



BUSCOMONZEFI

Employee Benefits Guide

It's All About Work/Life Balance

By choosing to work at Buscomonzefi, you've taken a great step toward a satisfying career. Our staff of caring professionals who provide quality organizational and technological services make Buscomonzefi an exceptional place to work, but your career has to be balanced with your personal and family needs.

Buscomonzefi recognizes that a vital part of maintaining that balance is the peace of mind that comes from knowing you're supported by a comprehensive benefit plan. That is why we are pleased to present you with information about Buscomonzefi's Benefits Program. We offer a broad range of benefits from health coverage to voluntary plans designed to provide you with security in all your benefit needs.

We've Got You Covered

Buscomonzefi offers you a choice of health plans. Our dental and vision plans feature a comprehensive plan to assist you with all of your healthcare needs. Because your financial security is so important, we offer a 403(b) Defined Contribution Plan that accepts your before-tax contributions and gives you an employer match.

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Your Individual Benefits Plan

As an active full-time employee of Buscomonzefi you are eligible to participate in a competitive benefit program. This summary of benefits is provided to give you a general overview of the benefit choices you have as an employee. We have attempted to make this employee handbook as up to date and accurate as possible. However, if there are any discrepancies between this document and the plan's document, the plan's document will supersede. Employee benefit plans and policies may change over time. Please read all of the information provided to you below and contact Human Resources for any questions.

Enrolling

Once you choose your benefits they will be effective for the plan period. Changes, additions and other elections made during open enrollment will take effect on the effective date following the open enrollment period. The open enrollment period allows employees to add or change their benefits coverage without a qualified event. Once you have made a change, you generally cannot change that selection until the next open enrollment period. The IRS restricts the changes you can make to your coverage during the year. You can make a change during the year only if you have a qualified status change, and the coverage change you make must be consistent with that status change. To change your benefits, you must notify Human Resources within 31 days of the qualified event.

Qualified status change includes:

- A change in marital status due to marriage, divorce, or death of a spouse
- A change in your number of dependents due to birth, adoption, placement for adoption, or death of an eligible dependent
- A change in dependent status due to attainment of age or student status
- A change in work schedule involving both a reduction or increase in hours of employment for an employee or eligible dependent
- A change in residence or work that moves you out of your plans service area.

Eligible dependents:

- Legal spouse or civil union partner
- Your children up to a certain age
- Unmarried children physically or mentally incapable of earning a living

You may enroll your eligible dependents in the following: Medical (including prescription), dental, and vision

Part 1– Health and Welfare

Your health and benefits plan include medical, dental, vision, and a flexible spending account. We offer a variety of programs so you can choose the one that best meets your needs. Generally, your contributions are deducted on a pre-tax basis. This means that these contributions are taken out of your pay before your earnings are taxed. As a result, your taxable income is lower and you pay less in taxes.

Medical Coverage

Buscomonzefi offers medical insurance to all employees through Horizon Blue Cross Blue Shield. Employees are eligible for medical benefits after the first of the month following the date of hire. Employees and their eligible dependents may choose from several plans including: **OMNIA Silver or OMNIA Silver HSA** plan. The options differ in how they share costs with you and how they provide access to care. Please refer to the brief summary below to refer to your options.

OMNIA SILVER PLAN	OMNIA Tier 1	OMNIA Tier 2
General Provisions		
Individual deductible	\$0	\$2,500
Family deductible	\$0	\$5,000
Individual maximum out-of-pocket	\$6,850	\$6,850
Family maximum out-of-pocket	\$13,700	\$13,700
Health Care Services		
PCP Office Visits & Consultations	\$30 copayment	Deductible then 50% coinsurance
Specialist Visits & Consultations	\$50 copayment	Deductible then 50% coinsurance
Diagnostic Test and Imaging		
Lab/Radiology/Imaging PCP Office	\$30 copayment	Deductible then 50% coinsurance
Lab/Radiology/imaging Outpatient	\$50 copayment	Deductible then 50% coinsurance
Pharmacy Services		
Generic Drugs	\$15 copayment (retail) \$30 copayment (mail order)	\$15 copayment (retail) \$30 copayment (mail order)
Specialty and non-preferred drugs	50% coinsurance	50% coinsurance

