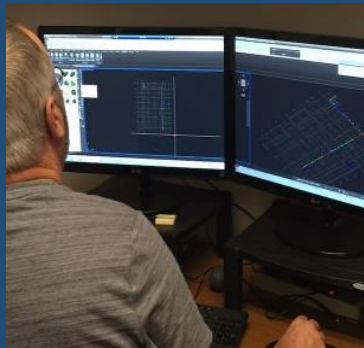


Action, Inc. Employee Benefits Enrollment Guide

Plan Year: October 2021-2022



Contact Information



Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL: _____ page 3

QualChoice

Customer Service 1-800-235-7111

www.qualchoice.com

DENTAL: _____ page 5

Delta Dental of Arkansas

Customer Service 1-800-462-5410

www.deltadentalar.com

VISION: _____ page 7

Superior Vision through Delta Dental of Arkansas

Customer Service 1-844-549-2603

www.deltadentalar.com

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT: _____ page 9

MetLife

Customer Service

1-800-988-8333

www.metlife.com

VOLUNTARY LIFE & ACCIDENTAL DEATH & DISMEMBERMENT: _____ page 9

MetLife

Customer Service

1-800-988-8333

www.metlife.com

DISCLAIMERS/NOTICES: _____ page 10

BHC Insurance is the agency that handles our employee benefit policies.

BHC Contacts:

- John Paul Jamison, Agent johnjamison@bhca.com
- John Teagle, Agent john@bhca.com
- Kathy Brugger, Customer Service Representative kbrugger@bhca.com

Corporate office:
5500 Euper Lane
Fort Smith, AR 72903
479-452-4000

Northwest Arkansas Office:
1626 Empire Street, Suite 201
Lowell, AR 72745
479-878-1896



Medical Insurance



Who is Eligible and When:

All full-time employees working 30 hours per week or more will be eligible for benefits the first of the month following the 60-day waiting period. In addition, due to Healthcare Reform, full time equivalent employees will be eligible based on the Patient Protection and Affordable Care Act definition will be eligible for coverage upon meeting hourly requirement. Once enrolled, the effective date of most changes made will be the 1st of the month following the change. The effective date for any termination will be the last day of the month following termination.

Employer Pays: 64%

Employee Pays: 36%

Action, Inc. will offer the \$2,000 HDHP Medical Plan Option for the 2021-2022 Plan Year.

The chart below will give a side-by-side look at the amounts you pay when you use in-network and out-of-network providers.

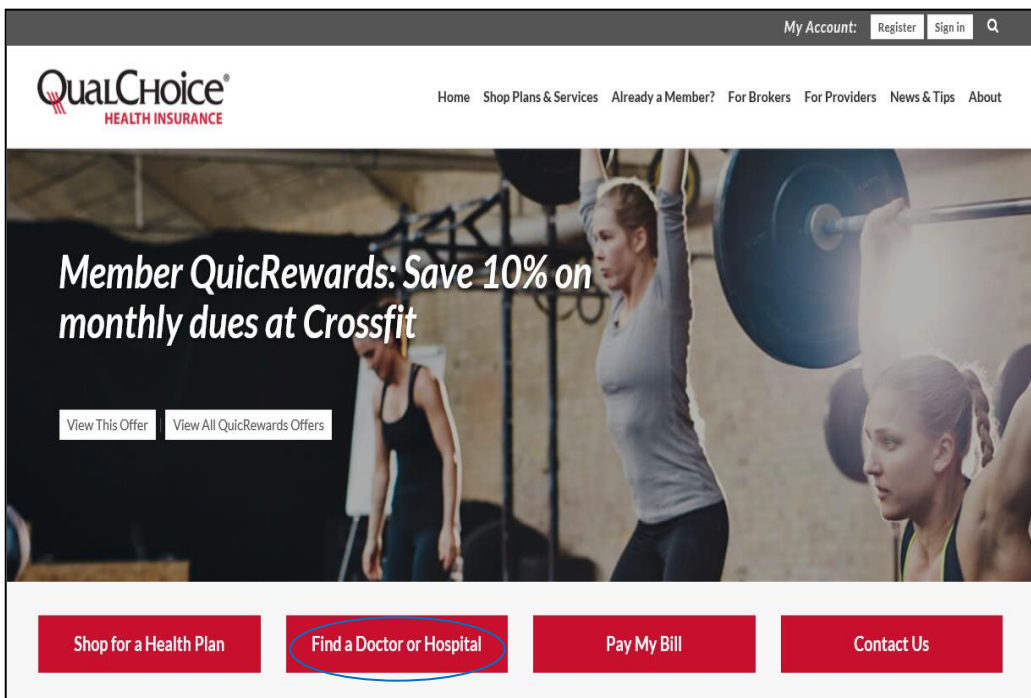
ARQ0097 H.S.A.

