PPO Dental coverage from **SunLife** which includes orthodontia benefits for children;



**Voluntary Vision** – Comprehensive vision benefit through **Sunlife** which includes coverage with In and Out-of-Network Providers;

**Employer paid Basic Life and AD&D Insurance** – Life and accident insurance (\$15,000) through **SunLife**. In the event of your death, the basic life coverage would pay your beneficiary a benefit;

**Voluntary Life/AD&D** – Guarantee Issue is \$220,000 through **SunLife**. All other amounts require an EOI (Evidence of Insurability);

**Voluntary Short & Long Term-Disability Coverage** – Option to purchase Short & Long-Term Disability coverage up to 60% of pre-disability earnings through **SunLife**;

**Additional Voluntary Worksite Benefits** – Option to purchase additional products through **SunLife**;

**Enrollment Platform** – You will continue to enroll for benefits through Employee Navigator, instructions are located on page 4 of this benefit guide.





**MANPOWER.  
HORSEPOWER.  
RENEGADE.**

## CONTENTS

Enrolling With Employee Navigator.....	5
Benefits Eligibility and Enrollment.....	6
Base Medical Plan Highlights.....	7
Mid Medical Plan Highlights.....	8
Buy-Up Medical Plan Highlights.....	9
Virtual Visits.....	10
Balance Bill Support.....	14
Online/Mobile Access.....	15
FirstChoice Pharmacy.....	16
Where Should I Go For Medical Care.....	18
Health Savings Account (HSA).....	19
Voluntary Dental Plan Highlights.....	20
Voluntary Vision Plan Highlights.....	21
2022-2023 Payroll Deductions.....	22
Life and Disability Insurance.....	23
Short-term & Long-term Disability.....	24
Voluntary Worksite Benefits.....	25
Hospital Indemnity.....	29
Customer Service & Contact Information.....	31

# ENROLLING WITH EMPLOYEE NAVIGATOR

Renegade Group, LLC is committed to keeping you informed about your benefits. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family. We will continue to use an online enrollment system, *Employee Navigator*, for all new and updated benefit enrollment changes.

## Registration and Enrollment

1. Navigate to <https://marsh.employeenavigator.com>
2. **First Time User?** Choose "Register as a new user"
  - a. Complete "Create Your Account" section:
    - Enter First and Last Name
    - Enter the Company Identifier: 224Renegade
    - Enter PIN (Last 4 digits of SSN)
    - Date of Birth format: (MM/DD/YYYY)
    - Password: Must be at least 6 characters and contain a symbol (#, ?, @, etc.) and a number
  - b. Click "Register"
3. **Returning User?**
  - a. Enter your Username and Password or select "Reset a forgotten password"
4. Click "Start Enrollment" to begin your enrollment.



Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)



Good Afternoon, Demo!

Grab a cup of coffee and let's get some work done.

You have 1 item to complete.

**1** Enroll in your benefits

Start Enrollment

5. Follow the prompts to make your elections.
6. Be sure to Click the **AGREE** button to finalize your elections.

# BENEFITS ELIGIBILITY AND ENROLLMENT

## WHO IS ELIGIBLE?

If you are a full-time employee working a minimum of **30 hours a week** you are eligible to participate in our Health and Welfare benefits offering.

Dependents eligible for coverage include:

- Your legal spouse;
- Dependent children up to age 26 (includes step-children, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse);
- Dependent children, regardless of age, provided they are incapable of self-support due to a disability and are fully dependent on you for support as indicated on your tax return.

## WHEN DOES COVERAGE BEGIN?

The benefit elections you make are effective:

Annual Open Enrollment	September 1 <sup>st</sup>
New Hire	First of the month following Date of Hire

## WHEN YOUR COVERAGE ENDS

Your benefit coverage will end on the last day of the month in which:

- Your regular work schedule is reduced below the minimum hours required to receive benefits;
- Your current employment ends;
- You stop paying your share of the coverage during an unpaid leave of absence;

## WHEN DEPENDENT COVERAGE ENDS:

- The last day of the month in which you terminate employment or cease to be eligible;
- The last day of the month in which children turn age 26.

## QUALIFYING EVENTS

When one of the following occurs, you have 30 days to contact Human Resources with the appropriate documentation to make changes to your coverage. **Your requested change in coverage must be consistent with your qualifying event.**

Examples of qualifying events include:

- Change in your legal marital status
- Change in the number of your dependents (Example: birth, adoption, or if a child is no longer an eligible dependent);
- Change in your spouse's employment status
- Change in status from full-time to part-time or part-time to full-time
- Entitlement to Medicare or Medicaid;
- Qualified Medical Child Support Order (QMCSO) or legal change of custody;

## PRE-TAX (SECTION 125)

Section 125 enables you to pay your share of the cost for medical, dental and/or vision coverage on a pre-tax basis. This means you do not pay federal income and social security taxes on the money you spend for certain benefit premiums. Your contribution is automatically deducted on a pre-tax basis.

# BASE MEDICAL PLAN HIGHLIGHTS

The chart below is intended to provide a high-level overview of the in-network benefits of the Low Plan offered for 2022-2023. Please refer to the Summary of Benefits and Coverage for a comprehensive listing of benefits, exclusions and limitations.

	Incentive Tier Imagine Health / Guide Designated Providers*	Tier 1 Multi-Plan Physician / RBP
<b>Deductible</b>		
Individual	\$5,000	\$5,500
Family	\$10,000	\$11,000
<b>Coinsurance</b> <i>What you will pay AFTER meeting the deductible.</i>	30%	30%
<b>Out-of-Pocket Maximum</b>		
Individual	\$6,500	\$7,000
Family	\$15,500	\$16,500
<b>Preventive Care</b>	No charge	No charge
<b>Physician Office Visit</b>	30% after deductible	30% after deductible
<b>Specialist Office Visit</b>	30% after deductible	30% after deductible
<b>Urgent Care</b>	30% after deductible	30% after deductible
<b>Virtual Visits (Telephonic)</b>	\$10	\$10
<b>Emergency Room</b>		
Facility Charge	30% after deductible	30% after deductible
ER Services	30% after deductible	30% after deductible
<b>Hospitalization</b>	30% after deductible	30% after deductible
<b>Out-Patient Procedure</b>	30% after deductible	30% after deductible
<b>Complex Imaging/Diagnostics</b>	30% after deductible	30% after deductible
<b>Preferred Pharmacy Benefits</b>	<b>Southern Scripts Network</b>	
Tier 1	30% after deductible	30% after deductible
Tier 2	30% after deductible	30% after deductible
Tier 3	30% after deductible	30% after deductible
Tier 4	30% after deductible	30% after deductible

Rates are effective September 1, 2022. Plan deductibles, maximums and other plan limits run January 1<sup>st</sup> - December 31<sup>st</sup>.

