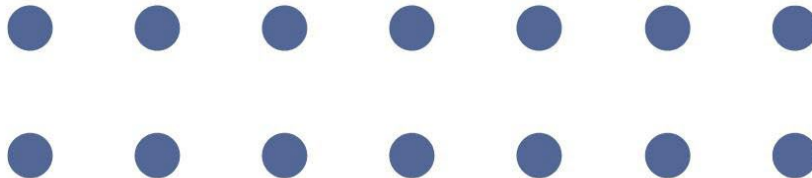


Benefits Guide

2025

January 1, 2025 – December 31, 2025



Important Contacts

Blackstone Consulting

Benefits Department
(310) 826-4389 Option #6 - Please leave a voicemail for a return call
HRemployeeservices@blackstone-consulting.com

Employee Assistance Program

Guardian ComPsych
(855) 239-0743
www.guidanceresources.com

OneDigital Advocacy

Employee Advocates
Marion Luminarias | (800) 264-9918 x53455
Marion.Luminarias@onedigital.com

Karina Villalpando | (800) 264-9918 x50459
Kvillalpando@onedigital.com

Medical Plans

UMR United Healthcare
(800) 826-9781
www.umar.com

Pharmacy Benefit Manager (PBM)

SmithRx
(844) 454-5201
www.smithrx.com

You also have plans available to you through Kaiser. Please log into ADP or contact your BCI Benefits Department for additional details.

Health Savings Account (HSA)

Optum Bank
(866) 234-8913 | www.optumbank.com

Medical Supplemental Plans

Guardian | Group #579678
(800) 541-7846 | www.guardianlife.com

Dental Plans

Guardian Group #579678
(800) 541-7846 | www.guardianlife.com

Vision Plan

Guardian VSP Group #579678
(877) 814-8970 | www.guardianlife.com

Life Plans

Guardian Group #579678
(800) 525-4542 | www.guardianlife.com

Whole Life Plan

Unum Group #0000R0848457
(866) 679-3054 | www.unum.com

Disability Plans

Guardian Group #579678
STD: (800) 268-2525 | LTD: (800) 538-4583
www.guardianlife.com

Pet Insurance

Nationwide
(877) 738-7874
www.petinsurance.com/blackstone-consulting

Welcome!

Welcome to your 2025 benefits! Your health and the health of your family is as important to us as it is to you. That's why we have carefully considered the available healthcare options and selected the plans that we feel offer first-rate benefits at a good value. During this enrollment period, please carefully review each of your options so that you can choose the plans that will best meet your needs. If you have any questions regarding your benefits, please contact us in Human Resources.



Eligibility

Who can enroll in benefits?

You can enroll on the plans included in this guide if you are full-time status, working at least **30 hours per week**. As a new hire, your medical benefits will be **effective after 90 days of full-time employment** and all other benefits will be **effective 1st of the month following 30 days of full-time employment**. For management positions, all benefits will be **effective 1st of the month following 30 days of full-time employment**.

Your Dependents can be enrolled on the plan with you if they meet one of the following:

- Legal spouse or qualified domestic partner
- Dependent children
- Children of your spouse or qualified domestic partner
- Dependent children of any age who are incapable of self-sustaining employment because of mental or physical handicap, and who receive from you or your spouse all of their support and maintenance, and who were continuously enrolled on the current medical plan **before the age of 26**

How much will it cost?

You will pay for your portion of the benefit cost through payroll deductions.

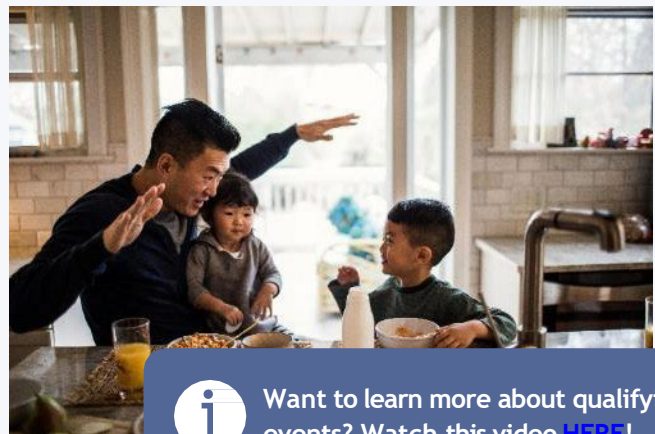
The deduction amounts are subject to change at any time as deemed appropriate. Any revisions and changes will be provided in writing with a minimum of 30 days prior to the implementation of the change in contributions.

When can I make changes?

Mid-year, you can make changes if one of these **qualifying events** occur: marriage, birth of a child, adoption, involuntary loss of coverage from a qualified group plan, divorce, legal separation, death of spouse or dependent child.

If you experience a qualified life event, you must notify and provide proof to your HR Department within 30 days of the event in order to make a change to your benefit elections.

Open Enrollment happens once a year and allows you to freely make changes to your plans and who is enrolled. For your company, this happens during the month of **November** each year for an effective date of **January 1st**.



Want to learn more about qualifying events? Watch this video [HERE!](#)

SBC & Uniform Glossary

Your employer is required to provide you with an easy-to-understand summary about the health plan benefits available to you, aka Summary of Benefits and Coverage (SBC) and a Uniform Glossary that outlines insurance definitions.

SUMMARY OF BENEFITS & COVERAGE (SBCs) are available free of charge from your HR department. Please contact HR to request copies of any or all of the medical plans that are offered to you during your plan year.

