

BEE LINE SUPPORT, INC. benefits

Employee Benefit Guide



This booklet has been created for employees to have access to their benefits provided by BEE LINE, INC. Benefit summaries of all plans are shown. If you require detailed information you may request actual plan documents such as Summary of Benefits (SBC's) or plan certificates.

As a newly hired employee of BEE LINE, INC., you will become eligible to participate in our benefit programs on the first of the month following 59 days of employment. If you do not elect benefits during your **new hire period**, you will have to wait until the **annual open enrollment period** or if you have a **qualifying event** (marriage, divorce, birth of a baby, adoption, loss of coverage).

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an medical plan through [Bee Line](#). Having health insurance will also help you pay for prescription drugs, whether through reduced fees or copays.

[Bee Line](#) offers you a choice of [three \(3\)](#) medical plans: two (2) PPO plans and one (1) High Deductible Health Plan (HDHP).

All plans are part of Aetna's large network, CPOSII.

If you elect to enroll in the High Deductible plan you can set up a Health Savings Account to help save money to pay for any medical expenses you may incur. There are more HSA details below.

[Health Savings Account \(HSA\)](#)

If you enroll in the Aetna High Deductible Health Plan (HDHP) you can open a Health Savings Account (HSA) and have deductions sent directly to a [bank of their choice](#)! *Please note, all bank fees are paid by the participant, not the employer.*

An HSA is an individually-owned and managed account that allows you (if enrolled in the HDHP plan) to pay for qualified medical, dental, vision, prescription, and deductible expenses with tax-free money.

Total HSA contribution limits for [2024](#) are set by the IRS at a maximum of [\\$4,150](#) per individual and [\\$8,300](#) per family. If you turn 55 (or older) in [2024](#), you may contribute an additional [\\$1,000](#) per year. All of the funds in your HSA account are owned by you and can be rolled over into the next year if you do not use them all in the current year.

Once you open your HSA you will need to provide the banking account number and routing number to Human Resources so that they can start your deductions and send your funds to your account for use.

Medical COVERAGE

By offering three medical plans this year, you have the ability to choose the plan that is the best fit for you and your family. All three plans are administered through Aetna (www.aetna.com). The medical premium is co-funded by BEE LINE, INC. and its employees through pre-tax, payroll contributions. Please review the plan summaries shown for all available plans.

	AFA CPOSII PPO \$2,000 Deductible		AFA CPOSII PPO \$5,000 Deductible	
CALENDAR YEAR DEDUCTIBLE	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Individual	\$2,000	\$4,000	\$5,000	\$10,000
Family	\$4,000	\$12,000	\$10,000	\$30,000
MAXIMUM OUT OF POCKET				
Individual	\$5,500	\$14,000	\$7,750	\$25,000
Family	\$11,000	\$42,000	\$15,500	\$75,000
FACILITY SERVICES				
Inpatient Charges	0% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Charges	0% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$300 copayment		\$300 copay, then 20% after deductible	
PHYSICIAN CHARGES				
Primary Care Office Visit	\$25 copayment per visit	50% after deductible	\$40 copayment per visit	50% after deductible
Specialist Office Visit	\$75 copayment per visit	50% after deductible	\$80 copayment per visit	50% after deductible
Preventive Care (Family Practice, Internal Medicine, OB/GYN, or Pediatrician)	Covered at 100%	50% after deductible	Covered at 100%	50% after deductible
PRESCRIPTION DRUGS				
Tier 1	\$10 copayment	50% coinsurance	\$10 copayment	50% coinsurance
Tier 2	\$45 copayment	50% coinsurance	\$50 copayment	50% coinsurance
Tier 3	\$75 copayment	50% coinsurance	\$80 copayment	50% coinsurance
Tier 4 - Preferred	20% up to a \$250 copay	Not Covered	20% up to a \$250 copay	Not Covered
Tier 4 - Non preferred	40% up to a \$500 copay		40% up to a \$500 copay	
Mail Order (90 Day Supply)	2 times the amount of your copayment		2 times the amount of your copayment	
COVERAGE LIMITS				
Plan Lifetime Maximum	Unlimited			
Dependent Age Limit	Up to Age 26			

Employee Per Pay Contributions PPO \$2,000 Deductible	
Employee	\$196.22
Employee + Spouse	\$728.35
Employee + Child(ren)	\$549.12
Family	\$1,058.76

Employee Per Pay Contributions PPO \$5,000 Deductible	
Employee	\$122.74
Employee + Spouse	\$507.83
Employee + Child(ren)	\$378.12
Family	\$746.93

Medical COVERAGE

	AFA CPOSII HSA \$6,500 Deductible	
CALENDAR YEAR DEDUCTIBLE	IN NETWORK ONLY	OUT OF NETWORK
Individual	\$6,500	\$10,000
Family	\$13,000	\$30,000
MAXIMUM OUT OF POCKET		
Individual	\$7,500	\$20,000
Family	\$15,000	\$60,000
FACILITY SERVICES		
Inpatient Charges	30% after deductible	50% after deductible
Outpatient Charges	30% after deductible	50% after deductible
Emergency Room	30% after deductible	
PHYSICIAN CHARGES		
Primary Care Office Visit	\$40 copayment after deductible per visit	50% coinsurance
Specialist Office Visit	\$80 copayment after deductible per visit	50% coinsurance
Preventive Care (Family Practice, Internal Medicine, OB/GYN, or Pediatrician)	Covered at 100%	50% coinsurance
PRESCRIPTION DRUGS		
Tier 1	\$10 copayment after deductible	50% coinsurance
Tier 2	\$50 copayment after deductible	50% coinsurance
Tier 3	\$100 copayment after deductible	50% coinsurance
Tier 4 - Preferred	20% up to a \$250 copay after deductible	50% coinsurance
Tier 4 - Non preferred	40% up to a \$500 copay after deductible	
Mail Order (90 Day Supply)	2 times the amount of your copayment	2 times the amount of your copayment
COVERAGE LIMITS		
Plan Lifetime Maximum	Unlimited	
Dependent Age Limit	Up to Age 26	

Employee Per Pay Contributions HSA \$6,500 Deductible	
Employee	\$85.58
Employee + Spouse	\$405.56
Employee + Child(ren)	\$297.78
Family	\$604.24

