

# **Black Pearl Educational Services, LLC.**

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## **EMPLOYEE BENEFIT GUIDE**

July 1, 2023 - June 30, 2024

**WELCOME TO OPEN ENROLLMENT!**

*We appreciate  
your role in  
the success of our  
organization!*



**NOW IS YOUR OPPORTUNITY TO ENROLL OR MAKE CHANGES**

Please submit your plan elections through **Ease** by **June 21st, 2023.**

*Thank you!*

# Contact Information

Feel free to contact your carriers at any time throughout the year.

Benefit	Insurance Carrier	Phone #	Website
<b>Medical Insurance</b>	Priority Health	616.942.1221	<a href="http://www.priorityhealth.com">www.priorityhealth.com</a>
<b>Dental Insurance</b>	Beam	800.648.1179	<a href="https://beam.dental">https://beam.dental</a>
<b>Vision Insurance</b>	Beam	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Life Insurance</b>	UNUM	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>
<b>Long Term Disability</b>	UNUM	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>
<b>Short Term Disability</b>	Self-Funded	See HR Department	
<b>FLEXible Spending</b>	B.A.S.I.C.	800.444.1922 x1	<a href="http://www.bascionline.com">www.bascionline.com</a>
<b>Employee Connect</b> <i>(Employee Assist/Counseling Program &amp; more)</i>	UNUM	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>
<b>Critical Illness Insurance</b>	UNUM	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>
<b>Accident Insurance</b>	UNUM	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>

Benefit Admin System		
<b>Ease - Benefit Profiles</b>	Customer service/ Tech support	616.524.4990

**LEAVE REMINDER:** If during the year you have a need to apply for an **FMLA leave** or **Disability leave**, be sure to contact your Benefits Team at Weadock & Associates, to get processing started.

**First notify your supervisor**

**BENEFIT CHANGES:** Any changes to benefits throughout the year, **MUST be made within 30 days of the qualifying event (marriage, divorce, birth, death, loss of coverage, etc.)** Changes attempted outside of this timeframe will not be permitted and will have to wait until the annual open enrollment period.



## Benefits Agency

**Weadock & Associates LLC**  
*A Multiple Line Insurance Agency*  
 We Ask. We Listen. We Act.

### Website

[www.weadockandassociates.com](http://www.weadockandassociates.com)

### Phone

800.860.6343

616.464.0760

### Fax

616.464.0764

### Emails

[dpolak@weadockandassociates.com](mailto:dpolak@weadockandassociates.com)

[agei@weadockandassociates.com](mailto:agei@weadockandassociates.com)

Andrew Polak  
 Angela Goei

*We're here to assist you whether it's regarding an escalated claim issue or a general benefit question. Our team is ready to help!*




## Enrollment Guide at a Glance

1. Log in to Ease per the instructions you have received from your HR administrator or Broker. For optimal performance it is recommended that you use

Chrome  or Firefox  as your browser.

2. Click  to begin your enrollment.

3. Follow the prompts on each page to complete your benefit enrollment.


Click  to proceed to the next section.

4. Verify your personal information is correct and enter in any of your dependent information.

5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

6.  your benefit by selecting  or  for each plan.

Click  to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. 

8. Before you review your forms



Create your signature  
Start typing your full name as it appears below.

type your name.

THEN

Sign your signature



Create your signature  
Some carriers require an actual drawn signature. Please draw your signature in the box below.

and follow the prompts to finish.

9. If you have questions, reach out to your HR administrator or Broker.

# Monthly Defined Contribution

After reviewing numerous scenarios for maintaining quality benefits at low cost to employees, Black Pearl has chosen the following Defined Contribution method.

## What is a Defined Contribution?

A Defined Contribution is an employer established contribution to cover most or all of your medical plan premium. In many cases, there is money remaining for you to spend and apply to your Dental, Vision, Critical Illness, Accident and/or your FLEX account contributions. If you choose an H.S.A. Medical plan, you can use remaining dollars to contribute toward your H.S.A. account.