The **UNIFORM GLOSSARY** is a glossary of insurance definitions in standard, consumer-friendly terms. You may find this helpful as you are evaluating your options. To access the glossary visit:

www.healthcare.gov/glossary

Dependent Age Limits

Your dependent children will no longer be eligible to be enrolled on your plan beyond these age limits:

MEDICAL:
Until age 26

DENTAL:
Until age 26

VISION:
Until age 26

CHILD VOLUNTARY LIFE:
Until age 26



Employee Assistance Program

Sometimes life is stressful. When situations seem too tough to get through on your own, you have a lifeline for help. You and your household members can access confidential, professional assistance from an Employee Assistance Program (EAP).

Through the Guardian ComPsych EAP plan, you have access to personal resources and practical solutions to help make your life work better. Whether you need help managing stress or managing relationships, preparing for a new baby or caring for a loved one, EAP offers a wealth of information and support. It's confidential and available 24/7 at no cost to you.

To get started:

- Go to www.guidanceresources.com
- Or call (855) 239-0743 (available 24-hours a day, 7 days a week)
- Face-to-face visits. When needed, each person can receive up to 3 face-to-face (or virtual) visits with a licensed counselor per issue per year at no cost.

Voluntary Benefits Advisor (VBA) Employee Enrollment Help

Schedule an appointment with a VBA counselor for enrollment assistance:

OPEN ENROLLMENT HELP

Blackstone Consulting
<https://BlackstoneConsultingIncOE2025.as.me>

OneDigital Employee Advocacy

We get it, insurance is confusing. That's why you have a dedicated OneDigital employee advocate that loves to help!

Get assistance with:

- **Your enrollment**
As a new hire, during open enrollment and if you have a mid-year qualifying event
- **Accessing Care**
Locating in-network medical, dental and vision providers, hospitals and urgent care facilities near you and how to receive treatment by a specialist through the referral and authorization process
- **Understanding your Benefits**
Helping you understand the benefits available to you and how to use your insurance plans
- **Determining your Costs**
Explain the cost of service for in-network providers
- **Claims Resolution**
Effectively resolving claims disputes and confirming your claims were processed correctly by your carrier

Meet your OneDigital Employee Advocates!

Marion Luminarias | (800) 264-9918 ext. 53455
Marion.Luminarias@onedigital.com

Karina Villalpando | (800) 264-9918 ext. 50459
Kvillalpando@onedigital.com

Employee Support

Know Your Medical Plans

Using Your Kaiser HMO Plan

Generally, a Kaiser HMO operates as follows:

- You and any enrolled dependent(s) are permitted to visit any doctor or facility within the Kaiser Network.
- Before the insurance company will pay certain medical expenses, you may be required to pay a plan specific amount, referred to as the deductible.
- Services may require a fixed-dollar payment up front, referred to as a copayment. You do not have to submit claim forms to your insurance company.



Using Your PPO Plan

With a Preferred Provider Organization (PPO) plan you have greater flexibility and choice to use both in-network and out-of-network physicians. However, you are encouraged to receive services from the in-network doctors, specialists or facilities. By doing so, you obtain a higher level of benefit than if services were rendered from an out-of-network provider. Additional important information regarding the use of a PPO plan includes:

- You and any enrolled dependent(s) are permitted to visit any doctor or facility without a referral from a Primary Care Physician (PCP). Members do not need to elect a PCP.
- Certain services, such as doctor's visits, may require a fixed-dollar payment up front, referred to as a copayment.
- Before the insurance company will pay certain medical expenses, you may be required to pay a plan specific amount, referred to as the deductible. Once the deductible has been fulfilled, the insurance company will pay a large percentage of the cost of your care, known as coinsurance. You are then financially responsible for the remaining cost up to the out-of-pocket maximum.
- Claim forms are submitted to the insurance company on your behalf when services are received from within the network.
- An out-of-network emergency service will be covered with the same copay/coinsurance as an in-network emergency service; however, you could still be balance billed for charges that exceed the maximum allowed amount.

Using Your HSA PPO Plan

The HSA plan is High Deductible Health Plan (HDHP) paired with a Health Savings Account (HSA). The HDHP/HSA plan is comprised of two pieces that work together: A comprehensive medical plan (HDHP) and a Health Savings Account (HSA). The HSA is a great way to set aside funds to help meet the plan's deductible and pay for other qualified expenses throughout the year.



Need help deciding which plan is the best fit for you? Watch this quick medical plan comparison video [HERE](#).

Common Terms

Premium

A premium is the **total cost for your medical insurance**. You and your company share this cost. You pay your portion through payroll deductions.

Deductible

A deductible is the amount you must pay before the medical plan begins sharing the cost of services. You pay this full amount, if required by your plan, before the plan pays benefits.

- **Embedded Deductible:** A policy with a deductible for each person covered. Benefits kick in for a family member when they meet their individual deductible and for the whole family when at least two members do so. Embedded policies tend to have higher premiums to accommodate lower deductible options.

Copay

A **fixed amount** (for example, \$30) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

Coinsurance

Your **share of the costs** of a covered health care service, calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe.



Out-of-pocket Maximum

The annual out-of-pocket maximum protects you from major medical expenses. This is the most you would pay, including your deductible and copay, for eligible expenses during the year. Once you reach the out-of-pocket maximum, the plan pays 100% of the usual, customary and reasonable charges for covered services.

Evidence of Insurability (EOI)

Evidence of Insurability (EOI) is a record of a person's past and current health events. It's used by insurance companies to verify whether a person meets the definition of good health. You may have to submit this form to a carrier before you are able to elect certain amounts of coverage for voluntary plans.