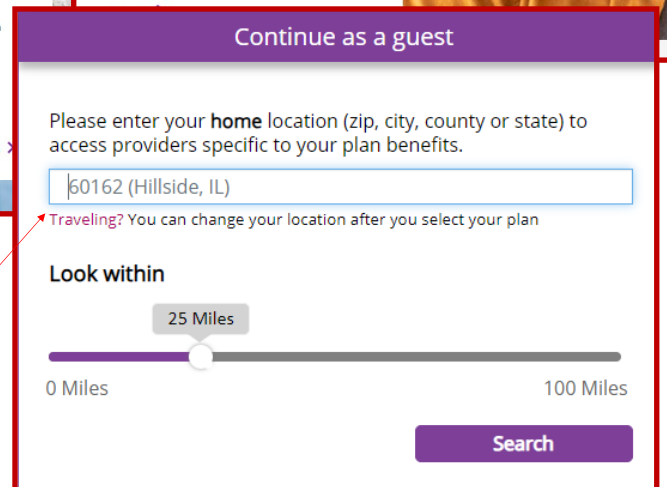
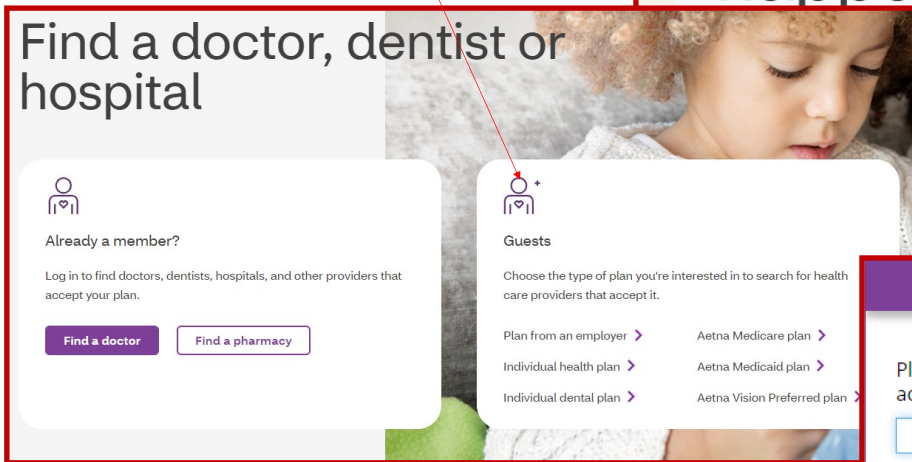
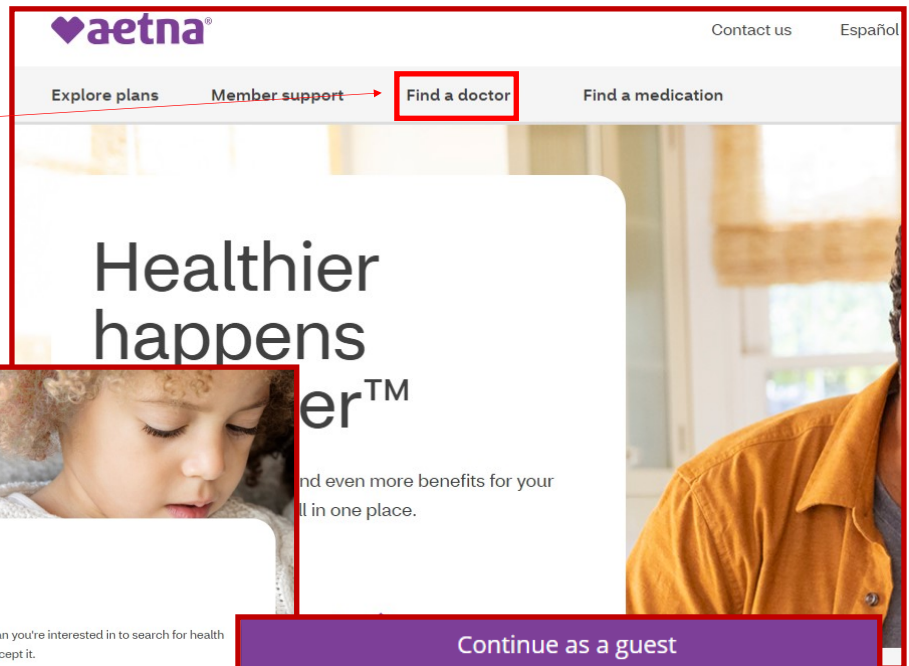
Medical Provider Finder

Follow these simple instructions to search for providers in your area!

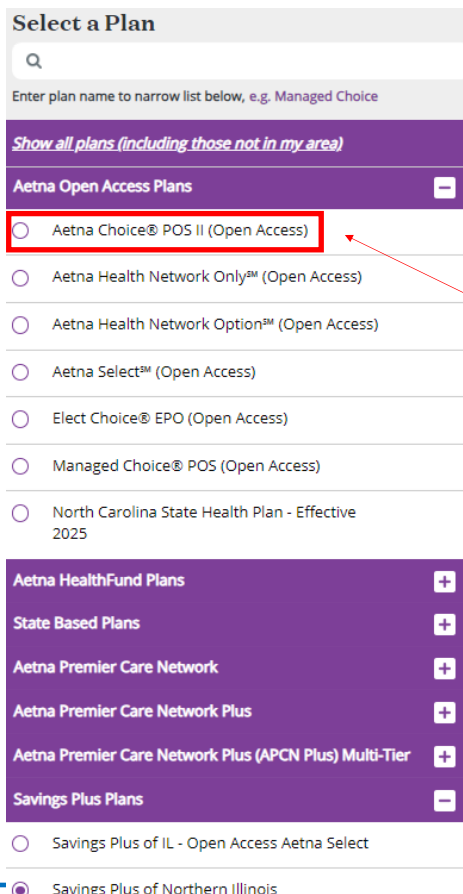
Step 1: Log into www.aetna.com

Step 2: Click on Find a doctor

Step 3: Search as a Guest. Click on Plan from an employer.

