



Employee Benefits Guide 2022

Eligibility for Benefits

Freedom Senior Management is proud to offer you our comprehensive Benefit Program that includes:

- Triple Option Medical Plans with Preventive Care @ 100%
- Dual Option Dental Plans
- Vision Plan
- Employer Paid Group Term Life Insurance and AD&D
- Voluntary Short Term Disability
- Voluntary Supplemental Life
- Employee Assistance Plan

You and your dependents are eligible for benefits if you are an active full-time employee. Your coverage will be effective on the first day of the month following a 60-day waiting period. You may cover your legal spouse and dependent children as follows:

- **Medical**—Dependent children to end of calendar year at age 26.
- **Dental , Vision & Life** —Dependent children to age 26 to the end of the calendar year.

Contact Information

Florida Blue (Medical)	Member Services	1.877.352.2583	www.floridablue.com
Florida Blue (Dental)	Member Services	1.888.223.4892 x 2	www.floridabluedental.com
Guardian (Vision)	Member Services	1.877.393.7363	www.guardiananytime.com
USable (Life)	Member Services	1.800.370.5856	www.usable.com
USable (STD)	Member Services	1.800.370.5856	www.usable.com
Human Resources	Jon Litchfield	941.552.3262	jlitchfield@sarasotabayclub.net
Human Resources—SBC	Kathy Bublick	941.552.3275	kbublick@sarasotabayclub.net
Human Resources—JT	Kathy Carr	941-408-2030	kcarr@jacarandatrace.com
Alltrust Insurance (Account Manager)	Sandy Harrington	1.888.563.7278	sharrington@alltrustinsurance.com



Wellness 2022

For 2022, our health insurance program will include two opportunities to lower your health insurance payroll deductions and one opportunity to earn dollars quarterly for fitness goals.

1. **Tobacco Free Discount** (if your spouse is also on the plan, both of you need to certify that you have been tobacco-free for at least 1 year).
2. **Wellness Discount.** To be eligible, you must meet 4 of the 5 criteria listed below. Your blood pressure and waist circumference can be measured by your physician or by a company nurse. The bloodwork measures listed below can be provided through your doctor's office. Bloodwork dated after 6/30/21, but before 12/31/21 will be accepted for our 2022 open enrollment window. Newly covered employees will have 60 days, from eligibility, to submit bloodwork to Human Resources. Please see Human Resources for more details.
3. **Fitness Reimbursement (Quarterly):** To be eligible, you must provide documentation and certify, quarterly, to Human Resources that you have participated in fitness activities at a licensed gym/fitness center or through Fitbit Reporting, at least 12 times during the prior eligibility quarter.

We are offering the wellness and fitness reimbursement, per plan, based on the employee results alone. Wellness incentive forms must be returned to Human Resources.

Wellness Targets

1. Blood Pressure

TARGET RANGE: $\leq 120/80$

2. Waist Circumference

TARGET:

$\leq 40''$ for men

$\leq 35''$ for women

Wellness Targets

3. Cholesterol

TARGET RANGE: Total Cholesterol/HDL ratio 3.5:1 or below

4. Triglycerides

TARGET RANGE: <150

5. Blood Sugar

TARGET RANGE: <100 (fasting)

Fitness Review Quarter/Time Period	Employee provides documentation of minimally 12 visits to HR	Quarter/Time Period Reimbursement Applied to Payroll
January 1, 2022 - March 31, 2022	DUE TO HR by 4/7/22	April 1, 2022 – June 30, 2022
April 1, 2022 - June 30, 2022	DUE TO HR by 7/7/22	July 1, 2022- September 30, 2022
July 1, 2022 - September 30, 2022	DUE TO HR by 10/7/22	October 1, 2022 – December 31, 2022
October 1, 2022 - December 31, 2022	DUE TO HR by 1/7/23	January 1, 2023 – March 31, 2023

Section 125—Pre-Tax Benefits

One of the biggest advantages of your Employee Benefit Plan is that your premium contributions are deducted from your paycheck on a pre-tax basis. When you pay for your premium with pre-tax dollars, you are actually reducing your taxable income. Instead of paying taxes on your total income, you now pay on your income minus pre-tax deductions. Your medical, dental and certain Guardian plans are all set up as pre-tax benefits.

After the Open Enrollment period ends, you may NOT add, delete, or change the coverage you have selected until the next open enrollment period, which will be in November 2022. The only exception will be a Qualified Family Status Change. These include:

- Marriage or divorce;
- Birth or adoption of a dependent child;
- Change in custody of a dependent child;
- Death of a spouse or dependent child;
- Your spouse has a change of employment or status affecting benefit coverage;
- Your change of employment status; and
- You experience an involuntary loss of other group benefits coverage.

Please contact HR within 30 days of event to request changes to your benefit elections due to the aforementioned events.

SAMPLE

	No Pre– Tax Plan	Pre-Tax Plan
Gross Income	\$25,000.00	\$25,000.00
Insurance Premiums	N/A	\$1,620.00
Flexible Spending Account Contribution	N/A	\$1,200.00
Taxable Income	\$25,000.00	\$22,180.00
Federal Income & Social Security Taxes	\$3,458.00	\$2,864.00
Insurance Premiums	\$1,620.00	N/A
Medical Expenses (after taxes)	\$1,200.00	N/A
State Income Taxes	N/A	N/A
Take Home Pay	\$18,722.00	\$19,316.00
Annual Savings \$594!		