<b>DEFINED MONTHLY CONTRIBUTION</b>	
Single	\$455.00
Double	\$1,000.00
Family	\$1,245.00

**1st:** Choose your Medical Plan

**2nd:** Spend the balance of your leftover Defined Contribution dollars as you wish to best meet your family's needs.

Priority Health			MONTHLY DEFINED CONTRIBUTION	MONTHLY COST/SAVINGS	ANNUAL COST/SAVINGS	Percent available to Fund H.S.A. deductible
Medical Plans	Deductibles	Monthly Premium				
<b>WMP HMO 500 70% Copay Aligned Plan</b>						
Single	\$500.00	\$490.48	\$455.00	(\$35.48)	(\$425.76)	n/a
Double	\$1,000.00	\$1,079.06	\$1,000.00	(\$79.06)	(\$948.72)	n/a
Family	\$1,000.00	\$1,348.82	\$1,245.00	(\$103.82)	(\$1,245.84)	n/a
<b>WMP HMO 1000 70% Copay Aligned Plan</b>						
Single	\$1,000.00	\$463.48	\$455.00	(\$8.48)	(\$101.76)	n/a
Double	\$2,000.00	\$1,019.66	\$1,000.00	(\$19.66)	(\$235.92)	n/a
Family	\$2,000.00	\$1,274.57	\$1,245.00	(\$29.57)	(\$354.84)	n/a
<b>WMP HMO HSA 1500 70% Traditional</b>						
Single	\$1,500.00	\$345.95	\$455.00	\$109.05	\$1,308.60	87%
Double	\$3,000.00	\$761.09	\$1,000.00	\$238.91	\$2,866.92	96%
Family	\$3,000.00	\$951.36	\$1,245.00	\$293.64	\$3,523.68	117%
<b>WMP HMO HSA 3000 70% Traditional</b>						
Single	\$3,000.00	\$304.23	\$455.00	\$150.77	\$1,809.24	60%
Double	\$6,000.00	\$669.31	\$1,000.00	\$330.69	\$3,968.28	66%
Family	\$6,000.00	\$836.63	\$1,245.00	\$408.37	\$4,900.44	82%

These figures assume you choose to deposit the full amount of excess DC, after medical premium, into your H.S.A. account.

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

# Medical Benefits

After a thorough review of medical options for this year, Black Pearl has chosen to stay with Priority Health, with modified plan designs and continue offering a Defined Contribution.

## Choose 1 of 4 different Medical Plan Options

### HSA Limits

2023	2024
Single \$3,850	\$4,150
Family \$7,750	\$8,300



Plan changes are highlighted.

Benefits		WMP HMO 500 70% Copay Aligned	WMP HMO 1000 70% Copay Aligned	WMP HMO HSA 1500 70% Traditional	WMP HMO HSA 3000 70% Traditional
		In Network Tier 1	In Network Tier 1	In Network Tier 1	In Network Tier 1
<b>Deductible</b>	Individual	\$500	\$1,000	\$1,500	\$3,000
	Family	\$1,000	\$2,000	\$3,000	\$6,000
<b>Coinsurance</b>		70%	70%	70%	70%
<b>Coinsurance Max</b>	Individual	\$1,500	\$2,000	n/a	n/a
	Family	\$3,000	\$4,000	n/a	n/a
<b>Out of Pocket Max</b> (includes ded, coins & copays)	Individual	\$9,100	\$9,100	\$7,500	\$7,500
	Family	\$18,200	\$18,200	\$15,000	\$15,000
<b>Preventative Care Services</b> (Limits Apply)		100%	100%	100%	100%
<b>Prescription</b>	Tier 1	\$10	\$10	\$10 after ded	\$10 after ded
	Tier 2	\$40	\$40	\$40 after ded	\$40 after ded
	Tier 3	\$80	\$80	\$80 after ded	\$80 after ded
	Tier 4	20% to \$100	20% to \$100	20% to \$100 after ded	20% to \$100 after ded
	Tier 5	20% to \$200	20% to \$200	20% to \$200 after ded	20% to \$200 after ded
<b>Office Visits</b>		\$35	\$35	30% after ded	30% after ded
<b>Virtual 24/7 Visits</b>		Covered	Covered	\$45 copay	\$45 copay
<b>Specialist Visits</b>		\$50	\$50	30% after ded	30% after ded
<b>Urgent Care Visits</b>		\$75	\$75	30% after ded	30% after ded
<b>Rehab Services</b>	Chiro & Osteo	\$25	\$25	30% after ded	30% after ded
	PT, OT, ST	\$25	\$25	30% after ded	30% after ded
<b>Advanced Imaging</b>		\$150	\$150	30% after ded	30% after ded
<b>Diagnostic Tests &amp; Xrays</b>		30% after ded	30% after ded	30% after ded	30% after ded
<b>Durable Medical Equipment</b>		50% after ded	50% after ded	50% after ded	50% after ded
<b>Hospital Services</b>		30% after ded	30% after ded	30% after ded	30% after ded
<b>Emergency Room Copay</b>		\$150	\$150	30% after ded	30% after ded
<b>Ambulance Coverage</b>		\$150	\$150	30% after ded	30% after ded
		<b>Diabetic Supplies Rider!</b>			

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# West MI Partners tiered network plan

Our West MI Partners plan offers one of our lowest monthly premiums and gives you access to care at some of the nation's top hospital systems. Because this is a tiered network plan, you'll pay different deductibles and out-of-pocket costs for the same services performed by different tiers of providers.

