

# EMPLOYEE BENEFITS OVERVIEW



WHOLESALE MILLWORK

# Understanding Your Benefit Partners



Human Resources: Your Human Resources Contact Rapheal Young is able to answer questions relating to which partner you should contact for assistance. Human Resources must approve your enrollment, and make sure your payroll deductions are in place.



Your Broker Partner: Arrow is responsible for shopping the plans offered by your employer. Implementing those plans and bringing in partners to assist with administration of benefit options for you! Visit the website below to learn more. <http://www.arrowbenefitsconsulting.com/>



Your Enrollment Partner: Kelly (KTBS) is handling implementing your plan options when you select them with the carrier. It's important that you visit their site to select the options available and complete your enrollment and view/print your confirmation by visiting: [www.ktbsonline.com](http://www.ktbsonline.com)



Your Medical Insurance Carrier. They review your care, negotiate with providers, pharmacies and more to make sure you get the best possible cost! Register to manage your health care: [www.highmarkbcbsde.com/home/](http://www.highmarkbcbsde.com/home/)



Your Dental Insurance Carrier: [www.dentists.beambenefits.com](http://www.dentists.beambenefits.com) to manage your dental care:



Your Vision Insurance Carrier: Register to manage your vision care: [www.vsp.com/eye-doctor](http://www.vsp.com/eye-doctor)



Your Group Life & Disability Insurance Carrier: Provides coverage for Term Life and Accidental AD&D Insurance Coverage and Long Term Disability coverage. To start a claim visit [www.thehartford.com](http://www.thehartford.com)



Voluntary Benefits:  
Group Hospital Confinement Base Level Paid for by Wholesale Millwork if you enroll meet with Colonial!  
Also available are additional policies for Accident and Short Term Disability Schedule with Nick Cusmano  
[nick@colonialdemd.com](mailto:nick@colonialdemd.com) or call 410-378-2602

# Plan Eligibility & Contribution

| Benefit                            | Coverage   | Eligibility  | Waiting Period                                     | Employer Contribution by Plan   |
|------------------------------------|--|--|--|---|
| Medical 1                          | Highmark EPO \$5250  | Full Time Employees working 30+hrs per week including spouses and dependents | First of the month following 30 days of employment | 92% Of COST REFERENCE PLAN EPO \$1500 applied to Employee Only Cost (not to exceed 100% of Employee Only Cost)<br><br>No contribution towards dependent cost  |
| Medical 2                          | Highmark EPO \$1500  |  |  | 92% Of COST REFERENCE PLAN EPO \$1500 applied to Employee Only Cost (not to exceed 100% of Employee Only Cost)<br><br>No contribution towards dependent cost  |
| Medical 3                          | Highmark PPO \$1000  |  |  | 92% Of COST REFERENCE PLAN EPO \$1500 applied to Employee Only Cost (not to exceed 100% of Employee Only Cost)<br><br>0% contribution towards dependent cost  |
| Dental                             | Beam SmartPremium Plus   |  |  | 50% of Employee Only Cost<br>No contribution towards dependent cost   |
| Vision                             | VSP Choice Plan 5  |  |  | 50% of Employee Only Cost<br>No contribution towards dependent cost   |
| Term Life AD&D                     | Hartford Life \$25,000<br>Hartford AD&D \$25,000   |  |  | Wholesale Millwork Pays 100% of cost  |
| Voluntary Term Life                | Hartford Life<br><b>Employee</b> \$10,000-5X salary not to exceed \$500,000<br><b>Spouse</b> \$5,000-\$25,000<br><b>Child</b> \$2,000-\$10,000 |  |  | Voluntary Benefit<br>No Employer Contribution<br>Age Banded Rates<br>Rates Available in KTBSOONLINE   |
| Long Term Disability               | Hartford Life (LTD)<br>60% of earnings up to \$5,000/month   |  |  | Wholesale Millwork Pays 100% of cost  |
| Voluntary Group Hospital Indemnity | Colonial Life<br>Base Level Confinement<br>\$500 Payout  |  |  | Partially Funded Voluntary Benefit<br>Wholesale Millwork contributes 50% of Employee Only Cost<br>*Age-banded rates based on amount of hospital benefit payout elected<br><b>Colonial Representative must enroll you!</b> |
| Voluntary Accident                 | Pays lump sum based on accident reported   |  |  | Voluntary Benefit<br>No Employer Contribution   |
| Voluntary Disability               | Pays based on employee choice of coverage  | Voluntary Benefit<br>No Employer Contribution                                |  |   |

# REVIEW YOUR NETWORK OPTIONS

## EPO - Exclusive Provider Organization

### In-Network

**KNOW BEFORE YOU GO**

Offers coverage to you for using specific physicians, facilities and pharmacies.

### Out -of-Network

**NO COVERAGE AVAILABLE**

Choosing to use a physician, facility or pharmacy that is not verified to be an Exclusive Provider with the insurance carrier will result in **no benefit available for services**.

## PPO-Preferred Provider Organization

### In-Network

**KNOW BEFORE YOU GO**

Offers coverage if utilizing specific physicians, within the network at the low cost while giving option to utilize other doctors as well under an "out-of-network" option.

### Out-of-Network

**COVERAGE AVAILABLE \$\$\$**

Permits you to utilize other doctors but the services are subject to different benefit payouts which result in more cost to you but does provide some coverage.

# Option 1: HIGHMARK EPO \$5,250 100%

## EPO 100 \$5,250/\$10,500 Rx A

On the chart below, you'll see what your plan pays for specific services. You are responsible for paying for non-emergency services received from an out-of-network provider. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

