

# Myriad Fleet

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## 2022/2023 Employee Benefits Guide



Benefits presented by:

**BlueChip**  
**BENEFITS**<sup>LTD</sup>

# MYRIAD FLEET

## EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023



**Myriad Fleet** is pleased to offer an Employee Benefits Package that includes medical, dental, vision, voluntary life/accidental death and dismemberment (AD&D), and accident insurance to all full time employees working 30+ hours per week. New hires will be eligible for benefits on the 1st of the month following 30 days of permanent employment. The Annual Open Enrollment period runs during the month of May each year for a June 1<sup>st</sup> effective date.

### Costs

**Myriad Fleet is paying 50% of the employee's premium for the CBWL/K24Y plan, or will contribute that same amount toward one of the other medical plans.** The remaining employee premium for medical insurance, as well as all premiums for dental, vision, voluntary life/AD&D, accident, and dependents are the employee's responsibility. Premiums are shown as weekly deductions (52/year) and are deducted on a pre-tax basis from earnings, thereby reducing costs by 20%-25%, depending upon an individual's personal tax bracket.

### Deductible Type

The medical deductible coincides with the policy year (June through May). The dental deductible is based on a calendar year (January through December). Vision benefits are available every 12 months.

### Enrollment Process

**Whether electing or waiving coverage**, please complete all enrollment steps by going to the enrollment portal at: [www.mymyriadbenefits.com](http://www.mymyriadbenefits.com)

### Qualifying Dependents

Qualifying dependents include a married or common law spouse, domestic partner, child who is under age 26, or an unmarried child of any age who is medically certified as disabled and dependent on the parent. A child includes an employee's or spouse's natural child, legally adopted child, stepchild, ward of legal guardian or other such classifications as required by law.

### Qualifying Events

You have **30 days** from a qualifying event to enroll in group benefits. According to the IRS, after the enrollment period has ended you may NOT make or change benefit elections. Qualifying events include:

- Change in employment status, moving to a different coverage area, or loss of other coverage, including COBRA
- Becoming a U.S. citizen, marriage or divorce, change in the number of dependents—whether birth or adoption, or death of spouse
- Court order: if your employer receives a court order notice, you will be advised via email and if no response is received, you will be automatically enrolled along with the child, in accordance with the court order

*This summary benefit guide is for informational purposes only. It does not fully describe plans and benefits in detail. In the case of a conflict between this summary and any plan or benefit document, the plan or benefit document will prevail.*  
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# MYRIAD FLEET EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

## MEDICAL PLANS – UNITED HEALTHCARE

PLAN OPTIONS	Option 1 of 4	Option 2 of 4
PLAN NAME	CMJ9/K19Y	CBWU/K13Y
Referrals & PCP Required	No	Yes
Procedure Pre-Authorization	Yes	Yes
Find Providers	<a href="http://www.myuhc.com">www.myuhc.com</a>	<a href="http://www.myuhc.com">www.myuhc.com</a>
Network	Choice Direct EPO—National Network	Navigate HMO—Colorado Only Network

PLAN DESCRIPTION	Option 1 of 4	Option 2 of 4
Calendar Year Deductible (ind./family)	\$2,250 / \$4,500	\$2,500 / \$5,000
Out-of-Pocket Max (individual/family)	\$8,550 / \$17,100	\$8,500 / \$17,000
Out of Network Benefits	Emergency Only	Emergency Only
Coinsurance (your share)	30% In-Network	20% In-Network
Office Visit Co-pays <ul style="list-style-type: none"> <li>• Primary Care Physician (PCP)</li> <li>• Preventive</li> <li>• Specialist</li> <li>• Virtual Visits 24/7</li> <li>• Rehabilitation (20 visit max)</li> <li>• Outpatient Mental Health</li> </ul>	\$40 Co-pay No Cost \$80 Co-pay No Cost via Designated Virtual Network \$40 Co-pay \$40 Co-pay	\$20 Co-pay No Cost \$50 Co-pay No Cost via Designated Virtual Network \$20 Co-pay \$20 Co-pay
RX Co-pay <sup>1</sup> RX Co-pay (specialty drugs) RX Co-pay, 90-Day Supply RX Deductible UHC Pharmacy Network	\$15 / \$50 / \$100 / \$350 \$15 / \$150 / \$350 / \$500 X 2.5 Co-pays \$250 / \$500, Tiers 2 - 4 only Advantage	\$10 / \$40 / \$85 / \$250 \$10 / \$150 / \$250 / \$250 X 2.5 Co-pays None Advantage
Urgent Care Emergency Room Inpatient Services Outpatient Services (surgery center) Outpatient Services (hospital)	\$40 Co-pay Deductible, then 30% Coinsurance \$500 + Deductible, then 30% Coinsurance Deductible, then 30% Coinsurance \$500 + Deductible, then 30% Coinsurance	\$20 Co-pay Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance
Lab Work & X-Ray (free standing) Lab Work & X-ray (hospital) Complex Imaging (free standing) Complex Imaging (hospital)	Deductible, then 30% Coinsurance \$250 + Deductible, then 30% Coinsurance Deductible, then 30% Coinsurance \$500 + Deductible, then 30% Coinsurance	No Cost No Cost Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance
Pediatric Dental-Children <19 • Check-up (2 cleansing/year)	Deductible	Deductible
Pediatric Vision-Children <19 • Exam (1 visit/year) • Pediatric Glasses (1 pair/year)	\$10 Co-pay \$25 Co-pay	\$10 Co-pay \$25 Co-pay