Want to learn the language of insurance? Watch this video [HERE](#).

Medical – Kaiser HMO Plans

These HMO plan options are available to you and your dependents.
Your deductions are available to view in ADP.



MEDICAL PLAN DETAILS	Kaiser HMO SoCal and NoCal Only	Kaiser WA HMO Washington Only
IN-NETWORK BENEFITS		
Network Name	Kaiser HMO	Kaiser HMO
Calendar Year Deductible (Single/Family)	\$500/\$1,000 Embedded	\$500/\$1,000 Embedded
Calendar Year Max Out-Of-Pocket (Single/Family)	\$3,000/\$6,000 Embedded	\$3,000/\$6,000 Embedded
PHYSICIAN SERVICES		
Office Visits (PCP/Specialist)	\$20 Copay/\$40 Copay	\$20 Copay/\$40 Copay
Virtual Visit (PCP)	0%	0%
Urgent Care	\$20 Copay	\$20 Copay
Diagnostic Lab/X-Ray	\$10*	20%*
HOSPITAL SERVICES		
Inpatient Care (Includes Maternity)	20%*	20%*
Outpatient Surgery	20%*	20%*
Emergency Room (waived if admitted)	20%*	20%*
PRESCRIPTIONS		
Rx Deductible	None	None
Generic	\$10 Copay	\$10 Copay
Brand	\$30 Copay	\$30 Copay
Non-Formulary	\$30 Copay	\$30 Copay
Specialty	\$10, \$30 or \$30 Copay	\$10, \$30 or \$30 Copay

*Deductible applies

The co-insurance percentages listed are the amounts that you must pay for the service. This page shows the most commonly used benefits of each plan, but these plans cover much more! For a more complete listing of what is covered please consult the detailed benefit summary. This can be found in "Forms & Plan Documents" under "Benefit Section" in ADP.

HOW TO FIND AN IN-NETWORK PROVIDER

- Go to www.kp.org
- Click on "Doctors & Locations" on the homepage
- On the next page, you will be required to select your region
- Enter your location and search criteria, and click "Search" when you are finished
- On the next page you will be provided a list of doctors; you will be able to click on the doctor's name to obtain more information about that provider
- You can filter your search further by clicking "View all filters" and selecting your desired options; once finished, click "Update filters"

Kaiser Permanente Online registration

1. Go to www.kp.org/newmember
2. Click the "Register" button then "Create my account"
3. Follow the steps listed and fill out your personal and medical insurance information (Note: Your member ID is on your ID card that will be mailed to your home, but you can also request your Member ID from your Employee Advocate)
4. Once finished, click "Continue".
5. After you have registered, you can login and access your ID card digitally.

Kaiser Mobile App Registration

1. Download the Kaiser Permanente app to your mobile device and open the app.
2. Click "Register" in the bottom left.
3. Follow online registration steps 3-6.

Medical UMR Select Plus PPO & HSA Plans



These PPO plan options are available to you and your dependents.



Click [HERE](#) to learn more about UMR benefits.

MEDICAL PLAN DETAILS	UMR UHC SELECT PLUS PPO \$4000	UMR UHC SELECT PLUS PPO \$2000	UMR UHC SELECT PLUS HSA
IN-NETWORK BENEFITS			
Network Name	UHC Select Plus	UHC Select Plus	UHC Select Plus
Calendar Year Deductible (Single/Family)	\$4,000/\$8,000 Embedded	\$2,000/\$4,000 Embedded	\$5,500/\$11,000 Embedded
Calendar Year Max Out-Of-Pocket (Single/Family)	\$6,500/\$13,000 Embedded	\$5,000/\$10,000 Embedded	\$6,500/\$13,000 Embedded
PHYSICIAN SERVICES			
Office Visits (PCP/Specialist)	\$30 Copay/ \$60 Copay	\$30 Copay/ \$60 Copay	30%* / 30%*
Virtual Visit (PCP)	\$30 Copay	\$30 Copay	30%*
Urgent Care	\$50 Copay	\$50 Copay	30%*
Diagnostic Lab/X-Ray	30%	20%	30%*
HOSPITAL SERVICES			
Inpatient Care (Includes Maternity)	30%*	20%*	30%*
Outpatient Surgery	30%*	20%*	30%*
Emergency Room (waived if admitted)	30%*	20%*	30%*
PRESCRIPTIONS			
Rx Deductible	None	None	Combined with Medical
Generic	\$10 Copay	\$10 Copay	\$10* Copay
Brand	\$35 Copay	\$35 Copay	\$35* Copay
Non-Formulary	\$70 Copay	\$70 Copay	\$70* Copay
Specialty	\$10, \$150 or \$250 Copay	\$10, \$150 or \$250 Copay	\$10*, \$150* or \$250* Copay

Benefits with an asterisk () require that the deductible be met before the plan begins to pay.

The co-insurance percentages listed are the amounts that you must pay for the service. For a more complete listing of what is covered, including out-of-network benefits, please consult the detailed benefit summary from the insurance carrier.

Pharmacy Benefit Manager



Your Pharmacy Benefit Manager (PBM) is SmithRx.

SmithRx coordinates the interaction between your employer, physician, and pharmacy.

SmithRx powers your pharmacy experience by:

- Making sure you're charged the correct copay at the pharmacy
- Setting up your medications to be covered according to your plan design
- Managing clinical requirements related to your prescriptions

How Do I Get Coverage?

You're automatically covered when you enroll in your health plan.

