

**PLEASE NOTE:**

- If you are not enrolling in Asbury's medical plan, proof of coverage elsewhere is required.
- If you are enrolling dependents on any benefit plan, you will be required to provide documentation that shows proof of relationship.
- Documentation is due by December 1st



## ASBURY COMMUNITIES

# Employee benefits

## ACTIVE ENROLLMENT

The upcoming benefits plan year will run from January 1, 2021 through December 31, 2021. This will be an "active" OE through Kronos Benefits Center.

NOV. 1-16  
**2020**



# ENROLLING IN YOUR BENEFITS

Enroll online at <https://kronosbenefitscenter.com>

## Before you enroll:

- Familiarize yourself with your options by reading this 2021 Guide to your Benefits.
- Have the following information handy:
  - Social Security Numbers for you and your eligible dependents
  - Dates of Birth for you and your eligible dependents
  - Have proof of coverage handy if you're not enrolling
  - Proof of relationship status for dependents



Benefits Center Login

Username

Password

Forgot Password?

## Benefits Eligibility

### Employees

Associates whose work status is at least 60 hours per pay period (excluding seasonal, interns, and temporary workers) are eligible for benefits. Benefits for newly hired associates are effective on the first of the month following or coincident with 30 days of employment.

### Eligible Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- **Spouse:** a person to whom you are legally married by ceremony
- **Domestic Partner** (same sex or opposite sex) who has signed a notarized Domestic Partner Affidavit with you
- **Child(ren):** Your biological, adopted, or legal dependents
  - Medical, Dental, Vision, Critical Illness Insurance, Hospital Indemnity, and Accident Insurance: eligible up to age 26 regardless of student, financial, and marital status
  - Supplemental Life Insurance: eligible age 6 months up to age 25
- **Disabled Child**
  - A child who is unmarried and is dependent on you and your spouse as a result of a mental or physical incapacity.
  - A child who is disabled prior to reaching the maximum age allowed under the plan.

Dependent coverage terminates on the last day of the month in which the dependent ceases to meet the definition of an eligible dependent.



# MEDICAL & PRESCRIPTION DRUGS

You have two medical plan choices for 2021 administered by CareFirst BlueCross BlueShield (BCBS). All options include prescription drug coverage. None of the plans require you to select a Primary Care Physician (PCP), and you do not need a referral to see a Specialist. To locate a participating, in-network provider, visit [www.carefirst.com/doctor](http://www.carefirst.com/doctor).

- **CAREFIRST PLATINUM PLAN:** This plan provides coverage in-network and out-of-network. The CareFirst Platinum structure allows for a more cost predictable health plan that includes copays for services versus solely coinsurance. Some services, such as office visits, are not subject to the deductible and you will pay a copay at the time of service. Each plan member is responsible for the individual deductible amount.
- **CAREFIRST GOLD PLAN:** The HSA-qualified plan features the highest deductible of the three plans, but the premium rates per pay are the least costly. This is an HSA-qualified plan, which means you are eligible to open a Health Savings Account (HSA) that allows you to contribute money pre-tax to pay for eligible health care expenses. Asbury also contributes to the HSA for you! After you meet your deductible, in-network, the plan pays 80% for most covered services, and you pay 20%. If you are enrolled with dependents, the entire family deductible must be met before the plan will pay for covered services. This can be met by one individual or a combination of all family members.

## Preventive care services are covered in full under both plans if you visit an in-network provider.

Note: The amount the plan pays for covered services is based on the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment for covered services. Out-of-network coinsurances are based on a percentage of the Allowed Benefit. When services are rendered by out-of-network providers, charges in excess of the Allowed Benefit are the member's responsibility. Some services require pre-certification. The medical carrier will not pay for these services unless approval is received. Examples include: hospitalization, surgery, home health care, hospice care, private duty nursing, and therapy services. In order to obtain pre-certification, your doctor should contact BlueCross BlueShield at 1-866-773-2884.

### How do I choose the right plan for me?

The plans differ in terms of how much you will pay up front (deductible) for certain services, the cost you will have to pay (coinsurance and copays), and the maximum amount you pay per year (out-of-pocket maximum).



### Summary of Benefits and Coverage (SBC)

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important benefit information in a standard format, is available for each medical plan option.

- The SBCs are located on the Associate Resources webpage at [www.asbury.org/associate-resources](http://www.asbury.org/associate-resources), or on the Associate app in the Open Enrollment section.
- A paper copy is also available by contacting the Human Resources Department.