Empower 401 (k) Plan

One of the easiest ways to save for your retirement is with 401(k) – Freedom Senior Management Plan. This is available to all employees (full-time and part-time employees). Your contributions will be deducted automatically from your paycheck. 401 (k) contributions and earnings are not taxed (only when withdrawn from the plan). In the meantime, your taxable income decreases and the size of your investment increases. You can contribute 1%-15% with a maximum contribution of \$20,500 for 2022. If you are age 50 or older you can contribute an additional \$6,500. Freedom Senior Management will match 25% of the first 4% of pay you contribute to the plan through salary deferral. See Empower packet for further information. Changes can be made outside of open enrollment.



HEALTH INSURANCE

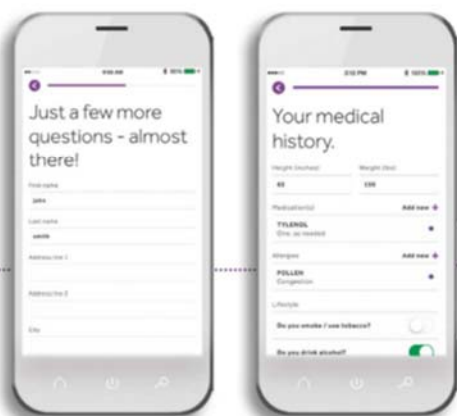
Benefit Details	<u>Low Plan:</u> <u>Blue Options 05302</u>	<u>Middle Plan:</u> <u>Blue Care 48</u>	<u>High Plan:</u> <u>Blue Care 67</u>
Deductible (single/family)	\$5,000 / \$10,000	\$2,000 / \$6,000	\$1,000 / \$3,000
Member Coinsurance (plan/member)	30% after deductible	20% after deductible	0% after deductible
Max. Out of Pocket (single/family)	\$6,350 / \$12,700 includes deductible, coinsurance, copays & Rx	\$5,500 / \$11,000 includes deductible, coinsurance, copays & Rx	\$4,000 / \$8,000 includes deductible, coinsurance, copays & Rx
Lifetime Maximum (Per Person)	Unlimited	Unlimited	Unlimited
Physician Services	Preventive Care Visits Are No Charge On Any Plan		
Primary Care	\$30 copay	\$35 copay	\$25 copay
Specialist	\$55 copay	\$65 copay	\$45 copay
Teladoc	\$10 copay	\$10 copay	\$10 copay
Hospitalization			
Inpatient Hospitalization	30% after deductible	\$100 copay per admission + 20% after deductible	\$250 copay per day; \$750 max per admission
Outpatient Surgery	30% after deductible	20% after deductible	\$350 copay
Physician Services - Hospital & ER	30% after deductible	20% after deductible	No copay
Urgent Care	\$60 copay	\$70 copay	\$50 copay
Emergency Room	\$300 copay	\$300 copay	\$250 copay
Outpatient Diagnostics	Contracted Lab: In Florida: Quest; Outside Florida: Refer to Provider Directory		
Routine Diagnostics (Lab/X-Ray)	Lab: No copay X-ray: 30% after deductible	Lab: No copay X-ray: \$50 copay	Lab: No copay X-ray: \$45 copay
Major Diagnostics (CAT,PET,MRI)	30% after deductible	20% after deductible	\$350 copay
Prescriptions			
Tier Level 1 (Generic)	\$10 copay Generic Only	\$10 copay Generic Only	\$10 copay
Tier Level 2 (Brand)	Limited Brand: Greater of 20% or \$50 copay; \$200 max	Limited Brand: Greater of 20% or \$50 copay; \$200 max	\$30 copay
Tier Level 3 (Non-Brand)	Non-Preferred Not Covered	Non-Preferred Not Covered	\$50 copay
Mail Order Pharmacy	2.5 x retail copay (90 day supply)	2.5 x retail copay (90 day supply)	2.5 x retail copay (90 day supply)
Out of Network			
Deductible (single/family)	\$10,000 / \$30,000	N/A	N/A
Member Coinsurance	50% after deductible	N/A	N/A
Max Out of Pocket (single/family)	\$20,000 / \$40,000 includes deductible, coinsurance, copays, & Rx	N/A	N/A
Lifetime Maximum (Per Person)	Unlimited	N/A	N/A

During 2022 open enrollment, FL Blue requires that you contact them directly to make any Blue Care PCP elections.



Get started with the **Teladoc Mobile App** **DOWNLOADING THE APP IS QUICK AND EASY!**

Visit Teladoc.com/mobile or visit your app store.
Then follow the instructions below.

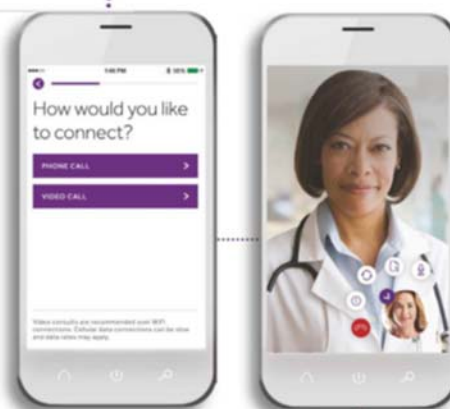


1. **CREATE AN ACCOUNT**

Setting up your Teladoc account through the mobile app only takes a few minutes. After downloading the app, you'll provide medical history to give doctors the information they need to provide you with quality medical care. You can also add family members to give them around-the-clock care.