What Pharmacies Are Covered?

SmithRx has partnered with a wide range of pharmacies and locations, including but not limited to the below!

Retail Network



Mail Network



Specialty Pharmacy



Extra Savings Opportunities

If you're taking a qualifying drug, you may hear from SmithRx about additional cost savings programs. These programs can help you achieve \$0 copays on expensive drugs and help your pharmacy plan save. Click the Learn More button above for more details.

For the most commonly asked questions about pharmacy benefits click [HERE!](#)

Click [here](#) to watch an introductory video about SmithRx and learn how it works!

Understanding your ID card



Here is an example of what your medical ID card might look like. Please note that each medical plan is unique, and your ID card may differ from the sample provided below.

- 1. Member ID:** The number assigned specifically to you to track all of your benefits and claims information.
- 2. Dependents:** A list of the family members who are covered under your plan.
- 3. PPO:** Your medical provider network, also referred to as your preferred provider organization (PPO). Going to doctors, clinics and hospitals in your network will save you money.
- 4. Group number:** The number assigned to identify your group health plan.
- 5. Rx numbers:** Information about your prescription drug plan. Pharmacists use this to process your claims.

More on the back

Look for contact information and more on the back of your ID card.

- 6. Plan details:** Your in-network (In-Net) and out-of-network (Out of Net) medical individual and family deductibles (Ded) and out-of-pocket maximums (OOPM) information.
- 7. UMR CARE number:** Call this number only when you need medical services and your plan requires prior authorization for those services.
- 8. Customer service number:** This is your main number to call for questions about claims or benefits.
- 9. Pharmacy benefits number:** Call this number when you have questions about pharmacy benefits.



Virtual Care

Virtual care through Kaiser & UMR Teladoc combines in-office quality with in-home privacy and convenience.

GETTING STARTED WITH KAISER:

- Web: www.kp.org
- Phone: (800) 464-4000

GETTING STARTED WITH UMR TELADOC:

- Web: www.Teladoc.com
- Phone: (800) Teladoc (835-2362)



Carrier Mobile Apps

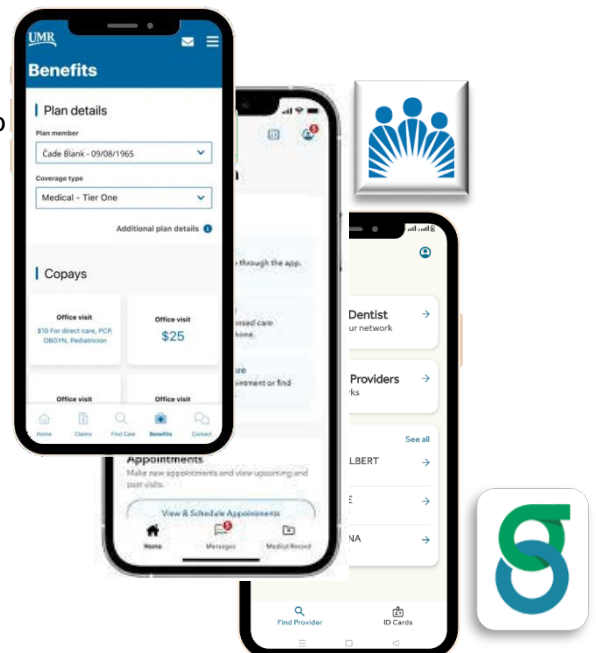
When you're in your car, at the doctor's office, at home, or on the go, your carrier mobile apps will get you the answers you need instantly!

Features of Mobile Apps:

- With the carrier apps you can search for physicians, dentists or vision providers by location or specialty
- Estimate medication costs, manage Rx claims and find pharmacies
- View and share member ID card info
- Contact a registered nurse 24/7 for advice about medical questions
- View, sort and pay claims

Available as free downloads from the App Store and Google Play Store.

Click [here](#) to learn more about the UMR app.



Mobile Apps

Health Savings Account

An HSA allows you to save pre-tax dollars for current and future healthcare expenses. The HSA is completely owned by you and allows you to have more control over your healthcare dollars. Unused funds and interest rollover without limit from year to year.



OPTUM BANK	
2025 IRS MAXIMUM ANNUAL CONTRIBUTION	
Enrolled as Employee Only	\$4,300
Enrolled with Dependent(s)	\$8,550


Are you eligible for an HSA?

You are eligible to open and fund an HSA if:

- You are enrolled in the HSA medical plan as your sole health plan coverage
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare or TRICARE for Life
- You have not received Veterans Administration (VA) Benefits within the past 3 months (excludes VA benefits received for a combat-related condition/disability)

Using your HSA as a powerful retirement tool

The funds in an HSA can be used for general non-medical purposes, without penalty, once you reach age 65. While HSAs are not intended to be used for retirement – they're designed for you to use funds to pay for qualifying healthcare expenses – they are a tax-friendly investment vehicle and can act as a powerful retirement-savings tool if you let your balance compound over years.

 What is an HSA plan? Watch this video [HERE](#) to find out more!

If you are 55 or older, you can contribute an extra \$1,000 each year through the HSA Catch-Up Contribution.

How to use an HSA

START IT

You can set up your own HSA!

BUILD IT

Your contributions to your HSA are pre-tax through payroll contributions (Limits apply).

USE IT

You can use the money in your HSA to pay for covered health care for you and your qualified dependents (like the deductible and coinsurance). Withdrawals from your HSA (for qualified expenses) are tax-free!