It's to your advantage to receive care through a Tier 1 provider. Tier 1 providers offer high-quality care at a lower cost. Care outside of Tier 1, offers similar quality, but at a higher cost\*.

## **Tier 1 providers**

Our Tier 1 health systems meet our rigorous quality standards and share our commitment to care management and coordination, which is proven to optimize health, eliminate avoidable costs and ensure the best care. Tier 1 providers include:

- Spectrum Health and providers with admitting privileges to these facilities
- Metro Health and providers with admitting privileges to these facilities
- Holland Hospital and providers with admitting privileges to these facilities
- Bronson Healthcare and providers with admitting privileges to these facilities
- All ancillary facilities in the Priority Health network. Examples include:
  - Orthopedic Associates of Michigan
  - Mary Free Bed Rehabilitation Hospital
  - Pine Rest Christian Mental Health Services
  - Forest View Hospital
- Physical therapists, social workers and skilled nursing facilities without a health-system affiliation
- All in-network pharmacies



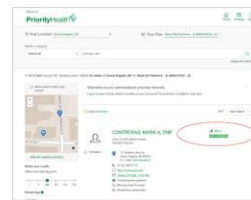
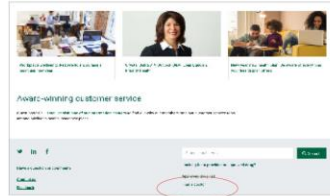
Your member ID card indicates that you have a West MI Partners plan.

*continued >*



## Choosing Tier 1 providers

- 1 Visit [priorityhealth.com](https://priorityhealth.com) and select Find A Doctor at the bottom of the home page.
- 2 Click **All Plans, Employer Group plans**, then choose your West MI Partners plan type (A or B).
- 3 Search by the name of your provider or office. Identify Tier 1 providers specified on the right side of the results page.



## Managing your West MI Partners health plan

- Register your Priority Health member account at [member.priorityhealth.com](https://member.priorityhealth.com). You'll need your contract number, located on your member ID card. For information on the go, download the Priority Health mobile app from the App Store or Google Play.
- If you have a primary care physician (PCP), verify if they are a Tier 1 provider through our Find a Doctor tool using the instructions above. If they aren't identified as a Tier 1, you'll pay higher deductibles and out-of-pocket costs.
- If you don't have a PCP, a Tier 1 provider will be auto-assigned to you.
- You don't need to get a referral to see a specialist or any Tier 2 provider.
- Remember, you'll pay less for Tier 1 providers, but you always have the choice to go to providers in other tiers, you'll just pay more. The Find a Doctor tool identifies in-network providers by tier.

If you have any questions about your plan, call the number on the back of your member ID card. Our locally-based customer service center is open six days a week, and can help you with any questions.

### Through your member account you'll be able to:

- See what your deductible balance is and track it throughout the year
- View your virtual insurance card information
- Schedule virtual visits for 24/7 care
- Access the Find a Doctor tool and other resources

\*Emergency services are always covered at the Tier 1 benefit level.

Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

# Dental Benefits

After a thorough review of dental options for this year, Black Pearl has chosen to remain with Beam for dental with the same plan design.