<sup>1</sup> Approved Pharmacies include, Walgreens, CostCo, RiteAid, King Soopers, Sam's, Safeway, Walmart and some independent pharmacies. Note, CVS does not accept United Healthcare's prescription drug card.

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# MYRIAD FLEET EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

## MEDICAL PLANS – UNITED HEALTHCARE

PLAN OPTIONS	Option 3 of 4	Option 4 of 4
PLAN NAME	BG6N/K24Y	CBWL/K24Y
Referrals & PCP Required	No Referrals Needed   PCP Required	No Referrals Needed   PCP Required
Procedure Pre-Authorization	Yes	Yes
Find Providers	<a href="http://www.myuhc.com">www.myuhc.com</a>	<a href="http://www.myuhc.com">www.myuhc.com</a>
Network	Doctors Plan HMO—Colorado Only Network	Doctors Plan HMO—Colorado Only Network

PLAN DESCRIPTION	Option 3 of 4	Option 4 of 4
Calendar Year Deductible (ind./family)	\$3,500 / \$7,000	\$5,500 / \$11,000
Out-of-Pocket Max (individual/family)	\$7,000 / \$14,000	\$8,550 / \$17,100
Out of Network Benefits	Emergency Only	Emergency Only
Coinsurance (your share)	20% In-Network	40% In-Network
Office Visit Co-pays <ul style="list-style-type: none"> <li>• Primary Care Physician (PCP)</li> <li>• Preventive</li> <li>• Specialist</li> <li>• Virtual Visits 24/7</li> <li>• Rehabilitation (20 visit max)</li> <li>• Outpatient Mental Health</li> </ul>	No Cost No Cost \$75 Co-pay No Cost via Designated Virtual Network Deductible, then 20% Coinsurance No Cost	No Cost No Cost \$100 Co-pay No Cost via Designated Virtual Network Deductible, then 40% Coinsurance No Cost
RX Co-pay <sup>1</sup>	\$10 / \$60 / \$115 / \$350	\$10 / \$60 / \$115 / \$350
RX Co-pay (specialty drugs)	\$10 / \$60 / \$115 / \$500	\$10 / \$60 / \$115 / \$500
RX Co-pay, 90-Day Supply	X 2.5 Co-pays	X 2.5 Co-pays
RX Deductible	\$250 / \$500, Tiers 3 & 4 Only	\$250 / \$500, Tiers 3 & 4 Only
UHC Pharmacy Network	Essential	Essential
Urgent Care	No Cost	No Cost
Emergency Room	Deductible, then 20% Coinsurance	\$500 + Deductible, then 40% Coinsurance
Inpatient Services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Outpatient Services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Lab Work & X-Ray	\$25 Co-pay/Service	\$25 Co-pay/Service
Complex Imaging	\$250 Co-pay/Service	\$500 Co-pay/Service
Pediatric Dental-Children <19 <ul style="list-style-type: none"> <li>• Check-up (2 cleansing/year)</li> </ul>	Deductible	Deductible
Pediatric Vision-Children <19 <ul style="list-style-type: none"> <li>• Exam (1 visit/year)</li> <li>• Pediatric Glasses (1 pair/year)</li> </ul>	\$10 Co-pay \$25 Co-pay	\$10 Co-pay \$25 Co-pay

<sup>1</sup> Approved Pharmacies include, Walgreens, CostCo, RiteAid, King Soopers, Sam's, Safeway, Walmart and some independent pharmacies. Note, CVS does not accept United Healthcare's prescription drug card.

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# MYRIAD FLEET

## EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

### Employee Medical Insurance Premiums (Age-banded, weekly premiums)

How to determine your premium: Find your age below and scan across to the appropriate plan name for your weekly premium amount. The employer contribution has already been deducted from the rates you see below.