Outpatient Surgery Services Both Hospital & Physician/Surgeon Both Ambulatory Surgical Hospital & Physician/Surgeon	\$250 copayment 0%	Deductible then 50% coinsurance Deductible then 50% coinsurance
Emergency/Urgent Care Services ER Hospital ER Professional/Medical Transportation Urgent Care Center	\$100 copayment & \$500 ER deductible then 30% coinsurance 0% \$50 copayment	\$100 copayment & deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Hospital Services Outpatient Hospital Inpatient Hospital Physician/Surgeon	\$50 copayment \$500 per day copayment 0%	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance

OMNIA SILVER HSA PLAN	OMNIA Tier 1	OMNIA Tier 2
General Provisions Individual deductible Family deductible Individual maximum out-of-pocket Family maximum out-of-pocket	\$1,500 \$3,000 \$3,500 \$7,000	\$2,500 \$5,000 \$6,450 \$12,900
Health Care Services PCP Office Visits & Consultations Specialist Visits & Consultations	Deductible then \$10 copayment Deductible then \$20 copayment	Deductible then \$25 copayment Deductible then \$40 copayment
Diagnostic Test and Imaging Lab/Radiology/Imaging PCP Office Lab/Radiology/imaging Outpatient	Deductible then \$10 copayment Deductible then 10% coinsurance	Deductible then \$25 copayment Deductible then 30% coinsurance
Pharmacy Services Generic Drugs	Deductible then 40% coinsurance	Deductible then 40% coinsurance

Specialty and non-preferred drugs	50% coinsurance	50% coinsurance
Outpatient Surgery Services Both Hospital & Physician/Surgeon Both Ambulatory Surgical Hospital & Physician/Surgeon	\$250 copayment 0%	Deductible then 50% coinsurance Deductible then 50% coinsurance
Emergency/Urgent Care Services ER Hospital ER Professional/Medical Transportation Urgent Care Center	\$100 copayment & \$500 ER deductible then 30% coinsurance 0% \$50 copayment	\$100 copayment & deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Hospital Services Outpatient Hospital Inpatient Hospital Physician/Surgeon	Deductible then 10% coinsurance Deductible then 10% coinsurance Deductible then 10% coinsurance	Deductible then 30% coinsurance Deductible then 30% coinsurance Deductible then 30% coinsurance

Please note that this guide contains only a summary of the plans. If there is a conflict between the plan documents and this guide, the plan documents prevail. OMNIA Health Plans don't require a Primary Care Physician or specialist referrals. Members will save more and have lower out-of-pocket costs when using certain doctors, hospitals and other health care professionals designated in our Doctor & Hospital Finder at HorizonBlue.com/DoctorFinder. Details of the plans may be found here: <https://www.horizonblue.com/members/plans-services/medical-plans/omnia-health-plans>

Dental Insurance

Buscomonzefi offers dental insurance through Horizon Dental. Employees are eligible for dental insurance after the first of the month following the date of hire. The **Horizon Family Grins** plan provides coverage at a low cost. For more information about your coverage please visit: http://dental.horizonblue.com/sites/default/files/31743%20A_Family%20Grins_11_14_17.pdf

	Pediatric in network younger than 19 years	Adults in network older than or equal to 19 years
Preventative/Diagnostic Deductible Individual	\$25	\$0

Family	\$0	\$0
Basic/Major		
Individual	\$100	None
Family	\$200	None
Benefit Period Maximum (basic, major, orthodontia)		
Individual	\$350	n/a
Family	\$700	n/a

Vision Insurance

All employees and their eligible dependents are eligible to enroll after the first of the month following the date of hire. **Horizon Vision 2** plans are administered through the Davis View Vision Network and the Horizon network. Also covered under Affordable Care Act. For more information visit: https://www.horizonblue.com/sites/default/files/2017-12/CMC0010513_SGVision.pdf and davisvision.com

	In-Network
Eye Examination	\$10 copayment
Frames	Non-Collection frame allowance (retail) Up to \$100 or \$1501 plus a 20% discount on any overage Davis Vision Frame Collection3 (in lieu of allowance): Fashion level / Designer level / Premier level Included / \$15 / \$40
Lenses-per pair	
Single Vision	Included
Bifocal	Included
Trifocal	Included
Lenticular	Included
Contacts	
Necessary (with prior approval)	Included

Decision Guide

- Step 1-Make your medical, dental, and vision benefit elections: Consider the coverage best for you and be sure to contact Human Resources for any questions.
- Step 2-Double check your benefit elections: Make sure your benefit elections correctly reflect the benefits you wish to maintain throughout the year.
- Step 3- Submit your benefit elections: Once you have finalized which benefit elections best suit your needs, you can submit your enrollment form to HR.
- Step 4-Confirm your benefits: Review your paycheck for proper deduction.