\* Guide Designated Providers are based on availability outside the following areas; Dallas, Houston, Brownsville, El Paso & San Antonio. Contact Imagine 360 to confirm the provider availability

# MID MEDICAL PLAN HIGHLIGHTS

The chart below is intended to provide a high-level overview of the in-network benefits of the Mid Plan offered for 2022-2023. Please refer to the Summary of Benefits and Coverage for a comprehensive listing of benefits, exclusions and limitations.

	Incentive Tier Imagine Health / Guide Designated Providers*	Tier 1 Multi-Plan Physician / RBP
<b>Deductible</b>		
Individual	\$3,000	\$3,500
Family	\$6,000	\$7,000
<b>Coinsurance</b> <i>What you will pay AFTER meeting the deductible.</i>	10%	20%
<b>Out-of-Pocket Maximum</b>		
Individual	\$5,500	\$6,000
Family	\$14,000	\$15,000
<b>Preventive Care</b>	No charge	No charge
<b>Physician Office Visit</b>	10% after deductible	20% after deductible
<b>Specialist Office Visit</b>	10% after deductible	20% after deductible
<b>Urgent Care</b>	10% after deductible	20% after deductible
<b>Virtual Visits (Telephonic)</b>	\$10	\$10
<b>Emergency Room</b>		
Facility Charge	10% after deductible	10% after deductible
ER Services		
<b>Hospitalization</b>	10% after deductible	20% after deductible
<b>Out-Patient Procedure</b>	10% after deductible	20% after deductible
<b>Complex Imaging/Diagnostics</b>	10% after deductible	20% after deductible
<b>Preferred Pharmacy Benefits</b>	<b>Southern Scripts Network</b>	
Tier 1	10% after deductible	20% after deductible
Tier 2	10% after deductible	20% after deductible
Tier 3	10% after deductible	20% after deductible
Tier 4	10% after deductible	20% after deductible

Rates are effective September 1, 2022. Plan deductibles, maximums and other plan limits run January 1<sup>st</sup> - December 31<sup>st</sup>.

\* Guide Designated Providers are based on availability outside the following areas; Dallas, Houston, Brownsville, El Paso & San Antonio. Contact Imagine 360 to confirm the provider availability

# BUY-UP MEDICAL PLAN HIGHLIGHTS

The chart below is intended to provide a high-level overview of the in-network benefits for the High Medical Plan offered for 2022-2023. Please refer to the Summary of Benefits and Coverage for a comprehensive listing of benefits, exclusions and limitations.

	Incentive Tier Imagine Health / Guide Designated Providers*	Tier 1 Multi-Plan Physician / RBP
<b>Deductible</b>		
Individual	\$2,000	\$2,500
Family	\$4,500	\$5,500
<b>Coinsurance</b> <i>What you will pay AFTER meeting the deductible.</i>	10%	20%
<b>Out-of-Pocket Maximum</b>		
Individual	\$4,500	\$5,000
Family	\$12,500	\$13,500
<b>Preventive Care</b>	No charge	No charge
<b>Physician Office Visit</b>	\$15	\$15
<b>Specialist Office Visit</b>	\$70	\$70
<b>Urgent Care Minute Clinic</b>	\$50	\$75 \$30
<b>Virtual Visits (Telephonic)</b>	No charge	No charge
<b>Emergency Room</b>		
Facility Charge	\$500 Copay	\$500 Copay
ER Services	(Non-Emergency Use - \$1,000)	(Non-Emergency Use - \$1,000)
<b>Hospitalization</b>	10% after deductible	20% after deductible
<b>Out-Patient Procedure</b>	10% after deductible	20% after deductible
<b>Complex Imaging/Diagnostics</b>	10% after deductible	20% after deductible
<b>Preferred Pharmacy Benefits</b>	<b>Southern Scripts Network</b>	
Tier 1	\$10	\$10
Tier 2	\$50	\$50
Tier 3	\$100	\$100
Tier 4	\$150	\$150

Rates are effective September 1, 2022. Plan deductibles, maximums and other plan limits run January 1<sup>st</sup> - December 31<sup>st</sup>.

\* Guide Designated Providers are based on availability outside the following areas; Dallas, Houston, Brownsville, El Paso & San Antonio. Contact Imagine 360 to confirm the provider availability

# VIRTUAL VISITS



*The Future of Healthcare is Here!*

Our virtual visits solution, powered by **United Concierge Medicine**, lets members have a live consultation with an independently contracted, board-certified doctor or therapist.

This can happen 24 hours a day, seven days a week by phone. Also, **United Concierge Medicine** board-certified therapists are available by online video or mobile app (by appointment).



Instead of going to a physician’s office, clients can talk while at home, work or many other places. And, a virtual visit can cost less than going to the urgent care clinic or emergency room.



United Concierge Medicine doctors and therapists can treat many non-emergency medical conditions, like:

GENERAL HEALTH	PEDIATRIC CARE
<ul style="list-style-type: none"> <li>• Allergies</li> <li>• Asthma</li> <li>• Nausea</li> <li>• Sinus infections</li> </ul>	<ul style="list-style-type: none"> <li>• Cold/flu</li> <li>• Ear infections</li> <li>• Pink eye</li> </ul>

*They can also write — and send — prescriptions (when appropriate).*

## CHOOSING A DOCTOR



- Finding a virtual visits doctor is easy. Call United Concierge Medicine (844-484-7362 / 844-4-VIPDOC).
- Log onto United Concierge Medicine to sign up
- Once registered you can download and use the mobile app to engage a physician.
- You can download United Concierge Medicine from the App Store and/or Google Play



POWERED BY TECHNOLOGY. DRIVEN TO CARE.

