

The logo for Blackstone Consulting, Inc. (BCI) is located in the top left corner. It consists of the letters "BCI" in a white, bold, sans-serif font, set against a dark blue square background.

BCI

BLACKSTONE
CONSULTING, INC

2023 BENEFITS GUIDE

Plan year: January 1, 2023 - December 31, 2023



WELCOME TO YOUR 2023 BENEFITS!

This year will be a **passive** Open Enrollment. You are encouraged to take action by logging into www.myadp.com to review and/or select your plan(s) between **Monday, November 7th and Friday, November 18th**. 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. If you have any questions regarding your benefits, please contact us in Human Resources.

IMPORTANT CONTACTS

Blackstone Consulting

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

OneDigital Health & Benefits

Employee Advocate: Marion Luminarias
(800) 264-9918 x53455
Marion.Luminarias@onedigital.com

Medical Plans

Your Medical Plan is offered through Kaiser.
Please log in to ADP or contact your BCI Benefits Department for additional details

Accident & Critical Illness Plans

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

Dental Plan

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

Vision Plan

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

Voluntary Life Plan

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

Disability Plans

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

Additional Benefits

Pet Insurance, Aflac, & TransAmerica Plans
Please see pages 13-14 for contact information

EAP Plan

Guardian
(800) 386-7055 | worklife.uprisehealth.com
Access Code: worklife



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

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 for download within the ADP. Please log into ADP for 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

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 medical benefits will be effective **after 90 days** of full-time employment. All other benefits will be effective **1st of the month following 30 days** of full-time employment. **Please be sure to enroll in benefits within the first 30 days of 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

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.

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

Guardian Group Accident Insurance (Off-Job Plan)

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

Guardian Group Critical Illness Insurance

BENEFIT AMOUNTS	EMPLOYEE	FAMILY
Maximum	\$30,000	
Increments	\$10,000	Spouse: 100% of Employee
Guarantee Issue	\$10,000, \$20,000, or \$30,000	Child: 50% of Employee
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, Dependent(s)	\$50 per enrolled per calendar year	

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 OPTION

This plan is available to you and your dependents.
Your deductions are available to view in ADP.

Guardian DPPO

IN-NETWORK BENEFITS	
Network Name	DentalGuard Preferred
Calendar Year Deductible (Single/Family)	\$50/\$150
Maximum Calendar Benefit	\$1,500
PREVENTIVE SERVICES	
Oral Exam	0%
X-Rays	0%
BASIC SERVICES	
Resin-Based Fillings	20%*
Root Canal	20%*
Deep Cleaning	20%*
Single Extraction	20%*
Impaction	20%*
MAJOR SERVICES	
Complete Denture	50%*
Partial Denture	50%*
Crowns	50%*
Implants	Not Covered
ORTHODONTICS	
Child/Adult	50% \$1,500 Lifetime Max Benefit
OUT-OF-NETWORK FEE SCHEDULE (IF APPLICABLE)	
	UCR 90th

**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

GUARDIAN

- Go to: www.guardianlife.com
- Under “Member Services” select “Find a Dental Provider”
- For the DHMO plan, select “Managed Dental Care (DHMO/Prepaid)”
- For the DPPO plan, select “PPO: DentalGuard Preferred”
- Enter your location and dentist name (optional)
- Click “Search”
- Search results will display on the next screen
- **Note:** If enrolling in the DHMO 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



YOUR VISION PLAN OPTION

This plan is available to you and your dependents.
Your deductions are available to view in ADP.

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

GUARDIAN

- Go to: www.guardianife.com
- Under "Member Services" select "Find a Vision Provider"
- 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

These plans are 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.

2023 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	NEW HIRES ONLY
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 3/12
Pre-Existing Limitations	Disabilities that occur during the first 12 months of coverage due to pre-existing condition during the 3 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 3/12
Pre-Existing Limitations	Disabilities that occur during the first 12 months of coverage due to pre-existing condition during the 3 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

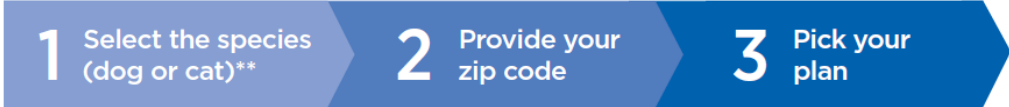
You care about your pets and consider them a member of your family. As an important part of the family, you want to make sure they are well taken care of. We are pleased to provide you with a pet coverage benefit option through Nationwide. A complete list of what is covered is included in the carrier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



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	✓

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

Easy enrollment



**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.



Download from the App Store



Download from Google Play

Email, fax and snail mail claim submissions also available.

