



# 2023 Benefits Guide

Your Health & Wellness

Field



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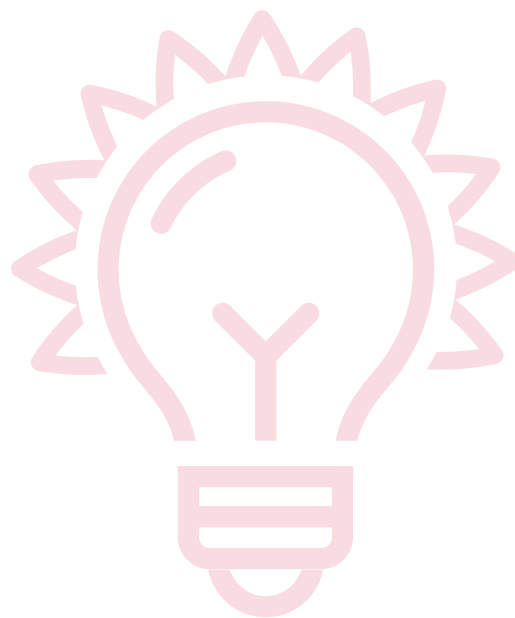
The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. © Copyright 2022 Marsh McLennan Agency LLC. All rights reserved.

# Welcome to Your 2023 Benefits!

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CLLA/Venus/Tierra X is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.



# Eligibility

If you are regularly scheduled to work at least 30 hours per week, you are eligible for the CLLA/Venus/Tierra X benefits program. For newly hired individuals, most of your benefits are effective the first day of the month following 60 days of employment. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse;
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

## Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your life and disability benefits end on your date of termination.

## Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, or vision unless you experience a Qualifying Life Event, such as marriage or the birth of a child. If you experience a Qualifying Life Event (examples below), you should contact Human Resources within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualifying Life Event).

<b>Qualifying Life Event</b>	<b>Possible Documentation Needed</b>
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

# How to Enroll

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If you are a new hire, you have 20 calendar days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

## **Before You Enroll**

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Be sure to complete beneficiary information for Life and AD&D benefits.

Contact Human Resources if you have questions.

# Medical

CLLA/Venus/Tierra X's medical coverage, through The Boon Group, Inc., provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

## How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescriptions** — You are responsible for the applicable copays.



## Before You Enroll

Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically pays more, which results in lower deductibles, coinsurance, and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting [www.firsthealthlbp.com](http://www.firsthealthlbp.com). If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.
4. Evaluate how your out-of-pocket expenses may fluctuate and consider adding accident or critical illness insurance to help offset your out-of-pocket medical costs.

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	<b>Smart MEC Plan</b>	<b>Smart MVP/Silver</b>
	First Health Network	First Health Network
	In-Network ONLY	In-Network
<b>Calendar Year Deductible</b>		
Individual	\$0	\$0
Family	\$0	\$0
<b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>		
Individual	\$0	\$3,150
Family	\$0	\$12,700
	You pay	You pay
Coinsurance	0%	0%
Preventive Care	\$0	\$0
Primary Care Physician	Not Covered	\$15
Specialist	Not Covered	\$25
Urgent Care	Not Covered	\$200
Emergency Room	Not Covered	\$400 daily benefit, 1 day max
Lab & X-ray	Not Covered	<sup>1</sup> \$50
Hospitalization	Not Covered	\$500 + 40% Max number of covered days: 10
Diagnostic Imaging (MRI/CT)	Not Covered	<sup>1</sup> CT Scans, PET Scans, MRI's: \$400
<b>Pharmacy</b>		
Rx Deductible	N/A	N/A
Rx Out-of-Pocket Max	N/A	Included in medical
<b>Retail Rx (up to 30-day supply)</b>		
Tier 1 – Generic	Preventative Care Meds covered at 100% as required by ACA	\$15
Tier 2 – Preferred Brand		\$25
Tier 3 – Non-Preferred Brand		\$75 (Specialty Excluded)
<b>Mail Order Rx (90-day supply)</b>	Not Covered	Not Covered
<b>Medical Weekly Payroll Deductions</b>		
Employee Only	\$0.00	\$62.79
Employee + Spouse	\$4.68	\$127.35
Employee + Child(ren)	\$5.94	\$109.86
Employee + Family	\$11.30	\$175.98

\*After Deductible

<sup>1</sup>Outpatient ONLY. The services are NOT COVERED if they are provided at a hospital.