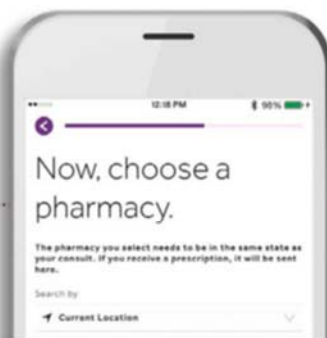
2. **TALK WITH A DOCTOR NOW**

Speak with the first available Teladoc doctor or schedule an appointment. Within minutes, a doctor will call ready to listen, diagnose and prescribe medication, if medically necessary. After your consult, you can choose to share the results with your primary care physician.



3. **PICK UP YOUR PRESCRIPTION**

If medically necessary, a prescription can be sent to your local pharmacy. Search for nearby pharmacies or use one of your favorites. Teladoc is the convenient and affordable way to get the care you need now.



Talk to a doctor anytime!

 Teladoc.com

 **1-800-Teladoc (835-2362)**



Teladoc is an independent company contracted by Florida Blue to provide physician visits via phone or online video to members with non-emergent medical issues. Teladoc is only available in the U.S. Teladoc® is a trademark of Teladoc, Inc. Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, visit floridablue.com/notice. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). ATANASYON: Si w pale Kreyol Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770). BLUE CROSS® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. © 2018 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. © 2018 Teladoc, Inc. Todos los derechos reservados. Teladoc y el logotipo de Teladoc son marcas de Teladoc, Inc. y no pueden ser utilizados sin permiso por escrito. Teladoc no sustituye al médico de atención primaria. Teladoc no garantiza que una receta se escribe. Teladoc opera sujeta a la regulación estatal y pueden no estar disponibles en ciertos estados. Teladoc no prescribe sustancias controladas DEA, las drogas no terapéuticas y algunos otros medicamentos que pueden ser perjudiciales debido a su potencial de abuso. Médicos Teladoc reservamos el derecho de negar la atención por el mal uso potencial de los servicios.

Not all medications are alike - Know before you go to the pharmacy.



Find out...

- **Is my prescription drug covered?** If not, discounts may be available through our BlueSaver discount program.
- **Is this a generic drug?** Great! You're saving money.
- **Is an authorization required first?** If so, your doctor will need to submit a Prior Authorization form.
- **Is a limited quantity covered per prescription?** If so, your plan will cover up to the 1 month maximum, and you can pay for more.
- **Is this a brand name drug?** Ask your doctor or pharmacist if there's a generic available that's right for you.
- **Is this drug in the Step Therapy program?** If so, ask your doctor about the alternative drugs that must be tried first?
- **Is this an oral or injectable Specialty drug?** Specialty drugs require prior authorization and must be obtained through Caremark Specialty Pharmacy at 1-866-387-2573.
- **Is this a diabetic supply?** Supplies such as blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets and/or syringes require a prescription that you can fill at your local pharmacy.
- **Is this a drug that you take ongoing?** If your plan has mail order, order up to a 3-month supply and pay less than monthly refills at your local pharmacy.

Find participating pharmacies at
FloridaBlue.com

Get answers... and compare drug costs
based on your plan.

Prices are for: John Doe	
WALGREENS #4557 850 A 1 A NORTH PONTE VEDRA, FL 32082 Map It Remove X	
Drug Name	
LIPTOR (30) Tablet - 40MG	Step Therapy required
ZETIA (30) Tablet - 10MG	Step Therapy required
NIASPAN (30) Tablet Extended Release - 500MG	\$79.53 \$30.00
CRESTOR (30) Tablet - 10MG	Step Therapy required
pravastatin sodium (30) Tablet - 40MG	\$7.41 \$7.41
simvastatin (30) Tablet - 40MG	\$5.10 \$5.10
lovastatin (30) Tablet - 40MG	\$5.85 \$5.85
Brand Drug Brand Therapeutic Generic Drug Generic Therapeutic Refill mail order prescription on-line Pharmacy mail order form (used to submit prescription by mail) (PDF)	



Call

a Care Consultant at **1-888-476-2227**.



Click

Log in at **FloridaBlue.com**. Select
Compare Drug Prices under **Tools**

Step 1: Enter the drug name
(or search by alphabet).

Step 2: Select pharmacies based on zip code.

Step 3: Compare prices and lower cost options,
when available. Plus, see when Step Therapy,
Prior Authorization or other requirements apply.



Visit

us in person at a **Florida Blue Center**
near you. Visit **FloridaBlue.com** for
locations.



HEALTHY LIVING IS JUST A DEAL AWAY. Join Blue365[®] and start saving today!

With Blue365, great deals are yours for every aspect of your life - like 20 percent off at Reebok.com, discounted products through Jenny Craig, or a gym membership for only \$29 a month.

Register now at www.Blue365Deals.com to take advantage of Blue365. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your Blue Cross and Blue Shield member ID card handy. In a couple of minutes, you will be registered and ready to shop. Every week, we will send a special deal straight to your email inbox.

Check out these top brands with discounts just for you:



Blue365
Because health is a big deal[™]



© 2000–2019 Blue Cross and Blue Shield Association — All Rights Reserved. The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association. Blue365 offers access to savings on health and wellness products and services and other interesting items that Members may purchase from independent vendors, which are not covered benefits under your policies with your local Blue Company, its contracts with Medicare, or any other applicable federal healthcare program. These products and services will be offered to you through the entire benefit year. During the year, the independent vendors may offer additional discounts on these products and services. To find out what is covered under your policies, contact your local Blue Company. The products and services described on the Site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the Site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or Site.