Learn more today. Call 1 (877) 738-7874 or go online to www.petinsurance.com/blackstone-consulting



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)

For claims assistance, contact: **Vicky Danforth, (904)392-4188, 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\$URE 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
Uprise Health**

FACE TO FACE VISITS	
# Visits Covered	3
Visit Frequency Limitation	N/A
PHONE COUNSELING	
# of Calls Covered	Unlimited
ACCESSING MY EAP PLAN	
Phone Number	800-386-7055
Web Access	worklife.uprisehealth.com Access Code: worklife

ONEDIGITAL EMPLOYEE ADVOCACY

Your dedicated Advocate is **Marion Luminarias**
(800) 264-9918 ext. 53455 | Marion.Luminarias@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 ID CARDS

Guardian - Dental & Vision

Online Registration

Online Registration

1. Go to www.guardianlife.com.
2. Click "Log in" then "Register".
3. Select "Guardian Anytime: Benefits through my employer..." and then select "Continue".
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.



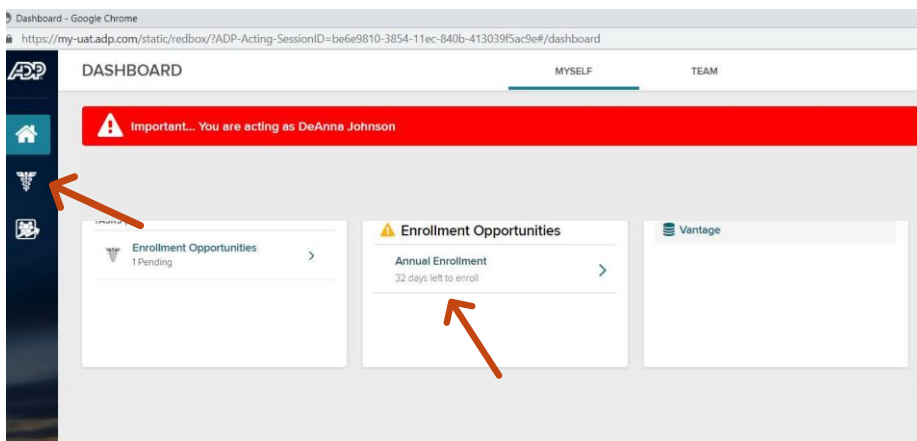
HOW TO MAKE YOUR SELECTIONS

All enrollment changes must be made online through ADP. No paper forms will be accepted.



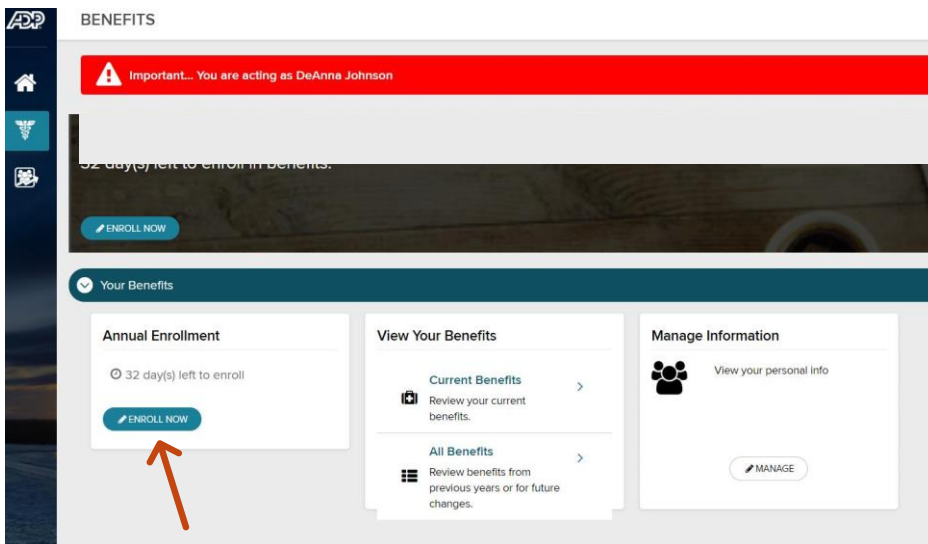
- Access the ADP Employee Self Service Web site at: **Go to <https://my.adp.com>**
- Click User Login
- Enter your User ID and Password
- Click Sign In
- If this is your first time logging in, click Sign Up. **You will need your company's registration code to set up your account for the first time.** The code can be obtained from HR. Follow the prompts to set up your account.