Plan Feature	In-Network	Out-of-Network
Deductible	\$2,000 Single	\$2,000 Single
	\$4,000 Family	\$4,000 Family
Coinsurance	80%	50%
Out-of-Pocket Max	\$3,950 Single	\$7,900 Single
	\$7,900 Family	\$15,800 Family
Office Visit (Primary Care Physician/Special Care Physician)	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Services	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient Copay	Deductible/Coinsurance	Deductible/Coinsurance
Prescription Drug Coverage	Deductible/Coinsurance	Deductible/Coinsurance

Medical Insurance



To find a complete list of Providers, go to www.qualchoice.com. Then click on “Find a Doctor or Hospital”:



To access information regarding your RX pharmacy claims, please log on to Optum’s RX website: <https://www.optumrx.com/public/landing>

Dental



Who is Eligible and When:

All full-time employees working 30 hours per week or more will be eligible for benefits the first of the month following the 60-day waiting period.

Employer Pays: 50%

Employee Pays: 50%

This chart shows how the plan works and how each type of service is covered.

Plan Feature	Plan Cost	
Calendar-Year Maximum	\$1,500 per person total per calendar year on diagnostic & preventive, basic services and major services.	
Individual Deductible	\$25 on all services except diagnostic and preventive services, sealants, brush biopsy, and X-Rays.	
Maximum Family Deductible (3 Family Members limit)	\$75 on all services except diagnostic and preventive services, sealants, brush biopsy, and X-Rays.	
Diagnostics and Preventive Services		
Services	Plan Pays In Network	Plan Pays Out of Network
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	90%
Sealants - to prevent decay of permanent teeth	100%	90%
Brush Biopsy - to detect oral cancer	100%	90%
Radiographs - X-Rays	100%	90%
Basic Services		
Services	Plan Pays In Network	Plan Pays Out of Network
Emergency Palliative Treatment - to temporarily relieve pain	80%	72%
Minor Restorative Services - fillings	80%	72%
Endodontic Services - root canals	80%	72%
Non-Surgical Periodontic Services - non-surgical services to treat gum disease	80%	72%
Oral Surgery Services - simple extractions and dental surgery	80%	72%
Other Basic Services - misc. services	80%	72%
Major Services		
Surgical Periodontic Services - surgical services to treat gum disease	50%	45%
Major Restorative Services - crowns	50%	45%
Relines and Repairs - to bridges, implants, and dentures	50%	45%
Prosthodontics Services - bridges, implants, and dentures	50%	45%

This handout is for illustrative purposes only. If there is a discrepancy between this handout and the contract, the contract will prevail.

Dental



To find a dentist go to www.deltadental.com

Call Us: 1-800-462-5410 **FIND A DOCTOR** LOGIN/REGISTER ARKANSAS (CHANGE)

DELTA DENTAL

HOME SHOP FOR PLANS MY DELTA DENTAL ABOUT FOUNDATION RESOURCES CONTACT

DELTA DENTAL OF ARKANSAS
IT'S YOUR TURN TO SMILE

Enroll with Delta Dental, the dental insurance experts,
and put a smile on your face.

SHOP FOR PLANS

QUALITY INDIVIDUAL, FAMILY AND COMPANY PLANS AT A PRICE THAT WILL *MAKE YOU SMILE.*

Note: Please refer to benefit certificates for a complete list of benefits.

Vision



Who is Eligible and When:

All full-time employees working 30 hours per week or more will be eligible for benefits the first of the month following the 60-day waiting period.

Employer Pays: 0%

Employee Pays: 100%

Benefit Frequency		
Eye Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Contact Lens Fitting Exam	Every 12 months	
Contact Lenses	Every 12 months	
Benefits	In-Network	Out-of-Network
In-Network Copayments		
Eye Exam	\$10	
Frames and/or Lenses (no copay for contacts)	\$25	
Contact Lens Fitting Exam	\$25	
Benefits	In-Network	Out-of-Network
Eye Exam (subject to copay)	Covered in Full	\$36
Standard Lenses (per pair - subject to copay)		
Benefits	In-Network	Out-of-Network
Single Vision	Covered in Full	\$28
Bifocal	Covered in Full	\$42
Trifocal	Covered in Full	\$56
Lenticular	Covered in Full	\$78
Progressive Lens Upgrade (subject to copay)	Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable copay, less any applicable discounts.	\$56
Frames (subject to copay)	\$130 retail allowance	\$61
Contact Lens Fittings (CLF) Exam (subject to copay)		
Benefits	In-Network	Out-of-Network
Standard Contact Lens Fittings Exam	Covered in Full	\$0
Specialty Contact Lens Fittings Exam	\$50 Retail Allowance	\$0
Contact Lenses		
Elective (Conventional or Disposable)	\$130 Retail Allowance	\$100
Medically Necessary	Covered in Full	\$210
Discounts		
Insured Materials	Discount	
Frames	20% off amount over allowance	
Lens Options (scratch coat, UV, coat, tint, etc.)	20% off retail or out-of-pocket maximums	
Progressives	20% off amount over retail lined trifocal lenses	
Additional Services		
Exams, Frames, & Prescription Lenses	30% off retail	
Lens Options & Contacts	20% off retail	
Disposable Contacts	10% off retail	
Refractive Surgery (LASIK)	15%-50% off retail	

