



FreshCare

BENEFITS GUIDE

This publication contains important information
about your employee benefit program.

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Please read thoroughly

TABLE OF CONTENTS

Introduction to Benefits	4
Enrollment Instructions	5-6
Medical/Pharmacy	7-8
(GAP) Insurance	9
Telemedicine	10
Dental Coverage	11
Vision Coverage	12
Life and Disability Insurance	13
Voluntary Accident	15
Voluntary Hospital Indemnity	16
Terms and Other Resources	17

Welcome to your benefits enrollment. This is your opportunity to review our comprehensive selection of benefits and special programs. Our benefits program is designed to help you achieve maximum potential at work and at home. Additionally, we hope this guide helps educate and empower you to elect the coverage and support you and your family needs. Please note, full details regarding our plans are contained in our plan booklets. Should this publication differ from our booklets, the booklets prevail.

WELCOME TO YOUR BENEFITS ENROLLMENT!

We offer our employees a competitive and comprehensive benefits program. This is one of many ways we recognize how important you are to the company. This benefit guide briefly summarizes our program in a quick and easy-to-understand way.

New Hire Enrollment

New employees are eligible for coverage on the first day of the month following your date of hire, assuming you have met your measurement period. However, you must enroll in benefits within 30 days of your eligibility date. All other employees must go through a 12 month measurement period averaging 130 hours of work per month.

Qualifying Life Event

Once you make your elections, you will not be able to make changes until the next annual enrollment period unless you experience a qualifying life event. A qualifying life event is a change in your personal life which may impact your eligibility or dependent's eligibility for benefits.

Examples of some qualifying events include the following:

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status

Benefits Eligibility

Eligible Employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week.

Eligible Dependents

Eligible dependents generally include your legally married spouse and children up to age 26. Children may include natural, adopted, step-children, as well as children obtained through court-appointed legal guardianship.

SSN Required

You must provide a valid Social Security Number for yourself and each enrolled dependent. Employers are required to provide names and Social Security Numbers to the federal government for each individual enrolled for medical coverage.

ENROLLMENT INSTRUCTIONS

This publication contains important information about your employee benefit program.

To enroll in benefits, go to www.employeenavigator.com

Login Page

Click on the Registration Link in the email sent to you by your admin or “Register as a new user.” Create an account, and create your own username and password.

If “Registering as a new user,” please see important user needs below:

Company Identifier

Your-Benefits

Pin

Last four digits of your Social Security Number.

Homepage

On the Homepage, click “Let’s Begin” to complete your required tasks.

Personal Information

First, you’ll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.

Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent’s name under “Who am I enrolling?”

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click “Select”

Click “Save and Continue” at the bottom of each screen to save your elections.

If you do not want a benefit, click “Don’t want this benefit?” at the bottom of the screen and select a reason from the drop-down menu.

Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct the click “Click to Sign” to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

MEDICAL

We offer a robust medical and pharmacy insurance program to our employees. We partner with Blue Cross Blue Shield of Alabama to offer this coverage.

Plan Highlights

You have the option of choosing one of three plans. Our plans offer coverage for most healthcare services. When you receive care in-network you benefit from our negotiated discounts with BCBS of Alabama.

BCBS of Alabama Member Site

The BCBS of Alabama member site, www.bcbsal.org offers many valuable services including the following:

- In-network provider search
- See patient reviews and view hospital information
- Information regarding paid and pending claims

Medical coverage provided by BCBS of Alabama

In-Network vs. Out-of-Network

A network is a group of providers your plan contracts with at discounted rates. You will almost always pay less when you receive care in-network.

If you choose to see an out-of-network provider, you may be balance billed, which means you will be responsible for charges above BCBS of Alabama's reimbursement amount.

How to Find a Provider

1. Visit www.bcbsal.org and click Find a Doctor. Enter your City, State, or ZIP Code and the name of your doctor or type of doctor you are looking to find.
1. On the next page, on the left-hand side, you can choose to filter your search. Your plan is in the BlueCard PPO Network.

MEDICAL

Your plan is provided through Blue Cross Blue Shield of Alabama and offers comprehensive coverage when care is provided through network providers. A brief summary of your plan is included for your review below.