Your dental network is **Beam Dental PPO**. To check for **IN NETWORK** dentists near you, please visit

<https://dentists.beam.dental/>



		100/100/60 Plan	
		In Network	Out of Netwk
<b>Deductible</b>	Individual	\$50 annually	
	Family	Up to 3X individual	
<b>Annual Benefit Maximum</b>			
	Individual	Up to \$1,000	
	Family	Up to \$1,000 per person	
<b>Preventive Services (no deductible applied)</b>		Deductible Waived	
	Oral Exams	100% 2/yr	100% of R & C
	Routine Cleanings	100% 2/yr	100% of R & C
	X-Rays - Bitewings	100%	100% of R & C
	X-Rays - Full mouth	100%	100% of R & C
	Fluoride Treatments for children	100% (under age 14)	100% of R & C
	Sealants for children	100% (under age 14)	100% of R & C
	Space Maintainers	100%	100% of R & C
<b>Basic &amp; Restorative Services</b>			
	Fillings	100%	80% of R & C
	Endodontics - Root Canals	100%	80% of R & C
	Periodontics	100%	80% of R & C
	Simple Extractions	100%	80% of R & C
	Oral Surgery	100%	80% of R & C
<b>Major Services</b>		No waiting period	
	Crowns, Inlays, Onlays	60%	50% of R & C
	Dentures & Bridges	60%	50% of R & C
	Implants	60%	50% of R & C
<b>Orthodontics</b>	Appliances & Services	50%	50% of R & C
(for children)	Lifetime Maximum	\$1,000 / child	
<b>Beam Perks Included</b>			

YOUR MONTHLY PREMIUM	
Single	\$27.28
Double	\$54.99
Family	\$109.68

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## Beam Perks

# Making brushing more rewarding

The tools members need for great dental care delivered to their doors. Every plan comes with Beam Perks.

### WHAT'S INCLUDED

**Beam Brush**  
Smart, electric toothbrush.

**Beam Paste**  
High-quality, custom formulated toothpaste.

**Free Shipping**  
Delivered right to each member's door!

### MEMBERS EARN REWARDS IN THREE EASY STEPS:

- 1. Sync your brush**  
Sync your Beam Brush with our app.
- 2. Earn points**  
Earn 10 pts. when you brush for 2 min.\*
- 3. Redeem for rewards**  
Redeem points for brush heads, floss, our custom toothpaste, or gift cards from your favorite brands.



\*Members must be eligible for and opt into Beam Perks.

FIND A DENTIST  
dentists.beam.dental

BEAM SUPPORT  
support@beam.dental | (800) 648 1179

QUESTIONS?  
quotes@beam.dental | (800) 648-1179

Insurance products underwritten by National Guardian Life Insurance Company† (NGL), marketed by Beam Insurance services LLC, and administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC, in Texas). Dental policy form series numbers NDNGRP 2020. Not all Products Available in All States. Beam Perks® is provided by Beam Perks LLC. Members age 4 and up at the time of enrollment are eligible to receive Beam Perks® and must select their Beam Brush color within 45 days of enrollment to participate. Beam Perks® can be obtained separately without the purchase of an insurance product by visiting perks.beam.dental. Beam Perks may be changed at any time without notice. See perks.beam.dental for Terms and Conditions. Vision insurance products underwritten by National Guardian Life Insurance Company (NGL), marketed by Beam Insurance Services LLC, and administered by Vision Service Plan Insurance Company. Policy form series numbers NVIGRP 2020. Not all products available in all states. BM-AD-0021-202007

†National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, a.k.a. The Guardian, or Guardian Life.



# Vision Benefits

After a thorough review of vision options for this year, Black Pearl has chosen to remain with Beam (VSP) for vision with the same plan design.



		<b>Increased allowance!</b>
		<b>12/12/24 Vision Plan</b>
		<b>In-Network</b>
<b>Exam Copays</b>	(every 12 months)	\$10 copay
<b>Materials Copay</b>		\$25 copay
<b>Lenses</b>	(every 12 months)	Single, bifocal, trifocal or lenticular - Covered after materials copay
<b>Frames</b>	<b>(every 24 months)</b>	\$150 allowance / 20% balance over allowance / \$70 allowance at Costco® and Walmart®
<b>Lens Enhancements</b>	(every 12 months)	Multiple enhancements covered at varying copays <span style="float: right;">Avg.</span> savings 20-25%
<b>Contact Lenses</b>	(every 12 months) Elective	Up to \$60 (fitting exam) / \$150 allowance
<b>*Instead of Glasses</b>	Medically Necessary	Covered after materials copay
<b>Laser Vision Care</b>		15% off regular price, 5% off promo price at contracted facilities
<b>Network</b>		VSP

<b>YOUR MONTHLY PREMIUM</b>	
	<b><u>MONTHLY PREMIUM</u></b>
Employee	\$6.49
EE + Spouse	\$12.97
EE + Children	\$11.44
Family	\$17.92

### ***How do I locate an in-network VSP doctor?***

You will have access to the largest national network of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are three ways to find an in-network doctor:

- 1.** Visit [vsp.com](http://vsp.com) and select the Choice network.
- 2.** Call VSP at 800-877-7195.
- 3.** Download our mobile app, Benefit Tools, and search for a doctor near you.