| Benefit  | Network   |
|--|---|
| <b>General Provisions</b>  |   |
| Effective Date   | September 1, 2024   |
| Benefit Period (1)   | Contract Year   |
| Deductible (per benefit period)  |   |
| Individual   | \$5,250   |
| Family   | \$10,500  |
| Plan Pays – payment based on the plan allowance  | 100% after deductible   |
| Out-of-Pocket Limit (Once met, plan pays 100% coinsurance for the rest of the benefit period)  |   |
| Individual   | none  |
| Family   | none  |
| Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period. |   |
| Individual   | \$9,450   |
| Family   | \$18,900  |
| <b>Office/Clinic/Urgent Care Visits</b>  |   |
| Primary Care Provider Office Visits & Virtual Visits   | 100% after \$25 copay   |
| Specialist Office Visits & Virtual Visits  | 100% after \$50 copay   |
| Virtual Visit Provider Originating Site Fee  | 100% after deductible   |
| Urgent Care Center Visits  | 100% after \$50 copay   |
| Telemedicine Services - Vendor (3)   | 100% after \$20 copay   |
| <b>Preventive Care (4)</b>   |   |
| <b>Routine Adult</b>   |   |
| Physical Exams   | 100% (deductible does not apply)  |
| Adult Immunizations  | 100% (deductible does not apply)  |
| Routine Gynecological Exams, including a Pap Test  | 100% (deductible does not apply)  |
| Mammograms, Annual Routine   | 100% (deductible does not apply)  |
| Mammograms, Medically Necessary  | 100% after \$35 copay   |
| Diagnostic Services and Procedures   | 100% (deductible does not apply)  |
| <b>Routine Pediatric</b>   |   |
| Physical Exams   | 100% (deductible does not apply)  |
| Pediatric Immunizations  | 100% (deductible does not apply)  |
| Diagnostic Services and Procedures   | 100% (deductible does not apply)  |
| <b>Vision</b>  |   |
| Adult: Routine Vision Exam   | not covered   |
| Pediatric: Routine Vision Exam   | 100% (deductible does not apply);<br>One routine eye exam every 12 months |
| <b>Emergency Services</b>  |   |
| Emergency Room Services (5)  | 100% after \$250 copay (waived if admitted)                               |
| Ambulance - Emergency (6)  | 100% after deductible   |
| Ambulance - Non-Emergency (6)  | 100% after deductible   |
| <b>Hospital and Medical / Surgical Expenses (including maternity) (5)</b>  |   |
| Hospital Inpatient   | 100% after deductible   |
| Hospital Outpatient  | 100% after deductible   |
| Maternity (non-preventive facility & professional services) including dependent daughter   | 100% after deductible   |
| Medical Care (including inpatient visits and consultations)/Surgical Expenses  | 100% after deductible   |

| Tier            | Per Month | Per Pay  |
|-----------------|-----------|----------|
| EE Only         | \$0.00    | \$0.00   |
| EE + Child(ren) | \$291.70  | \$134.63 |
| EE + Spouse     | \$662.65  | \$305.84 |
| EE + Family     | \$927.63  | \$428.14 |

\*Please see Benefit Summary for complete details

# Option 2:HIGHMARK EPO \$1,500 100%

## EPO 100% \$1,500/\$4,500 Rx A Benefit Summary

On the chart below, you'll see what your plan pays for specific services. You are responsible for paying for non-emergency services received from an out-of-network provider. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

| Benefit  | Network   |
|--|---|
| <b>General Provisions</b>  |   |
| Effective Date   | September 1, 2024   |
| Benefit Period (1)   | Contract Year   |
| Deductible (per benefit period)  |   |
| Individual   | \$1,500   |
| Family   | \$4,500   |
| Plan Pays – payment based on the plan allowance  | 100% after deductible   |
| Out-of-Pocket Limit (Includes coinsurance. Once met, plan pays 100% coinsurance for the rest of the benefit period)  |   |
| Individual   | None  |
| Family   | None  |
| Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period. |   |
| Individual   | \$9,450   |
| Family   | \$18,900  |
| <b>Office/Clinic/Urgent Care Visits</b>  |   |
| Primary Care Provider Office Visits & Virtual Visits   | 100% after \$30 copay   |
| Specialist Office Visits & Virtual Visits  | 100% after \$60 copay   |
| Virtual Visit Provider Originating Site Fee  | 100% after deductible   |
| Urgent Care Center Visits  | 100% after \$75 copay   |
| Telemedicine Services - Vendor (3)   | 100% after \$20 copay   |
| <b>Preventive Care (4)</b>   |   |
| <b>Routine Adult</b>   |   |
| Physical Exams   | 100% (deductible does not apply)                                |
| Adult Immunizations  | 100% (deductible does not apply)                                |
| Routine Gynecological Exams, including a Pap Test  | 100% (deductible does not apply)                                |
| Mammograms, Annual Routine   | 100% (deductible does not apply)                                |
| Mammograms, Medically Necessary  | 100% after \$35 copay   |
| Diagnostic Services and Procedures   | 100% (deductible does not apply)                                |
| Vision Exam  | not covered   |
| <b>Routine Pediatric</b>   |   |
| Physical Exams   | 100% (deductible does not apply)                                |
| Pediatric Immunizations  | 100% (deductible does not apply)                                |
| Diagnostic Services and Procedures   | 100% (deductible does not apply)                                |
| Vision Exam  | 100% (deductible does not apply); 1 examination every 12 months |
| <b>Emergency Services</b>  |   |
| Emergency Room Services (5)  | 100% after \$250 copay (waived if admitted)                     |
| Ambulance - Emergency (6)  | 100% after deductible   |
| Ambulance - Non-Emergency (6)  | 100% after deductible   |
| <b>Hospital and Medical / Surgical Expenses (including maternity) (5)</b>  |   |
| Hospital Inpatient   | 100% after deductible   |
| Hospital Outpatient  | 100% after deductible   |
| Maternity (non-preventive facility & professional services) including dependent daughter   | 100% after deductible   |
| Medical Care (including inpatient visits and consultations)/Surgical Expenses  | 100% after deductible   |

| Tier            | Per Month  | Per Pay  |
|-----------------|------------|----------|
| EE Only         | \$54.26    | \$25.05  |
| EE + Child(ren) | \$420.56   | \$194.10 |
| EE + Spouse     | \$847.89   | \$391.34 |
| EE + Family     | \$1,153.14 | \$532.22 |

