



# 2023

# Benefits Summary



## Medical Premiums – Anthem

	CORE	PREMIUM
<b>BI-WEEKLY CONTRIBUTIONS</b>		
EMPLOYEE ONLY	\$11.34	\$35.28
EMPLOYEE + SPOUSE	\$25.52	\$75.60
EMPLOYEE + CHILD(REN)	\$102.06	\$136.08
EMPLOYEE + FAMILY	\$113.40	\$173.88



## Medical Plan Summary – Anthem

	CORE		PREMIUM	
<b>DEDUCTIBLE</b>				
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
INDIVIDUAL	\$1,250	\$2,500	\$750	\$1,500
FAMILY	\$2,500	\$5,000	\$1,500	\$3,000
COINSURANCE (YOU PAY)	20%	40%	20%	40%
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)</b>				
INDIVIDUAL	\$3,750	\$7,500	\$3,000	\$6,000
FAMILY	\$7,500	\$15,000	\$6,000	\$12,000
<b>COPAYS/COINSURANCE</b>				
PREVENTIVE CARE	\$0	40%	\$0	40%
PRIMARY CARE	\$20	40%	\$20	40%
SPECIALIST SERVICES	\$40	40%	\$40	40%
URGENT CARE	\$50	40%	\$50	40%
HOSPITAL	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
DIAGNOSTIC CARE	20%	40%	20%	40%
EMERGENCY ROOM	\$250 + Deductible + 20%	\$250 + Deductible + 20%	\$250 + Deductible + 20%	\$250 + Deductible + 20%



# Pharmacy Benefits – Anthem

	CORE		PREMIUM	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>RETAIL RX (30-DAY SUPPLY)</b>				
GENERIC	\$10	50%	\$10	50%
PREFERRED	\$30	50%	\$30	50%
NON-PREFERRED	\$60	50%	\$60	50%
SPECIALTY DRUGS	25% to \$250	50%	25% to \$250	50%
<b>MAIL ORDER RX (90-DAY SUPPLY)</b>				
GENERIC	\$10	N/A	\$10	N/A
PREFERRED	\$75	N/A	\$75	N/A
NON-PREFERRED	\$180	N/A	\$180	N/A
SPECIALTY DRUGS	25% to \$250	N/A	25% to \$250	N/A



# Dental Benefits – Delta Dental

	LOW OPTION		HIGH OPTION	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
<b>BI-WEEKLY CONTRIBUTIONS</b>				
EMPLOYEE ONLY	\$5.11		\$9.04	
EMPLOYEE + SPOUSE	\$9.96		\$17.70	
EMPLOYEE + CHILD(REN)	\$15.95		\$25.93	
EMPLOYEE + FAMILY	\$20.80		\$34.61	
<b>DEDUCTIBLE</b>				
INDIVIDUAL	\$0	\$0	\$0	\$0
FAMILY	\$0	\$0	\$0	\$0
<b>MAXIMUM</b>				
PER PERSON	\$1,000	\$1,000	\$1,200	\$1,200
<b>COVERED SERVICES</b>				
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100%	100%	100%	100%
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	50%	50%	50%	50%
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	0%	0%	50%	50%
ORTHODONTICS Adults & Dependents	Not Covered		50%	
ORTHODONTIC LIFETIME MAXIMUM	Not Covered		\$1,200	



# Vision Benefits – EyeMed

EYEMED			
BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY		\$3.11	
EMPLOYEE + SPOUSE		\$5.24	
EMPLOYEE + CHILD(REN)		\$5.35	
EMPLOYEE + FAMILY		\$8.64	
		IN-NETWORK	OUT-OF-NETWORK
			FREQUENCY
EXAMS			
	COPAY	\$10; \$0 - PLUS Providers	Once every calendar year
		Up to \$40	
LENSES			
	SINGLE VISION	\$25	Once every calendar year
	BIFOCAL	\$25	
	TRIFOCAL	\$25	
	LENTICULAR	\$25	
		Up to \$30	
		Up to \$50	
		Up to \$70	
		Up to \$70	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
	FITTING AND EVALUATION	Up to \$40 - Standard 10% off retail price - Premium	Not covered
	ELECTIVE	\$150 allowance, 15% savings over allowance - Conventional \$150 allowance, 100% savings over allowance - Disposable	Up to \$105
	MEDICALLY NECESSARY	Covered in full	Up to \$300
			Once every calendar year
FRAMES			
	COPAY	\$0 copay	N/A
	ALLOWANCE	\$150 allowance; 20% savings over allowance \$200 allowance, 20% savings over allowance at PLUS Provider	Up to \$105
			Once every calendar year



# Flexible Spending Accounts

HEALTHCARE FLEXIBLE SPENDING ACCOUNT	A Healthcare FSA is designed so you can set aside pre-tax funds to pay for qualified medical expenses (deductibles, copays, coinsurance).	Up to \$3,050
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT	A Dependent Care FSA is designed so you can set aside pre-tax funds to pay for child or elder care expenses.	Up to \$5,000



# Life and AD&D Insurance

## BASIC EMPLOYEE LIFE/AD&D

COVERAGE AMOUNT	1X Annual Base Earnings
WHO PAYS	Flanders
MAXIMUM BENEFIT	\$50,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

## BASIC DEPENDENT LIFE

COVERAGE AMOUNT	Spouse: \$10,000; Child(ren): \$10,000
WHO PAYS	Flanders
MAXIMUM BENEFIT	Spouse: \$10,000; Child(ren): \$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