## Frequently Asked Questions

### ? **Who is UCM Digital Health, Inc.?**

UCM Digital Health, Inc. is a full service, 24/7 access to Board Certified Emergency Medicine Trained providers that can diagnose, treat or triage all your health care needs. Whether they be emergent, urgent or preventative in nature, we have you covered.

### ? **Why would I use UCM Digital Health, Inc. Services?**

The question really is, why wouldn't you? Our Board Certified providers work in the Emergency Room and Urgent Care setting and are trained to determine if your illness or injury is life threatening or treatable without stepping foot (and waiting) to speak to a physical medical provider and receive assurance, diagnosis and a treatment plan. Part of our delivery model includes calling you back to see if you are feeling better, not experiencing any side effects from a medication prescribed and/or that an appointment we help set up met your expectations and that you do not require any further questions or need medical attention from our providers.

### ? **What if my condition is Emergent but not life threatening; for example, I think I may have fractured or broken a bone?**

Our Emergency Medicine providers see all kinds of illness and injuries every day. When necessary, we can order x-rays, ultrasounds and lab work to rule out or confirm any suspected, more complex, diagnosis. If, in fact, you do have an issue that needs further "hands on" medical attention, one of our Care Coordinators will assist you in getting an appointment to see the appropriate medical provider to treat and resolve your medical issue. Skipping the ER or Urgent Care lines!

### ? **How much does a consultation cost me?**

A medical consultation with one of Emergency Medicine providers costs you \$0. Our services include anything provided under the UCM Digital Health virtual roof. Any "hands on" medical attention you may need like an x-ray, stitches or a prescription antibiotic is payable by your health insurance carrier or self-pay. Our providers will refer you, when medically appropriate, to the right level of care and even check to see if they participate in your health plan. Although we cannot guarantee we will find you a provider in your plan, we will make every effort to do so.



POWERED BY TECHNOLOGY. DRIVEN TO CARE.

## Frequently Asked Questions

### ? **How does my Primary Care Provider or Specialists know I have received care through UCM Digital Health?**

Every consult with one of our providers results in an Electronic Health Record that you can provide to your physical doctor. By accessing our services on the internet at [goseesam.com](http://goseesam.com) or by downloading our [Sam by UCM app](#) through your smartphone's app store (Android or iOS), you will have a secure portal where you can retrieve any of the medical consult records to share with others as needed.

### ? **Who is Sam?**

While you can always just call UCM Digital Health, Inc., at [844-484-7362](tel:844-484-7362), we highly encourage you to download our app [Sam by UCM](#) on your smart device or access us at our internet web portal. Our platform has the gold standard of clinically based information of all diagnoses and symptoms through our partnership with "Up To Date". This is the same knowledge base that medical providers use every day!

### ? **How do I communicate with the UCM Digital Health, Inc. provider?**

Through the digital access of our smart device app or on the web portal, you can choose how you want to interact with the provider. Most medical encounters can be handled just using audio but if you are injured or the provider wants to see a picture of, let's say a skin rash, Sam allows the patient and provider to toggle back and forth to video, picture and audio; all during the consult. If you haven't downloaded our app or don't have access to a tablet or personal computer, pick up the phone and just call us.

### ? **What about preventative care or medication needs?**

UCM Digital Health, Inc. can be utilized for age appropriate or chronic condition preventative screening orders, medication refills, and even COVID tests. We are not a replacement for your Primary Care Physician but when we can help you stay compliant with maintenance medications, or keeping your screening needs up to date without having to wait and pay a copayment for an office appointment to receive these orders, we are there for you!

## RECAP

***UCM Digital Health, Inc. provides 24/7 access to Emergency Medicine providers for all your medical concerns.***

SMART DEVICE APP: [SAM BY UCM](#) | WEB ACCESS: [GOSEESAM.COM](http://GOSEESAM.COM) | PHONE NUMBER: [844-484-7362](tel:844-484-7362)



TELEHEALTH FOR YOU.

# Meet Sam, your 24/7 personal healthcare provider.

**No waiting rooms.** Our team of medical providers is ready to care for you, right from your phone, desktop or mobile app.

<b>Urgent or Emergent Care</b>	<b>Primary Care</b>	<b>COVID-19 Care</b>	<b>At-Home Testing</b>	<b>Prescriptions</b>	<b>Medical Questions &amp; More!</b>

**Powered by UCM Digital Health, the dedicated team of medical providers you'll meet when you use Sam are here to help you whenever you need.**

Sam provides convenience, quality and immediate availability for patient care—whether illness, injury or simply seeking medical knowledge. Our emergency-medicine-trained staff is skilled in all conditions—common or complex, we are here for you. Our dedicated team of medical doctors offer clinical resolutions and our care coordinators can schedule labs, imaging, and other medical services our medical providers order.



### No need to search the web for your medical information!

Through Sam, you have instant access to UpToDate clinical information, which provides accurate, easy-to-understand, reliable medical information that helps you become better informed about your care.

## You can choose how you would like to start a consult:

**A**

SAM BY UCM MOBILE APP

GET IT ON Google Play | Download on the App Store

**B**

VISIT [WWW.GOSEESAM.COM](http://WWW.GOSEESAM.COM)

SCAN  CODE

**C**

CALL US BY PHONE

**844-4-VIP-DOC**  
(844-484-7362)

# BALANCE BILL SUPPORT

## Advocating on Your Behalf

### Balance Bill Support

We are here anytime you need us, especially if you have billing questions. When you work with our team, you'll never stand alone in the face of resolving a bill for healthcare services that is more than your responsibility.



#### How will you know if you're being charged too much?

After receiving medical care, you will get an Explanation of Benefits (EOB) specifying what you owe for services. If you receive a bill for more than this amount, contact us immediately.



#### How will we help you?

Once you receive your bill, you and your family are assigned a personal advocacy expert who will provide you with support every step of the way. After you give us written permission to advocate on your behalf, our team begins working to resolve the claim with your healthcare provider.



#### Who can you call with questions?

Your dedicated advocacy expert is your main line of support, continually monitoring the progress of your account while proactively keeping you up to date.

Have a question? Call or email us at any time.



#### Keep an Eye on your Mail

If it sounds easy, it's because it is. If you receive any billing correspondence in the mail, send it to us right away.

Our team will take it from there, keeping you in the loop throughout the process.

# ONLINE/MOBILE ACCESS

## Stay Connected with Your Health Benefits

Get 24/7 access to your benefits plan. Sign up for the *miBenefits* portal today!