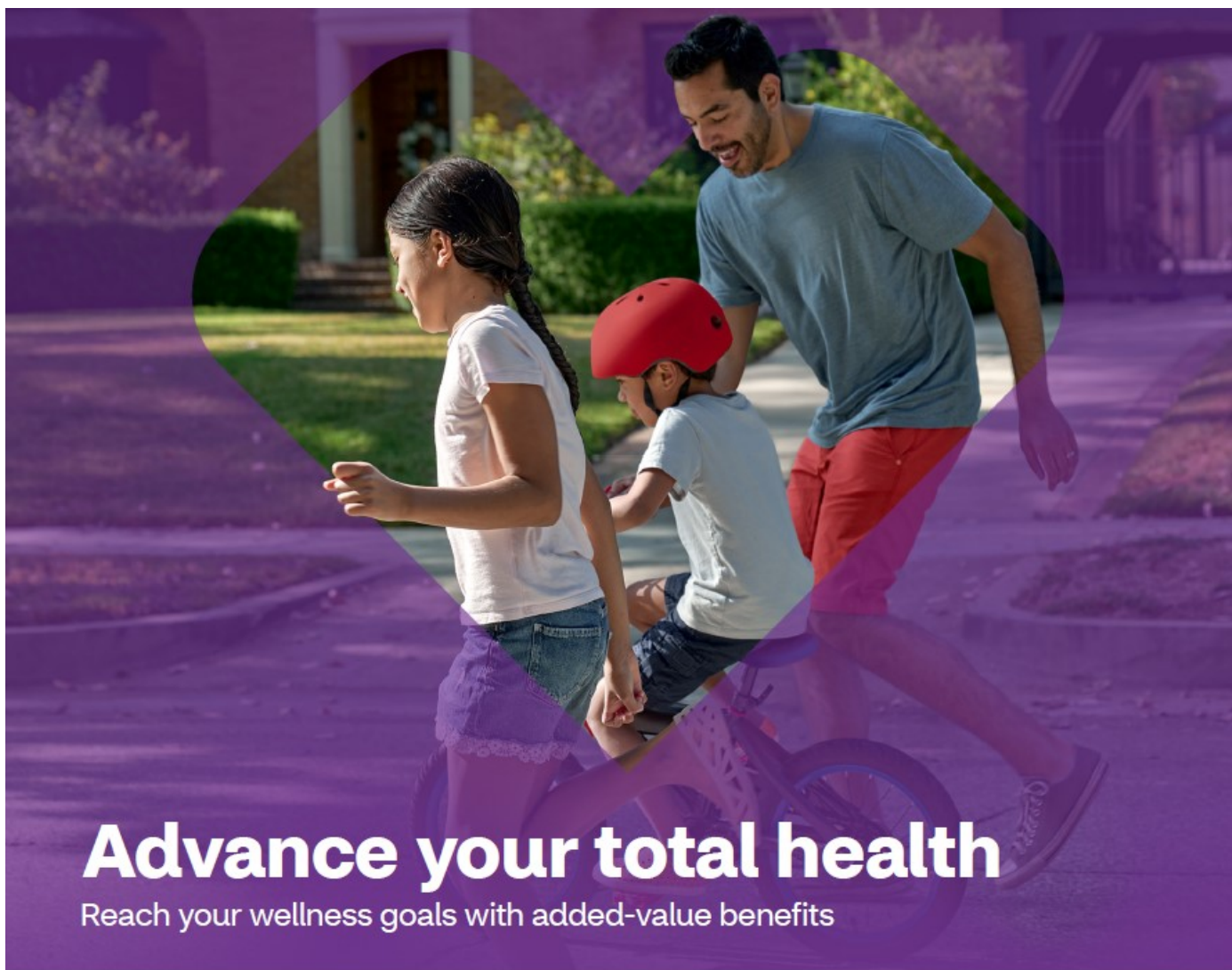


Step 4: Enter your zip code



Step 5: Pick your plan. All of the medical plans offered are Aetna Choice POS II (Open Access).

Step 6: You can search by name or by specialty. Your results will be shown on the next screen.



Advance your total health

Reach your wellness goals with added-value benefits

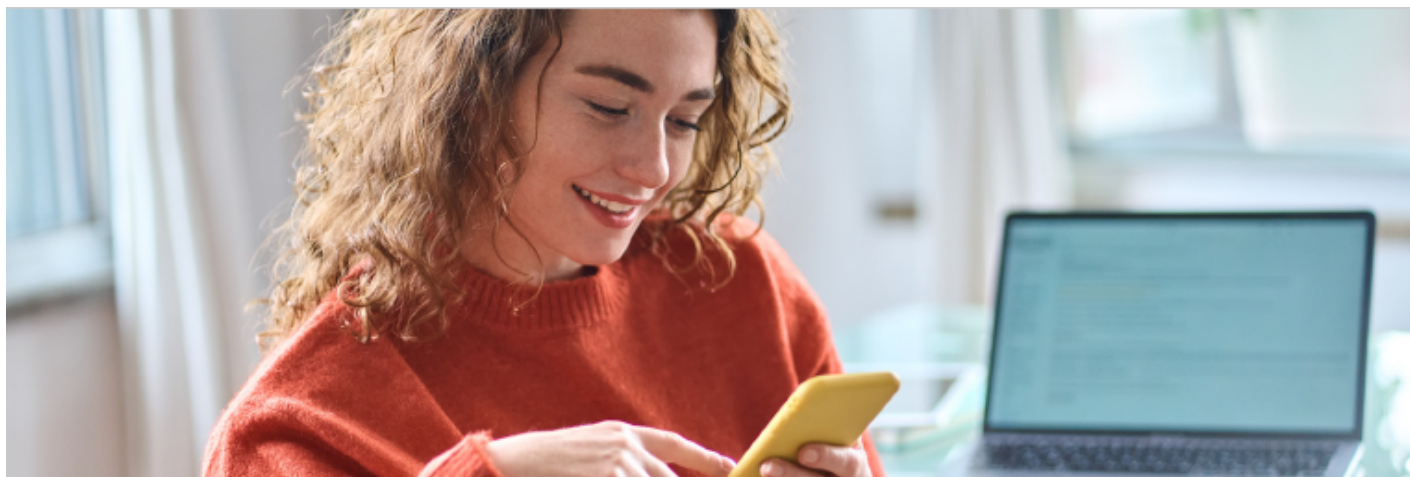
Take charge of your health

It's now easier than ever to aim high and feel your best. All while getting access to programs, tools and resources that fit your schedule.

Plus, cost savings along the way. And you can even access programs and certain in-network services at low or no cost* under your medical and pharmacy plans.



Start today. Log in to your member website through Aet.na/Health-Login. There, you can check your benefits, connect with care, and view and pay claims.