\*Please see Benefit Summary for complete details

# Option 3: HIGHMARK

## PPO \$1,000 100%

### PPO Sharing \$1,000 \$30/\$40 w Rx A

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

| Benefit  | Network  | Out-of-Network                  |
|--|--|---------------------------------|
| <b>General Provisions</b>  |  |                                 |
| Effective Date   | September 1, 2024  |                                 |
| Benefit Period (1)   | Contract Year  |                                 |
| Deductible (per benefit period)  |  |                                 |
| Individual   | \$1,000  | \$2,000                         |
| Family   | \$2,000  | \$4,000                         |
| Plan Pays – payment based on the plan allowance  | 100% after deductible  | 80% after deductible            |
| Out-of-Pocket Limit (Once met, plan pays 100% coinsurance for the rest of the benefit period)  |  |                                 |
| Individual   | none   | \$2,000                         |
| Family   | none   | \$4,000                         |
| Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period. |  |                                 |
| Individual   | \$9,450  | not applicable                  |
| Family   | \$18,900   | not applicable                  |
| <b>Office/Clinic/Urgent Care Visits</b>  |  |                                 |
| Primary Care Provider Office Visits & Virtual Visits   | 100% after \$30 copay  | 80% after deductible            |
| Specialist Office Visits & Virtual Visits  | 100% after \$40 copay  | 80% after deductible            |
| Virtual Visit Provider Originating Site Fee  | 100% after deductible  | 80% after deductible            |
| Urgent Care Center Visits  | 100% after \$75 copay  | 80% after deductible            |
| Telemedicine Services - Vendor (3)   | 100% after \$20 copay  | not covered                     |
| <b>Preventive Care (4)</b>   |  |                                 |
| <b>Routine Adult</b>   |  |                                 |
| Physical Exams   | 100% (deductible does not apply)                                       | 80% after deductible            |
| Adult Immunizations  | 100% (deductible does not apply)                                       | 80% after deductible            |
| Routine Gynecological Exams, including a Pap Test  | 100% (deductible does not apply)                                       | 80% (deductible does not apply) |
| Mammograms, Annual Routine   | 100% (deductible does not apply)                                       | 80% after deductible            |
| Mammograms, Medically Necessary  | 100% (deductible does not apply)                                       | 80% after deductible            |
| Diagnostic Services and Procedures   | 100% (deductible does not apply)                                       | 80% after deductible            |
| <b>Routine Pediatric</b>   |  |                                 |
| Physical Exams   | 100% (deductible does not apply)                                       | 80% after deductible            |
| Pediatric Immunizations  | 100% (deductible does not apply)                                       | 80% (deductible does not apply) |
| Diagnostic Services and Procedures   | 100% (deductible does not apply)                                       | 80% after deductible            |
| <b>Vision</b>  |  |                                 |
| Adult: Routine Vision Exam   | not covered  | not covered                     |
| Pediatric: Routine Vision Exam   | 100% (deductible does not apply); One routine eye exam every 12 months | not covered                     |
| <b>Emergency Services</b>  |  |                                 |
| Emergency Room Services (5)  | 100% after \$150 copay (waived if admitted)                            |                                 |
| Ambulance - Emergency (6)  | 100% after network deductible  |                                 |
| Ambulance - Non-Emergency (6)  | 100% after network deductible  |                                 |
| <b>Hospital and Medical / Surgical Expenses (including maternity) (5)</b>  |  |                                 |
| Hospital Inpatient   | 100% after deductible  | 80% after deductible            |
| Hospital Outpatient  | 100% after deductible  | 80% after deductible            |
| Maternity (non-preventive facility & professional services) including dependent daughter   | 100% after deductible  | 80% after deductible            |
| Medical Care (including inpatient visits and consultations)/Surgical Expenses  | 100% after deductible  | 80% after deductible            |

| Tier            | Per Month  | Per Pay  |
|-----------------|------------|----------|
| EE Only         | \$115.39   | \$53.26  |
| EE + Child(ren) | \$518.36   | \$239.24 |
| EE + Spouse     | \$988.48   | \$456.22 |
| EE + Family     | \$1,324.29 | \$611.21 |

\*Please see Benefit Summary for complete details

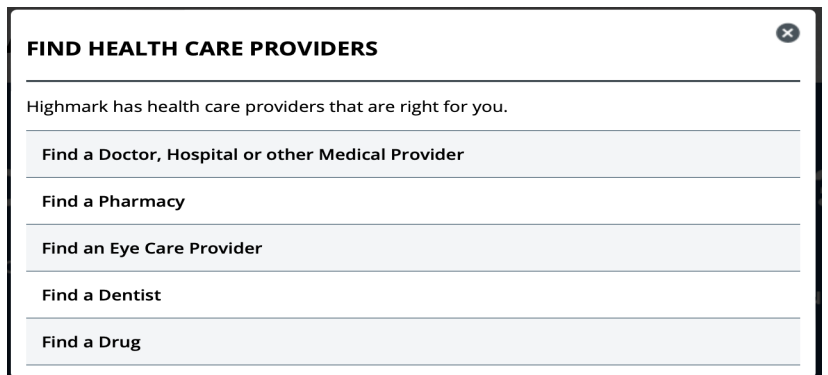
# HIGHMARK WEBPAGE

Visit Highmark's website:  
[www.highmarkbcbsde.com](http://www.highmarkbcbsde.com)

1. Choose Find a Doctor or Pharmacy:



2. Select Type of Search in this prompt:



3. Select NO at this Prompt:

Are you looking for Medicare Advantage providers or facilities?

YES

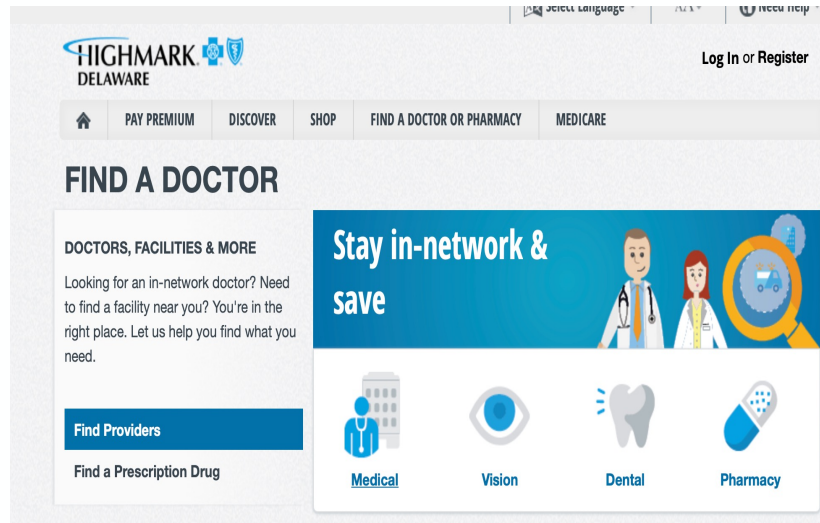
NO





# HIGHMARK WEBPAGE CONTINUED

4. Select Find Provider or Medical/Pharmacy



## YOU ARE ABOUT TO VISIT THE SAPPHIRE DIGITAL SITE.

You are leaving a Highmark website and going to Sapphire Digital's website. Sapphire Digital is an independent company and is responsible for its website, including any terms of use, privacy policies, and/or other applicable conditions of use. Sapphire Digital's website may have a privacy policy different from Highmark's privacy policy. Highmark makes no representations or warranties regarding the correctness, accuracy, performance or quality of Sapphire Digital's technologies or content that is independently developed or generated by Sapphire Digital (collectively, "Developed Content") and is not liable for any direct or indirect technical or system issues or any consequences arising out of your access to or your use of Sapphire Digital's technologies, including its website or Developed Content. Highmark is not responsible for the availability of, or access to, Sapphire Digital's website and makes no representations or warranties regarding the correctness of Developed Content found on Sapphire Digital's website.