AGE	CMJ9/K19Y	CBWU/K13Y	BG6N/K24Y	CBWL/K24Y
<15	\$39.95	\$41.87	\$31.89	\$27.02
15	\$43.50	\$45.59	\$34.73	\$29.42
16	\$44.86	\$47.01	\$35.81	\$30.34
17	\$46.22	\$48.44	\$36.90	\$31.26
18	\$47.68	\$49.97	\$38.06	\$32.25
19	\$49.14	\$51.50	\$39.23	\$33.24
20	\$50.66	\$53.09	\$40.44	\$34.26
21	\$52.22	\$54.73	\$41.69	\$35.32
22	\$52.22	\$54.73	\$41.69	\$35.32
23	\$52.22	\$54.73	\$41.69	\$35.32
24	\$52.22	\$54.73	\$41.69	\$35.32
25	\$52.43	\$54.95	\$41.86	\$35.46
26	\$53.48	\$56.04	\$42.69	\$36.17
27	\$54.73	\$57.36	\$43.69	\$37.02
28	\$56.77	\$59.49	\$45.32	\$38.40
29	\$58.44	\$61.24	\$46.65	\$39.53
30	\$59.27	\$62.12	\$47.32	\$40.09
31	\$60.53	\$63.43	\$48.32	\$40.94
32	\$61.78	\$64.74	\$49.32	\$41.79
33	\$62.56	\$65.57	\$49.95	\$42.32
34	\$63.40	\$66.44	\$50.61	\$42.88
35	\$63.82	\$66.88	\$50.95	\$43.17
36	\$64.24	\$67.32	\$51.28	\$43.45
37	\$64.65	\$67.75	\$51.61	\$43.73
38	\$65.07	\$68.19	\$51.95	\$44.01
39	\$65.90	\$69.07	\$52.61	\$44.58

AGE	CMJ9/K19Y	CBWU/K13Y	BG6N/K24Y	CBWL/K24Y
40	\$66.74	\$69.94	\$53.28	\$45.14
41	\$68.00	\$71.26	\$54.28	\$45.99
42	\$69.20	\$72.51	\$55.24	\$46.80
43	\$70.87	\$74.27	\$56.57	\$47.93
44	\$72.96	\$76.46	\$58.24	\$49.35
45	\$75.41	\$79.03	\$60.20	\$51.01
46	\$78.34	\$82.10	\$62.54	\$52.99
47	\$81.63	\$85.54	\$65.16	\$55.21
48	\$85.38	\$89.48	\$68.16	\$57.75
49	\$89.09	\$93.37	\$71.12	\$60.26
50	\$93.27	\$97.75	\$74.46	\$63.09
51	\$97.40	\$102.07	\$77.75	\$65.88
52	\$101.94	\$106.83	\$81.38	\$68.95
53	\$106.53	\$111.65	\$85.05	\$72.06
54	\$111.50	\$116.85	\$89.01	\$75.42
55	\$116.46	\$122.05	\$92.97	\$78.77
56	\$121.84	\$127.68	\$97.26	\$82.41
57	\$127.27	\$133.38	\$101.60	\$86.08
58	\$133.06	\$139.45	\$106.23	\$90.00
59	\$135.94	\$142.46	\$108.52	\$91.95
60	\$141.73	\$148.53	\$113.15	\$95.87
61	\$146.75	\$153.79	\$117.15	\$99.26
62	\$150.04	\$157.24	\$119.78	\$101.49
63	\$154.16	\$161.56	\$123.07	\$104.28
64+	\$156.67	\$164.19	\$125.07	\$105.97

(Premiums are pre-tax deductions.)

# MYRIAD FLEET

## EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

### Dependent Medical Insurance Premiums (Age-banded, weekly premiums)

To determine a dependent's premium, spouse or child(ren), find each dependent's age below and scan across to the appropriate plan name for their individual weekly premium amount. For children, maximum charge is reached after insuring 3 children under the age of 21. Dependents 21 years and older pay the rates listed below regardless of how many dependents a family has.

AGE	CMJ9/K19Y	CBWU/K13Y	BG6N/K24Y	CBWL/K24Y
<15	\$66.97	\$68.89	\$58.92	\$54.05
15	\$72.93	\$75.01	\$64.15	\$58.85
16	\$75.20	\$77.36	\$66.15	\$60.69
17	\$77.48	\$79.70	\$68.16	\$62.52
18	\$79.93	\$82.22	\$70.32	\$64.50
19	\$82.38	\$84.74	\$72.47	\$66.48
20	\$84.92	\$87.35	\$74.70	\$68.53
21	\$87.55	\$90.05	\$77.01	\$70.65
22	\$87.55	\$90.05	\$77.01	\$70.65
23	\$87.55	\$90.05	\$77.01	\$70.65
24	\$87.55	\$90.05	\$77.01	\$70.65
25	\$87.90	\$90.41	\$77.32	\$70.93
26	\$89.65	\$92.22	\$78.86	\$72.34
27	\$91.75	\$94.38	\$80.71	\$74.04
28	\$95.16	\$97.89	\$83.71	\$76.79
29	\$97.97	\$100.77	\$86.18	\$79.05
30	\$99.36	\$102.21	\$87.41	\$80.19
31	\$101.47	\$104.37	\$89.26	\$81.88
32	\$103.57	\$106.53	\$91.11	\$83.58
33	\$104.88	\$107.88	\$92.26	\$84.64
34	\$106.28	\$109.32	\$93.50	\$85.77
35	\$106.98	\$110.04	\$94.11	\$86.33
36	\$107.68	\$110.76	\$94.73	\$86.90
37	\$108.38	\$111.48	\$95.34	\$87.46
38	\$109.08	\$112.21	\$95.96	\$88.03
39	\$110.48	\$113.65	\$97.19	\$89.16

