



# 2022 BENEFITS GUIDE

PLAN YEAR:  
JANUARY 1, 2022 -  
DECEMBER 31, 2022



BCI

BLACKSTONE  
CONSULTING, INC



## WELCOME TO YOUR 2022 BENEFITS!

This year will be a **passive** Open Enrollment. You are encouraged to take action by logging into [www.myadp.com](http://www.myadp.com) to review and/or select your plan(s) between **Monday, November 8<sup>th</sup> and Monday, November 29<sup>th</sup>**. **Your current benefits will automatically roll over if you do not login to ADP.**

Your health and well-being are important to us. Benefit-eligible employees are offered a variety of plans to help address their health needs, as well as the needs of their families. All of the benefit plans have been carefully selected so you can choose the options that fit your needs.

Please take a moment to review the benefits available to you and your dependents. **Your medical benefits are offered through Kaiser.** Please contact the BCI Benefits Department for more information regarding your medical plan options as well as any other questions concerning your benefits.

## IMPORTANT CONTACTS

### **Blackstone Consulting**

Benefits Department  
(424) 293-5305 - Please leave a voicemail for a return call  
[HREmployeeservices@blackstone-consulting.com](mailto:HREmployeeservices@blackstone-consulting.com)

### **OneDigital Health & Benefits**

Employee Advocate: Jackie Soberanis  
(800) 264-9918 x7887 | [JSoberanis@onedigital.com](mailto:JSoberanis@onedigital.com)

### **Accident & Critical Illness Plan**

Guardian | Group # 579678  
(800) 541-7846 | [www.guardiananytime.com](http://www.guardiananytime.com)

### **Dental Plan**

Guardian | Group # 579678  
(800) 541-7846 | [www.guardiananytime.com](http://www.guardiananytime.com)

### **Vision Plan**

Guardian VSP | Group # 579678  
(877) 814-8970 | [www.guardiananytime.com](http://www.guardiananytime.com)

### **Voluntary Life Plan**

Guardian | Group # 5719678  
(800) 525-4542 | [www.guardiananytime.com](http://www.guardiananytime.com)

### **Additional Benefits**

Pet Insurance, Aflac, & TransAmerica Plans  
Please see pages 12-13 for contact information

### **EAP Plan**

Guardian  
(800) 386-7055 | [www.ibhworklife.com](http://www.ibhworklife.com)  
User ID: Matters  
Password: wlm70101



## DEPENDENT AGE LIMITATIONS

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

### MEDICAL:

under age 26

### DENTAL:

under age 26

### VISION:

under age 26

### CHILD VOLUNTARY LIFE:

under age 26

## 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/week**. As a new hire, your 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

## 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](http://www.healthcare.gov/glossary)

## WHEN CAN I MAKE CHANGES?

**Mid-year**, you can make changes if one of these 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.

**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.

## HOW MUCH WILL IT COST?

You will pay for your portion of the benefit cost through payroll deductions. The cost of each plan is included in a separate rates sheet which will show your monthly cost, as well as how to calculate your payroll deductions.

If changes are needed you will be notified in writing with no less than 30 days notice.



# MEDICAL SUPPLEMENTAL PLAN OPTIONS

These plans compliment your medical plan. They help cover some of the gaps where you may experience out-of-pocket costs that aren't covered under your medical plan. The following plans are available to you and your dependents.

## Guardian Group Accident Insurance (Off-Job Plan)

### ACCIDENT PLAN

Accident insurance can help you pay for the out-of-pocket costs you may experience after an accident and pay 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

	Silver Plan	Gold Plan
<b>HOSPITALIZATION</b>		
<b>General Admission</b>	\$750	\$1,000
<b>Confinement</b>	\$150 per Day Max 365 days per covered accident	\$250 per Day Max 365 days per covered accident
<b>Intensive Care Unit Confinement</b>	\$300 per Day Max 15 days per covered accident	\$500 per Day Max 15 days per covered accident
<b>MEDICAL FEES</b>		
<b>Physician, Urgent Care/Hospital Emergency Room</b>	\$75	\$100
<b>Ambulance Benefits</b>	\$150	\$200
	\$150-\$750	\$200-\$1,000
<b>WELLNESS BENEFIT</b>		
<b>Employee / Spouse / Child(ren)</b>	\$50 per Calendar Year each	\$50 per Calendar Year each

## Guardian

### EMPLOYEE/SPOUSE BENEFIT AMOUNTS

Maximum \$30,000

Increments \$10,000, \$20,000, or \$30,000

Guarantee Issue \$10,000, \$20,000, or \$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 Calendar Year each

### CRITICAL ILLNESS PLAN

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.