ACCESS TO CARE



MinuteClinic®

Your plan gives you access to covered MinuteClinic services at no or a lower cost to you.* They're located inside select CVS Pharmacy®, CVS® HealthHUB™ and Target® locations.** They're open every day, even evenings and weekends.

If your plan is eligible for a health savings account, you can get preventive care at no extra cost. You'll also get care for covered minor illnesses and injuries at a lower cost than available to the public. And once you meet your deductible, you can get all covered services at no extra cost.

Find a clinic near you at [CVS.com/MinuteClinic](https://www.cvs.com/MinuteClinic). Or log in to your Aetna Health™ app at [Aetna/Health-App](https://aetna.com/Health-App).

For a list of other in-network providers, log in to [Aetna/Health-Login](https://aetna.com/Health-Login) and use our search tool.



Virtual care options

CVS Health Virtual Care™*** lets you get care for minor injuries, illnesses, skin conditions, select women's services and mental health services, like talk therapy and medication support.

CVS Health Virtual Primary Care™*** gives you access to a dedicated virtual provider for preventive services, sick and wellness visits, medicine reviews and disease management.

Teladoc Health®

You can connect directly with a board-certified doctor by phone or video. This is best for general medical, dermatology or mental health visits — and all at no or low cost to you.

You can easily access these low- or no-cost virtual primary care services. Just go to [Aetna/Health-Login](https://aetna.com/Health-Login) to log in to your member website.

✓ Call **1-855-TELADOC (835-2362)**

✓ Visit [Aetna/AFA-Tdoc](https://aetna.com/AFA-Tdoc)

*Includes select MinuteClinic® services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm what services are included. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive MinuteClinic services at no cost share. However, such services are covered at negotiated contract rates. This benefit is not available in all states and on indemnity plans. Visit [MinuteClinic.com](https://www.minuteclinic.com) for age and service restrictions. This is for informational purposes only and is intended to be used only in connection with self-funded plans. It is not medical advice and is not intended to be a substitute for proper medical care provided by a physician.

**For a complete list of other participating providers, log in to your member site at [Aetna.com](https://aetna.com) and use our provider search tool.

***Members on broad network plans will be able to access CVS Health Virtual Primary Care™ and CVS Health Virtual Care™ in addition to current virtual services. CVS Health Virtual Primary Care and CVS Health Virtual Care are not available to joint ventures, locally based network and indemnity plans.

†Members with high-deductible health plans must meet their deductible first.

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MENTAL WELL-BEING



Employee Assistance Program (Aetna Resources For LivingSM)

Through this program, you'll get support for stress management, work/life balance, depression and anxiety. Plus, we'll connect you with legal and financial help. This benefit is available to you and your eligible household members.

Know that we're here for you, 24/7. Call us at **1-866-326-7172 (TTY: 711)**. Or check out [Aetna/AFA-RFL](https://aetna.com/AFA-RFL) (Username: **SGEAP** Password: **EAP**).



Behavioral telehealth virtual providers and services

These services offer another way to get help from a licensed therapist or psychiatrist. And you can choose from a large network of providers.

Check out [virtual providers](#) here. Or visit [Aetna.com](https://aetna.com) to find another network provider.

MANAGING HEALTH



Aetna One[®] Essentials

Your physical and mental health is everything. Whether you're taking care of a minor issue or dealing with bigger health challenges, we can help. If you can benefit from care management, one of our nurses will work with you to set up a plan, help you understand your benefits and answer any questions.

To get started, go to [Aetna/Health-Login](https://aetna.com/Health-Login) to log in to your member website. Or call the number on your member ID card.



Enhanced Maternity Program

Going through a maternity journey is unique for each person. So whether you need support for family planning or postpartum care, we'll be right there as a trusted, reliable resource throughout your entire experience.

To learn more and sign up, call us at **1-800-272-3531 (TTY: 711)** weekdays from 8 AM to 7 PM ET. Or log in to your member website at [Aetna.com](https://aetna.com) and look under "Stay Healthy."



Taking care of diabetes health Diabetic meter program

If you have diabetes, you know it's important to check your blood glucose levels regularly. And we want to help — with a **new blood glucose meter**. It's part of your prescription plan, and ordering one is easy!

To order, simply:
Visit [Aetna.com/ManagingDiabetes](https://aetna.com/ManagingDiabetes)
If you have questions, call the number on your Aetna[®] member ID card.

\$0 preferred diabetic benefit*

For another way to save, enjoy a new pharmacy benefit. You'll have no deductible and **\$0 cost-share** for preferred insulin and diabetic supplies.

Call the number on your Aetna member ID card to find out which insulins and diabetic supplies are included.

*Not available in Oklahoma. HSA, IntRx, and Value plans: Preventive deductible waiver and \$0 preferred diabetic offering both waive the deductible. \$0 preferred diabetic benefit also waives copay/coinsurance on preferred insulin/diabetic supplies. The \$0 preferred diabetic benefit does not include diabetic drugs.

WELLNESS AND DISCOUNT PROGRAMS



OTC Health Solutions®

Enjoy \$25 every three months* to shop hundreds of CVS® products

Every three months, you'll get \$25 to spend on select over-the-counter health and wellness products at CVS®. This can help you take care of minor illnesses, have fewer doctor visits and save money.

3 WAYS TO SAVE



In store

Visit any CVS store that participates in OTC Health Solutions. Go to www.CVS.com/otchs/aetcommercialotc/storelocator to find one near you.



Online

Visit www.CVS.com/otchs/aetcommercialotc for the fastest and easiest way to order anytime.



Over the phone

Call 1-888-628-2770 (TTY: 711) Monday to Friday, from 9 AM to 8 PM local time.



Wellness tools

You can get a health assessment and access to online health programs to help meet your goals. Just choose the ones you want to work on and go at your own pace. You'll also get helpful information about procedures, conditions and treatments.

Explore these tools today. Just go to Aetna.com/Health-Login to log in to your member website.



Discount program

The Aetna Discount Program helps you save on many health products and services. You'll save money on eyewear, hearing exams, healthy lifestyle services, natural health offerings and more.

Watch the savings add up. Simply visit Aetna.com/Health-Login to log in to your member website.

