

## Benefits,inc.

## Employee Election Form February 1, 2022 - January 31, 2023

| Employee Name:  |                                     |                                 |                                     |  |  |
|---|-------------------------------------|---------------------------------|-------------------------------------|--|--|
| Medical   |                                     | Blu                             | ueCross BlueShield of Tennessee     |  |  |
|   | Option 1 - Silver 114 HDHP          | Option 2 - Silver 130           | Option 2 - Silver 128               |  |  |
| Network   | Blue Network S                      | Blue Network S                  | Blue Network S                      |  |  |
| Deductible  | \$3600 (2 per Family)               | \$7200 (2 per Family)           | \$3000 (2 per Family)               |  |  |
| Coinsurance   | 50% after Deductible                | 50% after Deductible            | 70% after Deductible                |  |  |
| Out of Pocket Max   | \$6650 (2 per Family)               | \$8550 (2 per Family)           | \$6600 (2 per Family)               |  |  |
| Office Visit  | Subject to Deductible / Coinsurance | PC: \$35 Copay Spec: \$75 Copay | Subject to Deductible / Coinsurance |  |  |
| Physician Now   | Subject to Deductible / Coinsurance | Covered @ 100%                  | Covered @ 100%                      |  |  |
| Wellcare Visit  | Covered @ 100%                      | Covered @ 100%                  | Covered @ 100%                      |  |  |
| Urgent Care Visit   | Subject to Deductible / Coinsurance | \$75 Copay                      | Subject to Deductible / Coinsurance |  |  |
| ER Visit  | \$500 then Ded/Coin                 | \$500 then Ded/Coin             | \$500 then Ded/Coin                 |  |  |
| Pediatric Dental & Vision   | Included to Age 19                  | Included to Age 19              | Included to Age 19                  |  |  |
| Pharmacy  | Subject to Deductible / Coinsurance | \$10 / \$75 / \$150             | \$10 / \$45 / \$90                  |  |  |
| Preventive Rx   | \$10 / \$35 / \$60                  | N/A                             | N/A                                 |  |  |
|   | Cost per Pay Period (52             | 2) - Rates Based Upon Age       |                                     |  |  |
| Total Monthly Cost from Rate Grid   |                                     |                                 |                                     |  |  |
| Less Zinnia Monthly Contribution  | \$50.00                             | \$50.00                         | \$50.00                             |  |  |
| Net Monthly Cost  |                                     |                                 |                                     |  |  |
| Cost per Pay Period<br>(net monthly x 12 divided by 52)                         |                                     |                                 |                                     |  |  |
| (Het Hiolithiy X 12 divided by 32)  |                                     | DECLINE MEDICAL COVERAGE        |                                     |  |  |
|   |                                     | =                               |                                     |  |  |
| Dental  |                                     |                                 | ueCross BlueShield of Tennessee     |  |  |
| Preventive Services   |                                     | Covered @ 100%                  |                                     |  |  |
| Basic Services  | Covered @ 80% after Deductible      |                                 |                                     |  |  |
| Major Services  |                                     | Covered @ 50% after Deductible  |                                     |  |  |
| Orthodontics  | Not Covered                         |                                 |                                     |  |  |
| Deductible  |                                     | \$50 (3 per Family)             |                                     |  |  |
| Annual Maximum  |                                     | \$2000 per Covered Person       |                                     |  |  |
|   | Cost per Pa                         | ay Period (52)                  |                                     |  |  |
| Employee Only   |                                     | \$6.96                          |                                     |  |  |
| Employee/Spouse   |                                     | \$13.92                         |                                     |  |  |
| Employee/Child(ren)   |                                     | \$13.05                         |                                     |  |  |
| Family  |                                     | \$19.33                         |                                     |  |  |
|   |                                     | DECLINE DENTAL COVERAGE         |                                     |  |  |
|   |                                     |                                 |                                     |  |  |
| Vision  |                                     |                                 | ueCross BlueShield of Tennessee     |  |  |
| Eye Examination   |                                     | \$10 Copay                      |                                     |  |  |
| Lenses  | \$25 Copay                          |                                 |                                     |  |  |
| Frames  | \$150 Allowance                     |                                 |                                     |  |  |
| Contacts (in lieu of glasses)   | \$150 Allowance                     |                                 |                                     |  |  |
| Frequency 12 months Exam/Lenses, 24 months for Frames  Cost per Pay Period (52) |                                     |                                 |                                     |  |  |
| Employee Only   | cost per re                         | \$1.61                          |                                     |  |  |
| <u> </u>  |                                     |                                 |                                     |  |  |
| Employee/Spouse   |                                     | \$3.22                          |                                     |  |  |
| Employee/Child(ren)   |                                     | \$3.62                          |                                     |  |  |
| Family  |                                     | \$5.01                          |                                     |  |  |
|   |                                     | DECLINE VISION COVERAGE         |                                     |  |  |



