



BENEFITS AT A GLANCE

June 1, 2025 – May 31, 2026 |



WELCOME



We are pleased to provide you with the 2025-2026 Benefits at a Glance booklet. This guide is intended to provide a summary of the benefit programs available to all benefit-eligible employees. It is only an overview, and you must review specific plan brochures and plan documents for full program details, limitations, and exclusions.

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ELIGIBILITY

Employees must work full-time to be eligible for health plans. Please refer to the Summary Plan Descriptions and other benefit materials for additional details on eligibility requirements.

Employees and/or dependents may enroll in the plan during the **Open Enrollment** period. Outside of Open Enrollment, you or your eligible dependents can only enroll or make changes as a Special Enrollee within 30 days under a **Qualifying Event**, such as:

- New Hire
- Marriage
- Birth/Adoption
- Divorce or legal separation results in you losing coverage under your spouse's health insurance
- A dependent, due to age, work, or school status, is no longer a covered "dependent" under a parent's plan
- Your spouse's death leaves you without coverage under his or her plan
- Your spouse's employment ends, as does coverage under his or her employer's health plan
- Your employer reduces your work hours to the point where the health plan no longer covers you
- Your plan decides it will no longer offer coverage to a specific group of individuals (for example, part-time)
- You no longer live or work in the plan's service area

If your premiums are deducted from your paycheck pre-tax, benefits can **ONLY** be dropped during Open Enrollment OR if an eligible Qualifying Event occurs.

DISCLAIMER

This booklet reflects a snapshot of your plan benefits. For a detailed explanation of benefits, limitations, and exclusions, please refer to the carrier's Summary of Benefits and Coverage and Certificate Booklet. CORE Benefit Solutions, LLC is not bound by any typographical errors and/or omissions contained herein.

Actual benefits are subject to the provisions and limitations of the agreements between the employer and its benefit providers. In the event of a conflict between the information in this schedule and the Certificate of Coverage, the Certificate of Coverage will be the controlling document.

DEFINITIONS

Below are several common terms you will encounter throughout your Benefits at a Glance and other benefits materials.

- **Coinsurance:** A percentage of the health care cost that the covered employee pays after meeting the deductible.
- **Copayment:** The fixed dollar amount that the covered employee pays for medical services.
- **Deductible:** A fixed dollar amount that the covered employee must pay out of pocket each year before the plan will begin reimbursing for non-preventative health expenses.
- **Evidence of Insurability:** Applicable for some life and disability insurance. Proof of good health may be required if you are a late entrant and/or request any additional coverage above your Guarantee Issue amount.
- **Formulary:** A list of prescription drugs covered by the health plan.
- **Guarantee Issue:** Applicable for some life and disability insurance. The amount of insurance applied for without answering any health questions (or which does not require Evidence of Insurability). Coverage amounts over the Guarantee Issue Amount require evidence of insurability.
- **In-network:** Doctors, clinics, hospitals, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
- **Out-of-network:** A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.
- **Out-of-pocket limit:** The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including co-payments and co-insurance.
- **Per Pay Period Deduction:** The portion of the monthly insurance premium covered by the employee is deducted through pre-tax payroll deductions each pay period.
- **Premium:** The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.
- **Waiting Period:** The amount of time an employee must wait before some or all of their coverage comes into effect.



MEDICAL

For additional details, review Summary of Benefits & Coverage (SBC) and Certificate Booklet.

- **In-Network Provider Search:** Go to www.anthem.com and click "Find Care." Select "Basic search as a guest," then choose "Medical Plan or Network," the state where you are searching for care, and "Medical (Employer-Sponsored)." For care inside the state of Georgia, the network is "Blue Open Access POS." For care outside the state of Georgia, the network is "National PPO (BlueCard PPO)."
- **Prescription Formulary Search:** Go to www.anthem.com and click "Find Care." Scroll to bottom of page and click "Medication Search" under "Health Resources." Under "Employer," select "Drug List." Under "Drug List – Guest," choose Georgia (where BJL's plan is domiciled). Under "Essential Drug Lists," select "Georgia Four Tier Essential Drug List."
- **ID Cards:** If you are enrolling for the first time or changing medical plans, Anthem will mail member ID cards to your home address. If you are enrolling in more than one line of coverage with Anthem, all coverages will be combined on one ID card. You can also access ID cards on the website www.anthem.com or on the Anthem *Sydney Health* mobile app.
- **Freestanding Facilities:** A Freestanding medical care facility is a facility that is structurally separate and distinct from a hospital, and which receives an individual and provides care: such as a freestanding imaging center, infusion center, Lab, or Ambulatory Surgery Center. A good example of this is LabCorp.

