



# EMPLOYEE BENEFITS: 2020 Annual Enrollment

## NEW BENEFITS FOR DAY & ROSS EMPLOYEES

**Open Enrollment: May 4 — May 18, 2020**

- plans that offer a worldwide network of providers
- largest dental carrier in the country
- access to an enhanced Life & Disability program
- opportunity to enroll in a Flexible Spending & Dependent Care Account
- Employee Assistance Program & Travel Assistance

We are happy to announce that all of these benefits and more are available to you, while bringing you savings!

## ENROLLMENT PROCESS

To enroll, complete the following forms:

- Enrollment Form
- Contribution Form
- CareFlex FSA Enrollment Form

**Return completed forms to your HR Business Partner by May 18:**

Email: [mja@dayrossusa.com](mailto:mja@dayrossusa.com)

Mail: Attention: Human Resources

Day & Ross

69096 Powell Drive, Armada, MI 48005

For additional information, contact:

Day & Ross

Mike Arrigo

[mja@dayrossusa.com](mailto:mja@dayrossusa.com)

**(586) 752-6255**



**CYPRESS**  
BENEFITS GROUP

[info@cypressbenefits.com](mailto:info@cypressbenefits.com)

**410-420-3880**



## ELIGIBILITY

You are eligible to enroll in benefits for 2020 if you are scheduled to work an average of 32 hours per week.

You may cover:

- Your spouse to whom you are legally married under federal law.
- Your natural children, stepchildren, legally adopted children, or any child for whom you legally have financial responsibility (e.g., guardianship) and claim as a dependent on your Federal Tax Return. Children must be under age 26, regardless of student status, unless incapacitated.

## How to make changes during the year:

You can only make changes to your medical benefits after annual enrollment if you experience a qualifying event such as a marriage, birth or adoption of a child, divorce, gain or loss of other coverage.

It is your responsibility to make changes to your benefits within 30 days from the date of the event. If you do not do this within 30 days, you may not change your coverage.

## CAREFIRST ADMINISTRATORS MEDICAL BENEFIT SUMMARY CHART

We are offering you two medical plans to choose from through CareFirst Administrators. Under both plans, you have access to the Blue-Cross BlueShield National Network of providers. The Silver Plan requires you and your family to use in network providers, while the Gold Plan gives you access to non-network doctors. The chart below shows what you will pay when you receive covered medical care and prescription drugs, depending on which medical plan you choose, and whether you seek services in or out of network.

**EFFECTIVE 6/1/20**

Benefits	Silver You Pay: In-Network	Gold You Pay:	
		In-Network	Out-Of-Network
Deductible			
Individual	\$1,500	\$1,000	\$5,000
Parent/Child(ren)	\$3,000	\$2,000	\$10,000
Out-of-Pocket Maximum			
Individual	\$5,000	\$4,000	\$5,000
Parent/Child(ren)	10,000	\$8,000	\$10,000
Lifetime Maximum	None	None	
Physician Service			
Primary Care	20% after deductible	10% after deductible	50% after deductible
Specialist	20% after deductible	10% after deductible	50% after deductible
X-Ray and Lab Tests	20% after deductible	10% after deductible	50% after deductible
Preventive Visits	\$0	\$0	50% after deductible
Urgent Care Center	20% after deductible	10% after deductible	50% after deductible
Hospital Emergency Room	20% after deductible	10% after deductible	
Hospitalization	20% after deductible		
Inpatient	20% after deductible	10% after deductible	50% after deductible
Outpatient		10% after deductible	50% after deductible

Prescription Drugs		
Deductible (Per Person)	\$250	\$150
Generic Co-Pay	\$10	\$10
Formulary Co-Pay	\$40	\$40
Non-Formulary Co-Pay	\$80	\$80
Specialty Co-Pay	50% up to \$300	50% up to \$300

Per Pay Deductions	Silver	Gold
(Weekly)	All Employees	All Employees
Individual	\$20.82	\$26.02
Individual & Child (ren)	\$38.86	\$48.58
Individual & Spouse	\$56.10	\$70.13
Family	\$61.09	\$76.36



## METLIFE DENTAL INSURANCE

You will now have the choice between two dental plans through MetLife.