# Dental

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

CLLA/Venus/Tierra X offers dental coverage through Sun Life Financial. For information on finding a dental provider using the Sun Life Dental Network, visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist).

## Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.





The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	<b>PPO Dental Plan</b>	
	Sun Life Dental Network	
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Individual		\$50
Family		\$150
<b>Calendar Year Benefit Maximum</b>		
Per Individual		\$2,000
		You pay
<b>Preventive Care</b>		
Exams, Cleanings, X-rays, Fluoride Treatments, Space Maintainers, Sealants		0%
<b>Basic Services</b>		
Fillings, Extractions		20%*
<b>Major Services</b>		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Oral Surgery, Endodontics, Periodontics		50%*
<b>Orthodontia</b>		
Adults & Children (up to 19th birthday)		Not Covered
<b>Dental Weekly Payroll Deductions</b>		
Employee Only		\$5.97
Employee + Spouse		\$12.15
Employee + Child(ren)		\$15.23
Employee + Family		\$21.43
<i>*After deductible</i>		

# Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

CLLA/Venus/Tierra X offers vision coverage through Sun Life Financial using the VSP network. For information on finding a vision provider, visit [www.vsp.com](http://www.vsp.com) and click on Find a Doctor.

	<b>Vision Plan</b>	
	In-Network	Out-of-Network
	You pay	Reimbursement
<b>Cost</b>		
Exam	\$10	Up to \$52
Materials	\$25	See Below
<b>Covered Services – Lenses</b>		
Single Lenses	\$25	Up to \$55
Bifocals	\$25	Up to \$75
Trifocals	\$25	Up to \$95
Frames	\$25 copay, \$130 allowance 20% off balance	Up to \$57
<b>Covered Services – Contacts in lieu of Frames/Lenses</b>		
Contacts – Medically Necessary	\$25	Up to \$210
Contacts – Elective	\$130 allowance 15% savings for your contact lens exam (fitting and evaluation)	Up to \$105
<b>Benefit Frequency</b>		
Exams	Once every 12 Months	
Lenses	Once every 12 Months	
Frames	Once every 12 Months	
Contacts (in lieu of lenses)	Once every 12 Months	
<b>Vision Weekly Payroll Deductions</b>		
Employee Only	\$2.12	
Employee + Spouse	\$4.23	
Employee + Child(ren)	\$4.66	
Employee + Family	\$6.78	

# Basic Life and Accidental Death & Dismemberment (AD&D)

Life insurance, provided by Sun Life Financial, pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

## Beneficiary Information

Situations often change, resulting in the need to update beneficiary information. You should review and update this information every year, or prior to retirement. Contact Human Resources for more information.

<b>Life / AD&amp;D Insurance - For You</b>	
	<b>Life and AD&amp;D</b>
Coverage Amount	\$15,000
Evidence of Insurability (EOI) / Proof of Good Health	Not required
Age Reduction Schedule	Benefits reduce by: 33% at age 65, 66% at age 70.

# Voluntary Life and Accidental Death & Dismemberment

Voluntary life and AD&D insurance allow you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. Voluntary life insurance for you and your dependents, also provided by Sun Life Financial, can help protect your family during difficult times.

Life / AD&D Insurance - For You and Your Dependents			
	Employee	Spouse	Child(ren) up to age 25
Coverage Amount	Increments of \$10,000 up to \$500,000 - not to exceed five times your salary	Increments of \$5,000 up to \$250,000 – not to exceed 50% of Employee coverage	\$1,000, \$5,000 or \$10,000
Guaranteed Issue (GI) (New Hires Only)	\$130,000	\$50,000	\$1,000, \$5,000 or \$10,000
Evidence of Insurability (EOI) / Proof of Good Health	Currently Enrolled: Increase by \$10,000 up to GI without EOI  Newly Eligible: Enroll up to GI without EOI	Currently Enrolled: EOI required for any increase  Newly Eligible: Enroll up to GI without EOI	Currently Enrolled: EOI required for any increase  Newly Eligible: Enroll up to GI without EOI

## Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you may need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Life / AD&D Weekly Rate per \$10,000 by Age (Spouse rate is based on Employee's age)			
<20	\$0.25	50-54	\$1.80
20-24	\$0.30	55-59	\$3.28
25-29	\$0.36	60-64	\$4.25
30-34	\$0.43	65-69	\$6.66
35-39	\$0.51	70-74	\$10.85
40-44	\$0.63	75-79	\$25.40
45-49	\$1.08	80+	\$25.40
<b>Employee and Spouse AD&amp;D Rate per \$1,000</b>	Included in listed rates	<b>Child Life and AD&amp;D rate per \$1,000/\$5,000/\$10,000</b>	\$0.05/\$0.26/\$0.52

# Voluntary Short-Term Disability

Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury. CLLA/Venus/Tierra X gives you the opportunity to enroll in Voluntary Short-Term Disability (STD) coverage through Sun Life Financial.