GROW IT

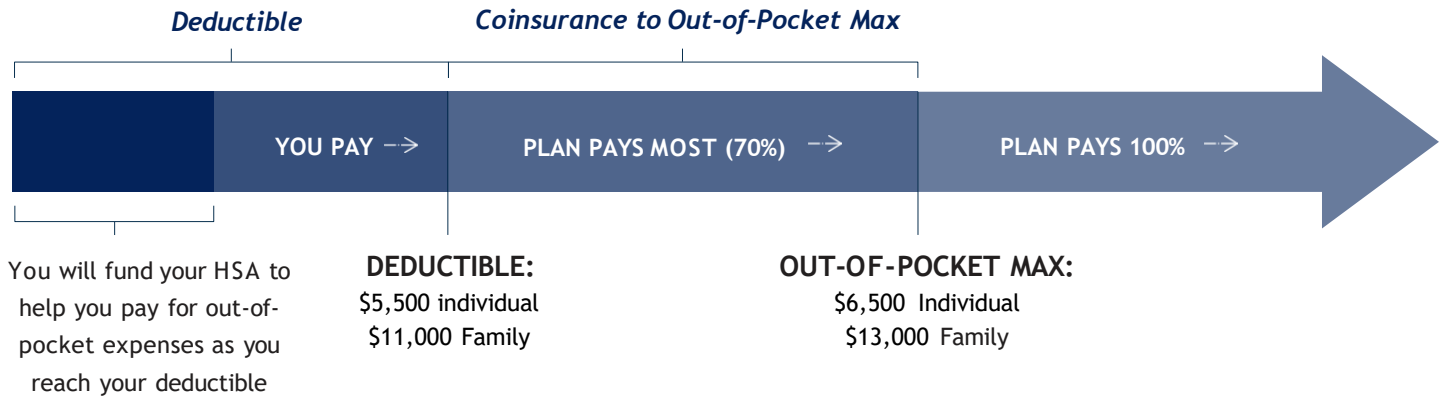
Unused money in your account will roll over to the next year. Your account will earn interest and grow over time.

KEEP IT

You always own the money in your HSA, including all contributions and any interest and other investment earnings. You can also take the account with you if you change employers.

How your plan and the HSA work together

By enrolling in the HSA medical plan, you can stretch your health care dollars and still have comprehensive and rich coverage for you and your family. Here's how the HSA plan works in-network:



1 In-network preventive care is covered at 100%

The HSA medical plan provides in-network preventive care at 100%, with no deductibles, copays, or coinsurance.

2 Reach your deductible by using your HSA

The HSA is there to help you pay for non-preventive care. Your HSA will help you pay for a portion of your deductible.

3 Coinsurance: sometimes you need a little extra protection

If you reach your deductible, the HSA plan pays 70% coinsurance and you pay 30% for in-network care, other than Prescriptions which begin with their co-pays.

Like the other PPO plans, the HSA plan begins paying its share of most covered medical expenses after you meet your deductible. Once your out-of-pocket costs (deductible, copays, coinsurance, etc.) reach the specified maximum, the plan will pay 100% of most of your in-network covered expenses for the rest of the calendar year.





Preventive Care

Preventive care visits can help detect unhealthy habits before they become a risk and potentially save your life. Our health plans offer an annual **in-network** well check at **no cost to you**. When you get these services from doctors in your plan’s network, you don’t have to pay anything out of your own pocket.



To learn more about preventive care benefits, watch this quick educational video [HERE](#).

Get more out of your well checks by preparing yourself:

- Make a list of health concerns.
- Make a list of medications you are taking.
- If you are seeing a new doctor, get copies of your medical records and your family medical history.
- Review your health plan in advance to be sure you understand your coverage.
- Call your doctor in advance to see which tests/screenings are usually run. You can request that your doctor not perform tests not covered by your health plan.

Where to Seek Care

Benefit from significant savings using an urgent care or virtual care facility versus a hospital Emergency Room (ER) without sacrificing quality of care.

URGENT CARE SERVICES

For injuries and illnesses that aren’t life threatening but need fast care. Some conditions you can use urgent care for include:

- Sprains
- Strains
- Minor broken bone
- Mild asthma attacks
- Minor infections
- Small cuts
- Minor burns
- Urinary tract infections
- Pelvic infections
- Sore throats

VS

EMERGENCY CARE SERVICES

For serious and/or life-threatening conditions such as:

- Heavy bleeding
- Trouble breathing
- Severe head injury or changes in mental status
- Chest pain or pressure
- Sudden or severe pain
- Sudden dizziness, weakness, or changes in vision
- Severe or persistent vomiting or diarrhea
- Loss of consciousness
- Spinal injuries

VS

VIRTUAL CARE SERVICES

For minor conditions and convenience. Get care from the comfort of your own home or on the road. Some conditions you can use virtual care for include:

- Flu
- Minor rashes
- Tooth pain
- Pink eye
- Allergies
- Cold & fever
- Sore throat
- Skin infections
- Headache
- Diarrhea

Learn More...



To learn more about Urgent Care vs Emergency Room care, watch this quick educational video [HERE](#).

Medical Supplemental


For added protection, we are pleased to offer **Accident, Critical Illness and Hospital Indemnity** insurance options with **Guardian!** These coverages are voluntary and are paid for by you, the employee, through payroll deductions.



01 Accident Insurance

Accident insurance can help you pay for the out-of-pocket costs you may experience after an accident and pays regardless of any other insurance you have.