AGE	CMJ9/K19Y	CBWU/K13Y	BG6N/K24Y	CBWL/K24Y
40	\$111.88	\$115.09	\$98.43	\$90.29
41	\$113.99	\$117.25	\$100.27	\$91.98
42	\$116.00	\$119.32	\$102.04	\$93.61
43	\$118.80	\$122.20	\$104.51	\$95.87
44	\$122.30	\$125.80	\$107.59	\$98.70
45	\$126.42	\$130.04	\$111.21	\$102.02
46	\$131.32	\$135.08	\$115.52	\$105.97
47	\$136.84	\$140.75	\$120.37	\$110.42
48	\$143.14	\$147.24	\$125.92	\$115.51
49	\$149.36	\$153.63	\$131.39	\$120.52
50	\$156.36	\$160.83	\$137.55	\$126.18
51	\$163.28	\$167.95	\$143.63	\$131.76
52	\$170.89	\$175.78	\$150.33	\$137.91
53	\$178.59	\$183.71	\$157.11	\$144.12
54	\$186.91	\$192.26	\$164.43	\$150.83
55	\$195.23	\$200.82	\$171.74	\$157.54
56	\$204.25	\$210.09	\$179.67	\$164.82
57	\$213.35	\$219.46	\$187.68	\$172.17
58	\$223.07	\$229.46	\$196.23	\$180.01
59	\$227.88	\$234.41	\$200.47	\$183.90
60	\$237.60	\$244.40	\$209.02	\$191.74
61	\$246.01	\$253.05	\$216.41	\$198.52
62	\$251.52	\$258.72	\$221.26	\$202.97
63	\$258.44	\$265.84	\$227.35	\$208.55
64+	\$262.64	\$270.16	\$231.04	\$211.94

(Premiums are pre-tax deductions.)

# MYRIAD FLEET EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

## DENTAL – PRINCIPAL

PLAN DESCRIPTION	Benefits
Network	PPO
Deductible (Individual/Family) - applies to Basic/Major Services	\$50 / \$150
Preventive (2 exams, 4 cleanings /year, x-rays, fluoride, sealants)	Plan pays 100% In-network
Basic (emergency exams, fillings, stainless steel crowns, oral surgery, periodontal, endodontics)	Plan pays 80% In-Network
Major (crowns, bridges, dentures)	Plan pays 50% In-network
Orthodontics	Not Included
Annual allowance per covered person	\$1,000
Maximum Accumulation Plan*	Increase your maximum benefit each year by rolling over a portion of your unused dollars. To be eligible, you must regularly seek dental care
Out of network benefits	Included, balance billing may apply
Find providers	<a href="http://www.principal.com/dentist">www.principal.com/dentist</a> or (800) 247-4695

WEEKLY PREMIUMS	(Premiums are pre-tax deductions.)
Employee Only	\$5.40
Employee & Spouse	\$10.50
Employee & Child(ren)	\$14.05
Family	\$20.18

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\* Your dental coverage includes the Maximum Accumulation Plan, which allows you to increase your maximum benefit each year when you regularly seek dental care. The maximum benefit is the most your dental design will pay for in one calendar year. Increasing your maximum benefit by rolling over unused dollars means you could pay less out of pocket each year. Each year, 50% of the threshold is carried over to next year's maximum benefit. The rollover applies to the calendar year maximum portion of your dental benefits. You can increase our maximum benefit up to 4 times the accumulation amount, which is determined by your company's dental benefits. However, if you do not submit any claims in a year, the entire accumulated maximum benefit will be forfeited.

# MYRIAD FLEET EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

## VISION – PRINCIPAL

PLAN DESCRIPTION	Benefits
Network	VSP Choice
Eye Exam— one exam every 12 months	\$10 Co-pay
Lenses —every 12 months	\$10 Co-pay
Frames—every 24 months*	Up to \$130 allowance + 20% discount on overage
Necessary Contacts— in lieu of glasses, every 12 months	\$10 Co-pay, then covered in full
Elective Contacts— in lieu of glasses, every 12 months	\$130 allowance
Contact lens exam (fitting and evaluation)	Up to \$60 Co-pay
Lasik	Up to 15% off the regular price or 5% off the promotional price Discounts only available from contracted facilities Contact VSP customer care for details
Out of Network Benefits	Included, see plan for details
Find Providers—Member ID must be used to verify benefits	<a href="http://www.Principal.com">www.Principal.com</a> (plan questions) or <a href="http://www.VSP.com">www.VSP.com</a> (network questions)

WEEKLY PREMIUMS	(Premiums are pre-tax deductions.)
Employee Only	\$1.56
Employee & Spouse	\$3.12
Employee & Child(ren)	\$3.31
Family	\$5.01

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\* The frame allowance at Costco, Walmart and/or Sam’s Club is \$70, which is equivalent to a \$130 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services. Benefits may also vary by location due to state law.