If you have previously changed your password and do not remember your password. Please click the "Forgot your User ID/Password" function.



How to Enroll, View or Update Benefits

1. Click the medical icon in the left-hand side menu or click "Annual Enrollment" under the "Your Benefits" section.



2. Click "Enroll Now"



HOW TO MAKE YOUR SELECTIONS

REVIEW YOUR INFO | ENROLL IN BENEFITS

32 DAYS LEFT TO MAKE CHANGES
Event Date: Jan 1, 2022

REVIEW YOUR DEPENDENTS

ADD NEW DEPENDENT | ADD NEW BENEFICIARY

Self DeAnna Johnson [VIEW](#)

YOU

Covered For: Eligible for some benefits but not enrolled in any yet

Beneficiary Allocations: Allocations cannot be assigned to the primary insured

SAVE & FINISH LATER | **NEXT >**

3. Review your Info by viewing, adding, and/or editing your dependent(s) and beneficiary information. After you are finished, click **“Next”**.

4. To learn and enroll in a plan, click the corresponding tile of the benefit you want.

REVIEW YOUR INFO | ENROLL IN BENEFITS

32 DAYS LEFT TO MAKE CHANGES
Event Date: Jan 1, 2022

Estimated Cost	PER PAYCHECK	PER MONTH	PER YEAR
	\$0.00	\$0.00	\$0.00

This estimate is based on the cost of the plan today, it may change in the future. For example, when benefits that are shown as 'pending' change status.

⚠ Your elections will not be processed until you select 'Confirm Elections'.

Your Elections (1)

COMPANY PROVIDED LIFE & ADD [UPDATE ALLOCATIONS](#)

Company Provided Life & ADD : \$25,000.00 Effective Date: Jan 1, 2022 \$0.00

PREV | SAVE & FINISH LATER | **NEXT: CONFIRM ELECTIONS**



< ANNUAL ENROLLMENT | **Medical**

ABOUT THIS BENEFIT

Enter or change your selections in the sections below. Many of your plan option choices are subject to additional terms and conditions, for example arbitration agreements or banking terms. By enrolling in such plan options you are subject to those additional terms, which can be located in the Document Library. If electing the UHC Select Plus PPO HDHP Plan, please do not forget to elect the HSA Plan. The UHC Select Plus HDHP Plan requires you to contribute towards your HSA Account.

MORE

WHO IS COVERED

Irving White
You

MEDICAL PLANS

UHC Select Plus PPO HDHP	SELECT THIS PLAN
	Plan cost Per Paycheck \$22.16
UHC Select Plus PPO	SELECT THIS PLAN

5. If you want to enroll in the plan you clicked on, then click **“Select This Plan”**.



HOW TO MAKE YOUR SELECTIONS

Agree and Confirm Elections


I certify that any documentation or certification required and provided for this enrollment, election or election change is true, accurate and complete, and that my employer may rely on the information. I acknowledge that the provision of false, misleading or incomplete information may result in adverse consequences under the terms of my employer's Plan or Plans, including without limitation, termination or rescission of coverage, recovery of benefits paid, fines and penalties under law.

Furthermore, I, the undersigned, authorize my employer to deduct from my wages the amounts required to pay my share of the premiums and/or contributions for the benefits elected under my employer's pension and benefit plan(s). I further understand that any credit provided by my employer, not represented in the cost calculation, will reduce the amount deducted from my wages. Where elected by me or required by plan design, these deductions shall occur on a pre-tax basis. All the other deductions shall be taken on a post-tax basis. Such deduction amounts may only be changed at my employer's open enrollment or in accordance with applicable regulations and plan design.

6. To submit your benefit selections, you must click "I Agree and Confirm Elections".



7. Wait for your enrollments to process.



Almost finished

We're processing your enrollment.

We'll let you know on the next page if you need to submit any additional information to finalize your coverage.

32 DAYS LEFT TO MAKE CHANGES
Event Date: Jan 1, 2022

Estimated Cost	PER PAYCHECK	PER MONTH	PER YEAR
	\$22.16	\$44.32	\$531.78

his estimate is based on the cost of the plan today, it may change in the future. For example, when benefits that are shown as 'pending' change status.

✔ **You have completed your enrollment.**

CONFIRMATION # 20211028233154
Event Date: Jan 01, 2022
Last Confirmed Date: Oct 28, 2021

OR

8. You will receive confirmation on your enrollment home page once you have completed your enrollment.

Note: Your ADP account also contains a library of useful documents that contains detailed summaries of all your benefit plans, Summary of Benefits and Coverage (SBC). Find these documents under "Benefit Section", then "Forms & Plan Documents".



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