## Short-Term Disability Benefits at a Glance

Maximum Weekly Benefit	Choose a weekly benefit of \$100 - \$1,000 in any \$50 increment up to 60% of your weekly earnings.
Benefit Duration	11 weeks
Elimination Period	14 days
Pre-Existing Limitation	12/12*

\*Benefits may not be paid for any condition treated within 12 months prior to your effective date until you have been covered under this plan for 12 months.

## Voluntary STD Weekly Rate per \$100 by Age

<20	\$1.03	50-54	\$1.71
20-24	\$0.92	55-59	\$1.99
25-29	\$0.86	60-64	\$2.24
30-34	\$0.83	65-69	\$2.52
35-39	\$0.85	70-74	\$1.03
40-44	\$0.95	75-79	\$0.92
45-49	\$1.27	80+	\$0.92

## Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within 12 months of the effective date of your insurance plan.

## Evidence of Insurability

If you decline coverage when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (EOI) — proof of good health — may be required before coverage is approved.

A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.

# Supplemental Benefits

Just like it sounds, supplemental benefits plans such as accident and critical illness insurance can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

## Before You Enroll

Consider this:

1. What would happen if you had an accident or became seriously ill and became unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

## Accident

Accident coverage, through Sun Life Financial, is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

### Sample of Eligible Expenses

 <b>Emergency Room Visits</b>	 <b>Hospital Stays</b>
 <b>Medical Exams</b> – Including major diagnostic exams	 <b>Physical Therapy</b>
 <b>Fractures and Dislocations</b>	 <b>Transportation and Lodging</b> – if you are away from home when the accident happens

Contact Human Resources for a full list of covered accidents.

### Accident Weekly Payroll Deductions

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$4.10	\$6.20	\$6.53	\$8.63

## Critical Illness Insurance

Critical illness coverage, through Sun Life Financial, provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness to help offset the unexpected associated costs. The plan will pay regardless of any other insurance. Critical illness coverage is **not** medical insurance.

Benefit Amounts	
<b>Employee</b>	\$5,000 to \$20,000 in \$5,000 increments
<b>Spouse</b>	\$2,500 to \$10,000 in \$2,500 increments – not to exceed 50% of Employee coverage
<b>Children</b>	\$2,500 to \$5,000 in \$2,500 increments – not to exceed 50% of Employee coverage
Note: Employees: Your benefit amount is reduced to 50% at age 70. Spouse & Child(ren): The benefit may be reduced when the employee benefit amount is reduced.	
<b>Contact Human Resources for a full list of covered illnesses and cost of coverage.</b>	



# Important Contacts

Coverage	Administrator	Phone	Email / Website
<b>Human Resources</b>	Chris Mummert	817-477-2050	<a href="mailto:cmummert@venusconstruction.com">cmummert@venusconstruction.com</a>
<b>Medical</b>	The Boon Group, Inc.	866-831-0847	<a href="http://www.boongroup.com">www.boongroup.com</a>
<b>Dental</b>	Sun Life Financial	800-442-7742	<a href="http://www.sunlife.com">www.sunlife.com</a>
<b>Vision</b>	Sun Life Financial	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Life and AD&amp;D</b>	Sun Life Financial	800-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>
<b>Disability</b>	Sun Life Financial	800-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>
<b>Accident Insurance</b>	Sun Life Financial	800-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>
<b>Critical Illness Insurance</b>	Sun Life Financial	800-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>



# Glossary

**Allowed Amount:** Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

**Annual Maximum Benefit:** A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

**Balance Billing:** When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

**Coinsurance:** The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

**Copayment (copay):** A fixed amount (\$20, for example) you pay for a covered health care service. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

**Deductible:** The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

**Guarantee Issue Amount:** The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount, you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

**In-Network:** Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

**Out-of-Network:** Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

**Out-of-Pocket Maximum:** The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

**Prescription Drug Formulary:** A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

**Prior Authorization:** Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

**Preventive Care:** Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

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