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

# Voluntary Critical Illness Benefits

Black Pearl has chosen to continue offering Worksite Benefits through UNUM this year.

UNUM Benefits Plan Year July 1, 2023 - June 30, 2024		
BENEFIT LEVELS		
Employee	Spouse	Child (ren)
\$5,000-\$20,000	\$2,500-\$10,000	\$2,500-\$10,000

Please see the next page for a list of covered conditions.

## YOUR MONTHLY PREMIUM

EMPLOYEE & SPOUSE RATES per \$1,000	
Issue Age	
Less than 25 years old	\$0.21
25-29	\$0.30
30-34	\$0.42
35-39	\$0.63
40-44	\$0.88
45-49	\$1.21
50-54	\$1.61
55-59	\$2.24
60-64	\$3.21
65-69	\$4.73
70-74	\$7.40
75+	\$10.90
Child(ren)	Included in employee rate, up to 50% of employee benefit

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## Critical Illness Insurance

can pay money directly to you when you're diagnosed with certain serious illnesses.

### How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

### Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit pays 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

### What's covered?

Critical illnesses	
<ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Stroke</li> <li>• Major organ failure</li> <li>• End-stage kidney failure</li> </ul>	<ul style="list-style-type: none"> <li>• Coronary artery disease</li> <li><b>Major (50%):</b> Coronary artery bypass graft or valve replacement</li> <li><b>Minor (10%):</b> Balloon angioplasty or stent placement</li> </ul>
Cancer conditions	
<ul style="list-style-type: none"> <li>• Invasive cancer — all breast cancer is considered invasive</li> </ul>	<ul style="list-style-type: none"> <li>• Non-invasive cancer (25%)</li> <li>• Skin cancer — \$500</li> </ul>
Progressive diseases	Supplemental conditions
<ul style="list-style-type: none"> <li>• Amyotrophic Lateral Sclerosis (ALS)</li> <li>• Dementia, including Alzheimer's disease</li> <li>• Multiple Sclerosis (MS)</li> <li>• Parkinson's disease</li> <li>• Functional loss</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of sight, hearing or speech</li> <li>• Benign brain tumor</li> <li>• Coma</li> <li>• Permanent Paralysis</li> <li>• Occupational HIV, Hepatitis B, C or D</li> <li>• Infectious Diseases (25%)</li> </ul>

### Why should I buy coverage now?

- It's more affordable when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

### Who can get coverage?

<b>You:</b>	Choose from \$10,000 to \$20,000 of coverage in increments of \$5,000 with no medical questions if you apply during this enrollment.
<b>Your spouse:</b>	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
<b>Your children:</b>	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 30 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30-day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

If enrolling, and eligible for Medicare (age 65+ or disabled) the Guide to Health Insurance for People with Medicare is available at [www.medicare.gov/media/5485](http://www.medicare.gov/media/5485). Please refer to the certificate for complete definitions about these covered conditions. Coverage may vary by state. See exclusions and limitations.

# Voluntary Accident Benefits

Black Pearl has chosen to continue offering Worksite Benefits through UNUM this year.

UNUM Benefits Plan Year July 1, 2023 - June 30, 2024		
Monthly Premium	Option 1	Option 2
Employee	\$11.41	\$7.82
Employee & Spouse	\$19.59	\$13.50
Employee & Child(ren)	\$26.42	\$18.58
Family	\$34.60	\$24.26

