



EMPLOYEE BENEFITS OVERVIEW

January 1, 2023 through December 31, 2023

A photograph of a family of four (a man, a woman, and two children) sitting in a field of tall grass. A black dog is in the foreground, looking at the camera with its tongue out. The background is slightly blurred, showing trees and a clear sky.

- MEDICAL
- DENTAL
- VISION
- GROUP LIFE & AD&D
- VOLUNTARY LIFE
- FSA
- VOLUNTARY WORKSITE BENEFITS

Benefits overview intended for summary purposes only.



The health of our employees is a priority and we recognize the importance of providing quality benefits as part of our overall compensation package. This Employee Benefits Overview (EBO) is provided as a convenient reference document of your benefit options. Please refer to the carrier's Summary of Benefits and Coverage (SBC) and/or Certificate of Coverage

for detailed descriptions of all available employee benefit programs and exclusions. If you require further explanation or need assistance regarding claims processing, please refer to the customer service telephone numbers at the back of this guide.

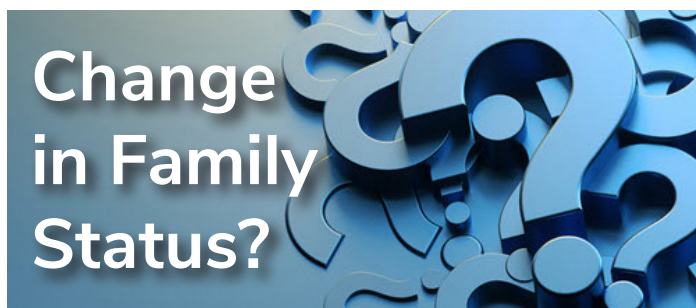
Eligibility & Change in Family Status

Medical benefits are effective following 30 days after your date of hire and coverage is available for you, your spouse and/or dependent child(ren). Dependent child(ren) are eligible for coverage up to age 26 for medical, dental and vision benefits.

We have adopted an IRS-sponsored Section 125 Plan that allows premiums for medical, dental, vision insurance, contributions to FSA accounts and/or certain supplemental policies to be deducted from your paycheck on a pre-tax basis. Under Section 125, changes to pre-tax benefits can be made **ONLY** during the Open Enrollment period unless you or a qualified dependent experience a change in family status (or Qualifying Event). Examples of Qualifying Events are as follows:

- Marriage/Divorce/Legal Separation
- Birth/adoption or placement of a child for adoption
- Death
- Loss of coverage (for you or dependents)/loss of eligibility status for dependents

It is your responsibility to notify Human Resources within 30 days of a Qualified Event if you want to add or remove a dependent from your benefit plans. The effective date will be the same day as the status change (for example, your newborn's birth date or date of marriage).



dr. on demand

See a doctor 24/7 on your smartphone, tablet, or computer.

Doctor on Demand is a convenient way to interact with a Board-Certified Doctor via live, two-way video on your computer or mobile device 24 hours a day/7 days a week! Doctors can ePrescribe to your local pharmacy, as needed.

The cost for an online doctor visit is the same as the copay for an office visit under your PPO medical plan and less than a retail clinic visit on your HSA medical plan.

Doctor on Demand also offers Behavioral Health Services by appointment for the same cost as an in-office Behavioral Health visit. Behavioral Health professionals can help with depression, stress, anxiety, trauma, and other non-emergency behavioral health concerns.

Download the Doctor On Demand App today!



Your medical coverage is designed to help promote good health and protect you and your family from major financial hardships in the event of illness or injury. Humana is your health insurance carrier. See chart below for medical summary.