Vision



To find an eye doctor go to www.deltadentalar.com

The screenshot shows the Delta Dental website homepage. At the top right, there is a navigation bar with the phone number "Call Us: 1-800-462-5410" and three buttons: "FIND A DOCTOR" (circled in red), "LOGIN/REGISTER", and "ARKANSAS (CHANGE)". Below this is a main menu with links for HOME, SHOP FOR PLANS, MY DELTA DENTAL, ABOUT, FOUNDATION, RESOURCES, and CONTACT. The main content area features a large image of a smiling boy with his hands on his cheeks. To the left of the image, the text reads "DELTA DENTAL OF ARKANSAS" followed by "IT'S YOUR TURN TO SMILE" in large orange letters. Below this, it says "Enroll with Delta Dental, the dental insurance experts, and put a smile on your face." and a "SHOP FOR PLANS" button. At the bottom of the page, a white banner contains the text "QUALITY INDIVIDUAL, FAMILY AND COMPANY PLANS AT A PRICE THAT WILL MAKE YOU SMILE." with "SMILE." in orange.

Life & Accidental Death and Dismemberment



Who is Eligible and When:

All full time employees working 30 hours per week or more will be eligible for benefits the first of the month following the 60 day waiting period.

Benefits You Receive:

Basic Life & AD&D Insurance

Action Mechanical provides full-time employees with \$10,000 group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. Contact Human Resources to update your beneficiary information

Voluntary Life Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through weekly payroll deductions. You can purchase coverage on yourself in \$25,000 increments. Minimum coverage is \$25,000 and maximum coverage is the lesser of 5 times annual salary or \$500,000. You can purchase coverage on your spouse in \$5,000 increments to a maximum of \$50,000 not to exceed 50% of employee's Voluntary Life Benefit. You can purchase the child benefit for \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000.

Employee Age	Employee & Spouse Coverage – Monthly Premium					Dependent Child	
	\$5,000	\$25,000	\$50,000	\$75,000	\$100,000	\$1,000	\$0.29
Under 30	\$0.57	\$2.85	\$5.70	\$8.55	\$11.40	\$2,000	\$0.58
30-34	\$0.59	\$2.93	\$5.85	\$8.78	\$11.70	\$4,000	\$1.16
35-39	\$0.68	\$3.38	\$6.75	\$10.13	\$13.50	\$5,000	\$1.46
40-44	\$0.93	\$4.65	\$9.30	\$13.95	\$18.60	\$10,000	\$2.91
45-49	\$1.37	\$6.83	\$13.65	\$20.48	\$27.30		
50-54	\$2.08	\$10.38	\$20.75	\$31.13	\$41.50		
55-59	\$3.17	\$15.83	\$31.65	\$47.48	\$63.30		
60-64	\$4.71	\$23.55	\$47.10	\$70.65	\$94.20		
65-69	\$7.46	\$37.28	\$74.55	\$111.83	\$149.10		
70+	\$13.94	\$69.70	\$139.40	\$209.10	\$278.80		

Employee Guarantee Issue Amount	\$100,000
Spouse Guarantee Issue Amount	\$25,000
Child Guarantee Issue Amount	\$10,000



The analysis of the following plans is a summary. You must refer to the contract and plan description for a full list of coverages and exclusions.

- *The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.*
- *This Summary of Benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service.*
- *Benefit Summaries are created by BHC Insurance. Though BHC Insurance believes reasonable efforts have been made to ensure the accuracy of the information contained in this Document, it may include inaccuracies or typographical errors and may be changed or updated without notice. It is intended for discussion and educational purposes only and is provided "AS IS" WITHOUT WARRANTY OF ANY KIND AND RELIANCE ON ANY INFORMATION PRESENTED IS AT YOUR OWN RISK.*
- *BHC Insurance representatives are available to explain any items presented in this Benefit Summary. It is assumed that the recipients of this Benefit Summary will seek an explanation of any items that may be in question.*
- *This Benefit Summary is the proprietary work product of BHC Insurance and is not authorized for further use or distribution.*
- *Any existing plan with other carriers should not be cancelled until advised by BHC Insurance.*
- *BHC Insurance representatives may from time to time provide guidance regarding certain legal requirements affecting health plans, including the requirements of federal and state health care reform legislation. Such guidance is based on good-faith interpretation of laws and regulations currently in effect, and is not intended to be a substitute for legal advice. Employers should contact their own legal counsel for advice regarding legal requirements.*
- *The medical, dental, and vision network directories provided may contain doctors and facilities that are no longer participating with the insurance carriers' networks. We cannot be responsible for any changes to the directory that is not reflected. For a current list, you may look on the internet or call the toll-free number provided in each of the directories.*

Questions and Information Requests: Should you have any questions, or require additional information, please contact this office at 479-452-4000.



Click the link below to Acknowledge the receipt of this Employee Benefit package and submit your open enrollment documents. <https://laser.action-mechanical.com/Forms/HADZh>