SCHEDULE OF BENEFITS					
	Option 1	Option 2		Option 1	Option 2
<b>Accidental Death and Dismemberment</b>			<b>Injury</b>		
AD&D			3rd Degree Burns - 20% or greater of skin surface	\$10,000	\$7,500
Employee	\$50,000	\$25,000	Concussion		
Spouse	\$25,000	\$12,500	Concussion	\$200	\$200
Children	\$12,500	\$6,250	Connective Tissue Damage		
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)			One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90	\$90
Employee	\$50,000	\$25,000	Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150	\$150
Spouse	\$25,000	\$12,500	Dislocations		
Children	\$12,500	\$6,250	Knee joint (other than patella)	\$1,650	\$1,300
Dismemberment			Ankle bone or bones of the foot (other than toes)	\$1,650	\$1,300
Both Feet	\$50,000	\$25,000	Hip joint	\$3,375	\$2,625
Both Hands	\$50,000	\$25,000	Collarbone (sternoclavicular)	\$825	\$650
One Foot	\$25,000	\$12,500	Elbow joint	\$500	\$400
One Hand	\$25,000	\$12,500	Hand (other than Fingers)	\$500	\$400
Thumb and Index Finger of the same Hand	\$12,500	\$6,250	Lower jaw	\$500	\$400
Coma			Shoulder	\$500	\$400
Coma	\$10,000	\$5,000	Wrist joint	\$500	\$400
Loss of Use			Collarbone (acromioclavicular and separation)	\$325	\$250
Hearing	\$25,000	\$12,500	Finger or Toe (Digit)	\$150	\$125
Sight of one Eye	\$25,000	\$12,500	Kneecap (patella)	\$500	\$400
Sight of both Eyes	\$50,000	\$25,000	Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%	25%
Speech	\$25,000	\$12,500	Eye Injury		
Paralysis			Eye Injury	\$200	\$200
Uniplegia	\$12,500	\$6,250	Fractures		
Hemi/Paraplegia	\$25,000	\$12,500	Skull (except bones of Face or Nose), Depressed	\$4,500	\$3,500
Triplesia	\$37,500	\$18,750	Hip or Thigh (femur)	\$3,375	\$2,625
Quadriplegia	\$50,000	\$25,000	Skull (except bones of Face or Nose), Non-depressed	\$2,250	\$1,750
<b>Hospitalization</b>			Vertebrae, body of (other than Vertebral Processes)	\$1,350	\$1,050
Admission	\$1,000	\$800	Leg (mid to upper tibia or fibula)	\$1,350	\$1,050
Admission - Hospital ICU	\$1,000	\$800	Pelvis	\$1,350	\$1,050
Daily Stay (amount)	\$300	\$250	Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675	\$525
Daily Stay - Hospital ICU (amount)	\$300	\$250	Upper Arm between Elbow and Shoulder (humerus)	\$675	\$525
Short Stay	\$200	\$200	Upper Jaw, Maxilla (other than alveolar process)	\$675	\$525
<b>Injury</b>			Ankle (lower tibia or fibula)	\$450	\$350
Burns			<b>Injury</b>		
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500	\$375	Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450	\$350
2nd Degree Burns - 20% or greater of skin surface	\$1,000	\$750	Foot or Heel (other than Toes)	\$450	\$350
3rd Degree Burns - Less than 5% of skin surface	\$2,000	\$1,500	Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450	\$350
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000	\$3,750	Kneecap (patella)	\$450	\$350
			Lower Jaw, Mandible (other than alveolar process)	\$450	\$350
			Vertebral Processes	\$450	\$350
			Rib	\$450	\$350
			Tailbone (coccyx), Sacrum	\$450	\$350
			Finger or Toe (Digit)	\$225	\$175
			Chip Fracture - Payable as a % of the applicable Fractures benefit	25%	25%
			Same bone maximum incurred per accident	1 Fracture	1 Fracture
			Maximum payable multiplier for multiple bones	2 Times	2 Times
			Internal Injuries		
			Internal Injuries	\$200	\$200
			Lacerations		
			No Repair	\$50	\$35
			Repair Less than 2 inches	\$150	\$100
			Repair At least 2 inches but less than 6 inches	\$300	\$200
			Repair 6 inches or greater	\$600	\$400
			Loss of a Digit		
			One Digit (other than a Thumb or Big Toe)	\$750	\$500
			One Digit (a Thumb or Big Toe)	\$1,125	\$750
			Two or more Digits	\$1,500	\$1,000
			Knee Cartilage		
			Knee Cartilage (Meniscus) Injury	\$150	\$100
			Ruptured or Herniated Disc		
			One Disc	\$150	\$120
			Two or more Discs	\$250	\$200
			<b>Recovery</b>		
			At-Home Care	\$100	\$75
			Physician Follow-Up Visits	\$75	\$50
			Physician Follow-Up Maximum Visits	2 Visits	2 Visits
			Prescription Drug	\$25	\$25
			Prescription Benefit Incidence per covered accident	1 Per Insured	1 Per Insured
			Rehabilitation or Subacute Rehabilitation Unit	\$100	\$50
			Therapy Services (chiro, speech, PT, occ)	\$20	\$15