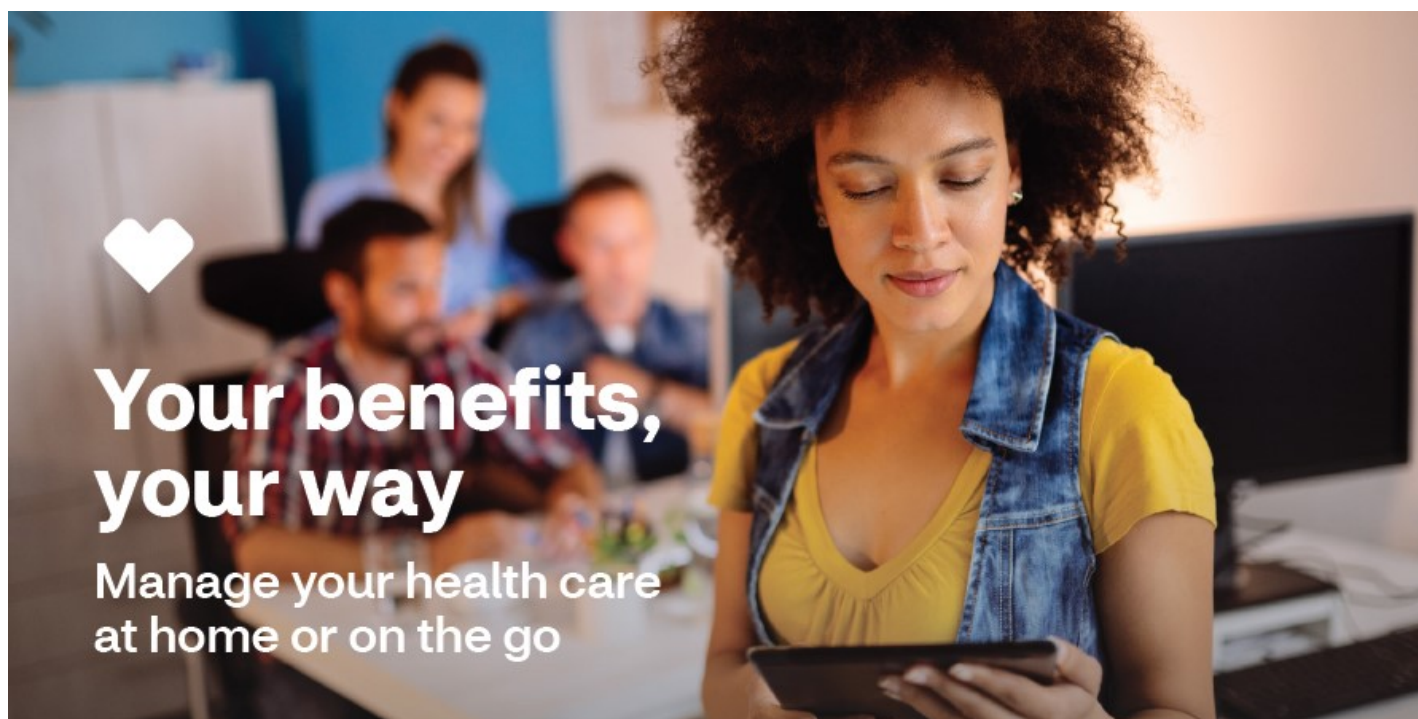
*January 1-March 31; April 1-June 30; July 1-September 30; October 1-December 31.

DISCOUNT OFFERS ARE NOT INSURANCE. They are not benefits under your insurance plan. You get access to discounts off the regular charge on products and services offered by third-party vendors and providers. Aetna makes no payment to the third parties — you are responsible for the full cost. Check any insurance plan benefits you have before using these discount offers, as those benefits may give you lower costs than these discounts.

Aetna Funding AdvantageSM plans are self-funded, meaning the benefits coverage is provided by the employer. Aetna Life Insurance Company provides administrative services to the employer. Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Network providers are independent contractors and are not agents of Aetna. Provider participation may change without notice.

Aetna Resources For LivingSM is the brand name used for products and services offered through the Aetna group of companies. The EAP is administered by Aetna Behavioral Health, LLC; and in California for Knox-Keene plans, and Health and Human Resources Center, Inc. All EAP calls are confidential, except as required by law. This material is for informational purposes only. It contains only a partial, general description of programs and services and does not constitute a contract. EAP instructors, educators and network participating providers are independent contractors and are neither agents nor employees of Aetna. Aetna does not direct, manage, oversee or control the individual services provided by these persons and does not assume any responsibility or liability for the services they provide and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to Aetna.com.





Your benefits, your way

Manage your health care
at home or on the go



Stay on top of your benefits

- Review your benefits and what's covered.
- Track your spending.
- View and pay claims on your member website.
- See your ID card online.
- Get cost info before you get care.*



Connect to care

- Find in-network providers, including virtual care.
- Locate walk-in clinics and urgent care centers near you.
- See reviews of providers.

Get started today



Visit **MyAetnaWebsite.com** to register for your member website.



Get the **Aetna HealthSM app** by texting **"AETNA"** to **90156** to receive a download link. Message and data rates may apply.**

— OR —



Scan the **QR code** to download the **Aetna HealthSM app**.

Medicare Disclosure

Compliance

Important Notice from BEE LINE, INC. About Your Prescription Drug Coverage and Medicare

If you or one of your dependents is currently Medicare eligible, then the information contained in this document pertains to you. If you are NOT Medicare eligible, this information does not apply to you:

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BEE LINE, INC. and prescription drug coverage available through Medicare. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. BEE LINE, INC. has determined that the prescription drug coverage offered by your current health plan carrier, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage and so is considered “**Creditable Coverage**”.
3. **Because your existing coverage is at least as good as standard Medicare drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in a Medicare drug plan.** Your current drug benefits through BEE LINE, INC. are as follows:

PPO: \$10 / \$45 / \$75 / 20% up to \$250 / 40% up to \$500

PPO & HSA: \$10 / \$50 / \$80 / 20% up to \$250 / 40% up to \$500

4. If you drop or lose your coverage with BEE LINE, INC. and don't enroll in Medicare prescription drug coverage within **63 days** after your current coverage ends, you may pay a **penalty** to enroll in Medicare prescription drug coverage later. The late enrollment penalty is **1% of the premium** for every month that you were not enrolled in a Medicare drug plan or covered by a Creditable Plan. You will pay this penalty as long as you have Medicare drug coverage.
5. Individuals can enroll in a Medicare prescription drug plan:
 - When they first become eligible for Medicare;
 - Each year from **October 15th through December 7th**;
 - During the Special Enrollment Period which runs 63 days from the day employer drug coverage ends.