Medical Benefits Summary



In-Network Benefits	Humana PPO Plan
Calendar Year Annual Deductible	\$1,000 individual \$2,000 family
Coinsurance (Plan / Member)	80% / 20%
Medical Maximum Out-of-Pocket (includes deductible, medical and pharmacy copays and coinsurance)	\$6,500 individual \$13,000 family
Aggregated or Embedded Accumulators	Embedded
Benefit Overview	Member Cost Share
Primary Care Office Visit	\$25 Copay
Specialist Office Visit	\$50 Copay
Preventive Care	No Charge
Telemedicine - Dr. On Demand	\$25 Copay
Emergency Room	\$350 Copay
Urgent Care Center	\$75 Copay
Inpatient Facility Services	Deductible then 20%
Outpatient Services	Deductible then 20%
Rx Drug Copay (30-day supply)	\$15 / \$30 / \$50
Specialty Rx Copay (30-day supply)	25%
Mail Order Copay (90-day supply)	\$30 / \$60 / \$100
Specialty Mail Order (90-day supply)	35%

The above references in-network benefits only; for out of network benefits see full benefit summary.

Medical Payroll Deductions - 24 Pay Periods

	Standard Payroll Deductions	Payroll Deductions with Go365 Discount
Employee	\$25.00	\$0.00
Employee + Spouse	\$184.87	\$159.87
Employee + Child(ren)	\$176.69	\$151.69
Family	\$261.25	\$236.25

You will qualify for \$50.00 per month premium discount if you participate in the Humana Go365 program. To get started, simply download the Go365 app or visit Go365.com and access your secure, password-protected Go365 account and program.

PPO Medical Benefits Definitions

The information below provides key definitions and a review of your PPO medical benefits. The benefit summary grid will outline your out-of-pocket expenses and the benefit period specific to your plan.

PPO MEDICAL PLAN

- **Copays** are flat dollar amounts listed on your Benefit Summary for certain services. Typically, copays apply to physician office visits and prescriptions.
- When you use services such as MRIs, CT Scans, lab work, hospitalization, or surgeries you must meet the **deductible** as indicated on your plan. **Copays do not apply to your deductible.**
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after your deductible has been met.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay, during a benefit period, and includes all deductible, copay, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum is met, services are covered in full by the plan for the entire family until the end of the benefit period.

Take Advantage of Preventive Care Benefits

Preventive care is covered in full when performed in a preventive capacity by an in-network provider. The types of tests or procedures typically covered as preventive may include mammograms, pap smears, prostate specific antigen (PSA) tests, colonoscopies, and preventive screenings for newborns and children. Some testing may have age or gender requirements.

Examples of Preventive Care



Flu Shot

Can help prevent the flu



Colonoscopy

Can help prevent colon cancer, or find it in the early stages when it's more treatable



Mammograms

Can help prevent breast cancer, or find it in the early stages when it's more treatable



Annual checkup

Can help prevent health problems such as diabetes and high cholesterol before they start or get worse



Healthcare Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) offer you the opportunity to payroll deduct some of your income on a **pre-tax basis** to pay for certain healthcare expenses that may not be covered as part of your benefit plans. In addition to the pre-tax savings benefit, your total election amount will be available at the beginning of the plan year! You will “pay back” the program with future paycheck deductions.

Healthcare Flexible Spending Account Details

Annual Contribution Limits (limits subject to change)	Up to \$2,400
Medical FSA (Available with PPO Plans or stand-alone)	Qualified Expenses: Medical, Dental, Vision, Pharmacy, Over-the-Counter Medications
Debit Card Included	Yes
Plan Year	January – December
Extension period to file claims from previous plan year	90 days
Rollover Provision?	Up to \$500

The Dependent Care Account (for use with either medical plan or stand-alone)

This account allows you to payroll deduct **tax-free dollars** to fund the daycare of children under the age of 13, or a disabled spouse, child, or parent. This account can be used for daycare, preschool, after school care, summer day camp or elder care.

The annual maximum contribution is \$5,000 for individuals or married couples filing jointly, or \$2,500 for married individuals filing separately. Married couples have a combined \$5,000 limit, even if each has access to a separate dependent care FSA. This account can only be used as the money accumulates from your paycheck and must be spent by the end of the Plan Year or may be forfeited. Please refer to plan policy for specific details regarding rollover allowances or extension periods.