# Medical and Prescription Plan Highlights

Summary of Services	CareFirst Platinum Plan		CareFirst Gold HSA-Qualified Plan	
	In-Network YOU PAY	Out-of-Network YOU PAY	In-Network YOU PAY	Out-of-Network YOU PAY
<b>Network</b>	BlueChoice Advantage	N/A	BlueChoice Advantage	N/A
<b>Annual Deductible</b> (Per Plan Year)	\$500 Individual \$1,000 Family	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family	\$6,000 Individual \$12,000 Family
<b>Out-of-Pocket Maximum</b> (Per Plan Year)	\$5,500 Individual \$11,000 Family	\$9,000 Individual \$18,000 Family	\$5,000 Individual \$10,000 Family	\$9,000 Individual \$18,000 Family
Preventive Services <sup>1</sup>				
Well Child visits and immunizations, routine annual GYN visit, mammography screening, prenatal office visits, annual adult physical	No charge	50% after deductible	No charge	50% after deductible
Office Visits, Labs, and Testing				
PCP/Specialist Office Visits	\$20/\$40 copay	50% after deductible	20% after deductible	50% after deductible
Lab/Pathology	\$20 copay	50% after deductible	20% after deductible	50% after deductible
Routine Imaging	\$40 copay	50% after deductible	20% after deductible	50% after deductible
Complex Imaging	\$80 copay	50% after deductible	20% after deductible	50% after deductible
Inpatient & Outpatient Services				
Inpatient Hospital Pre-certification required	\$300 copay AD	50% after deductible	20% after deductible	50% after deductible
Outpatient—Hospital	10% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient—Facility	\$100 copay AD	50% after deductible	20% after deductible	50% after deductible
Urgent & Emergency Care				
Urgent Care Facility	\$75 copay	50% after deductible	20% after deductible	50% after deductible
Hospital Emergency Room (Copay waived if admitted)	\$200 copay AD	\$200 copay AD	20% after deductible	20% after deductible
Prescription Drugs				
Retail (34-day supply)			Subject to deductible	
Generic		\$5 copay	\$5 copay	
Preferred Brand		\$35 copay	20% up to \$50	
Non-Preferred Brand		\$50 copay	20% up to \$100	
Preferred Specialty		\$100 copay	50% up to \$150	
Non-Preferred Specialty		\$150 copay	50% up to \$250	
Mail Order (90-day supply)*				
Generic		\$10 copay	\$10 copay	
Preferred Brand		\$70 copay	20% up to \$100	
Non-Preferred Brand		\$100 copay	20% up to \$200	
Preferred Specialty		\$200 copay	50% up to \$300	
Non-Preferred Specialty		\$300 copay	50% up to \$500	

Maintenance Choice: Fill a 90-day supply of maintenance medications at CVS Pharmacy and receive a 90-day supply for the same price as mail order. 90-day supplies are not covered at non-CVS pharmacies.

<sup>1</sup>As defined by the U.S. Preventive Services Task Force based on your age and gender. For more information, please refer to <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

This chart is intended for comparison purposes only. If there are any discrepancies, the Summary of Benefits and Coverage (SBC) will govern. The SBCs can be accessed on the Associate Resources webpage at [www.asbury.org/associates](http://www.asbury.org/associates) or on the Associate app in the Open Enrollment section.

Restricted generic Substitution: If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay or coinsurance. Also, if your prescription is written for a brand-name drug and DAW (dispense as written) is noted by your doctor, you will only pay the copay or coinsurance.

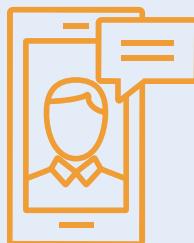
## Medical Costs For Coverage

Per pay rates based on 26 pays per year

	Standard		WOW! Incentive		
	Total Cost (Per Pay)	Asbury Pays (Per Pay)	You Pay (Per Pay)	Asbury Pays (Per Pay)	You Pay (Per Pay)
<b>CareFirst Platinum Plan</b>					
Associate Only	\$275.28	\$182.05	<b>\$93.23</b>	\$201.29	<b>\$74.00</b>
Associate + Spouse/Domestic Partner	\$605.63	\$332.50	<b>\$273.13</b>	\$370.96	<b>\$234.67</b>
Associate + Child(ren)	\$495.51	\$269.04	<b>\$226.47</b>	\$307.50	<b>\$188.01</b>
Family	\$853.38	\$498.36	<b>\$355.02</b>	\$536.82	<b>\$316.56</b>
<b>CareFirst Gold Plan</b>					
Associate Only	\$247.83	\$197.84	<b>\$49.99</b>	\$217.08	<b>\$30.76</b>
Associate + Spouse/Domestic Partner	\$545.23	\$358.96	<b>\$186.27</b>	\$397.42	<b>\$147.81</b>
Associate + Child(ren)	\$446.10	\$287.43	<b>\$158.67</b>	\$326.89	<b>\$119.21</b>
Family	\$768.28	\$520.96	<b>\$247.32</b>	\$559.42	<b>\$208.86</b>

The Wellness incentive is available to benefits-eligible associates and spouses. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources. You may also involve your personal physician in this process.