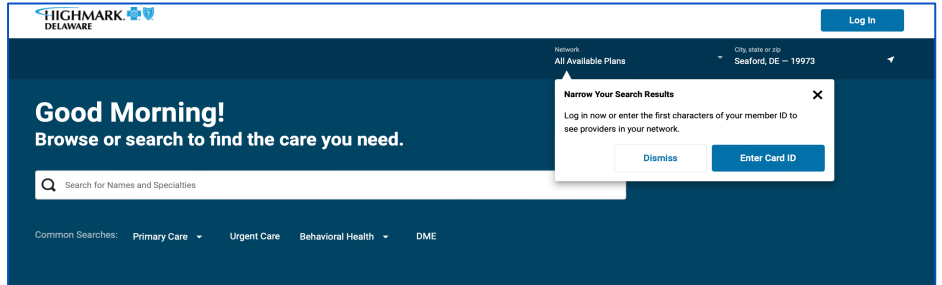
**CONTINUE**

5. Select "Continue" at this prompt

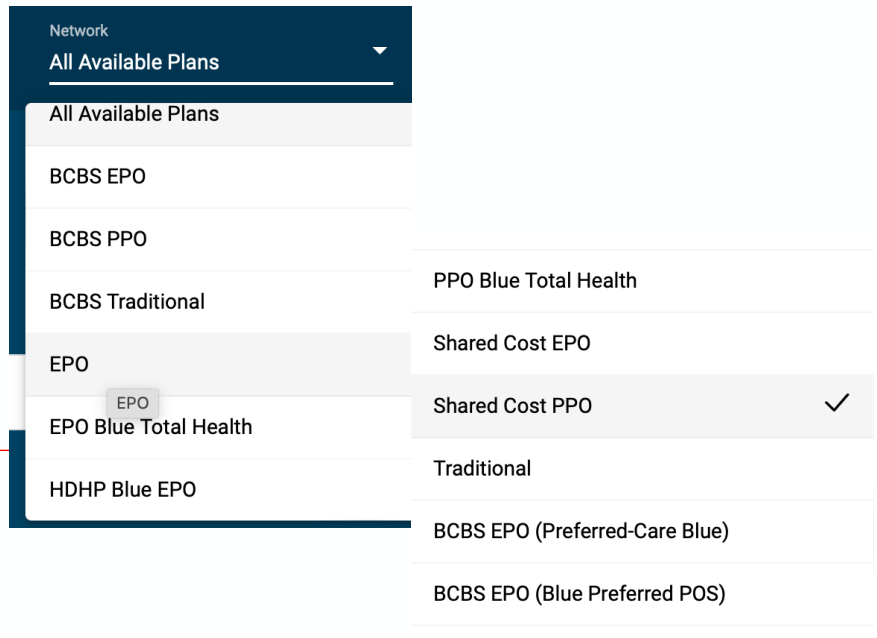


# HIGHMARK WEBPAGE CONTINUED

6. Select from drop down next to "All Available Plans"

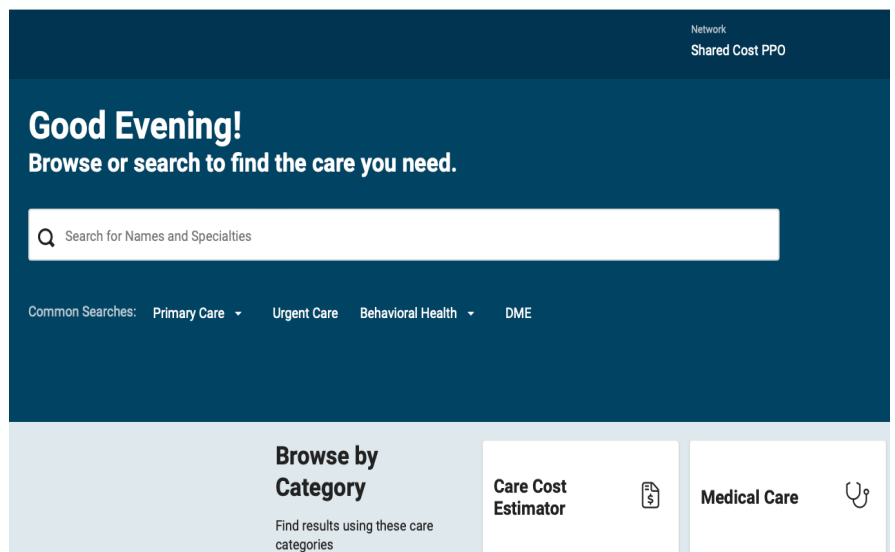


7. Network Drop Down



8. Select EPO or Shared PPO


9. Network selected should appear at the top and you can search using the search fields and filters



# HIGHMARK PHARMACY DETAILS

|   |   |
|---|---|
| Prescription Drug Deductible<br>Individual<br>Family  | none<br>none  |
| Prescription Drug Program (10)<br>Soft Mandatory Generic<br>Defined by the National Plus Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.<br><br>Your plan uses the Comprehensive Formulary with an Incentive Benefit Design | <p><b>Retail Drugs (34/90-day Supply)</b><br/>           \$10/\$20 generic copay<br/>           \$25/\$50 formulary brand copay<br/>           \$50/\$100 non-formulary brand copay<br/>           Cost-sharing for Prescription Insulin Drugs will not exceed \$100 for a month supply</p> <p><b>Mail Order (34/90-day Supply)</b><br/>           \$10/\$20 generic copay<br/>           \$25/\$50 formulary brand copay<br/>           \$50/\$100 non-formulary brand copay<br/>           Cost-sharing for Prescription Insulin Drugs will not exceed \$100 for a month supply</p> |

*Prescriptions filled at a non-network pharmacy are **not covered**.*



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🏠
PAY PREMIUM
DISCOVER
SHOP
FIND A DOCTOR OR PHARMACY
MEDICARE


Find a Doctor, Hospital or other Medical Provider

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**Find a Pharmacy**  
 Want to find a pharmacy near where you live or work? Use our network pharmacy locator to find your most convenient options. Your plan information details network -- National Plus, National, Walgreens National, Advantage, Medicare Performance or Medicare Preferred -- is part of your benefit.