Our dynamic dashboard puts everything you need right at your fingertips:

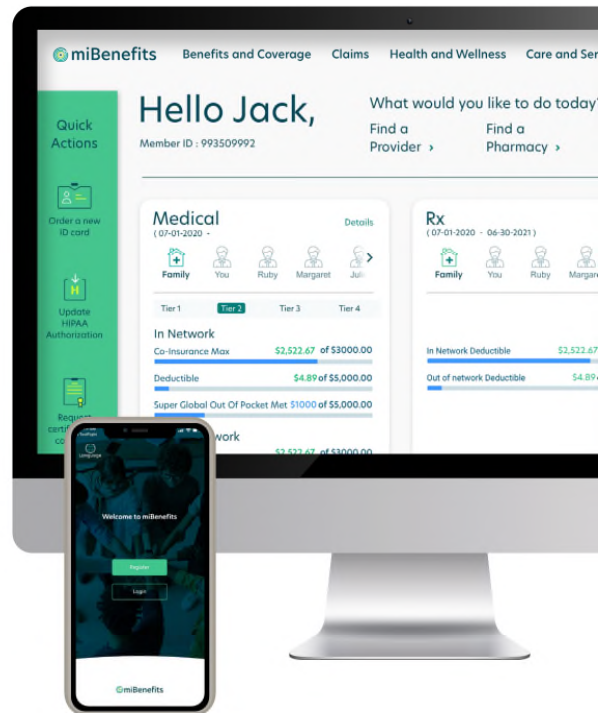
- Find a provider
- View claims
- Order a new ID card
- Track deductible and copays

Get Started Today - Visit [mibenefits.imagine360.com!](http://mibenefits.imagine360.com!)

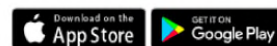
The *miBenefits* portal makes it simple for you to keep track of expenses and plan for medical bills. Some features to check out:

- Get real-time claim status
- View how you're tracking towards meeting deductibles and out-of-pocket maximums
- Review benefits for each family member
- Access electronic copies of your Explanation of Benefits

\* You must set up a new account for *miBenefits* -- your login credentials from the previous portal will not work.



Download the *miBenefits* portal app on your mobile device today.



# FIRSTCHOICE PHARMACY



## Select a FirstChoice™ pharmacy and save on your prescription medications.

To locate a FirstChoice™ pharmacy, please visit the website below or scan the QR Code using your built-in camera on your mobile device.

[southernscripts.net/members](https://southernscripts.net/members)



### What is FirstChoice™?

FirstChoice™ is the preferred pharmacy network of Southern Scripts, offering access to reduced prescription costs at 50,000+ participating FirstChoice™ pharmacies across the nation. A participating FirstChoice™ pharmacy offers, on average, a lower cost on medications for covered drugs than a standard (non-preferred) pharmacy. FirstChoice™ consists of both independent (local/community) and retail (national/regional) pharmacies.

Participating FirstChoice™ pharmacies also offer the added benefit of filling a 90-day supply of medications\*. Non-FirstChoice™ pharmacies are limited to a 30-day supply.

### Save Money by Locating a FirstChoice™ Pharmacy

1. Visit [southernscripts.net/members](https://southernscripts.net/members)
2. Select **Find a Pharmacy**
3. Enter your **ZIP code**
4. The Southern Scripts Bin Number is **015433**
5. Enter your Group Code: (Also found on your Insurance/Rx card)
6. Select your search radius based on your ZIP code

Zip Code:	<input type="text"/>
Bin:	015433
Group Code:	<input type="text"/>
Search Radius:	15 <input type="text"/>
	<input type="button" value="Search"/>

### LEGEND



Pharmacy is contracted as a FirstChoice™ pharmacy



Pharmacy is contracted for specialty medications



Pharmacy is contracted for vaccines

\*Pharmacies that do not participate in the FirstChoice™ Pharmacy Network are unable to dispense 90-day supply of medications. Specialty medications are limited to a 30-day supply.



Customer Service: (800) 710-9341  
Email: [support@southernscripts.net](mailto:support@southernscripts.net)  
Website: [southernscripts.net](https://southernscripts.net)

# Top 25 FirstChoice™ Retail Pharmacies

**AHOLD USA**

**HEB**

**RITE AID**

**ALBERTSONS**

**HY-VEE**

**SAFEWAY**

**BROOKSHIRES**

**INGLES MARKETS INC**

**SAV-MOR DRUGS**

**CVS**

**KINNEY DRUGS**

**THRIFTY WHITE PHARMACY**

**FRED'S**

**KROGER**

**WAKEFERN**

**GENOA HEALTHCARE**

**MEIJER**

**WAL-MART**

**GIANT EAGLE**

**OMNICARE**

**WINN-DIXIE**

**HANNAFORD**

**PUBLIX**

**HARVEY'S**

**RALEYS**

Contact our Account Management Team for more information on the FirstChoice™ Pharmacy Network.