MEDICAL: ANTHEM BLUE CROSS BLUE SHIELD				
		PLAN I \$5,000 20%	PLAN II \$3,000 20%	PLAN III \$2,500 0%
IN-NETWORK		YOU PAY:		
Office Visit	Primary	\$30	\$30	\$30
	Primary (Covered Persons Under Age 19)	\$0	\$0	\$0
	Specialist	\$60	\$60	\$60
LiveHealth Online (Telehealth)	Primary	\$0	\$0	\$0
	Specialist	\$60	\$60	\$60
Preventive Care		0% (No Charge)	0% (No Charge)	0% (No Charge)
Calendar Year Deductible	Individual	\$5,000	\$3,000	\$2,500
	Family	\$10,000	\$9,000	\$7,500
Calendar Year Out-of-Pocket Maximum	Individual	\$7,900	\$7,900	\$3,750
	Family	\$15,800	\$15,800	\$11,250
Facility/Physician In-Patient		20% After Deductible	20% After Deductible	0% After Deductible
Facility Out-Patient	Hospital	20% After Deductible	20% After Deductible	0% After Deductible
	Freestanding	\$150 + 0%	\$150 + 0%	0%
Physician Out-Patient		20% After Deductible	20% After Deductible	0% After Deductible
Emergency Room Visit		20% After Deductible	\$750 + 20%	\$750 + 0%
Urgent Care		\$75	\$75	\$75
Diagnostic X-Ray & Lab Services	Office	\$60	\$60	\$60
	Freestanding Lab	0% (No Charge)	0% (No Charge)	0% (No Charge)
	Freestanding X-Ray/Out-Patient	20% After Deductible	20% After Deductible	0% After Deductible
Major Diagnostics (e.g., MRI)		20% After Deductible	20% After Deductible	0% After Deductible
PRESCRIPTIONS				
Rx Deductible (Individual/Family)		\$200/\$400 (Excludes Tier I)	\$200/\$400 (Excludes Tier I)	\$200/\$400 (Excludes Tier I)
Rx – Tier I/Tier II/Tier III/Tier IV		\$15/\$45/\$85/25% up to \$350 per script	\$15/\$45/\$85/25% up to \$350 per script	\$15/\$45/\$85/25% up to \$350 per script
Rx – Mail Order (90 Day Supply)		1x/2x/3x	1x/2x/3x	1x/2x/3x
OUT-OF-NETWORK				
Calendar Year Deductible	Individual	\$15,000	\$9,000	\$7,500
	Family	\$30,000	\$27,000	\$22,500
Calendar Year Out-of-Pocket Maximum	Individual	\$23,700	\$23,700	\$11,250
	Family	\$47,400	\$47,400	\$33,750
Coinsurance		50%	50%	50%

DENTAL + VISION

For additional details, review the Plan Summary for your Employee-Paid Dental and Vision plans.

- **Your dental network is Dental Complete.** Confirm in-network dentists at www.anthem.com. Under "Individual & Family," click "Find a Doctor." Select "Basic search as a guest," then choose type of care "Dental Plan or Network," the state where you are searching for care, and type of plan "Dental."
- **Your vision network is Blue View Vision.** Confirm in-network vision providers at www.anthem.com. Under "Individual & Family," click "Find a Doctor." Select "Basic search as a guest," then choose type of care "Vision Plan or Network," the state where you are searching for care, and type of plan "Vision."
- **Annual Maximum Carryover** allows you to carry over part of your unused dental annual maximum. See Dental Plan Summary for additional details on this feature.
- **ID Cards:** If you are enrolling for the first time, Anthem will mail member ID cards to your home address. If you are enrolling in more than one line of coverage with Anthem, all coverages will be combined on one ID card. You can also access ID cards on the website www.anthem.com or on the Anthem *Sydney Health* mobile app.