For more information about this notice or your current prescription drug coverage: Contact our Human Resources.

NOTE: You will receive this notice annually at open enrollment, as a new hire, and if this coverage through BEE LINE, INC. changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook-mailed to you every year from Medicare. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
- For people with limited income and resources, information about getting help paying for Medicare is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778)

Date: January 1, 2024
Name of Sender: Nancy Hernandez and Christine Johnston
Address: 1826 S. Clinton Street
Phone Number: (312) 233-5463
Nancy: ext 102 Christine: ext 110

Dental COVERAGE

You can elect dental coverage for yourself and your eligible dependents regardless of whether or not you choose to participate in one of the medical plans.

The dental plan provided by Principal offers access to a network of dentists who will provide service for a pre-negotiated, discounted rate. You also have the option to see any out-of-network dentist you choose, however, you'll be responsible for costs above the usual and customary rate (U&C).

This benefit is offered to all BEE LINE, INC. employees and their dependents. Below is a highlight of benefits, the complete certificate of coverage is available upon request.



Dental PPO <i>Low Plan</i>		Dental PPO <i>High Plan</i>	
IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK

COVERAGE DETAILS				
Annual Deductible - <i>refer to plan certificate for full details</i> Waived for preventive services	\$50 per person \$150 per family	\$300 per person \$900 per family	\$50 per person \$150 per family	\$50 per person \$150 per family
Preventive Services - <i>refer to plan certificate for full details</i> Some services may include: Routine exams, routine	100%	10%	100%	80%
Basic Services - <i>refer to plan certificate for full details</i> Some services may include: Periodontal prophylaxis, emergency exams, space maintainers, fillings, stainless steel crowns, composite fillings	80%	10%	80%	60%
Major Services - <i>refer to plan certificate for full details</i> Some services may include: General anesthesia, simple oral surgery, complex oral surgical procedures, non-surgical periodontics, periodontal surgical procedures	50%	10%	50%	50%
Maximum Calendar Year Benefit <i>Per Covered Member</i>	\$1,500	\$1,000	\$1,500	\$1,000
Orthodontics <i>Per Covered Member</i> Dependent children only	50% up to \$1,000 max	50% up to \$1,000 max	50% up to \$1,000 max	50% up to \$1,000 max

Monthly Contributions	
Dental PPO <i>Low Plan</i>	
Employee	\$29.69
Employee + Spouse	\$60.12
Employee + Child(ren)	\$79.51
Family	\$115.88

Monthly Contributions	
Dental PPO <i>High Plan</i>	
Employee	\$34.25
Employee + Spouse	\$69.15
Employee + Child(ren)	\$90.26
Family	\$131.85

Principal Dental Provider Finder

To find an In Network provider log on to Principal.com

Step 1:

Click on Individuals and click on Find a Dentist

Step 2:

On the next screen you can enter the state in which you are looking for a Dental provider, your network is **The Principal Plan Dental Network**. If you do not know a specific dental provider, simply enter your zip code and the desired distance you would like to travel. Click Continue.

Your results will be displayed on the next screen.

The screenshot shows the Principal website's navigation bar with 'Individuals' selected. A dropdown menu is open, showing 'Find a Dentist' as the selected option. Below the menu, the search process is shown in three steps:

- 1. Please choose the state where you would like to find a provider ***
A dropdown menu shows 'Illinois' selected and highlighted with a red box.
- 2. Please choose the network ***
A dropdown menu shows 'The Principal Plan Dental Network' selected and highlighted with a red box.
- 3. If you know the name of the provider you are looking for please enter it here**
Fields for 'Last Name *' and 'First Name' are present but empty.

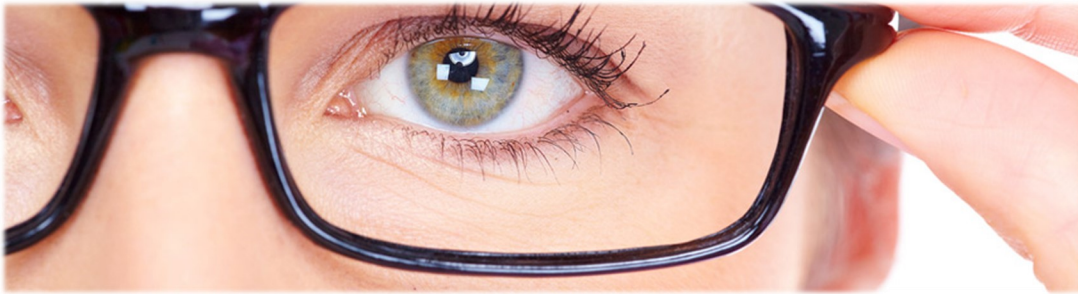
Below these steps, there is an 'OR' separator and a section for finding a nearby dentist:

If you're looking for a nearby dentist please enter a starting address or zipcode

Fields for 'Address', 'City', and 'ZIP code *' are present. The 'ZIP code *' field contains '60616' and is highlighted with a red box. Below these fields is a 'Distance' section with radio buttons for 5 miles, 10 miles, 20 miles, 30 miles, and 60 miles.

Vision

COVERAGE



You can elect vision coverage for yourself and your eligible dependents regardless of whether or not you choose to participate in one of the major medical plans. Bee Line offers voluntary vision benefits through Principal. Principal offers access to a wide range of independent doctors as well as various optical retail outlets.



	IN-NETWORK MEMBER COST	OUT-OF-NETWORK
EXAM WITH DILATION AS NECESSARY		
	\$10 Copay	Up to \$45 Allowance
FRAMES		
	\$150 Allowance	Up to \$70 Allowance
STANDARD PLASTIC LENSES		
Single Vision	\$25 Copay then Covered in Full	Up to \$30 Allowance
Bifocal	\$25 Copay then Covered in Full	Up to \$50 Allowance
Trifocal	\$25 Copay then Covered in Full	Up to \$65 Allowance
CONTACT LENSES (allowance covers materials only)		
Elective	\$150 Allowance	\$105 Allowance
SERVICE FREQUENCY		
Exams	Once every 12 months	
Frames	Once every 24 months	
Plastic Lenses or Contacts	Once every 12 months	

Monthly Contributions	
Vision	
Employee	\$6.73
Employee + Spouse	\$12.81
Employee + Child(ren)	\$13.51
Family	\$20.94

Principal Vision Provider Finder

Principal Vision has full access to VSP's CHOICE network! To find an In Network Vision provider please visit principal.com/vsp

Once you are on the VSP provider finder page you can simply enter your zip code and click Search. The search is set up to use the CHOICE network.