(800) 710-9341



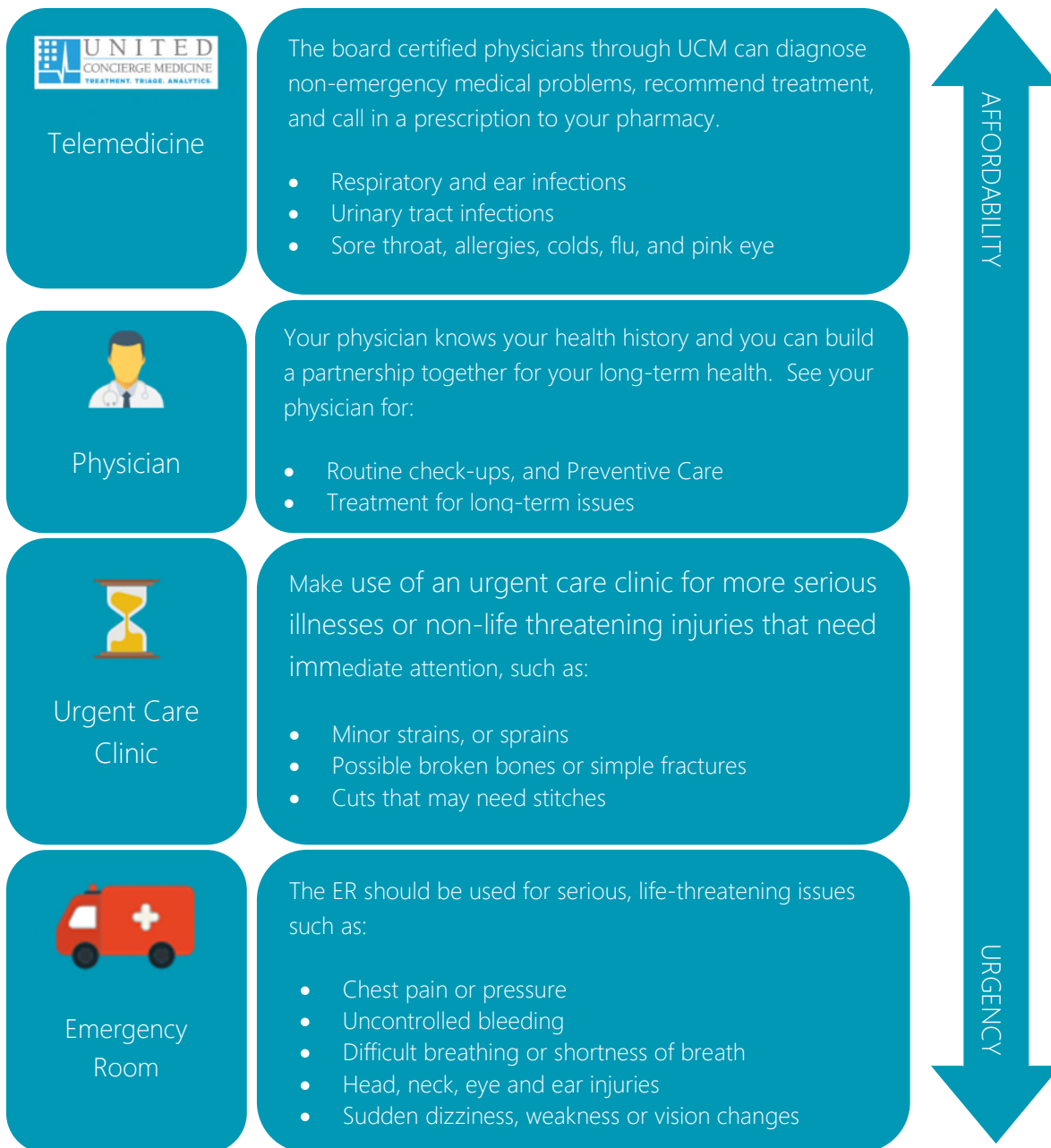
support@southernscripts.net



southernscripts.net

# WHERE SHOULD I GO FOR MEDICAL CARE

If you are enrolled in a RENEGADE GROUP, LLC medical plan, you have choices when it comes to where to get medical care. However, some healthcare providers may be more expensive than others. Use the guidelines below to help you decide which care makes the most sense for your medical needs.



# HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is like a personal savings account, but it can only be used for qualified healthcare expenses. To be eligible, you must be enrolled in the High Deductible Health Plan (HDHP). HSA's also have some important tax advantages. The following information is not to be interpreted as tax or legal advice. Please consult a qualified tax advisor or attorney for tax or legal advice.

HSA Contribution Limits	2022	2023
Individual Coverage	\$3,650	\$3,850
Family Coverage	\$7,300	\$7,750
Catch Up Contribution (Age 55+)	\$1,000	\$1,000

## FREQUENTLY ASKED QUESTIONS ABOUT HEALTH SAVINGS ACCOUNT

Q. When do I use my HSA?

A. After visiting a physician, facility or pharmacy, you will need to submit the claim to your HDHP for payment. Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles, copays and coinsurance) billed by the physician, facility or pharmacy or you can choose to save your HSA dollars for future medical expenses.

Q. Can I be covered by another health plan and still be eligible for an HSA?

a Flexible Spending Account (FSA) or a Health Reimbursement Arrangement (HRA) under the other plan that pays for medical expenses, you're not eligible for an HSA.

Q. Does my entire yearly HSA contribution have to be in the account before I can use the funds?

A. No. You do not have to wait until all the funds are deposited to start making withdrawals, but you can only spend monies that are actually in the account.

Q. Do I have to use all my HSA funds each year?

A. No. Your HSA is like a savings account. The funds remain in your account until you choose to spend them.

Q. What happens if I use HSA funds for nonqualified expenses?

A. If you use HSA funds for expenses the IRS does not allow, you could be charged tax and penalties by the IRS.

A few examples of qualified medical expenses: medical deductibles, coinsurance, dental care, prescribed prescription drugs, vision care, LASIK surgery, hearing aids, braces, crutches, contact lenses, insulin, wheelchairs, canes, etc.

To view a complete list of qualified medical expenses, see IRS publication 502

<https://www.irs.gov/publications/p502>

# VOLUNTARY DENTAL PLAN HIGHLIGHTS

Everyone deserves a healthy smile. With our dental insurance offering, through SunLife, you can keep your family smiling with affordable dental coverage that makes it easy to visit your dentist for regular cleanings and preventative care, as well as for major treatments.

**Rates are effective September 1, 2022. Plan deductibles, maximums and other plan limits run January 1<sup>st</sup> - December 31<sup>st</sup>.**

	Voluntary PPO Dental
<b>Calendar Year Deductible</b> (waived for preventive services)	\$50 / \$150 Family
<b>Preventive Services</b> (waived from annual maximum) Oral Exams & Cleanings, X-Rays, etc.	100% deductible waived
<b>Basic Services</b> Fillings, Routine Extractions, Periodontics, Endodontics, etc.	80% after deductible
<b>Major Services</b> Crowns, Bridgework, Dentures, Implants, etc.	50% after deductible
<b>Annual Benefit Maximum</b>	<b>\$1,500 per person</b>
<b>Orthodontic Services</b> Children up to age 26	50% deductible waived \$1,000 Lifetime Maximum
<b>Non-Network Benefits</b>	90 <sup>th</sup> Percentile of Usual and Customary.

Frequency and/or age limitations may apply to certain services. These limits are described in the booklet/certificate or evidence of coverage. Please refer to your Summary Plan Description (SPD) for exclusions, limitations and all other details. Should the brief outline of benefits conflict with the SPD, the SPD will prevail.