DENTAL INSURANCE

DENTAL	BlueDental Choice + Low		BlueDental Choice + High	
	In Network	Out of Network	In Network	Out of Network
Fee Reimbursement	Fee Schedule	80th % UCR	Fee Schedule	80th % UCR
Preventive Expenses Benefit	100%	100%	100%	100%
Basic Expenses Benefit	80%	80%	90%	80%
Major Expenses Benefit	50%	50%	60%	50%
Orthodontia (Children Only to age 19)	Not Included		50% - \$1,000 Lifetime Max	
Deductible (single/family)	\$50 / \$150	\$100 / \$300	\$50 / \$150	\$100 / \$300
Deductible Applies To:	Basic & Major Services		Basic & Major Services	
Endo & Perio Services	Major Service		Major Service	
Max. Benefit per Calendar Year	\$1,250		\$1,250	

There is a financial incentive if you seek services from a participating dentist because of the higher coinsurance levels and regulated pricing.

Find a provider online

- Go to floridablue.com
 - Click on find a doctor
 - Click on Find Doctors by plan and look for Blue Dental Choice Plus PPO

Dental ID cards will be mailed to your residence



VISION INSURANCE

Guardian Davis Designer B

VISION	In Network	Out of Network
Routine Eye Exam (once a calendar year)	\$10 Copay	\$50 max before \$10 copay
Lenses (Single; Bifocal; Trifocal; Lenticular); (once a calendar year)	\$10 Copay	Single: \$48 max before \$10 copay Bifocal: \$67 max before \$10 copay Trifocal: \$86 max before \$10 copay Lenticular: \$126 max before \$10 copay
Frames (once every other calendar year)	\$150 retail + 20% off balance after \$10 copay	\$48 max before \$10 copay
Contacts (medically necessary); (once a calendar year)	No copay	\$210 max
Contacts (elective); (once a calendar year)	\$150 max + 15% off balance	\$105 max

Find a provider online

- Go to guardiananytime.com
- Click on Find a Vision Provider
 - Vision - Click Find a Vision Provider and then select Davis Vision

Vision ID cards will be mailed to your residence



Solution Overview

eM Life is a purpose-driven mindfulness solution for your total population. Experience the connection with certified experts in live, interactive, or on-demand sessions and go deeper and add our evidence-based, immersive programs that address high-cost chronic and behavioral health conditions.

- **Mindful Dailies:** 5000+ live, expert-led, interactive online sessions each year
- **Hundreds of hours of on-demand content**
- **Applied mindfulness practices with skill building and strategies to integrate into daily life**
- **Expert-led community**
- **Real-time reporting**

Registration

Go to [Vibe.emindful.com/signup/Alltrustinsurance](https://vibe.emindful.com/signup/Alltrustinsurance) to get started

- Enter your Company Name
- Create an Account

How To Download eM Life app & Create an Account

Step 1 Download the eM Life app.

Step 2 Click Create Account.

Step 3 Select Employee Account.

Step 4 Enter the name of your employer.

Step 5 Fill in personal info.

Step 6 Fill out the brief survey.

Group Life and Accidental Death & Dismemberment (AD&D) coverage is provided to all full-time employees. **The premium is paid by your employer.** In the event of your death, this benefit is paid to your designated beneficiary. (Make sure you always keep an updated beneficiary on file with Human Resources). Your Life and Accidental Death coverage includes an age reduction rule. When you reach the age of 65, benefits will be reduced by 35%. At age 70, benefits will be reduced by 60%. At age 75, benefits will be reduced by 75%. The reduction will take effect on the first day of the calendar month in which you reach the age specified.

Plan Type	Covered Person(s)	Amount of Coverage
Group Life / AD&D	Employee Only Life	1 x salary up to a maximum of \$50,000
	Employee Only AD&D	

Employee Voluntary Life & AD&D

- Increments of \$10,000 (minimum of \$10,000), maximum of \$500,000; not to exceed 5 times annual salary; Guaranteed Issue of \$100,000
- You must purchase insurance for yourself in order to purchase any spouse and/or child life insurance.

Spouse Voluntary Life

- Increments of \$5,000 to a maximum of \$100,000 but may not exceed 50% of the employee approved election; Guaranteed Issue of \$25,000
- Spouse rate is based on spouse's age.

Child(ren) Voluntary Life

- Increments of \$10,000; up to a maximum of \$10,000; Guaranteed Issue of \$10,000

Your Voluntary Life and Accidental Death coverage includes an age reduction rule. When you reach the age of 65, benefits will be reduced by 35%. At age 70, benefits will be reduced by 60%. At age 75, benefits will be reduced by 75%. The reduction will take effect on the first day of the calendar month in which you reach the age specified.

Employee/Dependents can increase 1 increment level (10k on EE; 5K on SP) without Evidence of Insurability, as long as it does not exceed the guaranteed issue amount (100k for EE and 25k for SP). Any enrollments that were in place for 2021, will be grandfathered even if they are in excess of the guaranteed issue amounts.

If you waive coverage and later decide you want to elect coverage you will be required to complete EOI (Evidence of Insurability) for any volume of coverage.