Your results will be displayed on the next screen. You will be able to filter out your results here as well!

The screenshot shows the VSP provider finder website. At the top is the VSP logo and a navigation menu with links: FIND A DOCTOR, BENEFITS, OFFERS, EYEWEAR AND WELLNESS, PLAN OPTIONS, and SHOP. Below the navigation is a hero section titled "Our Doctor Network" with instructions on how to find a doctor. The main search area has a "LOCATION" tab selected, with a "Zip" field containing "60616" and a "SEARCH" button. Below the search bar is a map view showing the search results. The results list includes "Illinois Eye Institute" and "Smart Optical", each with details like address, phone number, hours, and featured frame brands.

Principal Vision Provider Finder

Principal Vision has full access to VSP's CHOICE network! To find an In Network Vision provider please visit principal.com/vsp

Once you are on the VSP provider finder page you can simply enter your zip code and click Search. The search is set up to use the CHOICE network.

Your results will be displayed on the next screen. You will be able to filter out your results here as well!

VSP Provider Finder Interface:

- Navigation:** FIND A DOCTOR, BENEFITS, OFFERS, EYEWEAR AND WELLNESS, PLAN OPTIONS, SHOP
- Our Doctor Network:** Find a list of eye doctors using the fields below. To view doctors who are in-network for your plan, [create an account](#) or [log in!](#) Check with your doctor before your appointment to make sure they're considered in-network for your plan.
- Search Fields:** LOCATION (Zip: 60616), OR, DOCTOR (Street Address (optional), City, State), **SEARCH**
- Filters:** VIEW FILTERS +, Sort by Premier Program Location
- Map View:** MAP VIEW
- Results:** 50 results | Sort by Premier Program Location
- Featured Results:**
 - Illinois Eye Institute:** 0.6 miles away, Handicap Accessible, 3241 S Michigan Ave, Chicago, IL 60616. Languages: bebe, MCM, CALVIN KLEIN, Nautica, Chloé, DKNY, Lacoste. 312-225-6200. Hours: Mon - Tue 9:00 - 7:00, Wed 9:00 - 7:30, Thu 9:00 - 5:00, Fri 9:00 - 4:30, Sat 9:00 - 12:30.
 - Smart Optical:** 1.1 miles away, Handicap Accessible, 2349 S Wentworth Ave, Chicago, IL 60616. Languages: 312-808-1893. Hours: Mon - Sat 10:00 - 6:30, Sun 10:00 - 6:00.

Voluntary Life and AD&D

COVERAGE

As a full-time employee you are afforded the opportunity to purchase voluntary term life insurance for yourself and your dependents. The advantage of purchasing group term life insurance is by buying as a group, rates are discounted, as opposed to traditional individual monthly premiums. The cost for this coverage is deducted right from your paycheck, so you will never see a bill!

Employee Voluntary Term Life Coverage

You may elect Voluntary Life Insurance in increment of \$10,000. The minimum amount that can be purchased is \$10,000, the maximum is \$300,000. If you are under the age of 70, the guarantee issue amount is \$100,000, anything over this amount will require a statement of health for approval as a new hire. If you decline this when it is initially offered to you and you decide to enroll at a later time, you must complete a statement of health for approval.

Spousal Voluntary Term Life Coverage

You may elect Voluntary Spouse Life Insurance in increments of \$5,000. The minimum amount that can be purchased is \$5,000, the maximum is 100% of employee coverage, up to \$100,000. If you are under the age of 70, the guarantee issue amount is \$30,000, anything over this amount will require a statement of health for approval as a new hire. If you decline this when it is initially offered to you and you decide to enroll at a later time, you must complete a statement of health for approval.

Dependent Child Voluntary Term Life Coverage

You may also purchase term life insurance coverage for your dependent child(ren). You can purchase amounts of \$5,000 or \$10,000

You automatically receive the same benefit election in Accidental Death & Dis-memberment coverage for you, your spouse and your child(ren).

YOU CAN NOT PURCHASE VOLUNTARY LIFE ON YOUR SPOUSE OR CHILD(REN) UNLESS YOU PURCHASE COVERAGE AS THE EMPLOYEE SINCE RESTRICTIONS APPLY TO THEIR COVERAGE LEVELS BASED ON WHAT YOU ELECT.

Rates are based on your Age - See table

Cost Examples:

Employee age 35 buys \$100,000: ($\$0.200 \times 100 = \20.00 Monthly)

Spouse age 34 buys \$50,000: ($\$0.142 \times 50 = \7.10 Monthly)

Child at \$5,000 of coverage: (\$1.00 Monthly)



Age	Life and AD&D Rate per \$1,000
24 & Under	\$0.129
25-29	\$0.129
30-34	\$0.142
35-39	\$0.200
40-44	\$0.292
45-49	\$0.445
50-54	\$0.704
55-59	\$1.095
60-64	\$1.664
65-69	\$2.757
70-74	\$4.78
75-79	\$4.78
Child Rate	
\$5,000	\$1.00
\$10,000	\$2.00

Accident Insurance



Accident insurance is an ideal complement to your medical coverage! Accident insurance offers you a financial back-up plan for when an accident happens. Accident insurance helps you cover out-of-pocket expenses after an accidental injury.

How does accident insurance work?

The benefit pays an up-front, lump-sum benefit based on covered injuries received. It's not dependent on services, test or treatments, so you can get paid faster with less paperwork. And there's no guesswork about the benefit amount. Use your benefit when you need it most!

How can you use your accident benefit?

You can use the benefit any way you want to! You can use it to help with medical deductibles and copayments, transportation, food and lodging. You can even use it help with child care or home healthcare needs.