### *Finding a Network Dentist*

1. Go to [www.sunlife.com/us/Resources/Tools/Find+a+dentist](http://www.sunlife.com/us/Resources/Tools/Find+a+dentist)
2. Option 3: Select your network
3. Choose "SunLife Dental Network"
4. Choose your state
5. Choose "Heritage Series"
6. Enter your search information
7. Click Search

# VOLUNTARY VISION PLAN HIGHLIGHTS

Whether you wear glasses or have perfect eyesight, you should have your vision checked annually. Many illnesses and conditions such as diabetes can be identified through a routine eye exam. Below is a brief summary of the benefits available to you under our SunLife vision utilizing the VSP Network. Remember; go to an in-network provider to maximize the value of your vision plan.

**Rates and Plans are effective September 1, 2022**

	In-Network	Out-of-Network
<b>Eye Exams</b>	\$10 copay	Reimbursed up to \$45
<b>Lenses</b> Single/Bifocal/Trifocal/Lenticular	\$10 copay	Reimbursed up to \$30/\$50/\$60
<b>Frames</b>	\$150 Allowance + 20% off of the balance	Reimbursed up to \$70
<b>Contact Lenses</b>		
Conventional Lenses (in lieu of glasses)	\$150 Allowance	Reimbursed up to \$105
Disposable Lenses (in lieu of glasses)	\$150 Allowance	Reimbursed up to \$105
Medically Necessary	\$10 Copay	Reimbursed up to \$210
Standard Fitting and Consult	\$60 Allowance	Not Covered
Premium Fitting and Consult	\$15% off retail less	Not Covered
<b>Frequency</b>		
Exams	Once Per 12 Months	Once Per 12 Months
Lenses and Contacts	Once Per 12 Months	Once Per 12 Months
Frames	Once Per 12 Months	Once Per 12 Months

Please refer to your Summary Plan Description (SPD) for exclusions, limitations and all other details. Should the brief outline of benefits conflict with the SPD, the SPD will prevail.

### *Finding a Network Provider*

1. Go to [www.vsp.com/eye-doctor](http://www.vsp.com/eye-doctor)
2. Enter your search information
3. Click Search

# 2022-2023 PAYROLL DEDUCTIONS

## Medical Plan Deductions\*

Low Plan	Employee Monthly Cost	Employee Per Pay Period Cost (26 Pay Periods)
Employee Only	86.67	40.00
Employee & Spouse	400.83	185.00
Employee & Child(ren)	325.00	150.00
Employee & Family	595.83	275.00

Mid Plan	Employee Monthly Cost	Employee Per Pay Period Cost (26 Pay Periods)
Employee Only	173.33	80.00
Employee & Spouse	498.33	230.00
Employee & Child(ren)	379.17	175.00
Employee & Family	725.83	335.00

High Plan	Employee Monthly Cost	Employee Per Pay Period Cost (26 Pay Periods)
Employee Only	346.67	160.00
Employee & Spouse	812.50	375.00
Employee & Child(ren)	650.00	300.00
Employee & Family	1159.17	535.00

\*Rates listed do not include spousal surcharge of \$100 per month

## Voluntary Dental Plan Deductions

	Employee Monthly Cost	Employee Per Pay Period Cost (26 Pay Periods)
Employee Only	26.40	12.18
Employee & Spouse	52.35	24.16
Employee & Child (ren)	60.96	28.14
Employee & Family	90.10	41.58

## Voluntary Vision Plan Deductions

	Employee Monthly Cost	Employee Per Pay Period Cost (26 Pay Periods)
Employee Only	7.90	3.65
Employee & Spouse	15.04	6.94
Employee & Child (ren)	15.82	7.30
Employee & Family	23.26	10.74

# LIFE AND DISABILITY INSURANCE



Discussing what might happen to your family if you were not around to provide for them isn't always the easiest conversation. Life & Disability insurance can help you plan for your family's future needs.

## BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

In the event of your death, the basic life coverage would pay your beneficiary (ies) a benefit in the amount of **\$15,000**. In the event of an accidental death, your beneficiary (ies) would receive an additional benefit in the amount of **\$15,000**.

If you lose a limb or suffer other permanent disability as the result of an accident, you may be eligible for other benefits payments under the Accidental Death & Dismemberment Plan.

## VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

In addition to the employer paid life insurance, you also have the opportunity to purchase additional life insurance for yourself and your family. If you requested benefit exceeds the guarantee issue amount listed below then you will be required to complete an Evidence of Insurability.

		Voluntary Life/AD&D Plan Features	
<b>Employee</b>	Minimum Election		\$10,000
	Increments		\$10,000
	Maximum Election	\$500,000, but no more than 5 times annual salary	
	Non-Medical Maximum (Guarantee Issue)		\$220,000
<b>Spouse</b>	Minimum Election		\$5,000
	Increments		\$5,000
	Maximum Election	\$250,000 not to exceed 100% of employee elected amount	
	Non-Medical Maximum (Guarantee Issue)		\$50,000
<b>Child</b>	Election Amount	\$2,000 to \$10,000	
	Non-Medical Maximum (Guarantee Issue)		\$10,000

**SUNLIFE WILL BE ALLOWING A TURE OPEN ENROLLMENT WITHOUT MEDICAL QUESTIONS UP TO THE GUARTANTED ISSUE AMOUNT!**

## BENEFICIARY INFORMATION

Please verify that your beneficiary information is correct and up-to-date. In the event of your death, policy proceeds will be paid according to your most recent beneficiary designation. You may name primary and contingent (secondary) beneficiaries. You are the beneficiary for Life and AD&D coverage on your dependents.

# SHORT-TERM & LONG-TERM DISABILITY



You also have the opportunity to purchase Short & Long Term Disability insurance for yourself. The coverage is provided through SunLife. Disability insurance is designed to replace a portion of your income in the event you become unable to work due to illness or injury that is non-work related. Below is a brief description of your options.