Please look for more information about the 2021 WOW! wellness program over the next few weeks including program details, how to register, and more!



## CAREFIRST MEMBER BENEFITS

### Manage your benefits – and your health

View personalized information on your claims and out-of-pocket costs online with My Account. You can also sign up for electronic Explanation of Benefits (EOB) from CareFirst and get your health care info quicker and more securely. Simply log on to [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) to get started. My Account puts you in charge of your health plan information and gives you tools to manage your plan — and your health.

- See who and what is covered under your health plan
- Research drug costs using the Drug Pricing tool
- Review the status of all your claims
- Find a Doctor
- View and order ID cards
- Check the status of your deductible and out-of-pocket maximum
- Access customized health and wellness information

You can also contact customer service toll-free at **1-800-628-8548**.



# WHERE TO GO FOR CARE

Choosing the right setting for care is key to getting the best treatment with the lowest out-of-pocket costs.

Knowing where to go when you need medical care is key to getting the best treatment with the lowest out-of-pocket costs. Except for emergencies, your first call should be to your primary care provider.

- **PRIMARY CARE PROVIDER (PCP):** Establishing a relationship with your PCP is important. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.
- **FIRSTHELP — FREE 24-HOUR NURSE ADVICE LINE:** Call **1-800-535-9700** anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.
- **CAREFIRST VIDEO VISIT:** See a doctor 24/7 without an appointment! You can consult with a board-certified doctor whenever you want on your smartphone, tablet, or computer. When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Video Visit is perfect when your primary care provider (PCP) isn't available. The cost for a video visit is the same as a visit to your PCP, and will never exceed \$49. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. Get started by registering at [www.carefirstvideovisit.com](http://www.carefirstvideovisit.com).
- **CONVENIENCE CARE CENTERS (RETAIL HEALTH CLINICS):** These are typically located inside a pharmacy or retail store (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic) and offer extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.
- **URGENT CARE CENTERS:** (e.g., Patient First or ExpressCare) have doctors on staff for more severe illnesses or injuries when you need care after hours.
- **EMERGENCY ROOM (ER):** An ER provides treatment for acute illnesses and trauma. Call 911 or go straight to the ER if you have a life-threatening injury, illness, or emergency.

NOTE: The information provided herein regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.



# HEALTH SAVINGS ACCOUNT (HSA)

Available only to associates who enroll in the CareFirst Gold Plan.

A Health Savings Account (HSA) is a tax-advantaged savings account that can be used for qualified expenses for you and your dependents today, or can help you save for future expenses.

## Funding your HSA

You can set up an automatic per pay deposit to fund your HSA on a regular basis without any hassle. Your contributions will be deducted pre-tax from each pay and deposited into your HSA.

The IRS establishes a limit that you can contribute per year. The limits are based on whether you have the Individual or Family coverage under the qualifying medical plan, and they include contributions made by Asbury. Limits for the 2021 tax year are below:

	2021 HSA Limits Set by the IRS	Asbury HSA Contribution	Employee 2021 HSA Contribution Limit
Individual	\$3,600	\$500	\$3,100
Family	\$7,200	\$1,000	\$6,200

Individuals over age 55 may make an additional “catch-up” contribution of \$1,000.

**PLEASE NOTE:** The limits are based on a calendar year per IRS regulation. If you have questions regarding how your contributions will impact your individual tax situation, please consult a tax professional.

## Access HSA Information:

Access account balances, HSA calculators, as well as log in for personalized access to manage your account at [www.discoverybenefits.com](http://www.discoverybenefits.com).

You can also call customer service toll-free at **1-866-451-3399**.

### Reasons to Love a Health Savings Account (HSA)

- Triple Tax Savings
  - You can contribute to your HSA using tax-free dollars.
  - You can use the money in your HSA to pay for qualified expenses with tax-free money.
  - Money in the account accumulates year over year, and earns interest that is tax-free!
- You decide how and when to use the funds in your account; you can use the funds to pay for your qualified expenses or save them for future health care costs.
- The account may be used to build funds for retirement. Once you reach age 65, you can withdraw the money for non-medical reasons without a penalty.
- Your account is owned by you, which means you take it with you if you leave, resign, or retire from the company.
- Increased earning potential with investments—once your HSA balance reaches \$1,000, you may invest your funds for increased earning potential that is also tax-free.