Short Term Disability is available to all full time employees and provides a partial earnings replacement should you become totally or partially disabled. Eligible approved claims are payable according to Plan specifications, including:

- Benefits begin on the 8th day for accident, and on the 8th day for illness or sickness.
- Benefit equals 60% of your before-tax weekly earnings, up to a max benefit of \$600/week.
- **You may choose from 2 different options: Benefits are payable for up to 12 weeks or 25 weeks.**
- A pre-existing condition is defined as any sickness or injury (whether specifically diagnosed or not) for which the Insured received medical treatment, consultation, care or services, including diagnostic procedures or took prescribed drugs or medicines, during a specific period (as outlined in the policy) immediately prior to the Insured's effective date of coverage. Conditions diagnosed/treated within 3 months prior to the effective date will not be covered as a disability for 12 months after the effective date.

New Hires are not subject to Evidence of Insurability.

Benefit	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
12 weeks	\$0.0858	\$0.0906	\$0.0808	\$0.0647	\$0.0697	\$0.0604	\$0.0728	\$0.083	\$0.096
25 weeks	\$0.0804	\$0.0870	\$0.0819	\$0.0925	\$0.1101	\$0.1063	\$0.1071	\$0.1009	\$0.1393

STEP 1 - CALCULATE BENEFIT

ANNUAL SALARY ÷ 52 = WEEKLY SALARY	60% x WEEKLY SALARY = WEEKLY BENEFIT	DOES THE WEEKLY BENEFIT EXCEED \$600?	IF NO, ENTER CALCULATED WEEKLY BENEFIT. IF YES, ENTER MAX WEEKLY BENEFIT \$600.
EXAMPLE: \$30,000.00 ÷ 52 = \$576.92	60% x \$576.92 = \$346.15	NO	\$346.15

STEP 2 - CALCULATE COST

FIND YOUR RATE ABOVE	RATE x YOUR WEEKLY BENEFIT AMOUNT (STEP 1, BOX 4)	DIVIDE BY \$10	MULTIPLY MONTHLY COST BY 12 = ANNUAL COST	DIVIDE ANNUAL COST BY 26 PAY PERIODS = COST PER PAY PERIOD
EXAMPLE: \$0.86	\$0.86 x \$346.15 = \$297.00	\$297.00 ÷ \$10 = \$29.70	\$29.70 x 12 = \$356.40	\$356.40 ÷ 26 = \$13.71

Welcome to balanced care for a better life.

EAP can give you the support you need.

Whether you sense that a life challenge is just ahead, or you're already knee-deep in it, the EAP is here to help with top-notch providers, experts and offerings in these areas near you:

- Relationship and family challenges
- Life-changing events
- Legal or financial challenges
- Stress
- Excessive worry
- Feeling sad/blue
- Substance dependence or addiction
- Workplace challenges

Resources to help you find your best self.

We're here for you around the clock:

Start a Chat

Go online for quick and easy access to experts who can immediately point you to the right resources.

Visit ndbh.com

View more than 10,000 resources to assist you in your improvement journey. Some available resources include:

- Videos
- Self-Assessments
- Provider Directories
- Will Prep Toolkit
- Budgeting Worksheets
- Elder & Child Care Resources
- Calculators
- Legal Documents
- Stress Management Tools

Our expansive list of EAP resources includes:

Relationship Support

Visit ndbh.com to help you find resources to work through parental, personal or work-related relationship challenges.

Legal Resource Center

Explore a large database of free, customizable legal documents for wills, budgeting, retirement planning, big purchases and more. Store documents in one place for easy updates and secure saving.

Health Resource Library

Search a comprehensive collection of articles, videos, self-assessments, calculators and planners for information on thousands of topics designed to help improve your health.

Weekly Tips

Sign up for weekly tips and advice on how to work through stress, parenting, being your best at work and other helpful material — delivered right to your inbox.

Stress Toolkit

Understand the impact of stress on your happiness and productivity with this online toolkit. Take steps to improving your health with assessments, apps, tools and resources designed to reduce stress.

For any additional questions or concerns, visit **ndbh.com**.

Our EAP representatives are available **24/7/365**.

Your ndbh.com login: **USAL903**

Visit ndbh.com to begin improving your health.

If an employee enrolls in the Low Medical Plan, Freedom Senior Management will pay the premium for the Employee Only tier.

- **GUARANTEED ISSUE**– **No medical questions
- **NO PRE-EXISTING CONDITION EXCLUSIONS OR PREGNANCY WAITING PERIOD**
- Pays \$2,000 per insured for Initial Hospital/ICU Admission [max 3/yr for family]
- Pays \$200 per day for Hospital/ICU Confinement [max 30 days per insured]

Bi-Weekly Deduction		
AGES 69 & UNDER	Enrolled in Low Medical	All Others
Employee (EE)	NO COST	\$15.36
EE + Spouse	\$18.49	\$33.85
EE + Child(ren)	\$11.16	\$26.52
Family	\$30.54	\$45.90

- **IMMEDIATE VALUE!!** Pays \$100 benefit for recognized wellness screening– per covered person/per year
As a sample of benefits provided. [Plan covers much more and benefits are paid for each treatment/injury stacking one on top of another for cumulative benefits paid out]
- Pays \$400 for initial medical treatment (ER) and \$200 (Primary/Urgent Care)- when treated for a covered accident/injury
- Pays \$2,000 for initial hospitalization plus \$400/night in the hospital (\$800 ICU)- when admitted due to a covered accident/injury
- Pays up to \$8,000 for Broken Bones and up to \$4,800 for Dislocations
- Pays for torn tendons, ligaments, rotator cuff, knee cartilage, appliance benefit, CT/MRIs, Follow up visits, Physical Therapy, and other treatments/injuries.
- **Bonus for Child Sports Injuries**– pays 20% more when your child is injured while playing organized sports
- Includes a \$50,000 Accidental Death & Dismemberment Benefit