EMPLOYEE-PAID DENTAL: ANTHEM BLUE CROSS BLUE SHIELD DENTAL COMPLETE NETWORK

PLAN HIGHLIGHTS		YOU PAY:
Calendar Year Deductible		\$50 Individual \$150 Family
		PLAN PAYS:
Calendar Year Maximum (per person)		\$1,000
Type I Expenses – Preventive <i>Oral Exams, Cleanings, Bitewing X-rays, Fluoride Application, Sealants, Full Mouth X-rays, Panoramic X-rays</i>		100% No Deductible
Type II Expenses – Basic <i>Fillings, Oral Surgery- Simple Extractions, Brush Biopsy (Cancer Test), Space Maintainers, Consultation (Second Opinion)</i>		80% After Deductible
Type III Expenses – Major <i>Endodontics (Root Canal), Periodontics, Oral Surgery- Complex Extractions, Crowns, Onlays, Dentures, Bridges</i>		50% After Deductible
Waiting Periods		No Waiting Period
Out-of-Network Reimbursement		MAC (Maximum Allowable Charge)

EMPLOYEE-PAID VISION: ANTHEM BLUE CROSS BLUE SHIELD BLUE VIEW VISION NETWORK

PLAN HIGHLIGHTS		YOU PAY:
Vision Exam		\$10 Once Per Calendar Year
Lenses		\$25 Once Per Calendar Year
		PLAN PAYS:
Frames		\$130 Allowance + 20% Discount Over Allowance Once Every Other Calendar Year
Contact Lenses (In Lieu of Lenses + Frames)		\$130 Allowance + 15% Discount Over Allowance Once Per Calendar Year
Contact Lenses (Medically Necessary)		Covered in Full Once Per Calendar Year

LIFE + AD&D

For additional details, review the Plan Summary for your Employer-Paid Life + AD&D and Voluntary Life plans.

- **Beneficiaries:** Please be sure to submit up-to-date life beneficiary information via Paycom ESS.
- **Evidence of Insurability:** If you enroll in Voluntary Life within 31 days of becoming eligible (as a new hire employee), the employee and/or spouse can elect up to the Guarantee Issue amount without submitting evidence of insurability. You will need to submit Evidence of Insurability to Anthem for any amount above the employee and/or spouse Guaranteed Issue. After the initial eligibility period, you must submit evidence of insurability for approval if electing ANY amount of coverage.

EMPLOYER-PAID LIFE + AD&D: STANDARD INSURANCE COMPANY

PLAN HIGHLIGHTS

Life Schedule	\$25,000 Flat
Accidental Death & Dismemberment (AD&D)	\$25,000 Flat
Guaranteed Issue	Full Benefit
Reduction Schedule	Reduced by 33% at age 65 Reduced by 55% at age 70
Waiver of Premium	To age 65
Accelerated Benefit	75%
Portability	Available
Conversion	Available

EMPLOYEE-PAID (VOLUNTARY) LIFE: ANTHEM BLUE CROSS BLUE SHIELD

PLAN HIGHLIGHTS

Life Schedule	Employee: Increments of \$10,000 up to the lesser of \$500,000 or 5x annual earnings Spouse: Increments of \$5,000 up to \$150,000 Child(ren): Increments of \$5,000 up to \$10,000
Guaranteed Issue	Employee: Lesser of \$150,000 or 3x annual earnings Spouse: \$30,000
Reduction Schedule	Reduced by 35% at age 65 Reduced by 50% at age 70 All Benefits End at Retirement
Waiver of Premium	Social Security Normal Retirement Age (SSNRA)
Accelerated Benefit	Available
Portability	Available
Conversion	Available



DISABILITY

For additional details, review the Plan Summary for your Employer-Paid Long-Term Disability and Voluntary Short-Term Disability plans.