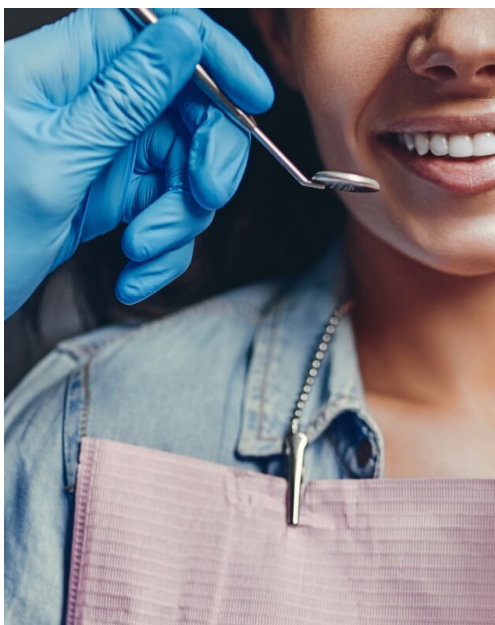


Good dental care is a crucial part of your overall physical health because other systems can be affected by your oral health. We offer comprehensive dental coverage through Guardian's nationwide **DentalGuard Preferred Network**. Benefits are effective the first of the month following 30 days of employment. To find a dentist in the PPO Network, contact Guardian (contact info at back of this booklet). The plan summary is shown here, but for additional details, please refer to your plan certificate located within Guardian's online portal.

Choosing a Dentist

When you choose an in-network dentist, Guardian's negotiated rates can save you up to 35% off dentists' typical charges. Members who visit an in-network dentist will not be charged more than the contracted rate even when the dentist's normal rate is higher. An added benefit of using an in-network dentist is you won't need to submit any claim forms. The in-network dentist submits all dental claim forms directly to Guardian on your behalf.

When you choose an out-of-network dentist, you may be charged their regular rates for services. Guardian will only pay a standard amount, calculated according to the requirements of your state. You will be responsible for the difference.



Dental Benefits Summary

In-Network Benefits	Guardian PPO Network
Calendar Year Annual Dental Deductible	\$0 individual \$0 family
Dental Maximum Benefit Per Year (per member)	\$1,000
Orthodontia Lifetime Maximum (per dependent)	\$1,000
Covered Services	Member Cost Share
Diagnostic & Preventive Care <ul style="list-style-type: none"> - Cleanings (2 in 12 months) - Oral Exams - Fluoride Treatments (under age 19) - X-rays 	No member cost
Basic Services <ul style="list-style-type: none"> - Anesthesia - Fillings - Minor Restorative Services – fillings and crown repair - Periodontic Maintenance - Repair & Maintenance of Crowns, Bridges & Dentures - Simple Extractions 	40%
Major Services <ul style="list-style-type: none"> - Bridges and Dentures - Inlays, Onlays, Veneers - Perio Surgery - Root Canal - Scaling & Root Planing (per quadrant) - Single Crowns - Surgical Extractions 	50%
Maximum Rollover*	Yes
Rollover Threshold	\$500
Rollover Amount	\$250
Rollover In-network Amount	\$350
Rollover Account Limit	\$1,000
Orthodontia Services (deductible does not apply) - Braces	50%
Orthodontic Age Limit - Dependent children to the end of the month of age 26	
Dental Payroll Deductions - 24 Pay Periods	
Employee	\$11.07
Employee + One	\$22.68
Family	\$38.21

*Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Amount (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a claim paid (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Track your MRA by visiting the website included in the Contacts At-A-Glance section.

*The above references in-network benefits only. For a complete listing of covered and excluded benefits along with out-of-network benefits, please refer to your employer's Plan Certificate and/or Summary Plan Description.