# MYRIAD FLEET EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

## VOLUNTARY LIFE/AD&D – PRINCIPAL

### PLAN DESCRIPTION

### Benefits

	Employee	Spouse
Benefit	\$10,000—\$300,000	\$5,000—\$100,000 (cannot exceed employee)
Guaranteed Issue under age 70	\$100,000 when first eligible	\$25,000 when first eligible
Guaranteed Issue over age 70	\$10,000 when first eligible	
Child Benefit	\$10,000 coverage for children 14 days of age or older \$1,000 coverage for children under 14 days of age (cost is \$2/family/month)	
Annual Guaranteed Issue Increase	Up to \$20,000 for employee, and \$10,000 for spouse allowed annually	
Accidental Death/Dismemberment	Included—benefit equal to the base voluntary term coverage	
Age Reduction	35% benefit reduction at age 65, additional 15% reduction at age 70 (Age reductions apply to the benefit amount after proof of good health)	
Coverage During Disability	If totally disabled before age 60, you may be able to continue your coverage and not pay a premium if totally disabled for 9 months before the waiver begins. Coverage ceases at age 65.	
Accelerated Death Benefit	If terminally ill, you may be able to receive a portion of your life benefit	
Portability	If employee no longer qualifies for coverage, the employee may be able to continue coverage for themselves and covered dependents	

### EXAMPLE of WEEKLY PREMIUMS

(Premiums are post-tax deductions.)

AGE	\$10,000	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000	\$200,000	\$300,000
<29	\$0.39	\$0.78	\$1.57	\$2.35	\$3.14	\$3.92	\$7.85	\$11.77
30-34	\$0.42	\$0.85	\$1.70	\$2.55	\$3.40	\$4.25	\$8.49	\$12.74
35-39	\$0.58	\$1.15	\$2.31	\$3.46	\$4.62	\$5.77	\$11.54	\$17.31
40-44	\$0.83	\$1.67	\$3.33	\$5.00	\$6.66	\$8.33	\$16.66	\$24.99
45-49	\$1.28	\$2.56	\$5.11	\$7.67	\$10.23	\$12.78	\$25.57	\$38.35
50-54	\$1.97	\$3.94	\$7.87	\$11.81	\$15.75	\$19.68	\$39.37	\$59.05
55-59	\$2.98	\$5.95	\$11.91	\$17.86	\$23.82	\$29.77	\$59.54	\$89.31
60-64	\$4.50	\$9.00	\$18.01	\$27.01	\$36.02	\$45.02	\$90.05	\$135.07
<b>Age reductions: 35% at age 65</b>	<b>\$6,500</b>	<b>\$13,000</b>	<b>\$26,000</b>	<b>\$39,000</b>	<b>\$52,000</b>	<b>\$65,000</b>	<b>\$130,000</b>	<b>\$195,000</b>
65-69	\$4.74	\$9.49	\$18.98	\$28.47	\$37.96	\$47.45	\$94.89	\$142.34
<b>Age reductions: 50% at age 70</b>	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$20,000</b>	<b>\$30,000</b>	<b>\$40,000</b>	<b>\$50,000</b>	<b>\$100,000</b>	<b>\$150,000</b>
70+	\$6.13	\$12.27	\$24.54	\$36.80	\$49.07	\$61.34	\$122.68	\$184.02

**NOTE**, the “Premiums Per Pay Period” example shown above is provided as an example of premium costs only. Employees may increase their voluntary life insurance each year by increments of \$10,000 or \$20,000 for the employee, and \$5,000 or \$10,000 for the spouse without going through underwriting, up to a max of \$300,000 employee/\$100,000 spouse. Employees do not have to provide proof of good health to increase their benefit up to the max of \$300,000, if increasing during open enrollment.

# MYRIAD FLEET EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

## ACCIDENT – PRINCIPAL

### 24-HOUR ACCIDENT COVERAGE (on/off-the-job)

Listed below are examples of coverage.

INJURIES	Benefits
Burn	Up to \$5,000
Coma	\$15,000
Concussion	\$500
Dental injury	\$500
Dislocation	Up to \$7,500
Eye injury with surgical repair	\$500
Fracture	Up to \$10,000
Injuries not specifically listed	\$100
Internal injury	\$1,500
Knee cartilage injury with surgical repair	\$1,500
Ruptured disc with surgical repair	\$1,500
Tendon / ligament / rotator cuff injury with surgical repair	\$1,500
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	Benefits
Employee	\$25,000
Spouse	\$12,500
Children	\$6,250
Loss of life; loss of both hands or both feet or one hand and foot; quadriplegia; Loss of speech and hearing in both ears; or loss of sight in both eyes	100% of Benefit
Loss of one hand or foot; paraplegia; hemiplegia; loss of use of one hand and foot or both hands or feet; or loss of speech, hearing in both ears, or sight in one eye	50% of Benefit
Loss of thumb and index finger on the same hand; loss of use of one arm, leg, hand or foot; or loss of hearing in one ear	25% of Benefit
Common carrier	200% of Benefit
Seat belt/airbag	25% of Benefit
Repatriation	Up to 10%
Wellness	Employees and their covered dependents who have a covered screening test performed may each be eligible for a \$50 benefit.