- A limited benefit policy (not health insurance)
- Spend benefits on what you need – medical expenses, groceries, utilities
- Benefits for common injuries like fractures, dislocations, and concussions
- Benefits for emergency room visits, ambulance, hospital care, surgery and physical therapy

 Learn more about Accident Insurance [HERE](#).



02 Critical Illness Insurance

Being diagnosed with a critical illness can be devastating, both personally and financially. Breathe easier knowing critical illness insurance can help you pay your out-of-pocket expenses and allow you to focus on your health. Evidence of Insurability (EOI) may be required if you elect coverage over the guarantee issue amount or if you enroll after your initial eligibility period. **Refer to ADP for your individual Critical Illness rates.**

 Learn more about Critical Illness Insurance [HERE](#).



03 Hospital Indemnity Insurance

Hospital indemnity insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehab facility. The benefit amount is determined by the type of facility and the number of days you stay. A few examples of how this coverage could be used are:

- Medical expenses, like deductibles and copays
- Travel, food and lodging expenses for family
- Childcare
- Everyday expenses like utilities and groceries

 Learn more about Hospital Indemnity Insurance [HERE](#).

To enroll in any of these supplemental plans, please contact a VBA counselor. Enrollment will not be available through ADP.

Accident Insurance

	GUARDIAN (Off the Job Plans)	
HOSPITALIZATION	Silver Plan Advantage Plan	Gold Premier Plan
General Admission	\$1,000/\$2,000	\$1,500/\$3,000
Confinement	\$250 per day Max 365 days per covered accident	\$300 per day Max 365 days per covered accident
Intensive Care Unit Confinement	\$500 per day Max 15 days per covered accident	\$600 per day Max 15 days per covered accident
MEDICAL FEES		
Physician Visits (Follow up)	\$100	\$125
Emergency Room	\$200	\$250
Ambulance Benefits	\$200-\$1,000	\$300-\$1,500
WELLNESS BENEFIT		
Employee + Spouse + Child(ren)	\$50 per enrolled member per calendar year	

Critical Illness Insurance

	GUARDIAN	
BENEFIT AMOUNTS	Employee	Family
Maximum	\$30,000	Spouse: 100% of employee's lump sum Child: 50% of employee's lump sum
Increments	\$10,000, \$20,000, \$30,000	
Guarantee Issue	\$10,000, \$20,000, \$30,000	
COVERED ILLNESS (% of face amount)		
Cancer (Invasive)		100%
Heart Attack		100%
Major Organ Transplant		100%
End Stage Renal Failure		100%
Stroke		100%
Cancer in Situ		30%
Coronary Bypass Surgery		30%
WELLNESS BENEFIT		
Employee + Spouse + Child(ren)	\$50 per enrolled member per calendar year	

Hospital Indemnity Insurance

	GUARDIAN	
HOSPITALIZATION	Plan 1	Plan 2
Hospital Admission	\$1,500 per admission Max 2 admissions per year, per insured	\$2,000 per admission Max 2 admissions per year, per insured
Hospital/ICU Admission	\$3,000 per admission Max 2 admissions per year, per insured (Not payable same day as Hospital Admission payout)	\$4,000 per admission Max 2 admissions per year, per insured (Not payable same day as Hospital Admission payout)
WELLNESS BENEFIT		
Employee + Spouse + Child(ren)	\$75 per enrolled member per calendar year	

Dental Plans

These plan options are available to you and your dependents.

DENTAL PLAN DETAILS	GUARDIAN DENTAL HMO <i>Available in: CA, NY, NJ, IL, FL, CO, OH, TX</i>	GUARDIAN DENTAL PPO NAP <i>Available in all states to all employees</i>	GUARDIAN DENTAL DHPO <i>Available in states that don't have an HMO option: Non-CA, NY, NJ, IL, FL, CO, OH, TX</i>
IN-NETWORK BENEFITS			
Network Name	Managed Dental Care (CA)	DentalGuard Preferred	DentalGuard Preferred
Calendar Year Deductible (Single/Family)	\$5 Office Visit	\$50/\$150	\$50/\$150
Calendar Year Max Benefit	Unlimited	\$1,500	\$1,000
Rollover	N/A	Included	N/A
PREVENTATIVE SERVICES			
Oral Exam	0%	0%	0%
X-Rays	0%	0%	0%
BASIC SERVICES			
Amalgam and Resin-Based Fillings	\$8-\$60	20%*	20%*
Anesthesia	\$0	20%*	20%*
Root Canal	\$120-\$180	20%*	20%*
Deep Cleaning	\$50 per Quadrant	20%*	20%*
Single Extraction	\$12-\$15	20%*	20%*
Impaction	\$35-\$140	20%*	20%*
MAJOR SERVICES			
Complete Denture	\$452	50%*	50%*
Partial Denture	\$500	50%*	50%*
Crowns	\$375	50%*	50%*
Implants	Not Covered	Not Covered	Not Covered
ORTHODONTICS			
Orthodontia Coverage (Child/Adult)	\$1,895/\$2,195	50% \$1,500 Lifetime Max Benefit	Not Covered
OUT-OF-NETWORK FEE SCHEDULE	N/A	UCR 90th	Fee Schedule

Benefits with an asterisk () require that the deductible be met before the plan begins to pay.

The co-insurance percentages listed are the amounts that you must pay for the service. This page shows the most commonly used benefits of each plan, but these plans cover much more! For a more complete listing of what is covered please consult the detailed benefit summary. This can be found in "Forms & Plan Documents" under "Benefit Section" in ADP.

Vision Plan

This plan option is available to you and your dependents.