- **Evidence of Insurability:** If you enroll in Voluntary Short-Term Disability within 31 days of becoming eligible (as a new hire employee), evidence of insurability is not required. After the initial eligibility period, you must submit evidence of insurability for approval if electing Voluntary Short-Term Disability

EMPLOYER-PAID LONG-TERM DISABILITY: STANDARD INSURANCE COMPANY

PLAN HIGHLIGHTS

Benefit Percentage	60% of Pre-disability Earnings
Maximum Monthly Benefit	\$10,000
Elimination Period	90 Days
Maximum Benefit Period	SSNRA (Social Security Normal Retirement Age)
Own Occupation Period	24 Months
Definition of Disability	Loss of Duties OR Loss of Earnings (See Plan Summary)
Pre-Existing Condition Period	If you submit a claim within 12 months of your insurance taking effect, Standard will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective.

EMPLOYEE-PAID (VOLUNTARY) SHORT-TERM DISABILITY: ANTHEM BLUE CROSS BLUE SHIELD

PLAN HIGHLIGHTS

Benefit Percentage	60% of Pre-disability Earnings
Maximum Weekly Benefit	\$2,500
Elimination Period	0 Days Accident 7 Days Illness
Maximum Benefit Period	13 Weeks
Pre-Existing Condition Period	If you submit a claim within 12 months of your insurance taking effect, Anthem will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective.



ACCIDENT, CRITICAL ILLNESS & HOSPITAL INDEMNITY

For additional details, review the Plan Summaries for your Voluntary Accident, Critical Illness, and Hospital Indemnity plans.

- **Evidence of Insurability:** Evidence of Insurability is not required for Voluntary Accident, Critical Illness, or Hospital Indemnity coverage. However, you may only enroll in Voluntary Accident, Critical Illness, or Hospital Indemnity coverage for the first time during your initial new hire eligibility period or during the annual Open Enrollment.

EMPLOYEE-PAID (VOLUNTARY) ACCIDENT: ANTHEM BLUE CROSS BLUE SHIELD

PLAN HIGHLIGHTS

Burn	\$1,000 - \$10,000
Coma/Concussion	\$10,000/\$200
Dental Injury	\$100 - \$300
Dislocation	\$320 - \$3,800
Eye Injury with Surgical Repair	\$450
Fracture	\$320 - \$4,000
Knee Cartilage Injury with Surgical Repair/Ruptured Disc	\$750/\$750
Tendon/Ligament/Rotator Cuff Injury with Surgical Repair	\$750 - \$1,000
Accidental Death & Dismemberment (AD&D)	\$5,000 - \$150,000
Hospital and Emergency	\$150 - \$1,000
Follow-Up Care	\$25 - \$300

EMPLOYEE-PAID (VOLUNTARY) CRITICAL ILLNESS: ANTHEM BLUE CROSS BLUE SHIELD

PLAN HIGHLIGHTS

	\$10,000 Benefit	\$20,000 Benefit
Benefit Amount (Benefits for covered spouse and/or children are 50% of the employee amount.)	\$10,000	\$20,000
Maximum Lifetime Benefit	Lesser of \$250,000 or 2500%	
Health Screening	\$50 per member, per calendar year	
Skin Cancer Diagnosis	\$250 per member, per lifetime	
Recurrence Waiting Period	6 Months	
Portability	Yes	
Receive 50% of the coverage amount for the following covered conditions for recurrences:	Invasive cancer, benign brain tumor, heart transplant, heart attack, stroke, coma, major organ transplant	

EMPLOYEE-PAID (VOLUNTARY) HOSPITAL INDEMNITY: ANTHEM BLUE CROSS BLUE SHIELD

PLAN HIGHLIGHTS

Hospital Confinement	First Day Benefit/Daily Benefit	\$1,000/\$200
	First Day Annual Maximum/Daily Annual Maximum	1 Day/31 Days
Intensive Care Unit Confinement	Daily Benefit	\$400
	Annual Maximum	31 Days

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Standard Insurance Company

Employees covered under our Employer-Paid Long-Term Disability will have access to EAP.

With EAP, assistance is immediate, personal, and available when you need it.

You and your family household members have access to free, confidential resources 24/7.

Receive referrals to support groups, a network counselor, community resources or your health plan.

EAP Services can help with:

- Depression, grief, loss, and emotional well-being
- Family, marital, and other relationship issues
- Life improvement and goal setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family

Web: www.healthadvocate.com/standard3 | **Phone:** 888-293-6948

Anthem Blue Cross Blue Shield

Employees covered under the Voluntary Life and/or Voluntary Short-Term Disability plans will have access to Resource Advisor.