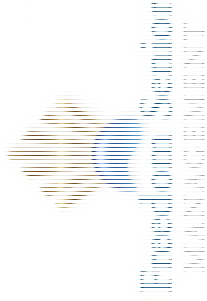
Bi-Weekly Deductions	
Employee (EE) ONLY	\$8.07
EE + Spouse	\$17.09
EE + Child(ren)	\$17.77
Family	\$26.79

- Choose between \$10,000 or \$20,000 coverage— **Guaranteed Issue (No Medical Questions)**
- **IMMEDIATE VALUE!!** Pays \$100 benefit for recognized wellness screening— per covered person/per year
- If you are ever diagnosed with a Heart Attack, Stroke, Major Organ Failure, End Stage Renal Failure, Coma, Complete Loss of Hearing/Speech/Sight, Multi-limb Paralysis, Advanced Parkinson's Disease, Severe Burns, ALS or Invasive Cancer, Guardian will pay you a lump sum benefit equal to your coverage amount: based on your diagnosis.
- Additional reduced benefits available for diagnoses such as Carcinoma in situ (30%), Benign Brain Tumor (75%) and Coronary Arteriosclerosis (30%), Addison's Disease (30%), Alzheimer's Disease (50%), Huntington's Disease (30%), Multiple Sclerosis (30%) or Single-Limb Paralysis (50%) [**** % of elected coverage amount**]
- Coverage available for spouse (50% of employee elected amount) and children (25% of employee elected amount) with **children covered at no cost.** [***Employee must enroll to cover dependents**]
- Rates vary by EMPLOYEE age, coverage tier and EMPLOYEE/SPOUSE tobacco usage. Price changes with age.
- 12/12 Pre-existing Condition Exclusion- anything that you were treated for, took medication for or otherwise should have been under a doctor's care for in the 12 months preceding the effective date of the policy will be excluded from coverage for the first 12 months of the policy.

\$10,000 / \$20,000 - Non-Tobacco Bi-Weekly Deduction		
Age	Employee (EE) or EE + Children	Include Spouse or Family
Up to 19	\$3.28 / \$6.55	\$4.92 / \$9.83
20-24	\$3.46 / \$6.92	\$5.19 / \$10.38
25-29	\$3.55 / \$7.11	\$5.33 / \$10.66
30-34	\$3.83 / \$7.66	\$5.75 / \$11.49
35-39	\$4.57 / \$9.14	\$6.85 / \$13.71
40-44	\$5.91 / \$11.82	\$8.86 / \$17.73
45-49	\$7.94 / \$15.88	\$11.91 / \$23.82
50-54	\$10.62 / \$21.23	\$15.93 / \$31.85
55-59	\$14.08 / \$28.15	\$21.12 / \$42.23
60-64	\$19.34 / \$38.68	\$29.01 / \$58.02
65+	\$29.68 / \$59.35	\$44.52 / \$89.03

\$10,000 / \$20,000 - Tobacco Bi-Weekly Deduction		
Age	Employee (EE) or EE + Children	Include Spouse or Family
Up to 19	\$3.83 / \$7.66	\$5.75 / \$11.49
20-24	\$4.02 / \$8.03	\$6.03 / \$12.05
25-29	\$4.15 / \$8.31	\$6.23 / \$12.46
30-34	\$4.62 / \$9.23	\$6.93 / \$13.85
35-39	\$5.72 / \$11.45	\$8.58 / \$17.17
40-44	\$7.98 / \$15.97	\$11.97 / \$23.95
45-49	\$11.91 / \$23.82	\$17.86 / \$35.73
50-54	\$17.35 / \$34.71	\$26.03 / \$52.06
55-59	\$24.97 / \$49.94	\$37.45 / \$74.91
60-64	\$36.74 / \$73.48	\$55.11 / \$110.22
65+	\$58.48 / \$116.95	\$87.72 / \$175.45

2022 MEDICAL INSURANCE PREMIUMS



Premium Discount Levels	Bi-Weekly
Base Premium - No Discounts	None
1 Biometric Discount Only	\$ 12.00
2 Tobacco Free Discount Only	\$ 18.00
3 Biometric & Tobacco Free Discounts	\$ 30.00
4 Fitness Reimbursement * (see note)	Paid Quarterly if earned → \$ 97.50

Dental	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low	\$ 9.90	\$ 20.84	\$ 21.58	\$ 35.15
High	\$ 11.04	\$ 24.34	\$ 29.80	\$ 45.62
Vision	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Guardian Vision	\$ 3.38	\$ 6.42	\$ 6.73	\$ 9.95

BI-WEEKLY PREMIUM DEDUCTIONS

EMPLOYEE PAYS		Premium with Level 1 Discount		Premium with Level 2 Discount		Premium with Level 3 Discount	
Blue Options 05302 (Generic Choices Rx)		BASE PREMIUM	Discount	BASE PREMIUM	Discount	BASE PREMIUM	Discount
Medical, Low Plan		\$ 54.26	\$ 42.26	\$ 36.26	\$ 24.26	\$ 163.97	\$ 133.97
Employee		\$ 54.26	\$ 42.26	\$ 36.26	\$ 24.26	\$ 163.97	\$ 133.97
Employee + Spouse		\$ 163.97	\$ 151.97	\$ 145.97	\$ 133.97	\$ 130.56	\$ 100.56
Employee + Child		\$ 130.56	\$ 118.56	\$ 112.56	\$ 100.56	\$ 230.59	\$ 200.59
Full Family		\$ 230.59	\$ 218.59	\$ 212.59	\$ 200.59		