# FLEXIBLE SPENDING ACCOUNTS (FSA)

## Medical FSA

Even though your benefits cover many of your health care expenses, you may need to pay some costs out-of-pocket. You can contribute up to \$2,750 each year to the Medical FSA to pay for copays, deductibles, and coinsurance related to your or your dependents' out-of-pocket medical, dental, vision, or prescription drug costs. The money can be used for your expenses or for expenses for your tax dependents — even if they are not enrolled in the Asbury medical, dental, or vision plans.

The full amount you elect to contribute to your Medical FSA is available in your account on the first day of the plan year. Your contributions will be deducted from your paycheck evenly over the plan year.

## Dependent Care FSA

Contributing to a Dependent Care FSA allows you to use tax-free money to pay for dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. You may set aside up to \$5,000 annually in pre-tax dollars, or \$2,500 if you are married and file taxes separately from your spouse. When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

Manage your FSA online at [www.discoverybenefits.com](https://www.discoverybenefits.com). You can also call customer service toll-free at 1-866-451-3399.

### Do I need to enroll each year?

In order to participate in the FSA, you must enroll each plan year. Your annual contribution stays in effect during the entire plan year.

### Will I lose my money if I don't use it in a year?

When you choose how much to contribute to an FSA, be sure to estimate your expenses carefully. These elections are subject to the IRS "use it or lose it" rule.

Eligible expenses include: Your out-of-pocket costs for doctor visit copays, prescription drugs, prescription eyeglasses, dental copays and deductibles, braces, contacts, hearing aids, and much more. For a list of eligible expenses, please visit the Discovery Benefits website at <https://www.discoverybenefits.com/employees/eligible-expenses>.

**NOTE:** you are not eligible to enroll in the Medical FSA if you elect the CareFirst Gold Plan option.

### The Discovery Benefits Debit Card — a quick, easy way to pay

This is what your new debit card will look like.

We encourage you to use your Discovery Benefits Debit Card to pay for expenses and services at eligible locations, such as the doctor's office or pharmacy. As always, save itemized receipts, bills, or statements any time the debit card is used.





# VSP VISION

You have the option to enroll in a Vision plan administered by VSP. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to VSP for reimbursement.

Plan Features	In-Network YOU PAY	Out-of-Network Plan Reimbursement
<b>Network</b>	Choice	N/A
<b>Eye Exam</b> (Once every plan year)	\$10 copay	Up to \$45
<b>Eyeglass Frames</b> (Once every plan year)	\$25 copay; \$150 allowance for a wide selection of frames, \$170 allowance for featured frame brands, \$80 Costco frame allowance	Up to \$70
<b>Lenses</b> (Once every plan year)		
Single Vision	\$25 copay	\$30
Bifocal	\$25 copay	\$50
Trifocal	\$25 copay	\$65
<b>Contact Lenses</b> —in lieu of glasses (Once every plan year)	No copay; \$200 allowance Fitting and evaluation: up to \$60	Up to \$105

This chart is intended for comparison purposes only. If there are any discrepancies, the plan description will govern. The plan description can be accessed on the Associate Resources webpage at [www.asbury.org/associate-resources](http://www.asbury.org/associate-resources) or on the Associate app in the Open Enrollment section.

## Per pay rates based on 26 pays per year

	Total Cost (Per Pay)	Asbury Pays (Per Pay)	You Pay (Per Pay)
Associate Only	\$2.35	\$1.40	<b>\$0.95</b>
Associate+ Spouse/ Domestic Partner	\$4.69	\$2.81	<b>\$1.88</b>
Associate + Child(ren)	\$5.02	\$3.01	<b>\$2.01</b>
Family	\$8.04	\$4.83	<b>\$3.21</b>

## Did you know your eyes can tell an eye care provider a lot about you?

Routine eye exams are essential to preserve your vision and safeguard your eye health. Vision insurance can make routine eye care more affordable, especially if you are among the majority of people who wear prescription eyeglasses or contact lenses.

In addition to a vision screening, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

## Need to locate a participating, in-network provider?

To locate a provider, call VSP at 1-800-877-7195 or visit the VSP website at [www.vsp.com](http://www.vsp.com). When researching providers online, choose the "Choice" network.