**For Plans Effective January 01, 2022**

- [Locate a National Plus Network Pharmacy](#)
- [Locate a National Network Pharmacy](#)
- [Locate a Walgreens National Network Pharmacy](#)
- [Locate an Advantage Network Pharmacy](#)
- [Locate a Medicare Broad Performance Network Pharmacy](#)
- [Locate a Medicare Preferred Network Pharmacy](#)

Your Pharmacy Network  


Helpful Tip: "Formulary" - is insurance language used to describe a list of covered pharmaceuticals. It matters to you because if your pharmacy/prescription is not on the "formulary" it affects how much you must pay when you pick up your prescriptions! Learn how to make the most of your coverage!

\*Please see benefit summary for specifications.

# BEAM DENTAL



## Plan maxes

Annual maximum is the most Beam will pay in a policy year, and applies to diagnostic & preventive, basic services, and major services. Annual max based on Policy Year.

|                         |             |
|-------------------------|-------------|
| Annual max (In network) | \$1,500 /yr |
|-------------------------|-------------|

|                             |             |
|-----------------------------|-------------|
| Annual max (Out of network) | \$1,500 /yr |
|-----------------------------|-------------|

## Plan deductible

The deductible is the dollar amount paid towards the cost of care before the insurance benefit begins to cover the cost of claims. The deductible is waived for diagnostic & preventive services.

|            |          |
|------------|----------|
| Individual | \$50 /yr |
|------------|----------|

|        |           |
|--------|-----------|
| Family | \$150 /yr |
|--------|-----------|

The 90th percentile means that 90% of dentists in a given area charge that fee or less.

| Coverage Tier   | Monthly Cost | Per Pay Deduction |
|-----------------|--------------|-------------------|
| EE Only         | \$15.07      | \$6.95            |
| EE + Child(ren) | \$60.80      | \$28.06           |
| EE + Spouse     | \$45.18      | \$20.85           |
| EE + Family     | \$90.92      | \$41.96           |

## Plan coverage

|   | In-network<br>(PPO fee) | Out-of-network<br>(90th percentile UCR) |
|---|-------------------------|---|
| <b>Preventive &amp; Diagnostic</b><br>Diagnostic and preventive: exams, cleanings, fluoride, space maintainers, x-rays, and sealants  | 100%                    | 100%                                    |
| <b>Basic</b><br>Emergency palliative treatment: to temporarily relieve pain<br>Endodontics: root canals<br>Minor restorative: fillings<br>Oral surgery: extractions and dental surgery<br>Periodontics: to treat gum disease<br>Prosthetic maintenance: relines and repairs to bridges and dentures | 80%<br>After deductible | 80%<br>After deductible                 |
| <b>Major</b><br>Implants: endosteal in lieu of a 2 or 3 unit bridge<br>Major restorative: crowns, inlays, and onlays<br>Prosthetics: bridges<br>Prosthodontics: dentures  | 50%<br>After deductible | 50%<br>After deductible                 |

## Additional details

**See any dentist**  
Our PPO plans allow you to see any licensed dentist. Savings in plan cost and member out of pocket expenses may be obtained by utilizing participating network dentists.

Beam has partnered with leading regional and national PPO network partners through Dental Benefit Providers (DBP), Careington, DenteMax Plus, Connection Dental, First Dental Health, Maverest, and Beam Direct networks to provide you with the most choices possible.

**BEAM SUPPORT**  
intro@beambenefits.com | (800) 648 1179

**LEARN MORE**  
beambenefits.com

\*Please see Benefit Summary for complete details

# BEAM VSP VISION



| Coverage Tier   | Monthly Cost | Per Pay Deduction |
|-----------------|--------------|-------------------|
| EE Only         | \$2.94       | \$1.36            |
| EE + Child(ren) | \$9.62       | \$4.44            |
| EE + Spouse     | \$8.80       | \$4.06            |
| EE + Family     | \$15.14      | \$6.99            |

## Frequency

|                               |           |
|-------------------------------|-----------|
| Exam every                    | 12 months |
| Lenses every                  | 12 months |
| Frames every                  | 24 months |
| Contacts (instead of glasses) | 12 months |

## Co-payments

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Exam                              | \$10                              |
| Materials                         | \$25                              |
| Contact lens fitting & evaluation | 15% discount (not to exceed \$60) |

## In-network allowances

|                                   |  |
|-----------------------------------|--|
| Retail frame value <sup>1,2</sup> | \$130 / 20% savings on amount over allowance |
| Elective contact lenses           | \$130  |
| Covered lens options              | Low Vision and Polycarbonate for Children    |

## Value added programs

|   |          |
|---|----------|
| Diabetic Eyecare Plus Program <sup>SM</sup> | Included |
| Hearing aid discounts                       | Included |
| Eye health management                       | Included |
| Diabetic exam reminder letters              | Included |

## Out-of-network allowances

|                                   |       |
|-----------------------------------|-------|
| Examination, up to                | \$45  |
| Single vision lenses, up to       | \$30  |
| Bifocal/progressive lenses, up to | \$50  |
| Trifocal lenses, up to            | \$65  |
| Lenticular lenses, up to          | \$100 |
| Frames, up to                     | \$70  |
| Elective contact lenses, up to    | \$105 |
| Necessary contact lenses, up to   | \$210 |

## Extra discounts & savings<sup>2</sup>

|  |   |
|--|---|
| Lens enhancements                        | Average savings of 30% on other lens enhancements   |
| Additional pair of glasses or sunglasses | 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. |
| Laser vision correction (lvc)            | 15% discount avg.   |

Please see benefit summary for complete details

# Hartford Life Employer Paid Benefits

## Basic Life and AD&D and Long Term Disability

### Basic Life and AD&D

- Provided to you at NO COST!!!
- Flat \$25,000 of Benefit
- 35% Reduction at Age 65 - 50% Reduction at Age 70
- Premium Waiver Offered if Disabled prior to Age 60