	Base		Mid		Buy-Up**	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$5,000	\$10,000	\$4,000	\$8,000	\$500**	\$5,500
Family Deductible	\$10,000	\$20,000	\$8,000	\$16,000	\$1,000**	\$11,000
Individual Out of Pocket Max	\$7,800	Unlimited	\$6,800	Unlimited	\$500**	Unlimited
Family Out of Pocket Max	\$15,600	Unlimited	\$13,600	Unlimited	\$1,000**	Unlimited
Primary Care	\$50 copay	50% after deductible	\$45 copay	50% after deductible	\$50 copay	50% after deductible
Specialist	\$70 copay	50% after deductible	\$65 copay	50% after deductible	\$70 copay	50% after deductible
Preventive	100%	Not covered	100%	Not covered	100%	Not covered
Inpatient	80% after deductible	50% after deductible	80% after deductible	50% after deductible	100% after deductible**	80% after deductible
Outpatient	80% after deductible	50% after deductible	80% after deductible	50% after deductible	100% after deductible**	80% after deductible
Emergency Room	80% after deductible		80% after deductible		100% after deductible	80% after deductible
Telemedicine	\$50 copay	Not covered	\$45 copay	Not covered	\$50 copay	Not covered

PHARMACY

	Base	Mid	Buy-Up
In-Network Prescription Drug Coverage (Out-of-Network Not Covered)			
Tier 1	\$15 copay	\$15 copay	\$15 copay
Tier 2	\$60 copay	\$60 copay	\$60 copay
Tier 3	\$100 copay	\$100 copay	\$100 copay
Tier 4	\$425	\$425	\$425
Mail Order (90-day supply-maintenance medications only at 3x the Retail copay)			

****Employee Contributions Will Be Posted Online***

This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

Generic drugs are mandatory when available and may be classified at any tier.

*** Family Coverage and Embedded Deductibles**

Embedded deductibles mean your plan has individual deductibles for each family member and the family deductible. When a family member meets his or her deductible, the plan will begin sharing healthcare costs for that family member. The rest of the family still has to satisfy their individual deductible. However, all individual expenses for each family member count toward the family deductible. Once the family deductible is met (by more than one family member) the plan will share costs for all family members for the rest of the plan year.

**Supplemental Medical Expense (GAP) Insurance is automatically included to cover deductible & co-insurance above \$500 / Individual and \$1,000 / Family Coverage (in-network and approved). The underlying deductible for BC/BS of AL is \$5,000 / individual and \$10,000 / family. The underlying out of pocket maximum is \$7,800 / individual and \$15,600 / family.

SUPPLEMENTAL MEDICAL EXPENSE (GAP) INSURANCE

Like many people today, you may now be responsible for paying some of your healthcare costs. Even with your Blue Cross Blue Shield insurance, you may have certain expenses that are not covered.

For example, you may need to meet a deductible before your Blue Cross Blue Shield insurance pays.

Supplemental Medical (Gap) insurance with MedPlus covers certain out-of-pocket medical expenses you incur in inpatient and outpatient settings. If you elect the Buy-up plan you will have access to the Supplemental Medical (Gap) insurance with MedPlus.

Covered Member	Benefit
Employee Only	\$14,600 benefit amount reimbursement of eligible out-of-pocket expenses through BCBS
Employee + Spouse	
Employee + Child	
Employee + Family	
*Exclusions: Co-Pays for office visits, pharmacy and other services not covered.	

How does the Supplemental Medical (GAP) Insurance work?

1. Enroll in Medical Plan with BCBS
2. You will receive an ID card from MedPlus.
3. If you receive services, you may assign your benefits to the provider.
4. Your provider will submit claim to MedPlus on your behalf.
5. BCBS will send you an explanation of benefits showing your out-of-pocket expense.
6. You (or your provider) will submit your explanation of benefits to MedPlus.
7. MedPlus will send payment to your provider if benefits were assigned or to you.

TELEMEDICINE

Telemedicine Available Through Teladoc

Blue Cross Blue Shield of Alabama has partnered with Teladoc, which gives you 24/7 access to board-certified doctors by web, phone, or mobile app.

It is an affordable alternative to costly urgent care and ER visits when you need care right away. It is a helpful service if you are on vacation, a business trip, or away from home and has a 92% resolution rate.

Teladoc doctors can treat many medical conditions, including, but not limited to, cold and flu symptoms, allergies, urinary tract infection, sinus problems, etc. You can talk to a doctor anytime for a fee of \$50.

Telemedicine services are only available for minor conditions and should not replace care provided by your regular physician.

Teladoc is Easy to Use

- **Provide your medical history**
- **Request a consult**
- **Talk with a physician**
- **No waiting room time**
- **Do not have to drive to the doctor**
- **Get care 24/7 from any location**

To register, go to Teladoc.com/Alabama or call 855.477.4549.