### WEEKLY PREMIUMS

(Premiums are pre-tax deductions.)

Employee Only	\$4.77
Employee & Spouse	\$6.74
Employee & Child(ren)	\$7.85
Family	\$11.69

## PREVENTIVE SERVICES

The United States Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act compliant insurance plans should cover at 100% for in-network providers—in other words, FREE to employees. Routine preventive services allow employees to stay on top of their health and finances. Keep in mind, these services are free only when delivered by a doctor or other provider in the plan's network. **Employees are responsible** for asking their doctor if there are age limits or any other limitations to the preventive services listed below. Routine colonoscopies for example, can be performed once every 10 years for those 50+ years, and mammograms can be performed annually for women 40+ years.

Services include:

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence

# MYRIAD FLEET

## EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

### VALUE ADDED BENEFITS

#### UNITED HEALTHCARE

**UnitedHealthcare's "Health4Me" mobile app** provides members with instant access to their health care information. Whether you want to find the nearest physician, check the status of a claim or speak directly with a health care professional, Health4Me is the go-to resource.

**Virtual Visits** Members can see and talk to a doctor from their mobile device or computer for no cost if seeing a physician in the Designated Virtual Network. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that members can pick up at their local pharmacy. Log on to [www.myuhc.com](http://www.myuhc.com) and choose from provider sites where you can register for a virtual visit.

**Level2** is a Type 2 Diabetes (T2D) program working to reverse the increasing trend of people developing and living with the disease. Type 2 diabetes remission is possible. The data-driven approach used by the Level2 program attacks the root issues of T2D—hyperinsulinemia and metabolic dysregulation. The resulting regression in T2D can improve quality of life, positively impact common comorbid conditions and reduce medical expenses.

Level2 is provided at **no additional cost** to eligible employees, as part of their medical benefit plan. Participants can also earn rewards by meeting daily walking goals with a Fitbit Versa or Versa Lite. Visit [www.uhc.LevelT2D.com](http://www.uhc.LevelT2D.com) to learn more.

**Rally** is a digital health experience that offers personalized recommendations to help members move more, eat better and feel great! Learn simple ways of taking care of yourself and receive awards for healthy living.

**Peloton Through June 30, 2022, members can obtain a 1-year Peloton App Membership at no cost. UHC and Peloton are working together to provide millions of Americans with access to classes that can improve their overall fitness and well-being.** This is a \$155 value per employee and each covered dependent. The program offers classes focused on strength, yoga, cardio, meditation, stretching, walking, running, cycling and more! Classes range from 5 to 90 minutes long. Plus, eligible members can receive special pricing on Peloton equipment. Download the App now at your App store. To activate the membership, new members will need to activate their myuhc.com account first, then they'll receive an email with next steps.

**SimplyEngaged** features a simple yet comprehensive approach designed to increase personal ownership of healthy behaviors. Members can earn rewards by completing health actions and missions, or by participating in wellness coaching and more. SimplyEngaged is integrated with UnitedHealthcare clinical and wellness programs available through Rally.

Complete the health and wellness activities, called Health Actions, to earn financial incentives and Rally Coins. You can view and track your activities and rewards through Rally. Earned financial incentives will be provided through a bank account deposit.

Members can earn rewards for Gym Check-In, up to \$240/year for both the employee and their spouse by visiting a participating fitness center at least 12 times each month. Participating centers include YMCA, 24-Hour Fitness, Curves, Life Time Fitness, Snap Fitness, Anytime Fitness, LA Fitness, Planet Fitness and more. Log on to [www.myuhc.com](http://www.myuhc.com), click Health Resources to begin working on your personal health improvement plan. You can then search for participating fitness centers. Call (800) 478-1057 to speak with a wellness coach (TTY: 711)

#### **United Healthcare also offers smoking sensation and weight loss programs**

- Quit For Life— a proven quit smoking program that connects you 1-on-1 with a Quit Coach, at no cost to you. Connect with the Quit For Life app, so you can begin making a change. Go to <https://myquitforlife.com> to check out the program or to sign up.
- Weight Loss Program—the **"Real Appeal"** weight loss program helps employees lose weight and prevent weight related health conditions such as diabetes and cardiovascular disease. The program includes a Success Kit to help kick-start weight loss, weekly online group classes, a personal Transformation Coach and more.

# MYRIAD FLEET EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

## VALUE ADDED BENEFITS

### PRINCIPAL

**Emergency Travel Assistance When Away from Home** Whether traveling in the United States or internationally, you have access to many travel assistance services at no cost—no matter if you're traveling for business or pleasure. You, your spouse and dependents can access this service when traveling 100+ miles away from home for up to 120 consecutive days. And your spouse and dependent children are covered whether or not they are traveling with you.

Call (888) 647-2611 in the United States, or call collect outside the United States by dialing (630) 766-7696. Assistance is available 24/7, 365 days a year.