	Short-Term Disability
Weekly Benefit Amount	60% of Weekly Salary
Maximum Weekly Benefit	\$2,500
Elimination Period	15 Days for Accident or Illness
Benefit Duration	11 Weeks
Pre-Existing Condition Clause*	3/6

	Long-Term Disability
Monthly Benefit Amount	60% of monthly salary
Maximum Monthly Benefit	\$6,000
Elimination Period	90 Days for Accident or Illness
Benefit Duration	To Social Security Retirement Age
Pre-Existing Condition Clause*	3/12

\* You may not be eligible for benefits if you have received treatment for the condition in which you would be applying for coverage within the past 3 months. If you have received treatment for that condition then you would be required to meet a 6 month waiting period for Short-Term and a 12 month waiting period for Long-Term Disability. Currently enrolled employees are not subject to the Pre-Existing Condition Clause.

**Note: Evidence of insurability is not required for STD and LTD coverage**

# VOLUNTARY WORKSITE BENEFITS

## Critical Illness insurance

### Protect your savings in case of a serious illness

An illness can lead to unexpected costs not covered by your health plan. Deductibles and copays, or other costs like travel and child care can reduce your savings. Critical illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition, like a heart attack or stroke. The benefit is paid directly to you, to use however you want.

### How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

### Benefits

<b>For you</b>	You can choose from <b>\$5,000 to \$20,000</b> of coverage—in increments of \$5,000—with no medical questions asked.
<b>For your spouse</b>	If you elect coverage for yourself, you can choose from <b>\$5,000 to \$10,000</b> of coverage—in increments of \$2,500—with no medical questions asked.
<b>For your child(ren)</b>	If you elect coverage for yourself, you can choose a <b>\$5,000</b> benefit, with no medical questions asked.  An eligible child is defined as your child from birth to age 26.



### What did Critical Illness insurance mean for Denise?

Denise had a heart attack in her mid-40s. Her medical expenses piled up at the worst possible time.

1. Denise filed a claim with Sun Life. We reviewed her medical information, including details from her physician and approved her claim.
2. Denise received her cash benefit which helped her pay her medical deductible and copays, and travel expenses for medical appointments.
3. The insurance allowed Denise to focus on her recovery, and less on her bank account

**High blood pressure is a contributing factor to heart attack and stroke. The number of people who have HBP\*:**

- Nearly 1 in 5 people, aged 35-44
- 1 in 3 people, aged 45-54
- More than half of people aged 55-64

## Covered Conditions

Once your coverage goes into effect and you satisfy any benefit waiting period, you can file a claim for covered conditions diagnosed after your insurance's effective date. The full list of conditions is listed here. Payments are reflected below as a percentage of the benefit amount.

### Covered conditions

	The plan pays	Benefit waiting period
<b>Core Conditions</b>		
Heart Attack	100%	None
Stroke	100%	None
End-Stage Heart Failure	100%	None
Coronary Artery Disease*	25%	None
<b>Cancer Conditions</b>		
Cancer	100%	30 days
Non-Life Threatening Cancer*	25%	30 days
<b>Other Conditions</b>		
Benign Brain Tumor	100%	30 days
Coma	100%	None
Major Organ Failure	100%	None
Severe Burns	100%	None
Paralysis	100%	None
<b>Childhood Conditions**</b> Applies to dependent children only		
Cerebral Palsy	100%	30 days
Complex Congenital Heart Disease	100%	30 days
Cystic Fibrosis	100%	30 days
Type 1 Diabetes Mellitus	100%	30 days
Muscular Dystrophy	100%	30 days

<b>Wellness screening benefit</b> Payable to you and your spouse one time each year, once you provide proof of an eligible health screening.	Employee \$50 Spouse \$50
---	------------------------------

The benefit waiting period is the time you must wait before you are protected under the policy for a covered condition. A benefit is payable once for each covered condition, up to 100% payable for all covered conditions in the same category, not to exceed 200% of the total benefit payable for all covered conditions in all categories.

\*Partial benefits (payable at 25%) may allow other covered conditions to be paid within the same category, up to the maximum for the category. In California, "Non-Life Threatening Cancer is referred to as "Reduced Benefit Cancer."

\*\*Dependent children are covered for each category/condition listed. Childhood conditions apply only if Dependent Child coverage is elected.

### Additional plan features

- **Wellness screening benefit:** The application is easy to fill out and includes common screenings, like certain blood tests; Pap smear; skin cancer screening; Lipid panels; Electrocardiogram (ECG). (List may vary by state.)
- **Health Care Support Services:** You can talk with medical and claims experts about your medical coverage, benefits, diagnosis, and treatment options. They can also help you with claims and billing issues.

# Accident Insurance

## Protect your savings against an accident

Even a broken arm can result in medical costs not covered by your health plan. Accident insurance helps to protect your finances after a mishap. It pays you cash for covered accidents and treatments. You can use the money to help pay out-of-pocket medical costs or everyday expenses.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

The benefit schedule on the following pages lists what the plan pays for covered accidents.

### You can elect coverage for:

<b>You</b>	<b>You and your spouse</b>
<b>You and your children</b>	<b>You and your family</b>

### Additional features

- Provides coverage for off-the-job accidents
- Benefits are payable directly to you, the employee
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations
- Emergency Travel Assistance and Identity Theft Protection



## What did Accident insurance mean for the Smiths?

This family of five is no stranger to sports accidents. Last June, their daughter Julie who is the top scorer on her soccer team tore her ACL and required surgery. Their son Robert fell and fractured his arm playing basketball that same year.

- The Smiths submitted claims for each child's ER visit, x-ray, physician appointments, and Julie's surgery.
- We reviewed the claim medical information, including details from their physicians, and approved the claims.
- The cash benefits helped the Smith family meet their medical deductible.

*Falls are the leading cause of injury treated in emergency rooms every year, for people of all ages.\**

## Benefit schedule

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance's effective date. Unless otherwise specified, benefits are payable only once for each Covered Accident as applicable. The full list of benefits is listed here.