VISION PLAN DETAILS	GUARDIAN VSP VISION
Network Name	VSP Choice Network
Vision Exam Copay	\$10 copay
BENEFIT FREQUENCY	
Examination/Lenses/Frames	12 months/12 months/12 months
LENSES/MATERIAL	
Single Vision Lenses	\$20 copay
Bifocal Lenses	\$20 copay
Trifocal Lenses	\$20 copay
Lenticular Lenses	\$20 copay
FRAMES/CONTACTS (in lieu of frames)	
Frame Allowance	Up to \$150*
Elective Contact Allowance	Up to \$150*
Medical Necessary Contact Lenses	100% covered after materials copay is paid
BENEFIT FREQUENCY RESETS	Calendar Year

**For In-Network, this is an Allowance Amount. For Out-of-Network, Insurance provider reimburses up to this amount.*

This page shows the most commonly used benefits of each plan, but these plans cover **much more!** For a more complete listing of what is covered please consult the detailed benefit summary. This can be found in “Forms & Plan Documents” under “Benefit Section” in ADP.



Provider Search

Medical Provider

- Go to: www.umar.com
- On the home page, click on the “Find a provider” tile
- For the Provider Network Name, select the following:
 - For the PPO or HSA plans, click the drop-down arrow next to the letter “U” and click on [“UnitedHealthcare Select Plus Network \(English\)”](#)
- For medical providers, choose “View Providers.” For behavioral health providers (including counseling and substance abuse), select “Behavioral health directory”
- If prompted, enter your location and any additional search parameters. This will take you to a list of covered providers

Dental Provider

- Go to: www.guardianlife.com
- Click “Find a dentist” at the top of the page, and on the next page click “Find a dentist” under the section that indicates “Dental benefits bought through your workplace”
- For the HMO Plan, select “Managed Dental Care (DHMO/Prepaid)”
- For the PPO Plans, select “PPO: DentalGuard Preferred”
- Enter your city, state or zip code
- Click the magnifying glass icon, and a list of providers will appear. You can sort and modify the results as needed
- **Note:** If enrolling in the HMO plan, once you find your desired primary care dentist, look for their “PCD ID#” number and record this number when you’re making your dental enrollment.

Vision Provider

- Go to: www.guardianlife.com
- Click “Find a vision provider” at the top of the page
- Under “Select your vision network” select “VSP”
- Enter your location details
- Enter any additional search criteria
- Click the “Advanced Search” link and select “Choice” as your Doctor Network
- Click “Search”
- Search results will display on the next screen

Life Plans

These plans are available to you and your dependents. **When enrolling, don't forget to name your beneficiary!**

Group Life/AD&D

Your employer provides you with life and accidental death and dismemberment (AD&D) insurance coverage, **free to you!**

	GUARDIAN
BENEFIT AMOUNT	
Base Benefit Amount	\$25,000
Guaranteed Issue Amount	\$25,000
AGE REDUCTIONS	
Reduction at 65	35%
Reduction at 70	50%

Voluntary Life/AD&D

You can purchase additional life and AD&D insurance for you and your dependents. This plan is optional and paid 100% by you through payroll deductions if you choose to sign up.

A basic summary of Voluntary Life benefits are included here. Benefit rates are based on the employee's age. **Please view the carrier's full plan summary document for a detailed description of what is or is not covered, along with rates.**

	GUARDIAN
BENEFIT AMOUNT	
Employee Coverage	\$10,000 to \$500,000 in increments of \$10,000
Spouse Coverage	\$5,000 to \$250,000 up to 50% of employee's amount in increments of \$5,000
Dependent Coverage	\$10,000 in increments of \$1,000
GUARANTEE ISSUE	NEW HIRES ONLY
Employee Coverage	\$150,000
Spouse Coverage	\$30,000
Dependent Coverage	\$10,000
AGE REDUCTIONS	
Age Reduction at 65	35%
Age Reduction at 70	50%
PORTABLE OR CONVERTIBLE	Both

Evidence of Insurability (EOI) may be required if you elect coverage over the guarantee issue amount or if you enroll after your initial eligibility period.



You may complete your EOI online at: www.guardiananytime.com/eoi enter group number 579678 when prompted.

Whole Life Plan

Your employer also provides you with Whole Life Insurance coverage through Unum. This plan locks in a rate for life.

Refer to VBA or reach out to Human Resources for more plan details and pricing.

Disability Plans

Your income is often your most important financial asset. Disability insurance will help to replace a portion of your income if you experience a covered illness or injury. These plans are available to you.

Voluntary

Short-term Disability

This voluntary plan benefit amount is **integrated with any State Disability Insurance (if applicable in your state)**. Please view the carrier's full plan summary document for a detailed description of what is or is not covered, along with rates.

Please refer to ADP for your individual STD rates.

	GUARDIAN
WEEKLY BENEFIT	
Percentage of Salary Up to 60% (state integrated) (20% for CA residents - non-integrated)	
Maximum Weekly Benefit	\$1,000
PLAN DETAILS	
Elimination Period (Accident/Sickness)	7 days/7 days
Maximum Benefit Duration	12 weeks
Pre-Existing Limitations	3/12*

Voluntary

Long-term Disability

Long-term disability coverage can provide lasting income protection if you remain unable to work. Long-term disability insurance will start paying out at the end of short-term disability coverage period.

Please refer to ADP for your individual LTD rates.

	GUARDIAN
MONTHLY BENEFIT	
Percentage of Salary	60%
Maximum Monthly Benefit	\$10,000
PLAN DETAILS	
Elimination Period	90 days
Definition of Disability	2 years
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Pre-Existing Limitations	3/12*

*Disabilities that occur during the first 12 months of coverage due to pre-existing condition during the 3 months prior to coverage are excluded.