Vision Benefits

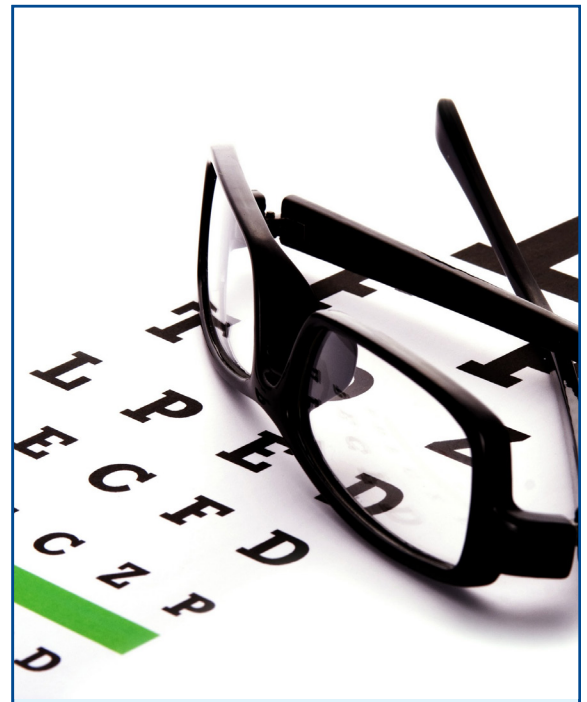
We are pleased to provide access to a comprehensive vision program through Guardian's nationwide **Davis Vision Network**. The amount you pay for vision services depends upon whether you visit a network or non-network provider. Benefits are effective the first of the month following 30 days of employment. To find a network provider, contact Guardian (contact info at back of this booklet). A brief description of benefits is provided here.

Vision Benefits Summary



In-Network Benefits	Davis Vision Network
Copays	
Exams	\$10 copay
Materials	\$10 copay
Service Frequency	
Exams	Every Calendar Year
Lenses (for glasses or contact lenses, not both)	Every Calendar Year
Frames	Every Two Calendar Years
Contact Lenses (for glasses or contact lenses, not both)	Every Calendar Year
Lens Coverage	
Single Vision Lenses	\$10 copay, then covered in full
Lined Bifocal Lenses	\$10 copay, then covered in full
Lined Trifocal Lenses	\$10 copay, then covered in full
Lenticular Lenses	\$10 copay, then covered in full
Frames	\$130 allowance, then 20% off remaining balance
Contact Lenses	
Elective and Conventional	\$130 allowance, then 15% off remaining balance
Planned Replacement and Disposable	\$130 allowance, then 15% off remaining balance
Medically Necessary	\$0
Vision Payroll Deductions - 24 Pay Periods	
Employee	\$4.39
Employee + One	\$7.67
Family	\$11.53

*The above references in-network benefits only. For a complete listing of covered and excluded benefits along with out-of-network benefits, please refer to your employer's Plan Certificate and/or Summary Plan Description.



PROTECT YOUR EYES

Every day, you can take simple steps to keep your eyes healthy. Use these tips to protect your eyes from things that can harm them:

- **Wear sunglasses.** Protect your eyes from the sun by wearing sunglasses - even on cloudy days! Be sure to look for sunglasses that block 99 to 100 percent of both UVA and UVB radiation.
- **Wear protective eyewear.** Safety glasses and goggles are designed to protect your eyes during certain activities, like playing sports, doing construction work, or doing home repairs. You can buy them from most eye care providers and some sporting goods stores. Get tips to protect your kids' eyes when they play sports
- **Give your eyes a rest.** Looking at a computer for a long time can tire out your eyes. Rest your eyes by taking a break every 20 minutes to look at something about 20 feet away for 20 seconds.
- **If you wear contacts, take steps to prevent eye infections.** Always wash your hands before you put your contact lenses in or take them out. Be sure to disinfect your contact lenses and replace them regularly.