**EFFECTIVE 6/1/20**

Core Plan	Description	In-Network (Policy Pays)	Out-Of-Network (Policy Pays)
Preventive:	Exams, cleanings, X-rays	100%	80%
Basic:	Fillings, simple extractions	80%	70%
Major:	Oral surgery, root canal, crowns	50%	40%
Deductible	2 times max per family	\$50 (waived for preventive)	\$50 (waived for preventive)
Annual Max		\$1,750 per person	\$1,750 per person

Enhanced Plan	Description	In-Network (Policy Pays)	Out-Of-Network (Policy Pays)
Preventive:	Exams, cleanings, X-rays	100%	100%
Basic:	Fillings, simple extractions	100%	80%
Major:	Oral surgery, root canal, crowns	80%	60%
Deductible	2 times max per family	\$25 (waived for preventive)	\$25 (waived for preventive)
Orthodontia	Deductible/50% Coinsurance	\$1,000 Lifetime Maximum	\$1,000 Lifetime Maximum
Annual Max		\$1,750 per person	\$1,250 per person

Dental Rates (Weekly Deductions)	Core Plan	Enhanced Plan
Individual	\$0	\$0.97
Individual & Child (ren)	\$3.49	\$10.26
Employee & Spouse	\$4.63	\$10.06
Family	\$7.47	\$16.32

**EFFECTIVE 6/1/20**

Services	Benefit Frequency	In Network	Out-of-Network
Eye Exam	1 every 12 months	\$10 co-pay	Reimbursed up to \$40
Lenses	1 every 24 months	"\$10 co-pay (standard plastic)"	Reimbursed up to \$40
Frames	1 every 24 months	"\$10 co-pay includes \$150 allowance (waived if included with lenses)"	Reimbursed up to \$40

Vision Rates (Weekly Deductions)	Employee	\$0.87
	Employee + One	\$1.64
	Employee + Two or More	\$2.21



## LIFE & DISABILITY COVERAGE

### EMPLOYER PAID Life and Accidental Death & Dismemberment Insurance

We provide our employees and their dependents Employer Paid Life and Accidental Death & Dismemberment Insurance through AUL—One America. Employees are eligible for the level of life insurance offered for their position, with premiums paid 100% by the employer. Employees may elect additional insurance for employees and family through a Voluntary Life and AD&D insurance policy.

### VOLUNTARY Life and Accidental Death & Dismemberment Insurance

We offer our employees the option of purchasing Voluntary Life Insurance benefits for themselves, spouses, and / or dependent children. Employee may elect coverage in increments of \$1,000 from a minimum of \$10,000 to a maximum of \$300,000. The guaranteed issue amount is \$100,000 for all employees. Spouses may elect \$5,000 to \$150,000 of coverage. Dependents between ages of 0 days to 6 months are eligible for a \$1,000 benefits. Children

between the ages of 6 months and 26 years are eligible for \$2,500, \$5,000 or \$10,000 benefit.

### EMPLOYER PAID Short-Term Disability Insurance

We provide our employees with Short-Term Disability Insurance at 100% employer paid premiums. This coverage provides income continuation protection in the event of an accident or illness. The Short-Term Disability benefit pays 60% of your salary up to a maximum of \$1,000 per week. Benefits begin on the 7th day of the accident or illness and are payable for up to 12 weeks.

### VOLUNTARY Long-Term Disability Insurance

Long-Term Disability insurance is offered as an employee paid benefits, and pays 60% of your salary to a maximum of \$6,000 per month. The Core option is payable up to 2 years or to age 70, and the enhanced option is payable for up to 5 years or your Social Security Retirement Age.

# FREQUENTLY ASKED QUESTIONS

## **Will my deductible reset as of 6.1.20?**

Yes. In order to bring you the BlueCross & BlueShield worldwide provider network, it was necessary to move to a new carrier. This means the money accumulated toward your deductible thus far will not be applied toward the new plan deductible. However, most of you will be pleased to learn that our NEW deductible levels will be \$1,000 and \$1,500 (instead of \$1,500 and \$4,000). This results in a lower out of pocket spend for you if you maintain a similar level of coverage.

## **Will my paycheck be impacted by these changes?**

Great News! Virtually everyone will receive a cost decrease across all lines of benefit coverage, meaning your paycheck will likely be positively impacted by these changes if you maintain a similar level of coverage.

## **Are my spouse and children eligible to participate on all benefits?**

Yes, your dependent spouse and children are eligible to participate in the health, dental, vision, FSA and dependent voluntary life insurance coverage.

## **Will I receive new ID cards?**

1. Medical Insurance - CareFirst: Yes. You will receive a new ID card from CareFirst Administrators. Please remember to update your pharmacy with your new health insurance information.
2. Dental Insurance - MetLife: No. You will not receive a new ID card. At the time of service, you simply need to give the Member (employee's) social security number to verify coverage and eligibility.
3. Vision Insurance - Superior Vision: Yes. You will receive a new ID card from Superior Vision.
4. Flexible Spending Account & Dependent Care - CareFlex:  
Yes. This will look like a Master Card

## **How do I find a participating medical doctor, dentist or eye-doctor with the new carriers?**

Please click on the link of the dedicated enrollment website that provides instructions.