Enjoy Exclusive Member Extras from VSP. View offers at [www.vsp.com/specialoffers](http://www.vsp.com/specialoffers).



# DELTA DENTAL OF PA

You have the choice between two dental plans administered by Delta Dental. You can see any dentist you want; however, using in-network dentists will save you money by allowing you to share in the pre-negotiated discounted fees charged by the network providers. If you receive services out-of-network, you will pay higher out-of-pocket costs and be balance billed by that provider.

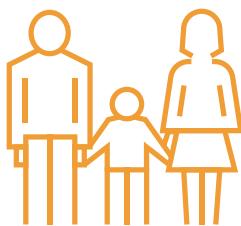
Plan Features	Basic Option		High Option	
	In-Network YOU PAY	Out-of-Network YOU PAY*	In-Network YOU PAY	Out-of-Network YOU PAY*
<b>Network</b>  <b>Annual Deductible</b> (Per Plan Year) Applies to Basic & Major services only	Delta Dental PPO	N/A	Delta Dental PPO	N/A
<b>Annual Benefit Maximum</b> (Per Plan Year) Applies to Basic & Major services only	\$25 Individual/ \$75 Family		\$50 Individual/ \$150 Family	
<b>Preventive Care</b> Oral exams, cleanings, x-rays, fluoride treatment, sealants	No charge	10%	No charge	10%
<b>Basic Services</b> Fillings, simple extractions, and minor surgical procedures	30% after deductible	40% after deductible	20% after deductible	30% after deductible
<b>Endodontics/Periodontal</b> Endodontics (root canal), periodontal scaling and root planing	Not covered	Not covered	20% after deductible	30% after deductible
<b>Major Services</b> Crowns, inlays, onlays, dentures, bridges	Not covered	Not covered	50% after deductible	60% after deductible
<b>Orthodontia Adults and children</b> \$2,000 lifetime maximum per person	Not covered	Not covered	50%	50%

This chart is intended for comparison purposes only. If there are any discrepancies, the plan description will govern. The plan description can be accessed on the Associate Resources webpage at [www.asbury.org/associate-resources](http://www.asbury.org/associate-resources) or on the Associate app in the Open Enrollment section.

\*Non-participating (out-of-network) dentists may balance bill you for their charges that exceed the Delta Dental payment.

## Per pay rates based on 26 pays per year

	Total Cost (Per Pay)	Asbury Pays (Per Pay)	You Pay (Per Pay)
<b>Dental—Basic Option</b>			
Associate Only	\$8.26	\$6.49	<b>\$ 1.77</b>
Associate + Spouse/Domestic Partner	\$16.52	\$10.56	<b>\$5.97</b>
Associate + Child(ren)	\$16.03	\$10.35	<b>\$5.68</b>
Family	\$25.86	\$16.38	<b>\$9.48</b>
<b>Dental—High Option</b>			
Associate Only	\$11.07	\$8.35	<b>\$2.72</b>
Associate + Spouse/Domestic Partner	\$22.15	\$12.71	<b>\$9.44</b>
Associate + Child(ren)	\$30.00	\$21.01	<b>\$8.99</b>
Family	\$44.84	\$30.24	<b>\$14.60</b>



# LIFE AND AD&D INSURANCE

Financial protection for you and your family in the event of your death. Some coverage is provided to you automatically at no cost; additional voluntary coverage is available to purchase based on your needs.

## Core Life and AD&D Insurance

### Company-Paid Benefit

- Class 1 (Associates whose work status is at least 60 hours per pay period): 1 times your base salary (rounded to the nearest \$1,000), up to a maximum of \$500,000. (Please note that coverage over \$50,000 is considered taxable imputed income.)
- Class 2 (Associates whose work status is between 30 and 59 hours per pay period): \$10,000 benefit.

Evidence of good health is not required. Benefits are subject to a reduction schedule, and reduce by 35% at age 70 and 50% at age 75 due to insurance company guidelines

**Put your loved ones first – don't forget to enter your beneficiary designations in Kronos Benefits Center.**



# Associate-Paid Supplemental Life Insurance

For associates whose work status is at least 60 hours per pay period. Supplemental Life Insurance coverage is available through Prudential; participation is voluntary, and you pay 100% of the cost.

You must elect coverage for yourself in order to purchase coverage for your spouse and/or dependent children.

## For you

- Increments of \$10,000, up to a maximum of \$500,000 or 5 times your annual salary, whichever is less.
- Associates are able to elect coverage up to the the Guaranteed Issue (GI) amount, \$200,000, without Evidence of Insurability (EOI). Any elections amount greater than the GI will require EOI.