National Eye Institute
www.nei.nih.gov



Employer-Paid Group Life and AD&D

Life insurance is a critical component of financial planning and is used to support your loved ones in the event of your death. Basic life insurance is employer-paid. This policy also includes Accidental Death & Dismemberment (AD&D). AD&D insurance provides benefits to you or your beneficiary if you suffer loss of life or limb due to an accident. AD&D is considered “double indemnity” which means that if your death is due to an accident, your beneficiary would receive double the life insurance benefit. Your policy may include benefit reductions based on specific ages, so please refer to the carrier’s policy for details.

Your basic life insurance policy is equal to \$10,000.



Voluntary Life*

You may also purchase additional life insurance for you, your spouse and child(ren) that would pay in addition to the basic group life policy we provide. Premiums are based on your age and the amount of insurance you want to purchase. The Guarantee Issue amount below is available upon initial eligibility without Evidence of Insurability (no medical questions required). Your policy may include benefit reductions based on specific ages, so please refer to the carrier’s policy for details.

	Employee	Spouse	Child(ren)
Voluntary Life Increments	\$10,000	\$5,000	\$1,000
Minimum Amount	\$10,000	\$5,000	\$1,000
Guarantee Issue Amount	\$100,000	\$30,000	All Amounts are GI
Maximum Amount	\$500,000	\$100,000	\$10,000

***Voluntary life election of employee is required to enroll spouse/child(ren) in additional coverage. Contact Human Resources with questions.**

- Spouse coverage cannot exceed 50% of employee's elected coverage.
- Child coverage cannot exceed 10% of employee's elected coverage.



Critical Illness

Critical Illness supplements your medical and disability income insurance. The lump sum benefit is paid upon initial diagnosis so you can offset upcoming expenses.



Voluntary Worksite Benefits

You have the option of purchasing the following voluntary worksite benefits that are designed to pay directly to you unless otherwise assigned. Please see Human Resources for more information and how to enroll.

Cancer

The Colonial Cancer plan pays cash benefits for Initial Diagnosis along with payments for additional treatments as they happen. You will be able to choose from four plan options that offer varying levels of coverage.

Whole Life

Whole Life insurance offers additional financial coverage that offers several advantages not featured in term life policies. For example, whole life insurance offers consistent coverage throughout the life of the policy, guaranteed level premiums, access to the policies cash value and generally tax-free benefits for beneficiaries.

Voluntary Term Life

Term Life policies provide a lower cost option when compared to cash value life insurance and offer several term period options for flexibility during high-need years.

Disability

Disability benefits are designed to provide partial income replacement in case you are unable to work due to an illness and/or injury.

Accident

Accident insurance offers peace of mind when an accident or injury occurs. The coverage can provide cash to cover unexpected expenses your health insurance may not cover. Coverage is available for you, your spouse, and eligible dependent children.

Contact Information At-A-Glance

 General Information		Betty Jo Readnower Human Resources Director Phone: 502-875-8751 ext. 1351 email: betty.readnower@franklincounty.ky.gov
		Vicki Webb Payroll & Benefits Administrator Phone: 502-875-8751 ext. 1324 email: vicki.webb@franklincounty.ky.gov
 Medical / Pharmacy Benefits		Customer Service: Refer to Medical ID Card www.humana.com
 Flexible Spending Account Administrator		Customer Service: 1-866-233-4377 www.mcgregoreba.com
 Dental Benefits		Customer Service: 1-800-627-4200 www.GuardianAnytime.com
 Vision Benefits		
 Employer-Paid Group Life and AD&D Benefits		
 Voluntary Life Benefits		
 Critical Illness		
 Voluntary Worksite Benefits		Margaret Terry Public Sector Area Manager Phone: 859-227-6309 email: margaret.terry@coloniallifesales.com
 Additional Assistance Claims, Billing, & Enrollment Resolution Benefit Planning Firm		Rose Taylor Client Service Concierge Phone: 859-255-9455 ext. 102 email: rose@bimgroup.us

The benefits overview is intended for summary purposes only. It is not to be relied upon for the determination of any policy benefits, limitations or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.



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