DENTAL

We partner with Blue Cross Blue Shield to offer you and your family members dental insurance. You have the choice of two plans to choose from. Below is a general overview of the in-network benefits for the base and buy-up plans. Visit www.bcbs.org to find in-network providers and access a variety of online tools and programs.

	Base Plan	Buy-Up Plan
Calendar Year Deductible		
Individual	\$50	\$25
Family	\$150	\$75
Calendar Year Maximum	\$1,000	\$1,500
Coinsurance		
Preventive	100% no deductible	100% no deductible
Basic Restorative	100% after deductible	100% after deductible
Basic Restorative	80% after deductible	100% after deductible
Major Periodontics	0%	50% after deductible
Major Prosthetic	0%	50% after deductible
Orthodontics	0%	50% to \$1,500 maximum*

**Orthodontics only covered up to age 26*

	Base Bi-Weekly	Buy Up Bi-Weekly
Employee	\$7.60	\$11.29
Employee + Child(ren)	\$17.68	\$29.34
Employee + Spouse	\$15.24	\$22.59
Employee + Family	\$26.68	\$43.09

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Find an In-Network Provider

Remember to visit in-network dentists to receive the deepest level of discount on your services.

To find a participating in-network dentist in your area please follow these steps.

In Alabama:

Go to www.bcbsal.com

1. Click "Find a Doctor"
2. Search term "Dentist"
3. Select by Location or by Dentist

Outside of Alabama:

1. Click "Find a Doctor"
2. Search term "Dentist"
3. Select by Location or by Dentist
4. Select "Alabama Preferred Dentist" or "Access Plus Dental" network when prompted

VISION

We partner with Unum to offer you and your family members vision insurance. This is a general overview of your in-network and out-of-network vision benefits.

	Frequency	In-Network
Examination	Every 12 months	\$10 copay
Basic Lenses (single/bifocal/trifocal)	Every 12 months	\$10 copay
Frames	Every 12 months	\$130 retail frame allowance
Contact Lenses (in lieu of glasses)	Every 12 months	\$130 allowance

	BI-Weekly
Team Member	\$3.68
Team Member and Spouse	\$6.99
Team Member and Child(ren)	\$10.75
Family	\$10.75

This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

Find an In-Network Provider

You will save the most money out-of-pocket by going to an in-network provider.

To find an in-network provider:

1. Go to www.eyemedvisioncare.com
2. Click "Find a Doctor"
3. Enter your ZIP Code and select "Insight"
4. Select Doctor and Submit

LIFE AND DISABILITY INSURANCE

Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance

You have the opportunity to elect voluntary life and AD&D benefits in increments of \$10,000 up to \$500,000 or 5× your annual earnings. The guarantee issue amount is \$200,000.

Spouse Voluntary Life and AD&D Insurance

If you elect coverage for yourself, you have the opportunity to elect voluntary life and AD&D benefits for your spouse in increments of

\$5,000 up to \$100,000. The amount elected cannot exceed 100% of employee coverage. The guarantee issue amount is \$25,000.

Dependent Voluntary Life and AD&D Insurance

You also have the opportunity to elect voluntary life and AD&D benefits for your dependent children. If your child is six months or younger, the benefit is a flat \$500. If he or she is older, you may elect coverage in increments of \$2,000 up to \$10,000. Dependent children between ages 19 and 26 must be students to be covered.

**Employee Contributions Will Be Posted Online*

If you are newly eligible and have not previously waived your opportunity to elect coverage, you can elect up to the guaranteed issue amounts without submitting evidence of insurability (EOI). If you are a late entrant and have previously waived the opportunity to purchase additional coverage, you may be required to submit EOI. However, if you currently have coverage, you may increase your coverage without submitting EOI.

Your benefit will be reduced by 35% at age 65 and again to 50% at age 70.

SHORT TERM DISABILITY (STD) / LONG TERM DISABILITY (LTD)

We offer eligible employees short-term disability (STD) and long-term disability (LTD) coverage for your financial needs should you need to take a leave from work due to a serious illness or non-work-related injury. Following is a brief summary of our STD and LTD coverage. These benefits are company paid and are available to Team Members who have satisfied a 9-month waiting period in an eligible position. Benefits are effective the 1st of the month following the completion of the waiting period.

NOTE: Both disability coverages are company paid and are for employees who have satisfied a 9-month waiting period in an eligible position. Benefits are effective the 1st of the month following the completion of the waiting period. *You must maintain at least 24 hours per week to be eligible for disability benefits.