## SCHEDULE OF BENEFITS

	Option 1	Option 2		Option 1	Option 2		Option 1	Option 2
<b>Recovery</b>			<b>Treatment</b>					
Therapy Services Maximum Days	15 Days	15 Days	Tier 1 (arm sling, cane, medical ring cushion)	\$50	\$35			
<b>Surgery</b>			Tier 2 (bedside commode, cold therapy system, crutches)	\$100	\$75			
Dislocations			Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200	\$150			
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%	Emergency Dental Repair					
<b>Anesthesia</b>			Dental Crown	\$350	\$300			
Epidural or Regional Anesthesia	\$100	\$60	Dental Extraction	\$115	\$100			
General Anesthesia	\$250	\$150	Filling or Chip Repair	\$90	\$75			
Connective Tissue			<b>Imaging</b>					
Exploratory without Repair	\$100	\$75	Tier 1: X-rays or Ultrasound	\$50	\$50			
Repair for One Connective Tissue	\$800	\$600	Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200	\$100			
Repair for Two or more Connective Tissues	\$1,200	\$900	Medical Imaging Incidence allowance covered/accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier			
<b>Eye Surgery</b>			<b>Lodging</b>					
Eye Surgery, Requiring Anesthesia	\$300	\$200	Lodging (per night)	\$150	\$100			
<b>Fractures</b>			<b>Prosthetic Device</b>					
Fractures, Surgical Repair - Payable as a % of the applicable injury benefit	100%	100%	One Device or Limb	\$750	\$500			
Surgical Repair same bone maximum incurred per accident	1 Fracture	1 Fracture	Two or more Devices or Limbs	\$1,500	\$1,000			
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times	2 Times	<b>Skin Grafts</b>					
<b>General Surgery</b>			For Burns - Payable as a % of the applicable Burn benefit					
Abdominal, Thoracic, or Cranial	\$1,500	\$1,000	Not Burns - Less than 20% of skin surface	\$250	\$125			
Exploratory	\$150	\$100	Not Burns - 20% or greater of skin surface	\$500	\$250			
Incidence per covered accident	1 Per Insured	1 Per Insured	<b>Treatment</b>					
<b>Hernia Surgery</b>			Emergency Room Treatment					
Hernia Surgery	\$150	\$100	Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	\$50			
<b>Knee Cartilage</b>			Pain Management Injections (epidural, cortisone, steroid)					
Knee Cartilage (Meniscus) Exploratory without Repair	\$150	\$100	Transfusions	\$400	\$300			
Knee Cartilage (Meniscus) with Repair	\$750	\$500	Transportation (per trip)	\$100	\$75			
<b>Outpatient Surgical Facility</b>			Treatment in a Physician's Office or Urgent Care Facility (initial)					
Outpatient Surgical Facility	\$300	\$200		\$75	\$25			
<b>Ruptured or Herniated Disc Surgery</b>								
Exploratory without Repair	\$125	\$100						
One Disc	\$675	\$525						
Two or more Discs	\$1,000	\$800						
<b>Treatment</b>								
<b>Ambulance</b>								
Air	\$1,000	\$800						
Ground	\$300	\$200						
<b>Durable Medical Equipment</b>								



# Group Life, Short Term & Long Term Disability

*Black Pearl Education Services pays 100% of the premiums for Group Life AD&D, Group Short Term Disability and Group Long Term Disability.*

Black Pearl has chosen to remain with UNUM for the current Group Life AD&D and LTD plans. Black Pearl will continue to Self-Fund the Short Term Disability Benefit as it does currently.



<b>Group Life &amp; AD&amp;D</b>	<b>UNUM</b>
<b>Benefit Amount</b>	<b>\$50,000 Life AD&amp;D</b>
<b>Additional Benefits</b>	
Accelerated Death Benefit	Included
Conversion Option	Included
Seatbelt/Airbag Benefit	Included
<b>Age Reduction Schedule</b>	35% at 65; 60% at 70; 75% at age 75

<b>Group Short Term Disability</b>	<b>Self Funded through Black Pearl</b>
<b>Benefits Detail</b>	<b>See HR Department</b> Up to 15 days at full pay Up to another 45 days at 80% of pay Up to the total number of days that have been earned

<b>Group Long Term Disability</b>	<b>UNUM</b>
<b>Benefits Detail</b>	
Maximum Monthly Benefit	Up to \$5,000 per month
Maximum Benefit Duration	SSNRA
Benefit Amount	60% of monthly earnings
Own Occupation Period	24 months
Elimination Period	90 days

**Your Cost :** **\$0**

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

# Voluntary Life

Black Pearl has chosen to remain with UNUM for Voluntary Life coverage.