FSM PAYS		Premium with Level 1 Discount		Premium with Level 2 Discount		Premium with Level 3 Discount	
BASE PREMIUM		Discount	Discount	Discount	Discount	Discount	Discount
\$ 189.30		\$ 201.30	\$ 207.30	\$ 219.30			
\$ 415.72		\$ 427.72	\$ 433.72	\$ 445.72			
\$ 337.09		\$ 349.09	\$ 355.09	\$ 367.09			
\$ 548.82		\$ 560.82	\$ 566.82	\$ 578.82			

TOTAL PREMIUM		Premium with Level 1 Discount		Premium with Level 2 Discount		Premium with Level 3 Discount	
BASE PREMIUM		Discount	Discount	Discount	Discount	Discount	Discount
\$ 243.57		\$ 243.57	\$ 243.57	\$ 243.57	\$ 243.57	\$ 579.69	\$ 579.69
\$ 579.69		\$ 579.69	\$ 579.69	\$ 579.69	\$ 579.69	\$ 467.65	\$ 467.65
\$ 467.65		\$ 467.65	\$ 467.65	\$ 467.65	\$ 467.65	\$ 779.41	\$ 779.41
\$ 779.41		\$ 779.41	\$ 779.41	\$ 779.41	\$ 779.41		

Blue Care 48 (Generic Choices Rx)		BASE PREMIUM	Discount	Discount	Discount
Medical, Mid Plan		\$ 79.41	\$ 67.41	\$ 61.41	\$ 49.41
Employee		\$ 79.41	\$ 67.41	\$ 61.41	\$ 49.41
Employee + Spouse		\$ 220.12	\$ 208.12	\$ 202.12	\$ 190.12
Employee + Child		\$ 177.82	\$ 165.82	\$ 159.82	\$ 147.82
Full Family		\$ 303.40	\$ 291.40	\$ 285.40	\$ 273.40

BASE PREMIUM		Discount	Discount	Discount	Discount
\$ 180.75		\$ 192.75	\$ 198.75	\$ 210.75	
\$ 399.06		\$ 411.06	\$ 417.06	\$ 429.06	
\$ 321.69		\$ 333.69	\$ 339.69	\$ 351.69	
\$ 529.11		\$ 541.11	\$ 547.11	\$ 559.11	

BASE PREMIUM		Discount	Discount	Discount	Discount
\$ 260.16		\$ 260.16	\$ 260.16	\$ 260.16	\$ 260.16
\$ 619.18		\$ 619.18	\$ 619.18	\$ 619.18	\$ 619.18
\$ 499.50		\$ 499.50	\$ 499.50	\$ 499.50	\$ 499.50
\$ 832.51		\$ 832.51	\$ 832.51	\$ 832.51	\$ 832.51

Blue Care 67 (10/30/50 Rx)		BASE PREMIUM	Discount	Discount	Discount
Medical, High Plan		\$ 139.17	\$ 127.17	\$ 121.17	\$ 109.17
Employee		\$ 139.17	\$ 127.17	\$ 121.17	\$ 109.17
Employee + Spouse		\$ 355.32	\$ 343.32	\$ 337.32	\$ 325.32
Employee + Child		\$ 290.65	\$ 278.65	\$ 272.65	\$ 260.65
Full Family		\$ 480.48	\$ 468.48	\$ 462.48	\$ 450.48

BASE PREMIUM		Discount	Discount	Discount	Discount
\$ 207.54		\$ 219.54	\$ 225.54	\$ 237.54	
\$ 469.86		\$ 481.86	\$ 487.86	\$ 499.86	
\$ 375.05		\$ 387.05	\$ 393.05	\$ 405.05	
\$ 629.01		\$ 641.01	\$ 647.01	\$ 659.01	

BASE PREMIUM		Discount	Discount	Discount	Discount
\$ 346.71		\$ 346.71	\$ 346.71	\$ 346.71	\$ 346.71
\$ 825.18		\$ 825.18	\$ 825.18	\$ 825.18	\$ 825.18
\$ 665.70		\$ 665.70	\$ 665.70	\$ 665.70	\$ 665.70
\$ 1,107.50		\$ 1,107.50	\$ 1,107.50	\$ 1,107.50	\$ 1,107.50

Fitness Reimbursement* -The Fitness Reimbursement, must be earned the previous quarter, and will be paid as a one-time earning in the first month of the succeeding quarter. The Fitness Reimbursement is not reflected in the pricing of the Medical Premiums.



Save Money on Prescriptions with Publix

Publix Has FREE Prescriptions!

Let's be honest, Free stuff is awesome. So what if we told you select meds are free at the Publix Pharmacy? Yep, that's right. We offer select maintenance meds—such as those for blood pressure or diabetes—and antibiotics, free. Check out which meds made our list.

High Blood Pressure

- **Amlodipine** Up to 180 2.5-mg or 5-mg tablets, or 90 10-mg tablets.
- **Lisinopril** Up to 180 tablets.

Diabetes

- **Metformin** 360 500-mg tablets, 270 850-mg tablets, or 225 1000-mg tablets.

Antibiotics

- **Amoxicillin** supply up to 14 days
- **Ampicillin** supply up to 14 days
- **SMZ-TMP** supply up to 14 days (tablets only)
- **Penicillin VK** supply up to 14 days

Publix Also Has \$2.50 Prescriptions

A 90-day supply of some of the most common meds for \$7.50? That's just \$2.50 a month, folks! Find your meds below, and bring us your prescription bottles to make the switch. Your wallet will be forever grateful.

