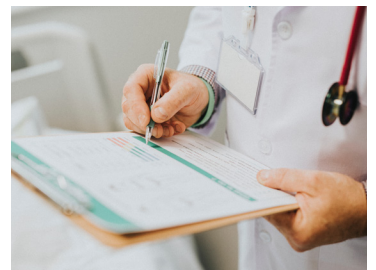




2019 Benefit Guide

Welcome to the JH Berry's Comprehensive Employee Benefits Program!

JH Berry 2019 Open Enrollment will again be conducted through a partnership with Worksite Benet Services (WBS). WBS will utilize a call center staffed with licensed professional employee benefit counselors to handle all employee benefit open enrollment matters. *If you are happy with your current benefits, nothing more is required of you.* Open enrollment dates will be **May 15 to May 22, excluding weekends**, from the hours of 11am to 7pm CDT each day. Anyone with any questions or anyone who wants to make any changes to the medical healthcare benefits should schedule an appointment. To schedule an appointment with a benefit counselor go to <https://booknow.appointment-plus.com/yp7yerlc/> then follow the prompts. Be sure to select the company you work for in the drop down. You will receive an email confirmation of your appointment time. A benefit counselor will call you at your scheduled appointment time.



Blue Cross Blue Shield Medical - High Plan



Calendar Year Deductible	\$500 Individual; \$1,500 aggregate amount per family	
Calendar Year Out of Pocket Maximum	\$7,900 Individual; \$15,800 aggregate amount per family	
	IN NETWORK	OUT OF NETWORK
<i>IN NETWORK SERVICES NOT SUBJECT TO \$500 CALENDAR YEAR DEDUCTIBLE</i>		
Office Visits/Consultations	Covered at 100% after \$35 primary physician copay or \$50 specialist physician copay	Covered at 50% subject to calendar year deductible
Second Surgical Opinions	Covered at 100% after \$50 specialist physician copay	Covered at 50% subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Treatment	Covered at 100%; no copay or deductible	Covered at 50% subject to calendar year deductible
<i>IN NETWORK SERVICES SUBJECT TO \$500 CALENDAR YEAR DEDUCTIBLE</i>		
Surgery & Anesthesia	Covered at 100% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Maternity Care	Covered at 100% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
<i>PREVENTATIVE CARE BENEFITS</i>		
Routine Immunizations & Preventative Services	Covered at 100%; no copay or deductible	Not Covered
<i>PRESCRIPTION DRUG BENEFITS – paid 100% after following copays</i>		
Tier 1 Drugs	\$15 copay per prescription	
Tier 2 Drugs	\$40 copay per prescription	
Tier 3 Drugs	\$100 copay per prescription	Not Covered
Tier 4 Drugs	\$150 copay per prescription	

Per Payroll (Bi-Weekly) Rates:

Single – \$83.⁹⁵
 Family – \$267.²⁰

Blue Cross Blue Shield Medical - Low Plan



	IN NETWORK	OUT OF NETWORK
Calendar Year Deductible	\$3,000 Individual; \$6,000 aggregate amount per family	\$3,000 Individual; \$6,000 aggregate amount per family
Calendar Year Out of Pocket Maximum	\$7,900 Individual; \$15,800 aggregate amount per family	No out of pocket maximum for out of network services
Office Visits/Consultations and second surgical opinions	Covered at 100% of the allowed amount after \$30 for first three illness related office visits; thereafter covered at 80% of the allowed amount subject to calendar year deductible	Not Covered
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Treatment	Covered at 80% of the allowed amount subject to calendar year deductible	Not Covered
Surgery & Anesthesia	Covered at 80% of the allowed amount subject to calendar year deductible	Not Covered
Maternity Care	Covered at 80% of the allowed amount subject to calendar year deductible	Not Covered
<i>PREVENTATIVE CARE BENEFITS</i>		
Routine Immunizations & Preventative Services	Covered at 100% of the allowed amount; no copay or deductible	Not Covered
<i>PRESCRIPTION DRUG BENEFITS – paid 100% of allowed amount after following copays for a 30 day supply</i>		
Tier 1 Drugs	\$15 copay per prescription	Not Covered
Tier 2 Drugs	\$50 copay per prescription	
Tier 3 Drugs	\$70 copay per prescription	
Tier 4 Drugs	\$395 copay per prescription	

Per Payroll (Bi-Weekly) Rates:

Single – \$43.⁰⁰
 Family – \$220.⁰⁰

Guardian Dental Plan – Dental Guard Preferred



	IN NETWORK	OUT OF NETWORK
Calendar Year Deductible	Individual - \$25 Family Limit – 3 per family	Individual - \$25 Family Limit – 3 per family
<i>CHARGES COVERED</i>		
Preventative Care	100%	100%
Basic Care	100%	100%
Major Care	50%	50%
Orthodontia	Not covered	Not covered
Annual Maximum Benefit	\$1,000	\$1,000

Per Payroll (Bi-Weekly) Rates:

Dental Single – \$6.⁹⁰ Family – \$18.⁰⁰

Guardian Vision Plan – Davis Vision

Copay	IN NETWORK	OUT OF NETWORK
Exams - \$20		
Materials - \$20		
Exams – Once per year	\$0	Amount over \$50
Lenses – Once per year		
Single	\$0	Amount over \$48
Bifocal	\$0	Amount over \$67
Trifocal	\$0	Amount over \$86
Lenticular	\$0	Amount over \$126
Frames – Once every 2 years	80% of amount over \$130	Amount over \$48
Contact Lenses	85% of amount over \$130	Amount over \$105
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Laser Correction Surgery Discount	Up to 25% of usual charge or 5%	No discounts

Per Payroll (Bi-Weekly) Rates:

Vision Single – \$3.⁵¹ Family – \$7.⁸⁴

Voluntary Term Life Insurance

As a full time employee working a minimum of 30 hours per week, you can purchase Term Life Insurance for yourself, your spouse and children. Employees can purchase a minimum of \$10,000 in coverage up to 10 times your annual salary OR a maximum of \$150,000. Any employee with existing coverage can increase coverage by \$10,000 with no evidence of insurability. Any increase over \$10,000 or new coverage will require evidence of insurability to be completed. You can purchase coverage for your spouse. Minimum benefit is \$5,000 and maximum benefit is \$50,000. Child coverage is available with a \$10,000 benefit amount and covers all eligible children to age 26.

Short Term Disability

As a full time employee working a minimum of 30 hours per week, you can purchase Short Term Disability Insurance that will supplement your pay if you are unable to work due to an off the job accident or an illness. The benefit amount is 60% of your weekly pay up to \$1,500 per week. There is a 14 day elimination period and the benefit will pay for 24 weeks.

Long Term Disability

As a full time employee working a minimum of 30 hours per week, you can purchase Long Term Disability Insurance that will supplement your pay if you are unable to work due to an off the job accident or an illness. The benefit amount is 60% of your monthly pay up to \$6,000 per month. There is a 180 day elimination period and the benefit will pay for 5 years if you become disabled prior to age 65.

Accident Insurance – Off the Job



Accident coverage provides a lump sum benefit based on the type of injury you sustain and the type of treatment you need. The money is not sent to a doctor or hospital, it goes right to you to spend as you see fit. Coverage is available for the entire family with purchase of employee coverage. Children are covered from birth to 26th birthday.

Listed below are a few examples of how the Accident plan will pay the benefits.

	PLAN 1 <i>VALUE PLAN</i>	PLAN 2 <i>ADVANTAGE PLAN</i>
Wellness Benefit	Provides a \$50 per year benefit for routine wellness screenings	Provides a \$100 per year benefit for routine wellness screenings
Accident Emergency Treatment	\$150	\$175
Accident follow-up visit – doctor	\$25 up to 6 treatments	\$50 up to 6 treatments
Ambulance	\$100	\$150
Hospital Admission	\$750	\$1,000
Hospital Confinement	\$175 per day up to 15 days	\$225 per day up to 15 days
Hospital ICU Admission	\$1,500	\$2,000
Hospital ICU Confinement	\$350/day up to 15 days	\$450/day up to 15 days

Cancer Insurance

Cancer coverage provides a lump sum benefit based on initial diagnosis and treatments. The money is not sent to a doctor or hospital, it goes right to you to spend as you see fit. Coverage is available for the entire family with purchase of employee coverage. Children are covered from birth to 26th birthday .

Listed below are a few examples of how the Cancer plan will pay the benefits.

Initial Diagnosis Benefit Amount	Employee	\$2,500
	Spouse	\$2,500
	Child	\$2,500
Cancer Screening	\$50; \$50 for follow-up screening	
Radiation Therapy/Chemotherapy	Schedule amounts up to a \$10,000 benefit year maximum	
Hospital Confinement	\$300/day for first 30 days	
	\$600/day for 31st day thereafter per confinement	
Surgical Benefit	Schedule amount up to \$4,125	

Critical Illness Insurance



This plan will pay you a lump sum payout upon diagnosis of a covered condition including but not limited to Heart Attack, Stroke, Organ Failure, Kidney Failure. The benefit amount is paid directly to you. Coverage is available for the entire family with purchase of employee coverage. Children are covered from birth to 26th birthday.

Issue Amount	Employee	\$20,000
	Spouse	\$10,000 (50% of employee amount)
	Child	25% of employee amount
Wellness Benefit	Provides a \$100 per year per insured benefit for completing certain routine wellness screenings or procedures.	
Benefit Reduction	At age 70, benefit amount reduces by 50%	

Hospital Indemnity

This plan pays a benefit when you are admitted to the hospital for a covered stay. This coverage can complement your health insurance to help you pay for the out of pocket expenses not covered such as deductibles and copays. Coverage is available for the entire family with purchase of employee coverage. Children are covered from birth to 26th birthday. There are two plans to choose from depending on which BCBS plan you have.

	PLAN 1 works with High plan	PLAN 2 works with Low plan
Hospital/ICU Admission	\$500 per admission; max 1 per year, per insured	\$1500 per admission; max 2 per year, per insured
Hospital/ICU Confinement	\$200/\$400 per day; max 15 days per year, per insured	\$100/\$200 per day; max 15 days per year, per insured
Emergency Room/Urgent Care	\$150/\$75 per day; max 1 day per year, per insured	\$150/\$75 per day; max 1 day per year, per insured
Diagnostic Tests	\$100 per day; max 1 day per year, per insured	\$250 per day; max 2 day per year, per insured