****Employee Contributions Will Be Posted Online***

VOLUNTARY ACCIDENT

Accident coverage is designed to help meet the out-of-pocket expenses and extra bills which can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits through MetLife are paid directly to you based on the amount of coverage listed in the schedule of benefits. The accident plan is guaranteed issue, so no health questions are required.

Summary of Benefits*	
Ambulance (ground/air)	\$200/\$750
Doctor's Office/Follow-up Treatment	\$50/visit
Emergency Room Treatment	\$50
Fractures (closed or open)	Up to \$3,000
Dislocations (separated joint)	Up to \$3,000
Hospital Admission	\$500
Hospital Confinement	\$100 per day up to 31 days
Intensive Care Unit Admission	\$1,000
Intensive Care Unit Confinement	\$200 per day up to 31 days
Accidental Death or Dismemberment	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000
Wellness Benefit	\$50
Portable	Yes

ACCIDENT PREMIUMS

	Bi-Weekly
Employee	\$4.32
Employee and Spouse	\$8.33
Employee and Child(ren)	\$8.99
Family	\$11.31

Wellness Benefit

This benefit pays \$50 per calendar year per insured individual if a covered health screening test is performed, including blood tests, chest x-rays, stress tests, mammograms, and colonoscopies. A full list of covered tests will be provided in your certificate.

VOLUNTARY HOSPITAL INDEMNITY

This Voluntary Hospital Indemnity coverage is offered through MetLife. If you suffer from an accident or serious sickness and must go to the hospital, this plan will pay a flat dollar amount when you are admitted.

In addition, for each day that you are confined to the hospital or ICU, you will be paid further flat dollar amounts up to a maximum number of days. Here is a general overview of the benefits.

Benefit Type	Low Plan	High Plan
Hospital Coverage (Accident)		
Admission Must Occur Within 180 Days After the Accident	\$500 per accident (non-ICU) \$1,000 per accident (ICU)	\$1,000 per accident (non-ICU) \$2,000 per accident (ICU)
Confinement Must Occur Within 180 Days After the Accident	\$100 a day (non-ICU) for up to 31 days; \$200 a day (ICU) for up to 31 days	\$200 a day (non-ICU) for up to 31 days; \$400 a day (ICU) for up to 31 days
Inpatient Rehab Stay Must Occur Immediately Following Hospital Confinement and Occur Within 365 Days of Accident	\$100 a day, up to 15 days per accident and 30 days per calendar year	\$200 a day, up to 15 days per accident and 30 days per calendar year
Hospital Coverage (Sickness)		
Admission Payable 1x Per Calendar Year	\$500 (non-ICU) \$1,000 (ICU)	\$1,000 (non-ICU) \$2,000 (ICU)
Confinement Paid Per Sickness	\$100 a day (non-ICU) for up to 31 days; \$200 a day (ICU) for up to 31 days	\$200 a day (non-ICU) for up to 31 days; \$400 a day (ICU) for up to 31 days

**Employee Contributions Will Be Posted Online*

For assistance please call [800.438.6388](tel:800.438.6388).

TERMS & OTHER RESOURCES

What is a Deductible?

A deductible is the dollar amount you must pay for certain services during the calendar year before the plan provides benefits for those services. There are two separate deductible amounts. One for in-network providers and another for out-of-network providers. Services which require a copay do not count towards meeting your deductible.

What is Coinsurance?

Coinsurance is the amount you must pay as a percent of the allowed amount. A common example is the percentage of the allowed amount you must pay when you receive other covered services.

What is an Out-of-Pocket Maximum?

The out-of-pocket maximum is your total calendar year out-of-pocket costs. This includes office visit copays, deductible, and coinsurance. Once you meet the out-of-pocket maximum, the plan will cover your costs at 100% of services which are subject to the deductible/coinsurance. You will still be required to meet pharmacy copays.

Prescription Drug Coupons

Pharmaceutical manufacturer may offer coupons to decrease your copay at the point of purchase. Included is a website that will link you to your drug for access to your coupon. <https://www.needymeds.org/brand-drug>

Below is a list of professionals who partner with our company to help guide you in the benefits process.

Medical Coverage— Blue Cross Blue Shield

800.292.8868—customer service

800.248.2342—preadmission certification

800.810.BLUE—participating providers

Dental - 800-292-8868

Vision - 855-652-8686

Group Disability Coverage/Group Life/AD&D - 800.858.6843

NOTES

This Benefit Enrollment Guide is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan’s Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.