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including:

- Face-to-face visits with a counselor or online visits via LiveHealth Online
- Identity monitoring and identity theft victim recovery services; legal and financial consultations
- Toll-free, 24/7 phone counseling from anywhere in the United States
- Unlimited access to Resource Advisor online resources

Web: www.resourceadvisor.anthem.com (program name: AnthemResourceAdvisor) | **Phone:** (888) 209-7840

TRAVEL ASSISTANCE

Travel Assistance programs help address the challenges of travel, including:

- Lost or stolen items (including cash and credit cards)
- Medical and dental assistance
- Legal concerns
- Overcoming language barriers
- Message delivery
- Pre-trip research (including travel requirements, cultural differences, and precautions)
- Emergency medical transportation (per person, per trip)



Standard Insurance Company

Employees covered under our Employer-Paid Life + AD&D will have access to Travel Assistance.

You, your spouse, and your dependent children can access this service when traveling 100+ miles away from home for up to 120 consecutive days. And your spouse and dependent children are covered whether or not they're traveling with you.

Web: www.standard.com/travel | **Phone:** 800-527-0218

Anthem Blue Cross Blue Shield

Employees covered under Voluntary Life will have access to Travel Assistance.

You can access this service when traveling more than 100+ miles from home – all at no additional cost to you. Please note that all services must be arranged in advance by Generali Global Assistance, Inc., the Travel Assistance vendor.

Phone: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482.

ADDITIONAL BENEFITS

OTHER BENEFITS & RESOURCES	VENDOR	DESCRIPTION	CONTACT
Anthem <i>Sydney Health</i> Mobile App	Anthem Blue Cross Blue Shield	View your benefits, claims, ID card, and more on your mobile device once you download the Anthem <i>Sydney Health</i> Mobile app through your App Store.	Download Anthem <i>Sydney Health</i> Mobile from Google Play or the App Store.
Anthem.com Member Portal	Anthem Blue Cross Blue Shield	Once you are enrolled, sign up to start using the valuable features and tools, such as the provider locator, claims status, electronic ID card, health resources, and more.	www.anthem.com
Health and Wellness Incentives	Anthem Blue Cross Blue Shield	Employees and their covered spouses can each earn up to \$700 in gift card rewards by getting a preventive wellness exam and/or flu shot, completing a personal health assessment, and certifying tobacco-free status.	www.anthem.com
LiveHealth Online (Telehealth)	Anthem Blue Cross Blue Shield	Consult with a board-certified doctor on non-emergency situations such as cold/flu, respiratory problems, and more by phone or secure video through the mobile app 24/7/365.	www.livehealthonline.com or download LiveHealth Online Mobile from Google Play or the App Store
Pharmacy Discounts	GoodRx	GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. It is 100% free, and no personal information is required. NOTE: When using GoodRx, prescriptions may not apply towards deductible and out-of-pocket expenses.	www.goodrx.com or 855-268-2822

CONTACT INFORMATION

COMPANY	COVERAGE	CONTACT	WEBSITE
Anthem Blue Cross Blue Shield	Medical, Dental, Vision, Life, Short-Term Disability, Accident, Critical Illness, Hospital Indemnity	855-397-9267	www.anthem.com
Standard Insurance Company	Long-Term Disability Basic Life + AD&D	800-368-1135 800-628-8600	www.standard.com
CORE Benefit Solutions	Bobby Jones Links' Benefits Broker	404-478-2307 or clientservices@corebenefitsga.com	www.corebenefitsga.com