## VOLUNTARY EMPLOYEE LIFE

COVERAGE AMOUNT	\$150,000 or 1X, 2X, 3X, 4X, or 5X Annual Base Earnings
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Above \$150,000

## VOLUNTARY SPOUSE LIFE

COVERAGE AMOUNT	\$1,000 Increments up to 100% of Employee Amount
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Above \$50,000

## VOLUNTARY CHILD LIFE

COVERAGE AMOUNT	\$5,000 or \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$10,000

## VOLUNTARY EMPLOYEE AD&D

COVERAGE AMOUNT	1X, 2X, 3X, 4X, or 5X Annual Base Earnings
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000



# Income Protection

## Basic Short Term Disability (STD) Insurance

**Short Term Disability (STD) benefits are available at no cost.** STD insurance replaces 50% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details. Employees are eligible for Short Term Disability the first day of the month following 90 days of employment.

WEEKLY MAXIMUM BENEFIT	No Maximum
ELIMINATION PERIOD	10 working days
MAXIMUM BENEFIT PERIOD	90 days

## Basic Long Term Disability (LTD) Insurance

**Long Term Disability (LTD) benefits are available at no cost.** LTD insurance replaces 40% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$7,500
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

## Voluntary Long Term Disability (LTD) Insurance

**Long Term Disability (LTD) benefits are available for purchase on a voluntary basis.** LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$7,500
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.



# Additional Benefits

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

Our Employee Assistance Program (EAP) through Carebridge helps manage your and your family's total health, including mental, emotional and physical. This benefit comes at no cost to you — whether you're enrolled in a company-sponsored medical plan or not.



# Voluntary Benefits

ACCIDENT COVERAGE	Accident Coverage, available through Voya, provides benefits for you and your covered family members if you have expenses related to a non-occupational accidental injury. Health insurance helps with medical.
CRITICAL ILLNESS	Critical Illness coverage through Voya pays a lump-sum benefit if you are diagnosed with a covered disease or condition.
HOSPITAL INDEMNITY	Hospital Indemnity Coverage through Voya pays cash benefits directly to you if you have a covered stay in a hospital, critical care unit or rehabilitation facility.
PET INSURANCE	Pet insurance through ASPCA provides coverage for veterinary expenses related to accidents and illnesses, including X-rays, medications, vet visits, surgeries and hospital stays.
PREPAID LEGAL COVERAGE	LegalShield offers low-cost access to attorneys for a variety of personal legal services.
IDENTITY THEFT PROTECTION	Allstate Identity Protection offers a full set of features to help proactively protect you and your covered family members against identity theft.



# Retirement Planning

## PLAN AT A GLANCE

PLAN NAME	Flanders 401(k) Plan
RECORDKEEPER	Empower Annuity Insurance Company
WEBSITE	<a href="http://www.prudential.com/online/retirement">www.prudential.com/online/retirement</a>
ELIGIBILITY	First of the following month after 30 days of service
COMPANY MATCH	Check with Human Resources for information on company match

## VESTING SCHEDULE

YEARS OF SERVICE	PERCENTAGE VESTED
Less than 1 Year	0%
1 Year	20%
2 Years	40%
3 Years	60%
4 Years	80%
5 Years	100%



# Important Contacts

## MEDICAL

Anthem  
833-578-4441  
[www.anthem.com](http://www.anthem.com)  
Policy #: L00100

## VIRTUAL VISITS

Live Health Online  
[www.livehealthonline.com](http://www.livehealthonline.com)

## SUPPLEMENTAL HEALTH BENEFITS

Voya  
877-236-7564  
<https://presents.voya.com/EBRC/flanders>

## DENTAL

Delta Dental  
800-524-0149  
[www.deltadentalin.com](http://www.deltadentalin.com)  
Policy #: 10099

## VISION

EyeMed  
866-800-5457  
[EyeMed.com](http://EyeMed.com)

## FLEXIBLE SPENDING ACCOUNTS

TaxSaver Plan  
800-328-4337  
[csr@taxsaverplan.com](mailto:csr@taxsaverplan.com)  
[www.taxsaverplan.com](http://www.taxsaverplan.com)

## LIFE AND AD&D

New York Life  
888-842-4462  
[www.myNYLGBS.com](http://www.myNYLGBS.com)  
Policy Life #: FLX0964514  
Policy Accident #: OK0966102

## DISABILITY

New York Life  
888-842-4462  
[www.myNYLGBS.com](http://www.myNYLGBS.com)  
Policy #: FLK960618

## RETIREMENT

Empower  
800-944-8786  
[www.prudential.com/online/retirement](http://www.prudential.com/online/retirement)  
Policy #: 300378

## EMPLOYEE ASSISTANCE PROGRAM

Carebridge  
1-800-437-0911  
[MyLiferesource.com](http://MyLiferesource.com)  
Policy #: 7PFYR

## LEGAL

LegalShield  
888-807-0407  
[www.benefits.legalshield.com/flanders](http://www.benefits.legalshield.com/flanders)

## IDENTITY THEFT

Allstate Identity Protection  
800-789-2720  
[clientservices@infoarmor.com](mailto:clientservices@infoarmor.com)

## PET INSURANCE

ASPCA  
866-204-6764  
[www.aspcapetinsurance.com/Flanders](http://www.aspcapetinsurance.com/Flanders)

## FLANDERS HUMAN RESOURCES

8101 Baumgart  
Evansville, IN 47725  
812-867-7421