### Long Term Disability

- Income Protection provided to you at NO COST!!!
- 60% of your income up to \$5,000
- Benefits all the way to your Normal Retirement Age
- 90 day Elimination Period
- Benefits for Partial Disability
- Assistance with Social Security Disability



More than half of Americans  
(53%) expressed a  
heightened need for life  
insurance because of  
COVID-19.<sup>1</sup>



# Hartford Life – Employee Assistance Programs

## Value-Added Services

- **Estate Guidance**
  - Create a legally-binding at no cost online
- **Travel Assistance and Identity Theft Protection**
  - Emergency Medical and Personal Services while traveling over 100 miles from home
  - Support Services for steps following identity theft
- **Ability Assist**
  - Emotional and Work-Life Counseling - Financial and Legal Support Services
  - Up to 3 face-to-face visits per occurrence, per year, per family member

**Provided at no cost to you!!!**

# Hartford Life - Employee Additional Life AD&D

## Supplemental Life and AD&D

### **Supplemental Employee Life and AD&D**

- Choose in \$10,000 increments up to \$500,000; not to exceed 5 times income
- New Guaranteed Issue Amount - **\$200,000!!!**
- 35% Reduction at Age 65 - 50% Reduction at Age 70
- Premium Waiver Offered if Disabled prior to Age 60
- Accidental Death & Dismemberment Included
- Portability Available

**ONE-TIME TRUE OPEN ENROLLMENT!!!**



# Hartford Life – Dependent Life AD&D

## Supplemental Life and AD&D

### **Supplemental Dependent Spouse Life and AD&D**

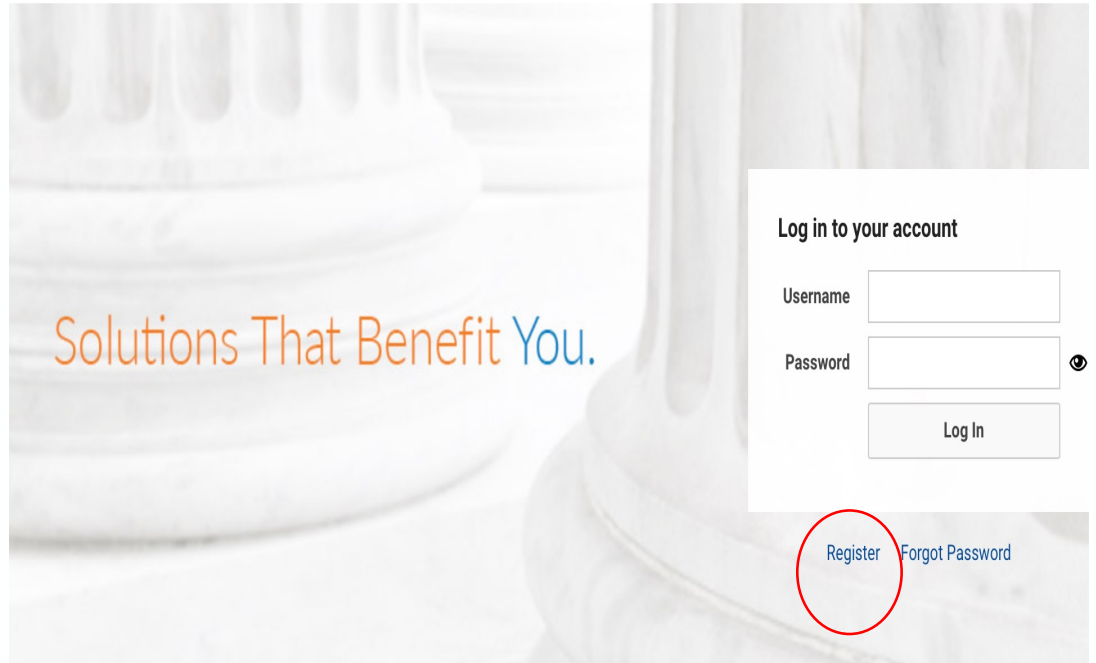
- Choose in \$5,000 increments up to \$250,000; not to exceed 100% of Employee coverage
- New Guaranteed Issue Amount - **\$50,000!!!**
- Premium Waiver and Portability Included

### **Supplemental Dependent Child Life and AD&D**

- Choose in \$2,000 increments up to \$10,000
- Full Benefit from Age 6 months to 26 years; max benefit of \$1,000 prior to Age 6 months

**ONE-TIME TRUE OPEN ENROLLMENT!!!**

# ENROLLING IN CORE BENEFITS



## New Registration

If you are an employee registering for the first time, please enter your last name, date of birth and your social security number.

Group Administrators and COBRA participants, for assistance please contact Tech Support at [techsupport@kellybenefits.com](mailto:techsupport@kellybenefits.com) or 1-877-290-9580.


### Register

Last Name:

Date of Birth:

Social Security Number:

### Let's make sure you are human

I'm not a robot   
reCAPTCHA  
Privacy - Terms

# ENROLLMENT PROCESS

## Open Enrollment Instructions

The following instructions provide an overview of the steps you will encounter when completing your online open enrollment elections.

### Enroll Now

By clicking the link, you will begin the online open enrollment process.

### Personal Information/General Info

You may view or edit your personal information. Click “Save & Continue” to proceed.

### Dependent Review

You may add, view or edit your dependent information by using the pencil icon for existing dependents and the “Add Dependent” link to add new dependents. Click “Continue” to proceed.

### Elect Your Benefits

You will be shown all benefits offered including any company paid plans. Options to view/select, edit or waive will be provided for each benefit by clicking on the benefit name. In addition, employee per pay contributions are shown for each benefit and a total will be provided at the bottom of the page once you have completed your elections. Click “Continue” to proceed.

### Beneficiary Designation

If a life plan is offered, you will have the opportunity to view, add or remove beneficiaries. Click “Continue” to proceed.

### Review Enrollment

This is your chance to review your information and change any benefit elections before submitting your online enrollment form. Click “Continue” to proceed.

### User Agreement

This will provide you the enrollment terms and waiver agreement. By clicking the “Finish”, you will attest that the information provided through the internet enrollment process is complete and true.

### Important Next Steps

You will be brought back to your homepage where you will be provided important information about your enrollment elections.

- Submit any required documentation
- Print a copy of your enrollment
- Open Enrollment Deadline — you will be provided additional time to make changes to your open enrollment elections. If you decide you would like to make any change, you can log back in during the open enrollment period. The last enrollment elections captured will be benefits and contributions for the upcoming plan year. After open enrollment ends, you will not be allowed to make any changes unless you have a qualifying event such as marriage, death, birth or adoption of a child, etc.