**Emotional Health Support Line** This new benefit being offered through Magellan Healthcare gives you 24/7 access to a licensed behavioral health clinician who can provide emotional support, tips for healthy coping, and referrals to local resources. Clinicians can be reached by calling (800) 424-4612.

**To follow are value added benefits associated with the Principal dental plan only.**

**Laser Vision Correction** Through the National Lasik Network, employees and dependents receive savings on one of the most frequently performed elective surgeries in America. The discount includes 15% off standard pricing or 5% off promotional pricing.

**Hearing Aid Program** Through American Hearing Benefits, Inc., and Ear Professionals International Corporation, employees and dependents are eligible for up to 60% off hearing aids.

**Vision Care Employees** and dependents can get discounts on eye exams, prescription glasses and lens options, contact lens evaluations and fittings, as well as LASIK surgery through a nationwide network of VSP providers.

**Dental Health Edge** This resource helps employees make better decisions about oral health care. Certified dentists can answer questions, and a dental cost estimator shows approximate costs in a specific Zip code. The site is also available in Spanish.

# MYRIAD FLEET

## EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

### INSURANCE TERMINOLOGY

KEY TERMS	Description
Co-pay	A fixed amount that the insured pays for a covered health care service. If lab services are performed by these providers, an additional cost could apply towards the deductible.
Coinsurance	After the deductible is met, this is the percentage of the bill that the insured pays, with the insurance carrier paying the remaining percentage.
Deductible	The dollar amount the insured is responsible for paying, prior to the insurance carrier paying.
Guaranteed issue	If an insured elects benefits when first eligible, no health questions or wait period apply.
Late enrollee	If an insured or dependent do not sign up for benefits during the initial enrollment period, a waiting period could apply before certain services are covered.
Network	A group of health care providers that have contracted with an insurance company to provide care at a discounted/contracted rate. These providers include primary care physicians, specialty physicians, laboratories, x-ray facilities, hospitals, etc. The insured must utilize these providers for services to be covered.
Out of pocket maximum	The maximum amount a member will pay for in-network benefits during the calendar year.
Primary Care Physician	Your Primary Care Physician (PCP) is considered your main doctor. They are responsible for dealing with the vast majority of your health care issues.
Primary and Secondary Insurance	An employee's own group plan will always be their primary insurance plan, even to the extent of meeting a higher out-of-pocket max than the spouse's (secondary) insurance plan. If Medicare is involved, for companies with less than 20 employees, Medicare is primary. If more than 20 employees, Medicare is secondary. For children covered by two parents, the parent with the birthdate that comes 1st in the calendar year is considered the children's primary plan.
Specialist	A medical "Specialist" is a doctor who has completed advanced education and clinical training in a specific area of medicine, such as a cardiologist.
Wait period	The limited amount of time that an insured must wait before certain medical conditions will be covered, i.e., if you have a pre-existing medical condition, the plan may exclude coverage of the insured's condition for a pre-set period of time.

### LEGAL NOTICES

KEY TERMS	Description
Affordable Care Act ("ACA")	According to ACA law, if you are a rehire and return to work within 13 weeks or less, no wait period will apply to you receiving benefits.
Medicare—All Employees Over Age 65	If filing for social security, you'll automatically be enrolled in Parts A & B, at age 65. Penalties apply if you don't file on time, so it is advised that you file while you are still working. If you are eligible for Premium-Free Part A, your coverage starts retro-actively 6 months back, so it is very important to stop contributing to an H.S.A. six months before applying for Medicare or Social Security Benefits. Call our benefits advice line at (888) 225-8244 to discuss your situation.
Cobra and Continuation Information	Should you leave your employment, you will be eligible to continue coverage under the medical, dental and vision plans as a Cobra participant. You will receive a letter in the mail at that time detailing your rights and costs. Watch for this in the mail.
Family Medical Leave Act (FMLA)	Depending upon how many hours you have worked in the preceding year, you may be eligible for up to 12 weeks of unpaid leave via the Family Medical Leave Act (FMLA) should you become unable to work due to personal or family sickness. (Contact our Human Resources Department should you believe FMLA leave may apply to your situation.)
ERISA Compliance	All plan documents and notices are available through your online portal or Human Resources department. The federal law Employee Retirement Income Security Act (ERISA) imposes administrative obligations on employers with employee benefit plans. We strive to be compliant with all aspects of the law, including insuring you have access to detailed plan documents. If you have questions, please contact the Human Resources department.