Alzheimer's Disease

- **Donepezil** 5 mg or 10 mg tablet

Arthritis/Pain

- **Meloxicam** 7.5 mg or 15 mg tablet

Asthma & Allergies

- **Cetirizine HCl** 5 mg or 10 mg tablet

Cholesterol

- **Simvastatin** 5 mg, 10 mg, 20 mg, 40 mg, or 80 mg tablet

Diabetes

- **Glimepiride** 1 mg, 2 mg, or 4 mg tablet

Gastrointestinal

- **Omeprazole** 20 mg capsule
- **Ranitidine** 150 mg or 300 mg tablet

Gout

- **Allopurinol** 100 mg or 300 mg tablet

Heart Health/Cardiovascular

- **Clonidine** 0.1 mg, 0.2 mg, or 0.3 mg tablet
- **Clopidogrel** 75 mg tablet
- **Furosemide** 20 mg, 40 mg, or 80 mg tablet
- **Hydralazine** 10 mg, 25 mg, 50 mg, or 100 mg tablet
- **Hydrochlorothiazide** 12.5 mg capsule
25 mg or 50 mg tablet
- **Jantoven** 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg,
6 mg, 7.5 mg, or 10 mg tablet
- **Losartan** 25 mg, 50 mg, or 100 mg tablet
- **Metoprolol Tartrate** 25 mg, 50 mg, or 100 mg tablet

- **Triamterene-HCTZ** 37.5-25 mg capsule
37.5-25 mg, or 75-50 mg tablet

Men's Health

- **Tamsulosin** 0.4 mg capsule

Mental Health

- **Amitriptyline HCl** 10 mg or 25 mg tablet
- **Buspirone** 5 mg, 10 mg, or 15 mg tablet
- **Sertraline** 25 mg, 50 mg, or 100 mg tablet

Osteoporosis

- **Alendronate** 35 mg or 70 mg tablet

Parkinson's Disease

- **Ropinirole** 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, or 5 mg tablet

Seizure Disorders

- **Topiramate** 25 mg, 50 mg, 100 mg, or 200 mg tablet

Women's Health

- **Estradiol** 0.5 mg, 1 mg, or 2 mg tablet

Certain restrictions apply. Discounted price of \$7.50 offered under the Publix Pharmacy Medications Program is available only for supplies up to 90 days of listed prescription drugs, dosages, and forms. Quantity restrictions may apply. Discounted price is not available for drugs, dosages, and forms that do not appear in the Publix Pharmacy Medications Program discounted drug list. Consult your pharmacist or physician if you have any questions about your prescription. Prices may be higher in certain states. Publix reserves the right to modify the terms of and drugs covered by the Publix Pharmacy Medications Program at any time without prior notice. Publix may limit discounted prices to listed prescription drugs that are in stock and that are manufactured and sold by certain pharmaceutical manufacturers only. The Publix Pharmacy Medications Program is not a discount prescription drug plan, discount drug card or membership program, or insurance plan. The Publix Pharmacy Medications Program cannot be combined with other offers, discounts, rebates, or promotions.

SAVE \$\$\$ ON PRESCRIPTIONS



Hundreds of Manufacturer Coupons for Prescription and Non-Prescription Drugs

www.internetdrugcoupons.com

Can I use drug coupons even though I have drug insurance?

The answer depends on the insurance plan and the coupon. Drug coupons or rebates can never be used if you have government sponsored drug insurance such as Medicare, Medicaid, MediCal, etc.

Some drug coupons state that they are only to be used for cash paying customers. In the absence of such language in the coupon's fine print, you can apply the coupon or rebate towards your copay.

You should know that the price of the coupon or rebate can never exceed your out-of-pocket expenses.

For example, suppose you have a \$5.00 copay for drug X, but you have a \$20.00 coupon or rebate. The maximum amount for your rebate will be \$5.00. Don't expect the cashier to give you change.

Helpful Hints

Present any coupons to the pharmacist BEFORE you fill your prescriptions. Sometimes the pharmacist or clerk does not know if their store accepts coupons or they may not know how to process the coupons.

When you hand the pharmacist the coupon, he will scrutinize it to make sure it is not expired or has special conditions attached (such as if the coupon is only for a certain quantity or strength). He should be able to tell you right there and then if he can put the coupon through the computer.

If the drugstore refuses the coupons, try another store. All of the large chains cheerfully accept drug coupons as long as you meet the terms and conditions of the coupon. They are happy to have your business.

Allow Pop-Ups. Many of the coupons appear on your screen in the form of pop-ups. If you have your pop-up blocker turned on you may not be able to see or print the coupons.

Print up more than one drug coupon or rebate form at a time. If the offer is for a drug that you use on a regular basis, print up several of them and keep them in a safe place such as inside of your medicine cabinet.

Do not photocopy unused drug coupons. Print up fresh ones directly from your computer while you are online. Oftentimes, each coupon or rebate form has a unique code number on it so it can only be used once. Each time you print a new one from your computer, the web site treats it as a new request and it assigns a new code number to your coupon.

Not all provisions, limitations, and exclusions are included in this publication. In the event of any conflict between the information contained in this publication and the plan provisions, the Plan Document and insurance contracts will govern. Copies of these documents are available from Human Resources.

Revised 11.8.2021