# ENROLLING COLONIAL BENEFITS

Wholesale Millwork is pleased to have Colonial Life benefit counselors assist with this year's enrollment.

## What is being offered?

### The following voluntary benefits are available:

**Hospital confinement indemnity insurance** provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with co-payments and deductibles that are not covered by most major medical plans.

**Accident insurance** helps offset unexpected medical expenses that can result from a covered accidental injury.

**Disability insurance** can replace a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.

#### With most of our benefits:

- Benefits are paid directly to you, unless you specify otherwise.
- You're paid regardless of any insurance you have with other companies.
- Coverage is available for your spouse and dependent children.

Many WM employees are entitled to a \$50 benefit for having basic health screens completed. Be sure to ask the Colonial enroller about collecting this benefit. We also pay 50% of a Hospital Confinement policy for you.

Colonial Life<sup>®</sup>

Terms and availability of service are subject to change. Services may not be available in all states.

ColonialLife.com

If you are already enrolled in coverage do not forget you may want to review with Nick the care you've received to see if you can claim your \$50 wellness benefit! Maybe you even need to submit a claim and had forgotten you had these amazing benefits. Don't miss this annual opportunity to see what benefits are available for you!

**Do you have money waiting to be paid to you? Schedule and see!**

Colonial Scheduling Link:

[https://calendly.com/nick\\_cusmano/wholesale-mw-benefit-enrollment-clone?month=2024-08](https://calendly.com/nick_cusmano/wholesale-mw-benefit-enrollment-clone?month=2024-08)

# YOUR RESPONSIBILITIES

- Remain actively employed and meet eligibility definitions to stay enrolled in benefits
- Update address information and/or dependent information changes within 30days of any change, such as birth, marriage or relocation.
- Review resources provided to make the most of the benefit plan
- Register at the enrollment site, to make elections within Open Enrollment that runs 8/22-8/31 each year or within 30days of eligibility for plan selection
- Meet with Broker and/or Voluntary Benefits Enrollment Team
- Verify your enrollment is accurate and complete within 30days of enrollment. You may confirm the details by printing a benefit confirmation from your enrollment system and verifying costs shown on your pay stub match to your benefits confirmation authorizing deductions from your paycheck.
- Register at each of the carrier sites to view your benefit information and
  - Verify Network participation of doctors using carrier website
  - Verify Pre-Authorization if required using carrier resources
  - Access Pharmacy information and verify costs using carrier formulary
- Notify Bonnie Covey of any discrepancies in your benefit information within 30days.

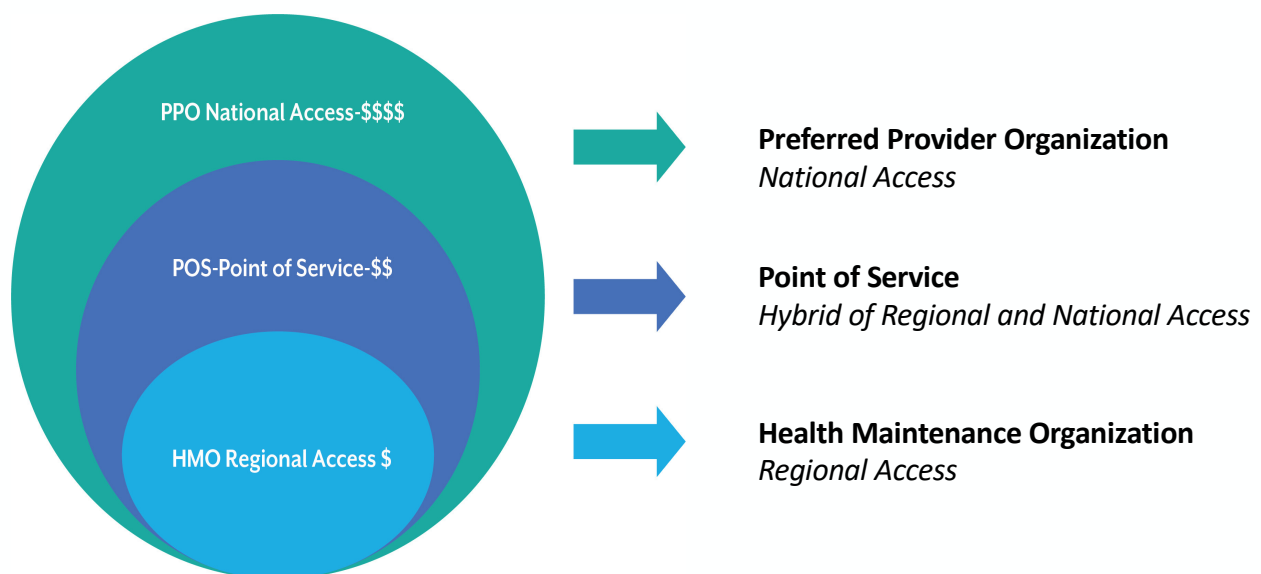
# UNDERSTANDING NETWORKS (PPO)

**PPO- Preferred Provider Organization** – while this type of network definition does require use of the Highmark Physicians National Network providers access services under the “in-network” benefit which are the most cost effective to you, it also provides you the ability to choose other doctors and still receive coverage for those services using the “out-of-network” portion of the insurance coverage.

\*It’s important to note the use of doctors/facilities and pharmacies that do not have an agreement with Highmark are considered **”out-of-network** and will result in additional charges for services you receive!

This can be avoided! *Look up the physician and verify they are participating as an “in-network” physician/facility.*

**Please use Highmark PPO Physicians/Facilities and make the most of the benefit plan!**



# UNDERSTANDING NETWORKS (EPO)

**EPO- is Exclusive Preferred Provider Option** – while this type of network does require use of the Highmark Physicians

\*It's important to note the use of doctors/facilities and pharmacies that do not have an agreement with Highmark EPO are considered "out-of-network" and under this option there is NO coverage for services received by them.