Please refer to ADP for your individual Critical Illness rates.



# YOUR DENTAL PLAN OPTIONS

These plans are available to you and your dependents.

	Guardian DHMO California Only	Guardian DPPO All Employees	Guardian DHPO Non-California Only
<b>IN-NETWORK BENEFITS</b>			
Network Name	Managed Dental Care (CA)	DentalGuard Preferred	DentalGuard Preferred
Calendar Year Deductible (Single/Family)	\$5 Office Visit	\$50/\$150	\$50/\$150
Maximum Calendar Benefit	Unlimited	\$1,500	\$1,000
<b>PREVENTIVE SERVICES</b>			
Oral Exam	0%	0%	0%
X-Rays	0%	0%	0%
<b>BASIC SERVICES</b>			
Resin-Based Fillings	\$20-\$60	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%*
<b>MAJOR SERVICES</b>			
Complete Denture	\$452	50%*	50%*
Partial Denture	\$500	50%*	50%*
Crowns	\$375	50%*	50%*
Implants	Not Covered	Not Covered	Not Covered
<b>ORTHODONTICS</b>			
Child/Adult	\$1,895/\$2,195	50% \$1,500 Lifetime Max Benefit	Not Covered
<b>NON-NETWORK FEE SCHEDULE (IF APPLICABLE)</b>	N/A	UCR 90th	Fee Schedule

*\*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.guardiananytime.com](http://www.guardiananytime.com)
- Under "Connect with us" select "Find a Provider"
- For the DHMO plan, select "Managed Dental Care (DHMO/Prepaid)"
- For the DPPO & DHPO plans, select "PPO"
- Enter your location and dentist name (optional)
- Click "Search"
- Search results will display on the next screen
- IMPORTANT: If enrolling in the DHMO plan, once you find your desired primary care dentist, look for their "PCDID#" number and record this number when you're making your dental enrollment.



# YOUR VISION PLAN OPTIONS

These plans are available to you and your dependents.

## Guardian VSP Vision Plan

### IN-NETWORK BENEFITS

Network Name	Choice Network
Exam Frequency	12 Months
Lenses Frequency	12 Months
Frames Frequency	12 Months
Vision Exam	\$10 Copay
Single Vision Lenses	\$20 Copay
Bifocal Lenses	\$20 Copay
Trifocal Lenses	\$20 Copay
Frames	Up to \$150*
Elective Contacts	Up to \$150*
Benefit Frequency	
Resets	Calendar Year

*\*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.**

## HOW TO FIND AN IN-NETWORK PROVIDER

- Go to: [www.guardiananytime.com](http://www.guardiananytime.com)
- Under “Connect with us” select “Find a Provider”
- Select “Find a vision provider” at the top of the screen
- Under “Select your vision network” select “VSP”
- You may search by Location, Office, or Doctor Name
- Click “Search”
- A list of in-network providers will populate the screen



# YOUR LIFE PLAN OPTION

This plan is available to you and your dependents.

## VOLUNTARY LIFE PLAN

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

You must submit an Evidence of Insurability (EOI) form to the insurance carrier if you select an amount of insurance over the "Guarantee Issue Amount (GI)". Any coverage amount over the GI is subject to the carrier's approval. If approved, you will receive a letter in the mail notifying you of the approval.

**2022 Open Enrollment (Employee Coverage):** If you are already enrolled in the Voluntary Life Plan, you are able to increase your coverage up to \$50,000 (not to exceed the GI) without an EOI.

A basic summary of Voluntary Life benefits are included here. Benefits 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.

Please refer to ADP for your individual Voluntary Life rates.

### Guardian

BENEFIT AMOUNT	
Employee Coverage	\$10,000 to \$500,000 in increments of \$10,000
Spouse Coverage	\$5,000 to \$250,000 in \$5,000 increments, not to exceed 50% of Employee's amount
Dependent Coverage	Dependent child(ren) are eligible for \$10,000 in increments of \$1,000
GUARANTEE ISSUE	
Employee Coverage	\$150,000
Spouse Coverage	\$30,000
Dependent Coverage	\$10,000
AGE REDUCTIONS	
Reduction at 65	35%
Reduction at 70	50%
PORTABLE or CONVERTIBLE?	
Both	



# YOUR DISABILITY PLAN OPTIONS

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	
MONTHLY BENEFIT	
Percentage of Salary	Up to 60%
Maximum Monthly Benefit	\$10,000
PLAN DETAILS	
Definition of Disability	2 Years
Maximum Benefit Period	SSNRA
Pre-Existing Limitations	3/12 Disabilities that occur during the first 3 months of coverage due to pre-existing condition during the 12 months prior to coverage are excluded.
Elimination Period	90 Days

Guardian	
WEEKLY BENEFIT	
Percentage of Salary	Up to 60% (20% for CA residents)
Maximum Weekly	\$1,000
PLAN DETAILS	
Waiting Period (# Days after Accident/Sickness)	8/8
Maximum Benefit Duration	12 Weeks
Pre-Existing Limitations	3/12 Disabilities that occur during the first 3 months of coverage due to pre-existing condition during the 12 months prior to coverage are excluded.