FREQUENTLY ASKED QUESTIONS

MEDICAL

1. **Until what age can dependents be covered under their parent's medical plan?**
Until age 26.
2. **Am I eligible to receive financial assistance at the Healthcare.gov Marketplace if I waive employer-sponsored medical coverage?**
If your employer offers affordable minimum value coverage, you may not be eligible to receive financial assistance at the Healthcare.gov Marketplace.
3. **I have dependent children who are no longer eligible. How are they covered?**
Please notify your employer so that they can comply with COBRA and/or State Continuation.
4. **I have eligible dependent children who reside in another state. How are they covered?**
Dependent coverage in this situation will vary according to the plan. Please contact your HR representative to assist you.
5. **What are the wellness benefits with my carrier?**
Log on to your carrier's website and click on the Wellness Section to learn more.
6. **How do I order an ID card replacement?**
Establish your personal online access at your carrier website and order an ID card replacement, call the carrier customer service telephone number, or download the mobile app.
7. **If I satisfy my deductible during the fourth quarter of the previous calendar year under our medical carrier, can I receive a deductible carryover for the new calendar year?**
Please check with your carrier to confirm if your plan has fourth quarter deductible carryover. If you have not already met your entire deductible before the fourth quarter, there is a possibility that you may be eligible for deductible carryover for the following calendar year for deductible expenses you incur in the fourth quarter. "Fourth quarter deductible carryover" is only available in some state plans.
8. **Do I need to pre-certify surgery or inpatient hospital care?**
It is ultimately your responsibility to make sure your care has been pre-certified. Although most physicians will do this for you, make sure you confirm your surgery or hospital stay has been pre-certified as penalties may apply if it has not been approved by your insurance carrier.
9. **When should you use an urgent care center?**
When a minor illness or injury occurs unexpectedly, and your doctor's office is closed, consider using an urgent care center. Check out the urgent care centers within your provider network.
10. **Are you aware of Medicare Primary regulations?**
If you are approaching or are over the age of 65, please contact HR to confirm if your group health plan qualifies as Medicare Primary, as this could significantly affect your decisions when applying for Medicare.
11. **What should I do if myself or one of my dependents is disabled or Medicare-eligible due to age, disability, or End Stage Renal Disease (ESRD) and is enrolled on my company's employer-sponsored medical plan?**
You must notify your HR department immediately if you or a dependent is disabled or Medicare-eligible due to age, disability, or End Stage Renal Disease (ESRD) and you or the dependent is enrolled on your company's employer-sponsored medical plan. This is necessary, so we can confirm that the insurance carrier for our employer-sponsored medical plan is aware of your status and files all claims correctly.

PHARMACY

1. Do I have to obtain prior authorization for a prescription drug?

There may be selected medications that require prior authorization, step therapy management, and quantity limits.

2. If I am eligible for Medicare Part D and do not enroll, what guidelines should I be aware of?

Medicare beneficiaries who have employer group plan drug coverage may stay on their employer plan and choose not to enroll in the Medicare Part D drug plan when initially eligible. However, it is essential to confirm that your employer's drug coverage is "Creditable Coverage" to avoid a late entrant penalty should you enroll in Medicare Part D in the future. If your coverage is not Creditable Coverage, Medicare will impose a penalty when you sign up for Medicare Part D if you did not maintain creditable coverage for a period of 63 days or longer following your initial enrollment period for Medicare.

DENTAL

1. What if I do not enroll in my dental plan when first eligible?

If you do not enroll in the dental plan when first eligible or at open enrollment, late entrant penalties may apply. Please check your plan certificate booklet or ask your HR representative.

2. Is the removal of wisdom teeth covered on my dental plan?

If wisdom teeth are impacted, they are sometimes covered under the medical plan. If wisdom teeth are not impacted, they are sometimes covered under the dental plan. It is very important to inquire prior to treatment as some plans do not cover this treatment.

3. What is the advantage of using a network Dentist?

If you use a network Dentist, you will not be balance billed for any differences in Usual & Customary Fees.

4. Do I have to obtain pre-approval for specific dental procedures?

Yes. The dental plan requires all services over a certain dollar amount (approximately \$300) to be pre-authorized before treatment.

LIFE/AD&D + LONG-TERM DISABILITY (LTD)

1. If I am losing my group life and/or LTD insurance coverage, what options do I have to maintain life and/or LTD coverage?

Depending on your group policy, you may have the option to either "convert" or "port" your coverage to an individual policy. You will need to contact your insurance carrier to discuss options, pricing, and application. IMPORTANT: You must apply within 31 days of losing coverage.

DISCLAIMER: The above information is subject to change based on carrier changes, mandates, and industry updates. For a more detailed clarification, please refer to the carrier's plan summary, certificate booklet, or contact your carrier or HR administrator. CORE Benefit Solutions, LLC is not bound by any typographical errors and/or omissions contained herein.

PROVIDED BY