Avoid additional costs *looking up the physician and verifying they are participating as an "in-network" physician/facility.*

**Please use Highmark website to determine the Physicians/Facilities you need to visit to make the most of the benefit plan details!**

## HMO Local Area Access

**Health Maintenance Organization**  
*Regional Access In Network only*  
*Open Access- In and Out of Network Options*



## PPO National Access

**Exclusive Provider Organization**  
*INational Access In-Network Only*

**Preferred Provider Organization**  
*National Access In & Out of Network*  
*Benefits Available*

## Access to Local and National Providers

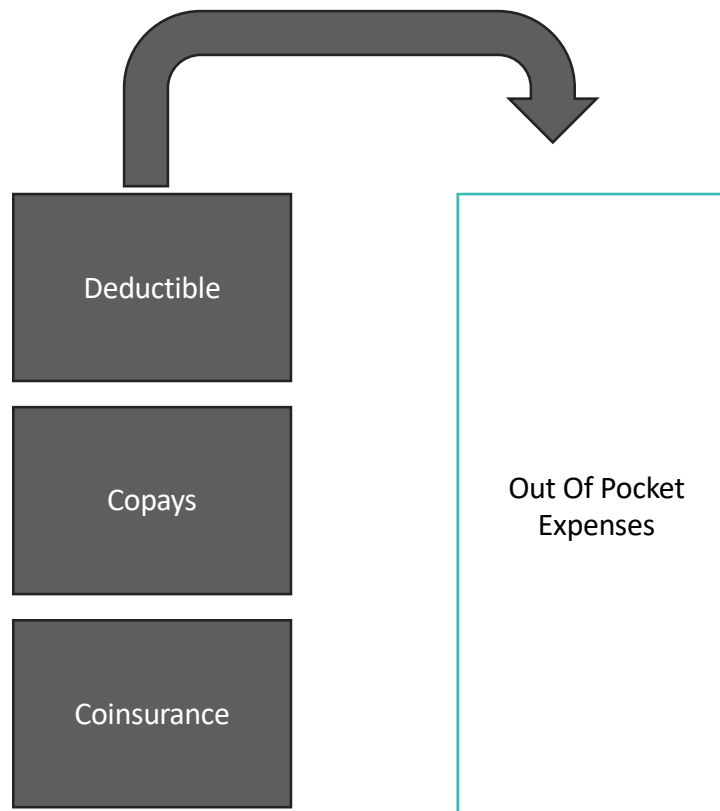
**Point of Service**  
*Hybrid of Regional and National Access*  
*In-Network and Out-of-Network Availability*

# IMPORTANCE OF INSURANCE DETAILS

## HOW YOU SHARE IN COSTS?

**Cost sharing are the ways you share in the cost of the services you use.**

- **DEDUCTIBLES-** amount of money you must spend for services rendered. May be required before any care is paid for, or only when certain care is received. Check you plan details!
- **COPAY** – a set amount charged at time a service is rendered
- **COINSURANCE** – a set % of service received that is charged

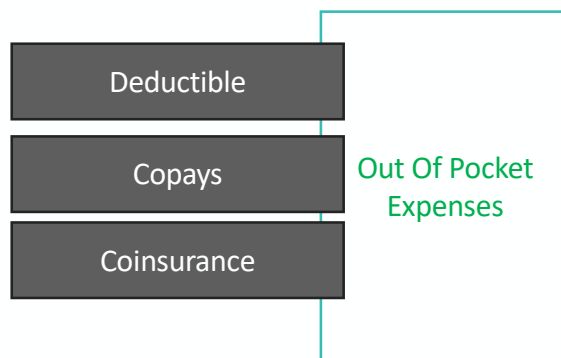




# IMPORTANCE OF INSURANCE DETAILS

## WHAT DETAIL ABOUT YOUR MEDICAL COVERAGE PROTECTS YOU?

- **OUT-OF-POCKET MAXIMUM** - is the most amount of money someone can spend in a plan year out of their pocket, before the insurance plan pays 100% of the cost for services rendered.



## WHEN ARE THESE COST SHARING METHODS REQUIRED OF YOU?

**When** cost sharing is required of you is important to how the plan details will impact financially when receiving care.

Review details. Some plans have a high deductible but may only require you to meet it when receiving specific care, such as hospital care as an example. While allowing you to access many other services for small copays only. Other plan options may require you to pay your expenses and meet the deductible to receive "ANY" care.

**REVIEW:** Does the plan your want to choose require the deductible to be met prior to allowing you to pay a copay for your services? Where does the plan require you to "meet" the deductible.

This can make a difference in the plan you may purchase if you understand the impact of WHEN you are required to pay and what you are required to pay to access care.

# IMPORTANT CONTACTS

| Company/Insurance Carrier        | Name/Product                      | Webpage/Email Contact  | Telephone    |
|----------------------------------|-----------------------------------|--|--------------|
| Wholesale Millwork, Inc.         | Bonnie Covey                      | <a href="mailto:bcovey@wholesalemillwork.net">bcovey@wholesalemillwork.net</a>       |              |
| Arrow Benefits Consulting, Inc.  | Nicole Cavender                   | <a href="http://www.arrowbenefitsconsulting.com">www.arrowbenefitsconsulting.com</a> | 410-984-7277 |
| Kelly & Associates               |                                   | <a href="http://www.ktbsonline.com">www.ktbsonline.com</a>                           | 410-527-3400 |
| Highmark BCBS of DE              | Medical/RX Carrier                | <a href="http://www.highmarkbcbsde.com">www.highmarkbcbsde.com</a>                   | 800-633-2563 |
| Beam Dental                      | Dental                            | <a href="http://www.beambenefits.com">www.beambenefits.com</a>                       | 800-648-1179 |
| VSP Vision Care                  | Vision                            | <a href="http://www.vsp.com">www.vsp.com</a>   | 800-648-1179 |
| Hartford Life                    | Term Life                         | <a href="http://www.thehartford.com">www.thehartford.com</a>                         | 800-523-2233 |
|                                  | Accidental<br>Death/Dismemberment |  | 800-523-2233 |
|                                  | Voluntary Term Life               |  | 800-523-2233 |
|                                  | Long Term Disability              |  | 800-523-2233 |
| Colonial Life Voluntary Benefits |                                   | <a href="http://www.coloniallife.com">www.coloniallife.com</a>                       | 800-325-4368 |
|                                  | Nick Cusmano                      | <a href="mailto:nickc@colonialdemd.com">nickc@colonialdemd.com</a>                   | 800-325-4368 |
|                                  | Hospital Confinement              |  | 800-325-4368 |
|                                  | Accident                          |  | 800-325-4368 |
|                                  | Short Term Disability             |  | 800-325-4368 |

# Thank You!