Additional Benefits



01 Pet Insurance

You care about your pets and consider them a member of your family. As an important part of the family, you want to make sure they are well taken care of. We are pleased to provide you with a pet coverage benefit option through **Nationwide**. A complete list of what is covered is included in the carrier benefit summary.

For more information or to enroll:

Website: www.petinsurance.com/blackstone-consulting

Phone: (877) 738-7874



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Just like all other pet insurers, we don't cover **pre-existing conditions**.^{*} However, we go above and beyond with extra features such as **emergency boarding, lost pet advertising and more**. Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

^{*}Any illness or injury that your pet had prior to the start of your policy will be considered a pre-existing condition.

Easy enrollment

1 Select the species (dog or cat)**

2 Provide your zip code

3 Pick your plan

**To enroll your bird, rabbit, reptile or other exotic pet, please call 888-899-4874.

vethelpline

Available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional (\$150 value). Only from Nationwide®.



Get your pet insurance reimbursements deposited directly to your bank.

Submit claims right from your smartphone with the free VitusVet app.



Download from the App Store



Download from Google Play

Email, fax and snail mail claim submissions also available.

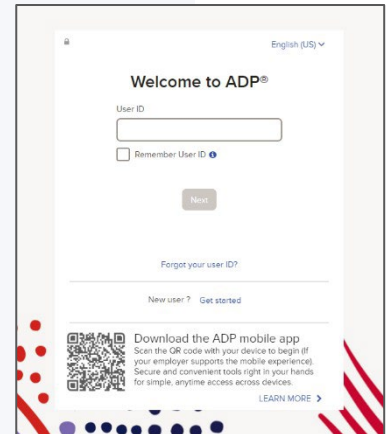
How to Enroll

Your company uses the online enrollment system, **ADP**, to make enrollment and future changes easy on employees. This system will allow you to make all of your benefit elections online without any forms. You can also access this system throughout the plan year to review benefit information or make demographic or enrollment changes.

1 Logging into your benefits portal

Access the ADP Associate Self Service Web site at: www.workforcenow.adp.com

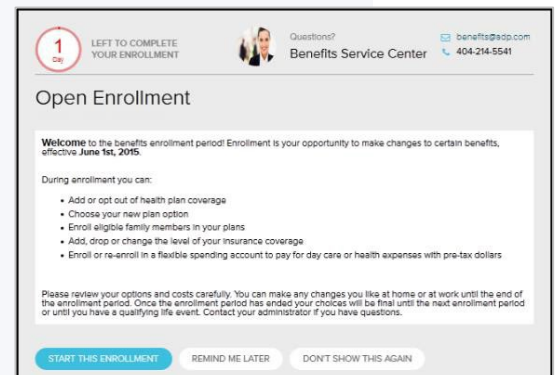
- Click User Login
- Enter your User ID and Password
- If this is your first time logging in, or you need help getting started, click on the “Register Here” link for instructions and assistance. (Please reach out to Human Resources for the Company Code if first time user.)
- Click Log In



2 Completing your enrollment

After you log in, if you are in an eligible enrollment period, like a New Hire Enrollment or Open Enrollment period, a pop-up will appear when you first log in. To make your elections, click Start This Enrollment.

- Once you start the enrollment process, read the welcome letter and answer any questions if applicable. Click Continue when done.
- The left side of the screen will indicate the different plan types that are available to enroll in. When you are viewing the selected plan type, all enrollment options will be displayed on the screen.
- You may choose to click Select Plan for the desired enrollment or Waive This Benefit. If you chose to waive a benefit, you may be required to select a waive reason.
- When you choose to enroll in a plan, you may review your costs on a Per Pay Period, Monthly or Annual basis by selecting the desired view in the calculator drop-down.
- While enrolling, please be sure to indicate which dependents should be covered in the plan, if applicable. If you need to update or add a dependent, you may click the Manage Dependents link.
- **MAKE SURE TO INDICATE BENEFICIARY DESIGNATIONS** for all applicable plans.
- Click Continue to Preview. Review your enrollment, costs and covered individuals. Then click Save and Continue to Next Benefit to continue making your desired selections.



3 Confirming & submitting your selections

- Continue through each step until all elections are complete and the Continue to Summary button is activated
- Review all selections. When you are ready to confirm your selections, click Submit Enrollment. Please note that your benefit elections will not be processed until you click Submit Enrollment. If Save for Later is selected, these enrollments will not be submitted to Human Resources.
- You should receive a confirmation note indicating your elections have been submitted.
- **PLEASE PRINT THE BENEFIT STATEMENT FOR YOUR REVIEW AND REFERENCE.**

Required Notices & Enrollment



Employee Notices

Please review the required employee notices detailing your rights and options by clicking the link below. You can also request a paper copy of any of these notices at any time.

[DOWNLOAD NOTICES HERE](#)



Ready to Enroll?

Are you ready to make your benefit elections? Click the link below to log into your enrollment system and begin your enrollment.

[ENROLL NOW](#)

The rates and benefit plan information shown in this guide are illustrative only. To the extent the rates or the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents and/or plan document(s) that govern the terms and conditions of the plans described in this guide, the underlying insurance and/or plan documents will govern in all cases. The insurance carrier will determine the actual rates based upon the final member enrollment, plan selection, funding, type, and eligibility criteria. Until that time, and the carrier's final communication, the rates will be subject to change.



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