VOLUNTARY LIFE AD&D	
<b>Employee Coverage</b>	\$10,000 increments up to 5x annual salary
Guarantee Issue Amount	<b>\$100,000</b>
Min / Max Coverage	\$10,000 Minimum to \$100,000 Maximum
Age Reduction	35% at 65; 60% at 70; 75% at 75
Portability	Yes
Waiver of Premium	Yes
Accelerated Death Benefit	Yes
Conversion	Yes
<b>Spouse Coverage</b>	\$5,000 increments up to 50% of employee's benefit amount
Guarantee Issue Amount	<b>\$50,000</b>
Min / Max Coverage	\$5,000 Minimum to \$50,000 Maximum
Age Reduction	35% at employee's age 65; terminates at employee's age 70
Eligibility	Only available if employee is insured for voluntary life
<b>Dependent Children Coverage</b>	Age 14 days - 6 months \$250; 6 months - age 19 (to age 25 if FT Student) \$10,000

YOUR MONTHLY PREMIUM	Rates per \$1,000 of volume
Less than 25 years old	\$0.080
25-29	\$0.080
30-34	\$0.090
35-39	\$0.110
40-44	\$0.180
45-49	\$0.300
50-54	\$0.500
55-59	\$0.780
60-64	\$1.210
65-69	\$2.170
70-74	\$3.480
Child(ren)	\$0.401 per \$1,000
AD&D	\$0.017

NOTE: Spouse Rates are based on the employee's age

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

# FLEXible Spending Account

Black Pearl provides you with an opportunity to pay for out-of-pocket expenses with pre-tax dollars through a Flexible Spending Account. You must enroll/re-enroll in the plan to participate each plan year. You can save approximately 25% of each dollar spent on the following types of expenses when you participate in an FSA.

**Your plan year runs from July 1, 2023 through June 30, 2024**

You need to make new elections at this open enrollment time for the this plan year.

NOW IS THE TIME TO SPEND DOWN YOUR BALANCES IN YOUR CURRENT FLEX ACCOUNT.  
 You have an opportunity to rollover \$610 into your next plan year's balance.  
 NOTE: Only up to \$610 of your balance can rollover into your next plan year balance.

- >Medical Expenses
- >Dental Expenses
- >Vision Expenses
- >Dependent Care Expenses

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA

The following example shows how you can save money with an FSA account.

*Bob and Jane's combined gross income is \$30,000. They have 2 children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 over the amount their dental insurance will cover and \$3,000 for day care next plan year, they decide to direct a total of \$5,000 into their FSAs.*

	Without FSAs	With FSAs
Estimated Gross income:	\$30,000	\$30,000
FSA contributions:	\$0	(\$5,000)
Gross income:	\$30,000	\$25,000
<i>Estimated taxes</i>		
Federal	(\$2,550)*	(\$1,776)*
State	(\$900)**	(\$750)**
FICA	(\$2,295)	(\$1,913)
After-tax earnings:	\$24,255	\$20,314
Medical & Dependent Care expenses:	(\$5,000)	\$0
Remaining spendable income:	\$19,255	\$20,561
Spendable income increase:		\$1,306

\*Assumes standard deductions and 4 exemptions

\*\*Varies, assume 3 percent

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

This piece is for illustrative purposes only. Only the policy can provide the actual terms of coverage.

## DISCLAIMER

Every effort was made to create a benefits guide that would address the most-asked employee questions. This is certainly not a complete description of your benefits. Be sure to consult the details provided by the carriers, your carrier certificates or perhaps calling the carriers directly, if you have more specific questions related to your individual needs.

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## GLOSSARY OF TERMS

**Coinsurance** – Your share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. The plan pays any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

**Copays** – A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care, or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

**Deductible** – The amount of money you pay before service are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services as required under the Affordable Care Act.

**Network Provider** - A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

**Out-of-Pocket Maximum** – The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance, and co-pays are included in the out-of-pocket maximum.

**Preauthorization** – A process by your health insurer or plan to determine if any service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval, or precertification.

**Prescription Drugs** – Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail Order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

**Preventive Services** – Preventive services must be covered 100% without a deductible, coinsurance, or copayments. There is a federal list of approved preventive services. If there was a previous diagnosis, this service may not be considered preventive.

**UCR (Usual, Customary and Reasonable)** – The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.