Injury	Benefit
Burn	Up to \$5,000
Coma	\$15,000
Concussion	\$500
Dental injury	\$500
Dislocation	Up to \$7,500
Eye injury with surgical repair	\$500
Fracture	Up to \$10,000
Injuries not specifically listed	\$100
Internal injury	\$1,500
Knee cartilage injury with surgical repair	\$1,500
Ruptured disc with surgical repair	\$1,500
Tendon / ligament / rotator cuff injury with surgical repair	\$1,500
Accidental Death and Dismemberment (AD&D)	
Employee	\$25,000
Spouse	\$12,500
Children	\$6,250
Covered loss	% of Benefit
Loss of life; loss of both hands or both feet or one hand and foot; quadriplegia; loss of speech and hearing in both ears; or loss of sight in both eyes	100%
Loss of one hand or foot; paraplegia; hemiplegia; loss of use of one hand and foot or both hands or feet; or loss of speech, hearing in both ears, or sight in one eye	50%
Loss of thumb and index finger on the same hand; loss of use of one arm, leg, hand or foot; or loss of hearing in one ear	25%
Common carrier	200%
Seat belt/airbag	25%
Repatriation	Up to 10%

Monthly Contributions	
ACCIDENT PLAN	
Employee	\$19.63
Employee + Spouse	\$28.62
Employee + Child(ren)	\$33.96
Family	\$51.70

Save money while improving your life

Everybody loves a discount! Use these to help improve your life — financially, mentally and physically. Offered by some of the most trusted companies in the U.S., these discounts and services are available through your group benefits from Principal®. **These discounts are not insurance.**

Laser Vision Correction	Imagine your life free from glasses and contacts. You, your spouse and dependent children save \$800 off LASIK through the National Lasik Network, administered by LCA-Vision, Inc. principallasik.com 888-647-3937
Hearing Aid Program	Protect your hearing health to improve your quality of life. You, your spouse, children, parents and grandparents can get exclusive discounts on hearing aids, with a 60-day trial to ensure your full satisfaction. You can also receive a free hearing consultation at any of their 3,000+ locations nationwide. principal.com/hearingbenefits/ahb 877-890-4694

Available with your dental and vision insurance

Vision Care	Protect and improve your family's vision. You, your spouse and dependent children can get discounts on LASIK surgery from a nationwide network of VSP providers. You'll also receive discounts on eye exams, prescription glasses and lenses, and contact lens evaluations and fittings through VSP. principal.com/vsp 800-877-7195
Dental Health EdgeSM	Get the information you need to make better decisions about oral health care. You can go online and submit a dental care question and get a response from a dentist in one business day. A dental cost estimator shows approximate costs in a ZIP code. And you can access articles about dental health topics plus get information about how dental coverage works. http://c3.go2dental.com/scontent/

Available with your life insurance

Will & Legal Document Center	Consider creating your simple legal documents online. These online resources and tools, provided by ARAG® ¹ , are easy-to-use. You and your spouse can create, print and store essential legal documents — such as a will, living will, healthcare power of attorney, durable power of attorney, and medical treatment authorization for minors. Plus, you can access estate planning tools and a personal information organizer. ARAGwills.com/Principal Contact your employer for your group policy number.
Identity Theft Kit	Be proactive in protecting one of your most important assets – your identity. If your identity is stolen, despite your best efforts, you'll get valuable tips on how to restore it. ARAGwills.com/Principal Contact your employer for your group policy number.
Beneficiary Support	Get help coping with the death of a loved one. Beneficiaries receive help coping with the emotions and financial decisions that surface when a loved one dies. Services include grief support from Magellan Healthcare and financial review from Principal®. Spouses and dependents receive three months of free online will preparation services provided by ARAG. ¹ Information is provided after the loss of a loved one.

Group benefits

Check your benefits when, where and how you want to

It's easy to keep track of your benefits from Principal® anytime — online or on your mobile device



Start by creating your account

- 1 | From your favorite browser, go to principal.com, select Log In, then Personal. Or, download the **Principal app** for free from the App Store or Google Play.
- 2 | Select **Create an account**.
- 3 | Enter personal information such as your date of birth and identification number.
- 4 | **Create a username** and password, and provide an email address.
- 5 | You'll receive an email within a few minutes to confirm your account is ready to go. You can access your account information anytime, 24/7, with the username and password you've just set.



Manage your benefits on Principal.com and the Principal mobile app

After logging in, you can manage your benefits and other Principal products you have when, where and how it's convenient for you. Depending on your coverages, you can:

- View and manage claims
- Get a 24-month history of your explanation of benefits (EOB)
- Access your summary of benefits, as well as benefit booklets
- Find a list of covered dependents
- View and print your dental ID card
- Search for and contact a network dentist
- Find discounts and services
- Calculate coverage needs and more



Keeping your account safe

Your information is important to us. That's why we use verification codes to prevent others from accessing your account — even if they have your password. The first time you log in — on Principal.com or the mobile app — you'll need to choose how you'll receive the codes, either by text or email.

If you log in from an unrecognized device, forget your password or we notice anything out of the ordinary, the codes help us confirm it's really you accessing your account. You can choose to receive a code every time you log in or only when we detect unusual activity.

Disclaimer: This brochure is for illustrative purposes only and provides a brief explanation of the benefits available through BEE LINE, INC.. In the event of a discrepancy between this summary and the Plan Document, the Plan Document will prevail. BEE LINE, INC. retains the right to modify or eliminate these or any other benefits at any time, for any reason.

For more information or to contact one of our plan administrators, go to:

Gallagher Benefit Services | www.ajg.com

Lucia Espinoza, Employee Advocate

Email: Lucy_Espinoza@ajg.com | **Phone:** (630) 353-2309

Aetna | www.aetna.com

Medical Service Center: (888) 802-3862

Principal | www.principal.com

Dental / Vision Service Center: (800) 843-1371

Voluntary Life / Accident Service Center: (800) 245-1522

Human Resources - Nancy Hernandez | nhernandez@beelinesupport.com

Direct: (312) 233-5463 ext 102

Human Resources - Christine Johnston | cjohnston@beelinesupport.com

Direct: (312) 233-5463 ext 110

As of January 1, 2014, the Affordable Care Act requires all Americans to have minimal essential health insurance coverage (**MEC**) or pay a fine. As of 2018 there is no longer a penalty for not having MEC.

Since BEE LINE, INC. provides affordable coverage to all full-time employees and their dependents and because the coverage meets MEC requirements, in most cases, you are NOT eligible for a tax credit (subsidy) to lower your monthly premiums should you purchase medical insurance on the Health Insurance Marketplace. For more information visit www.healthcare.gov

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Required Benefit Plan Disclosures:

In order to aid in our organization's efforts to create a green workplace, the required disclosure agreements for our benefit plans are available online. To access these disclosures, please visit:

<https://bit.ly/disclosureajg>



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