# Benefits,inc.

## Employee Benefits Summary February 1, 2022 - January 31, 2023

| Enrollment Information  |  |                                   |                      |                       |  |
|---|--|-----------------------------------|----------------------|-----------------------|--|
| Employee Last Name  | First Name   | SSN                               | Date of Birth        | Gender                |  |
|   |  |                                   |                      | □ м □ ғ               |  |
|   |  |                                   |                      |                       |  |
| Addre   | ss   | City, Sta                         | ate                  | Zip Code              |  |
| Dependent Information   |  |                                   |                      |                       |  |
| Spouse Last Name  | First Name   | SSN                               | DOB                  | Gender                |  |
|   |  |                                   |                      | □ м □ ғ               |  |
| Child 1 Last Name   | First Name   | SSN                               | DOB                  | Gender                |  |
|   |  |                                   |                      | □ м □ ғ               |  |
| Child 2 Last Name   | First Name   | SSN                               | DOB                  | Gender                |  |
|   |  |                                   |                      | □ м □ ғ               |  |
| Child 3 Last Name   | First Name   | SSN                               | DOB                  | Gender                |  |
|   |  |                                   |                      | □ м □ ғ               |  |
| Child 4 Last Name   | First Name   | SSN                               | DOB                  | Gender                |  |
|   |  |                                   |                      | □ м □ ғ               |  |
|   |  |                                   |                      |                       |  |
| Section 125 Agreement   |  |                                   |                      |                       |  |
| I cannot change or revoke this Benefit  | t Election Agreement before the be<br>this purpose, a change | -                                 | 'ear unless a change | in status occurs. For |  |
| MARRIAGE /  | DIVORCE  | ADDITION                          | / LOSS OF A DEPENI   | DENT                  |  |
| TERMINATION / COMMENCE  | MENT OF EMPLOYMENT   | TAKING AN UNPAID LEAVE OF ABSENCE |                      |                       |  |
| Further, I understand that any requested change must be on account of and consistent with the change in status and that the change must be requested within 30 days of the recognized event.  |  |                                   |                      |                       |  |
| My execution of this Benefit Election Agreement does not begin coverage under any benefit or insurance policy. The terms and conditions of the underlying benefit plan or insurance policy with determine my entitlement to benefits thereunder.  |  |                                   |                      |                       |  |
| Prior to the beginning of each plan year, I may be offered the opportunity to change my benefit election(s) for the following plan year. If I fail to submit a Benefit Election Agreement at that time, I will continue any coverages for the new plan year, and I will continue to have the appropriate amounts withheld from my salary for my coverage. |  |                                   |                      |                       |  |
| The Company and I hereby agree that my cash compensation will be reduced by the amounts set forth for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement.)  |  |                                   |                      |                       |  |
|   |  |                                   |                      |                       |  |
| Employee Signature  |  |                                   | Date                 |                       |  |



EHB Medical Renewal Age / Rate Table

An Independent Licensee of the BlueCruss BlueShield Association

Issued For Brian Shirk

OPTION /

Effective February 1, 2022

Group: Zinnia Wellness

Group ID: 139196

Plan Information - (HSA

Qualified)

Effective Date: 02/01/2022 Business Location: Warren County
Benefit Date: 02/01/2022 Rep Name: Joy Morgan
Network: Blue Network S COBRA: Yes with INL

Rating Area: 7
Employees: 4
Members: 4

**Renewal Plan** Plan Description Office Visit **PhysicianNow** Silver 114 \$3,600/\$6,650/50% Ded/Coin Ded/Coin **Urgent Care** IP Hospital **Emergency Room** Ded/Coin Ded/Coin \$500 then Ded/Coin **Pharmacy Rx Formulary Base Rate** Ded/Coin with \$10/\$35/\$60 prev **Essential Plus** \$260.79 **Current Plan Plan Description** Office Visit **PhysicianNow** Silver 91 \$3,600/\$6,650/50% Ded/Coin \$10 Copay **Urgent Care** IP Hospital **Emergency Room** Ded/Coin Ded/Coin Ded/Coin **Pharmacy** Rx Formulary Ded/Coin with \$10/\$35/\$60 prev **Essential Plus** 