## For your spouse

- Increments of \$5,000, up to 50% of your elected Voluntary Life amount. The amount of Spousal Life Insurance cannot exceed \$250,000.  
You must elect Voluntary Life Insurance for yourself in order to elect coverage for your eligible spouse.
- Associates are able to elect coverage up to the the Guaranteed Issue (GI) amount, \$150,000, without Evidence of Insurability (EOI). Any elections amount greater than the GI will require EOI.

Benefits for you and your spouse are subject to a reduction schedule, and reduce by 35% at age 70 and 50% at age 75 due to insurance company guidelines.

## For your children

- \$10,000 benefit (If death occurs before age 14 days there is no benefit. If death occurs age 14 days to 6 months, the maximum benefit received is \$100.)
- Eligible dependent children must be age 6 months to 18 years (up to age 23 if unmarried and a full-time student). You must elect Voluntary Life Insurance for yourself in order to elect coverage for your eligible dependent children.
- Evidence of Insurability is not required for child life insurance

Age	Supplemental Life Insurance Rates Per Pay per \$1,000
<35	\$0.0415
35-39	\$0.0600
40-44	\$0.0969
45-49	\$0.0969
50-54	\$0.2585
55-59	\$0.4662
60-64	\$1.0615
65-69	\$1.8231
70+	\$3.3646
Child (\$10,000 benefit)	\$0.9231

**Please remember that this is a true open enrollment!**

If you didn't elect coverage when first hired, you will now have the opportunity to enroll during this open enrollment window.



# DISABILITY INSURANCE

Asbury provides short-term and long-term disability options that help provide financial security for you and your family if you become sick or injured and unable to work. If you are an eligible associate, disability benefits are provided at no cost to you through Prudential.

## Short-Term Disability — Exempt (Employer Paid)

Full-time exempt associates whose work status is at least 60 hours per pay period

- 100% of your base salary
- Benefit payments begin on the 1st day of an accident or after 7 days due to an illness and can last for up to 26 weeks.

## Short-Term Disability — RN/LPN (Employer Paid)

### Company-Paid Benefit

Full-time non-exempt RNs and LPNs whose work status is at least 60 hours per pay

- 66.67% of your base salary up to a maximum of \$4,500 per week.
- Benefit payments begin on the 1st day of an accident or after 7 days due to an illness and can last for up to 180 days.

## Long-Term Disability — Exempt (Employer Paid)

### Company-Paid Benefit

Exempt Associates whose work status is at least 60 hours per pay period.

- 60% of your base salary up to a maximum of \$15,000 per month.
- Benefits begin after you have been continuously disabled for 180 days.
- As long as you remain disabled, benefits will continue up to the later of your Social Security Normal Retirement Age or the duration schedule found in the Certificate of Coverage.
- Pre-existing condition limitations apply.

Long-Term Disability payments are not payable or a disability caused by a pre-existing condition, which is an injury or illness or which you have consulted a doctor or received treatment during 90 consecutive days prior to the effective date of coverage. If you have a pre-existing condition, there is a 12-month waiting period before benefits for that condition will become payable. A condition will no longer be considered pre-existing if it causes a disability after you have been enrolled in the Long-Term Disability plan for at least 12 consecutive months.

# Associate-Paid Disability Insurance

For Associates not eligible for the company-paid Disability Insurance, and whose work status is at least 60 hours per pay period.

If you are not eligible for the company-paid Disability Insurance, you have the option to purchase voluntary Short-Term and Long-Term Disability coverage through Prudential. If you do not enroll when you are first eligible, Evidence of Insurability will be required.

## Voluntary Short-Term Disability (STD)

- 60% of your weekly earnings up to a maximum of \$1,000 per week to cover you in the event you are unable to work due to a qualified injury or illness.
- Benefit payments begin on the 1st day of an accident or after 7 days due to an illness, and can last for up to 180 days.
- The Voluntary STD has a pre-existing condition limitation that applies to conditions for which an employee receives medical services within 6 months of the effective date of coverage. For any disability that results from, or is caused or contributed to by, a pre-existing condition, benefits will only be payable for up to 4 weeks. A condition will no longer be considered pre-existing if it causes a disability after you have been enrolled in the STD plan for at least 12 consecutive months or until the employee has been covered for 6 consecutive months with no medical care for the condition.
- Please note this has changed to a flat percentage from the \$100 increments between \$100-\$1,000.