## VOLUNTARY LONG-TERM DISABILITY

Long term disability insurance will start paying out at the end of the short-term disability coverage period.

[Please refer to ADP for your individual LTD rates.](#)





# ADDITIONAL BENEFITS FOR YOU

## 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 please to provide you with a pet coverage benefit option. A complete list of what is covered is included in the carrier benefit summary.



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**.<sup>\*</sup> 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.

<sup>\*</sup>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.**



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.



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Download from Google Play

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# ADDITIONAL BENEFITS FOR YOU

## AFLAC & TRANSAMERICA PLANS

These Voluntary Benefits pay CASH directly to YOU and can help with expenses that your medical coverage may not cover! Want to learn more or get enrolled? **Scan the code below** for more info and schedule a phone appointment with one of our agents. (or visit [www.vbwork.com/df/bci](http://www.vbwork.com/df/bci))

For claims assistance, contact: **Vicky Danforth, (904) 392-4188, [Vicky\\_danforth@us.Aflac.com](mailto:Vicky_danforth@us.Aflac.com)**



### AFLAC GROUP DISABILITY INSURANCE

- ✓ Benefits paid when you are sick or hurt outside of work
- ✓ Up to 60% of your annual salary (40% in states with state disability)
- ✓ Premiums waived after 90 days of total disability (not available for 3 month benefit)

### AFLAC GROUP ACCIDENT INSURANCE

- ✓ 24-Hour Accident Coverage
- ✓ Hospital, ER, Follow up Benefits
- ✓ Accidental Death Coverage
- ✓ Wellness Coverage

### AFLAC GROUP HOSPITAL INSURANCE

- ✓ Hospital Admission Benefit
- ✓ Hospital Confinement Benefit
- ✓ Hospital Intensive Care Benefit
- ✓ Surgical Benefits

### AFLAC GROUP CRITICAL ILLNESS INSURANCE

- ✓ Lump Sum Benefit Amount
- ✓ Heart Attack, Stroke, Cancer, Kidney Failure, etc.
- ✓ Health Screening Benefit

### TRANS\$UREsm WHOLE LIFE INSURANCE

- ✓ Whole Life Insurance locks in rate for life
- ✓ Accumulates Cash Value
- ✓ Guaranteed 4% Interest Rate
- ✓ Loan and Withdrawal Options

### TRANS SELECT® 10 TERM LIFE INSURANCE

- ✓ Lower Cost Premiums
- ✓ Waiver of Premium Benefit
- ✓ Terminal Illness Benefit





# 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 (EAP) Program.

Through the 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.

## Guardian

<b>FACE TO FACE VISITS</b>	
# Visits Covered	3
Visit Frequency Limitation	N/A
<b>PHONE COUNSELING</b>	
# of Calls Covered	Unlimited
<b>ACCESSING MY EAP PLAN</b>	
Phone Number	800-386-7055
Web Access	<a href="http://www.ibhworklife.com">www.ibhworklife.com</a> User ID: Matters Password: wlm70101

## ONEDIGITAL EMPLOYEE ADVOCACY

Your dedicated Advocate is **Jackie Soberanis**  
(800) 264-9918 ext. 7887 | [JSoberanis@onedigital.com](mailto:JSoberanis@onedigital.com)

Insurance is confusing. We love to help. You have someone dedicated to assist you with the following:

### 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





# ACCESING YOUR DIGITAL INSURANCE ID CARDS

## Guardian - Dental & Vision

### *Online Registration*

1. Go to [www.guardianlife.com](http://www.guardianlife.com).
2. Click "My Account/Login" then click "Login & Register".
3. Under "Guardian Anytime: Employee benefits through my employer or broker" click "Register".
4. Click "Member" or "Dependent" depending on who is registering an account.
5. Agree to the Disclosure Statement.
6. Enter your Member ID, Birth Date & Name.
7. Follow the prompts to set up your account.
8. Once you have registered an account, you can login and access your ID card digitally.

### *Guardian Mobile App Registration*

1. Download the **Guardian Providers & ID Card** app to your mobile device and open the app.
2. Click "ID Card" then click "Register Now" and follow online registration steps 4-8.