# MYRIAD FLEET EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

## COLORADO DOCTORS PLAN—ACTIVATION STEPS

To follow are the activation steps that need to be completed by those signing up for the Colorado Doctors HMO Plan ONLY

- Go to MyUHC.com and click on “Register” to register with United Healthcare (UHC) or sign-in if you already have an account. If you are registering for the first time, you will need to enter a “plan code.” Your group number, located on the front of your ID card, is your plan code. The plan code needs to include a total of 7 characters, so if your group number only contains 6 characters, you will need to add a zero “0” to the front of the group number so you have a total of 7 characters.
- Next, you will need to answer a few questions:
  - ◇ how are UHC customer service representative authorized to contact you?
  - ◇ confirm your email
  - ◇ choose paper or electronic communications
  - ◇ provide phone number to communicate via text
  - ◇ confirm or change PCP
- You will then be directed to a Health Assessment page that will need to be completed. Your answers are then sent to your Primary Care Provider (PCP). No one else receives or can view your answers, not even UHC. If your answers cause concern to your PCP, the PCP will reach out to you directly.
- Once the Health Assessment is completed, you should receive:
  - ◇ a confirmation email, and
  - ◇ a follow-up email within 2 weeks that will include instructions on how to claim your free gift.

## ELECTING AN “HMO” PRIMARY CARE PHYSICIAN

When enrolling in an **HMO** medical plan, a Primary Care Physician (“PCP”) must be chosen. Go to <https://www.uhc.com/find-a-physician> to find an In-Network Primary Care Physician in the “**Doctors Plan HMO**” or “**Navigate HMO**” Network. Primary Care Physicians can be Family Practices, Generalists, Internists and Pediatricians. Family members are allowed to have different PCP’s. Note, the HMO plans (Options 2, 3 and 4) will only cover members and their dependents in the State of Colorado except in the case of a medical emergency. Option 1 is the Choice Direct national EPO network.

# MYRIAD FLEET EMPLOYEE BENEFITS GUIDE - 6/1/2022— 5/31/2023

## CONTACT INFORMATION

### ENROLLMENT PORTAL (Benefit Solver)

Enrollment Link: [www.mymyriadbenefits.com](http://www.mymyriadbenefits.com)

### UNITED HEALTHCARE

Account #: **06L2271**

Policy # for medical plan CMJ9/K19Y: 06L2273

Policy # for medical plan CBWU/K13Y: 06L2272

Policy # for medical plan BG6N/K24Y: 08Q3608

Policy # for medical plan CBWL/K24Y: 08Q3607

### United Healthcare—Health4Me App

The Health4Me app puts your health plan at your fingertips. You can access your health plan ID card, look up your family's health plan records, check current account balances, get directions to quick care options and more. Go to your app store and enter Health4Me to access.

### United Healthcare— Behavior Health Directory

Find a mental health or substance use provider, or facility, at: [www.myuhc.com](http://www.myuhc.com)

### United Healthcare—Virtual Doctor Visit (24/7)

Log on to [www.myuhc.com](http://www.myuhc.com), register your account, then choose from provider sites where you can register for a virtual visit (no appointment needed)

### United Healthcare—Medical

Customer Care: call the phone number found on the back of your ID card. If you do not have your ID card, call (866) 414-1959

Hours: 8:00am - 10:00pm ET

Websites: [www.welcometouhc.com](http://www.welcometouhc.com), [www.uhc.com](http://www.uhc.com), and [www.myuhc.com](http://www.myuhc.com)

### United Healthcare—Pediatric Dental via Medical Benefits

Find Providers: [www.myuhcdental.com](http://www.myuhcdental.com)

For assistance finding providers, call the number on the back of your medical ID card—Present Medical ID Card to provider in order to receive benefits

### United Healthcare—Pediatric Vision via Medical Benefits

Find Providers: [www.myuhcvision.com](http://www.myuhcvision.com)

Provider Locator: (800) 839-3242

Present Medical ID Card to provider in order to receive benefits



### PRINCIPAL

Account #: **1144426-10001**

### Principal Emotional Health Support Line

Licensed Behavioral Health Clinician: (800) 424-4512

### Principal—Dental, Vol Life/AD&D, Accident

Customer Service Representative: (800) 986-3343

Website: [www.principal.com](http://www.principal.com)

To have a representative contact you, go to:

[www.principal.com/contact-us](http://www.principal.com/contact-us)

Hours: Monday-Friday, 7:00am - 7:00pm, CST

Group Benefits Administration Team: (800) 843-1371 or email [GroupBenefitsAdmin@Principal.com](mailto:GroupBenefitsAdmin@Principal.com)

### Principal/VSP—vision

(for vision network questions only, otherwise call Principal)

Principal Customer Service Representative: (800) 986-3343

VSP network questions only: (800) 877-7195

VSP Hearing Impaired: (800) 428-4833

Websites: [www.principal.com](http://www.principal.com) and [www.vsp.com](http://www.vsp.com)

For questions about our insurance or if you're needing more information, please contact our broker, Maureen de Jongh, or our account manager, Wendy Hust.



Maureen de Jongh, PHR, Broker/Owner

888-225-8244, x701

[Maureendj@BlueChipBG.com](mailto:Maureendj@BlueChipBG.com)

Wendy Hust, Account Manager

888-225-8244, x702

[Wendy@BlueChipBG.com](mailto:Wendy@BlueChipBG.com)

Website: [www.BlueChipBG.com](http://www.BlueChipBG.com)