## Voluntary Long-Term Disability (LTD)

- 50% of your monthly salary up to a maximum of \$6,000 per month.
- Benefit payments begin after 180 days of continuous disability, and benefits will continue for a maximum of 5 years as long as you are disabled prior to age 61.
- If you become disabled after age 61, the duration of the benefit is dependent on your age at the time of disability. For more information, please refer to the Schedule of Insurance section in the certificate.
- The Voluntary LTD pre-existing condition limitation applies to conditions for which an employee receives medical services within 6 months of the effective date of coverage. No benefits are payable for a disability resulting from such a condition until the employee has been covered for 6 consecutive months with no medical care for the condition, or until the employee has been covered for 12 consecutive months.

Please remember  
that this is a true  
open enrollment!

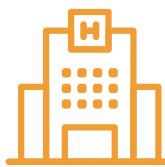
If you didn't elect coverage when first hired, you will now have the opportunity to enroll during this open enrollment window.

## Voluntary STD

Age	Rates Per Pay Period per \$10
<25	\$0.1615
25-29	\$0.2077
30-34	\$0.2308
35-39	\$0.2668
40-44	\$0.4803
45-49	\$0.6938
50-54	\$0.9926
55-59	\$1.6117
60-64	\$2.5296
65-69	\$3.8957
70-74	\$5.9237
75+	\$5.9215

## Voluntary LTD

Age	Rates Per Pay Period per \$100 of Covered Payroll
<25	\$0.0554
25-29	\$0.0600
30-34	\$0.1338
35-39	\$0.1708
40-44	\$0.2031
45-49	\$0.3092
50-54	\$0.4200
55-59	\$0.6046
60-64	\$0.7108
65-69	\$0.8446
70+	\$0.8446



# HOSPITAL INDEMNITY INSURANCE

## Why is this coverage so valuable?

- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire, without having to answer new health questions. You'll be billed directly.
- Wellness Benefit: Based on your plan, this benefit can pay \$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 of coverage.

## How does it work?

Hospital Indemnity Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.

## What's included?

- \$1,000 for each covered hospital admission - once per year
- \$100 for each day of your covered hospital stay, up to 30 days per confinement

## Who can get coverage?

- You — If you're actively at work
- Your spouse — ages 18 and up
- Your children — Dependent children until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

## Bi-Weekly Rates

Bi-Weekly Rates	
Employee	\$7.45
Employee + Spouse	\$13.69
Employee + Child(ren)	\$10.70
Family	\$17.48

Prudential

877-367-7781

[www.prudential.com/  
mybenefits](http://www.prudential.com/mybenefits)



# Critical Illness Insurance

With Critical Illness Insurance, you will receive a lump-sum payment when a covered illness is diagnosed. You can use the payment any way you choose, to help cover day-to-day living expenses or any other expenses not covered by your medical plan. Pre-existing condition limitations will apply.

- Coverage available for both you and your dependents\*.
  - For you: \$10,000
  - For your spouse: 50% of your elected amount
  - For your dependent children: \$5,000
- The first time you're diagnosed with an illness from any of the three categories of covered conditions, you will be paid a lump-sum benefit that's 100% of your coverage amount.
- If you suffer from the same illness again later, or you're diagnosed with another illness in the same category, you will be paid a percentage of your benefit.

\*Policy age limit is 80. The coverage amount for each covered person will decrease by 50% on the policy anniversary date following the date you attain age 70.

## Premium Rates Per Pay

Rates are based on your age and tobacco status. You are considered a tobacco user if you use any tobacco or nicotine product.

### Non-Tobacco User

Issue Age	Employee	Employee + Spouse	Employee + Child(ren)	Family
<25	0.200	0.281	0.325	0.406
25-29	0.310	0.410	0.435	0.535
30-34	0.425	0.555	0.550	0.680
35-39	0.611	0.789	0.736	0.914
40-44	0.926	1.189	1.051	1.314
45-49	1.101	1.476	1.226	1.601
50-54	1.500	2.000	1.625	2.125
55-59	2.100	2.794	2.226	2.919
60-64	2.702	3.450	2.825	3.575
65-69	3.303	4.150	3.425	4.275
70-74	3.300	4.150	3.425	4.275
75-79	3.302	4.150	3.425	4.275

### Tobacco User

Issue Age	Employee	Employee + Spouse	Employee + Child(ren)	Family
<25	0.250	0.339	0.375	0.464
25-29	0.330	0.448	0.455	0.573
30-34	0.550	0.719	0.675	0.844
35-39	0.720	0.976	0.845	1.101
40-44	1.200	1.621	1.325	1.746
45-49	2.300	2.953	2.425	3.078
50-54	3.003	3.955	3.127	4.080
55-59	3.997	5.350	4.128	5.475
60-64	5.204	6.700	5.325	6.825
65-69	6.795	8.550	6.925	8.675
70-74	6.802	8.550	6.925	8.675
75-79	6.804	8.550	6.925	8.675



# Accident Insurance

With Accident Insurance, you will receive a lump-sum payment for a covered injury and related services. You can use the payment any way you choose, to help cover day-to-day living expenses or any other expenses not covered by your medical plan. No medical questions asked!