**Medical:** [www.cfablue.com](http://www.cfablue.com)

**Dental:** [www.metlife.com](http://www.metlife.com)

**Vision:** <https://superiorvision.com/locator/>

## **Are there any NEW benefit offerings?**

Yes, quite a few. All employees will now have employer paid Short term Disability coverage. Further, all employees will be eligible to enroll in voluntary life insurance, as well as, dependent life insurance. Life insurance will be increased across all employee levels. Employees will be able to purchase life insurance based on their individual employee profile. The framework of the plan matches that of our sister companies in Pennsylvania and has been working out quite well for them since its inception!

## **Will I continue to receive a Long-Term Disability Benefit?**

Yes. All employees will automatically be enrolled in the Voluntary Long Term Disability plan, which is a higher level offering than currently being offered. You are also eligible to elect an upgraded disability portfolio.

## **Additional Questions?**

Your managers have all been briefed on your new benefits and are ready to help! Any questions not able to be answered by your manager should be emailed to Mike Arrigo ([mja@dayrossusa.com](mailto:mja@dayrossusa.com)) or Cypress Benefits Group ([info@cypressbenefits.com](mailto:info@cypressbenefits.com)).

# COMPLETING YOUR ENROLLMENT FORM

**ENROLLMENTS ARE DUE BACK TO HUMAN RESOURCES NO LATER THAN MAY 18,2020**

## Section 1- Employee Information

- Please make sure to fill out the demographics section entirely. We will NOT be able to enroll you if there is any missing information.
- Please PRINT all your information neatly using a ball point pen.

## Section 2 - Dependent Information

- Please make sure to provide all information for your dependents that you will be covering under the medical plan.
- You do not have to list your dependents if they will not be covered under the medical plan.

## Section 2A - Proof of Dependency

- If you are covering any dependents under the medical plan, as your employer, we have the right to request proof of dependency. Please do not provide information unless it is requested.

## Section 3 - Choose Your Plan

- Indicate which plan option and coverage level you are choosing.
- If you are waiving coverage, please check off Waiver in the box, and indicate whether you have other coverage.

## Section 4 - Voluntary Life

- Write in the desired amount of coverage
- If you are waiving select the decline box

## Section 5 - Signature

- Sign and Date

## TURN ENROLLMENT FORM OVER FOR PAYROLL DEDUCTION ACKNOWLEDGMENT!

- Complete the top section of the payroll deduction form.
- The payroll deduction acknowledgment must match the enrollment form, or your payroll deductions will be adjusted to reflect what you have elected on the enrollment form.

### EMPLOYEE BENEFITS CONTACT INFORMATION- 2020 PLAN YEAR

Health	Carefirst administrators	<a href="http://www.cfablue.com">www.cfablue.com</a>	1-877-889-2478
Pharmacy	Cvs caremark	<a href="http://www.caremark.com">www.caremark.com</a>	1-866-885-4944
Dental	Metlife	<a href="http://www.metlife.com">www.metlife.com</a>	1-800-942-0854
Vision	Superior	<a href="https://superiorvision.com/members/">https://superiorvision.com/members/</a>	800-507-3800
Claims, id cards, general issues	Cypress benefits group	<a href="http://www.cypressbenefitsgroup.com">www.cypressbenefitsgroup.com</a>	1-866-606-4224

# INSTRUCTIONS FOR COMPLETING THE CAREFLEX FORM

## Page 1: Careflex FSA & Dependent Care Enrollment Form

### Section 1 - Employee Information

- Be sure to fill out all of your demographic information.
- Clearly write all of your information neatly using a ball point pen.

### SECTION 2 - ELECTIONS

- Fill out the annual election amount you would like to enroll in.  
Divide that by the number of annual payroll deductions and that will give you the amount that will be deducted per pay period.
- Complete the same format as above for the Dependent Care election.

### Section 3 - Dependent Information

- Please make sure to provide all information for your dependents that you will be covering under the FSA plan.

### Section 4 - Certification

- Once you have read the Certification Agreement, please sign and date.

## Page 2: Qualified Expense Worksheet

### Section 1 - Sample Health Care FSA Expenses

- Use this worksheet to estimate health care expenses that you, your spouse, or your qualified dependents will incur during the plan year.

### Section 2 - Sample Of Dependent Care Expenses

- Use this worksheet to estimate your eligible child and dependent care annual expenses.