<b>Benefit</b>	<b>Mid Plan</b>
Accidental Death	\$25,000
Accidental Death Common Carrier	\$50,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$50,000
Loss of one hand, foot, leg, or arm	\$7,500
Two or more fingers or toes	\$1,500
One finger or one toe	\$750

<b>Dislocations</b>	
Hip	\$6,000
Knee, ankle, bones of the foot	\$3,000
Elbow or wrist	\$800
Shoulder	\$800
Collarbone, bones of the hand	\$800
Finger(s) or toe(s)	\$200
Lower jaw	\$800

<b>Fractures</b>	
Hip or thigh	\$4,000
Skull-depressed	\$6,000
Skull-simple	\$1,000
Vertebral process	\$1,000
Bones of the face	\$1,000
Bones of the nose	\$1,000
Leg	\$2,000
Vertebrae	\$2,000
Pelvis	\$2,400
Upper jaw or upper arm	\$1,000
Lower jaw	\$900
Collarbone	\$900
Shoulder	\$900
Forearm	\$900
Hand	\$900
Foot	\$900
Ankle	\$900
Kneecap	\$900
Rib	\$300
Finger	\$300
Toe	\$300
Coccyx	\$300
Multiple ribs	\$1,000

# HOSPITAL INDEMNITY

## HELPS PROTECT YOUR FINANCES.

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

## HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

## PAYS CASH BENEFITS DIRECTLY TO YOU.

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

POLICY # 941218

*You can purchase this coverage for you and your family. Child coverage is available to age 26.*

BENEFITS	
<b>Benefits are payable for hospital stays due to:</b>	<ul style="list-style-type: none"><li>• Sickness</li><li>• Accidents*</li><li>• Routine pregnancy**</li><li>• Complications of pregnancy</li><li>• Newborn complications</li><li>• Mental and nervous disorders</li><li>• Substance abuse</li></ul>
<b>Additional reasons to sign-up:</b>	<ul style="list-style-type: none"><li>• No medical questions to answer - guaranteed issue coverage</li><li>• Benefits add up - many of your benefits can all be payable on the same day</li></ul>

Your employer is offering you a choice of two plans. Please review the information for both plans. Then, choose the one plan that best fits your needs.

\*Confinements due to an accident must be within 365 days of the accident.

\*\*Confinements due to routine pregnancy are subject to a 10 month waiting period (see Frequently asked questions)

## BENEFIT SCHEDULE - LOW

<b>FIRST DAY BENEFITS</b> Payable per benefit year	<b>LOW</b>
<b>First day hospital confinement –</b> This benefit pays the first day you stay in a regular hospital bed.	\$1,000 per day 1 day
<b>CONFINEMENT BENEFITS</b> Payable per benefit year	<b>LOW</b>
<b>Hospital confinement –</b> This benefit pays for a hospital stay in a standard room. Payable with: • <i>First day hospital confinement benefit</i>	\$100 per day Up to 30 days
<b>Intensive Care Unit (ICU) confinement –</b> This benefit pays for a hospital ICU stay. Payable with: • <i>First day hospital confinement benefit</i> • <i>Hospital confinement benefit</i>	\$100 per day Up to 10 days
<b>ADDITIONAL AND ENHANCED BENEFITS</b> Payable per benefit year	<b>LOW</b>
<b>Extended hospitalization benefit –</b> This additional benefit pays after 10 total days in a row of confinement beginning with your first day in: • a regular hospital room • the ICU	\$100 per day
<b>Wellness screening benefit –</b> This benefit pays for a covered wellness test or exam even without a hospital stay.	\$50 per day 1 day per insured per benefit year

## BENEFIT SCHEDULE - HIGH

<b>FIRST DAY BENEFITS</b> Payable per benefit year	<b>HIGH</b>
<b>First day hospital confinement –</b> This benefit pays the first day you stay in a regular hospital bed.	\$2,000 per day 1 day
<b>CONFINEMENT BENEFITS</b> Payable per benefit year	<b>HIGH</b>
<b>Hospital confinement –</b> This benefit pays for a hospital stay in a standard room. Payable with: • <i>First day hospital confinement benefit</i>	\$200 per day Up to 30 days
<b>Intensive Care Unit (ICU) confinement –</b> This benefit pays for a hospital ICU stay. Payable with: • <i>First day hospital confinement benefit</i> • <i>Hospital confinement benefit</i>	\$200 per day Up to 10 days
<b>ADDITIONAL AND ENHANCED BENEFITS</b> Payable per benefit year	<b>HIGH</b>
<b>Extended hospitalization benefit –</b> This additional benefit pays after 10 total days in a row of confinement beginning with your first day in: • a regular hospital room • the ICU	\$200 per day
<b>Wellness screening benefit –</b> This benefit pays for a covered wellness test or exam even without a hospital stay.	\$50 per day 1 day per insured per benefit year

# CUSTOMER SERVICE & CONTACT INFORMATION

Benefit	Carrier	Group Number	Customer Service	Website
Medical	Imagine360	H880319	800.716.2852	<a href="http://www.imagine360.com/members">www.imagine360.com/members</a>
Virtual Visits	United Concierge Medicine	Medical ID Number	844.484.7362 (844.4.VIPDOC)	<a href="http://www.goseesam.com">www.goseesam.com</a>
Pharmacy	Southern Scripts	H880319	800.710.9341	<a href="http://www.southernscripts.net">www.southernscripts.net</a>
Dental	SunLife	900466	800.247.6875	<a href="http://www.mysunlifebenefits.com">www.mysunlifebenefits.com</a>
Vision	SunLife	900466	800.247.6875	<a href="http://www.mysunlifebenefits.com">www.mysunlifebenefits.com</a>
Basic & Voluntary Life/AD&D	SunLife	900466	800.247.6875	<a href="http://www.mysunlifebenefits.com">www.mysunlifebenefits.com</a>
Short & Long-Term Disability	SunLife	900466	800.247.6875	<a href="http://www.mysunlifebenefits.com">www.mysunlifebenefits.com</a>
Critical Illness	SunLife	900466	800.247.6875	<a href="http://www.mysunlifebenefits.com">www.mysunlifebenefits.com</a>
Accident	SunLife	900466	800.247.6875	<a href="http://www.mysunlifebenefits.com">www.mysunlifebenefits.com</a>
Hospital Indemnity	SunLife	900466	800.247.6875	<a href="http://www.mysunlifebenefits.com">www.mysunlifebenefits.com</a>



---

*Renegade Group, LLC – Corporate Office*

*817-389-2745*

---

**YOUR MARSH MCLENNAN TEAM:**

**(8 am – 5 pm) CST**

Kim Rodriguez  
210-249-2364

[kimberly.rodriguez@marshmma.com](mailto:kimberly.rodriguez@marshmma.com)

Gary Price  
210-249-2330

[gary.price@marshmma.com](mailto:gary.price@marshmma.com)