- Coverage available for both you and your dependents.
- Direct payment to you or to your beneficiary.

If you experience one of the covered accidental injuries or related services, you will be paid a lump-sum benefit (varies based on service)—organized sports are included.

## Premium Rates Per Pay

Rates are based on which coverage tier you select.

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$3.31	\$5.33	\$5.73	\$9.15

# CONTACTS

## CareFirst

### Medical

Group # 5801257  
Locate a Provider: 1-800-810-2583  
Customer Service: 1-800-628-8548  
[www.carefirst.com](http://www.carefirst.com)

### Prescription Drug Coverage

1-800-241-3371  
[www.carefirst.com/rx](http://www.carefirst.com/rx)

## VSP

### Vision

Group # 30082941  
1-800-877-7195  
[www.vsp.com](http://www.vsp.com)

## Delta Dental

### Dental

Group # 19326  
1-800-932-0783  
[www.deltadentalins.com](http://www.deltadentalins.com)

## Discovery Benefits

Health Savings Account  
Healthcare FSA  
Dependent Care FSA

1-866-451-3399  
[www.discoverybenefits.com](http://www.discoverybenefits.com)

## Prudential

Life and Disability Insurance  
Critical Illness Insurance  
Accident Insurance  
Hospital Indemnity Insurance

877-367-7781  
[www.prudential.cpom/mybenefits](http://www.prudential.cpom/mybenefits)



# GLOSSARY

**ALLOWED BENEFIT “AB”**—This is the amount that the insurance carrier has established for payment of covered services. When receiving services out-of-network, you are responsible for charges that exceed the allowed benefit.

**BLUECARD WORLDWIDE**—When you are a Blue Plan member, you take your healthcare benefits with you when you are abroad. Through the BlueCard Worldwide program, you have access to medical assistance services and doctors and hospitals in more than 200 countries and territories around the world.

**COINSURANCE**—The percentage of the charges that the member is financially responsible for. Coinsurance is often applied after you have met the deductible.

**COPAY**—The flat fee paid by the member when a medical service is received (such as \$20 for a Primary Care doctor’s visit or \$5 for a generic prescription at a retail pharmacy). In most cases, you are responsible for payment when services are received. Copays do not apply to the deductible.

**DEDUCTIBLE**—The dollar amount you must pay each year out-of-pocket before the plan will pay for certain eligible benefits.

**HEALTH SAVINGS ACCOUNT (HSA)**—A tax-advantaged savings account that you can use to pay for eligible expenses tax-free.

**HSA-QUALIFIED HEALTH PLAN**—The type of plan you need to enroll in to be eligible to contribute to a Health Savings Account (HSA).

**IN-NETWORK**—Preferred providers and facilities within the plan network that have agreed to negotiated rates. In-network providers generally charge you less than out-of-network providers.

**OUT-OF-POCKET MAXIMUM**—The maximum amount the member would have to pay in a plan year for eligible medical expenses. After reaching the Out-of-Pocket maximum, the plan pays 100% of the allowable charges for covered services in-network for the remainder of the plan year.

**PLAN YEAR/BENEFIT YEAR VS CALENDAR YEAR**—Plan Year/ Benefit Year is the annual period from August 1 through July 31. Calendar Year is the period of time from January 1 through December 31 of each year.

**PRE-CERTIFICATION**—Approval from your doctor to receive certain services. The medical carrier will not pay for these services unless approval is received. Examples include: hospitalization, surgery, home health care, hospice care, private duty nursing, and therapy services. In order to obtain pre-certification, your doctor should contact the insurance carrier.

**REASONABLE & CUSTOMARY CHARGES**—Reasonable & Customary (R&C) refers to the commonly charged or prevailing fees for services within a geographic area. A fee is considered to be reasonable if it falls within the parameters of the average or commonly charged fee for the particular service within that specific community.

# NOTES



## All elections must be made by Nov. 16, 2020!

The upcoming benefits plan year will run from January 1, 2021 through December 31, 2021. This will be an “active” OE through Kronos Benefits Center.

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

# Employee benefits

2021