Age / Rate Information

| Age    | Rate     | Age | Rate     | Age | Rate     |
|--------|----------|-----|----------|-----|----------|
| 0 - 14 | \$199.83 | 31  | \$302.59 | 48  | \$426.72 |
| 15     | \$217.57 | 32  | \$308.84 | 49  | \$445.24 |
| 16     | \$224.35 | 33  | \$312.76 | 50  | \$466.10 |
| 17     | \$231.13 | 34  | \$316.93 | 51  | \$486.70 |
| 18     | \$238.43 | 35  | \$319.02 | 52  | \$509.39 |
| 19     | \$245.73 | 36  | \$321.10 | 53  | \$532.34 |
| 20     | \$253.30 | 37  | \$323.19 | 54  | \$557.12 |
| 21     | \$261.12 | 38  | \$325.27 | 55  | \$581.89 |
| 22     | \$261.12 | 39  | \$329.45 | 56  | \$608.75 |
| 23     | \$261.12 | 40  | \$333.62 | 57  | \$635.88 |
| 24     | \$261.12 | 41  | \$339.88 | 58  | \$664.82 |
| 25     | \$262.16 | 42  | \$345.88 | 59  | \$679.17 |
| 26     | \$267.38 | 43  | \$354.22 | 60  | \$708.11 |
| 27     | \$273.64 | 44  | \$364.65 | 61  | \$733.15 |
| 28     | \$283.81 | 45  | \$376.91 | 62  | \$749.58 |
| 29     | \$292.15 | 46  | \$391.52 | 63  | \$770.18 |
| 30     | \$296.33 | 47  | \$407.94 | 64+ | \$782.70 |

<sup>-</sup> Rates are not final until confirmed by BCBST home office.

COBRA Admin charge of \$0.33 is included in the member rate.



### EHB Medical Renewal Age / Rate Table

Issued For Brian Shirk

OPTION 2

Effective February 1, 2022

Group: Zinnia Wellness

Group ID: 139196

Plan Information

Effective Date: 02/01/2022
Benefit Date: 02/01/2022

Rep Name: Joy Morgan

Rating Area: 7
Employees: 4

Network: Blue Network S

COBRA: Yes with INL

Members: 4

| Renewal Plan               | Plan Description                        | Office Visit                | PhysicianNow               |
|----------------------------|---|-----------------------------|----------------------------|
| Silver 130                 | \$7,200/\$8,550/50%                     | \$35/\$75                   | \$0 Copay                  |
| Urgent Care                | IP Hospital                             | Emergency Room              |                            |
| <b>\$</b> 75               | Ded/Coin                                | \$500 then Ded/Coin         |                            |
| Pharmacy                   | Rx Formulary                            |                             | Base Rate                  |
| \$10/\$75/\$150            | Essential                               |                             | \$277.28                   |
|                            |   |                             |                            |
| Current Plan               | Plan Description                        | Office Visit                | PhysicianNow               |
| Current Plan<br>Silver 107 | Plan Description<br>\$7,150/\$8,550/50% | Office Visit<br>\$35/\$75   | PhysicianNow<br>\$10 Copay |
|                            | •                                       |                             | · ·                        |
| Silver 107                 | \$7,150/\$8,550/50%                     | \$35/\$75                   | · ·                        |
| Silver 107<br>Urgent Care  | \$7,150/\$8,550/50%<br>IP Hospital      | \$35/\$75<br>Emergency Room | · ·                        |

#### Age / Rate Information

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|-----------------|-------------|-----|----------|-----|----------|
| Age             | Rate        | Age | Rate     | Age | Rate     |
| 0 - 14          | \$212.45    | 31  | \$321.70 | 48  | \$453.68 |
| 15              | \$231.30    | 32  | \$328.35 | 49  | \$473.37 |
| 16              | \$238.51    | 33  | \$332.51 | 50  | \$495.55 |
| 17              | \$245.72    | 34  | \$336.95 | 51  | \$517.46 |
| 18              | \$253.49    | 35  | \$339.17 | 52  | \$541.58 |
| 19              | \$261.25    | 36  | \$341.38 | 53  | \$565.98 |
| 20              | \$269.29    | 37  | \$343.60 | 54  | \$592.32 |
| 21              | \$277.61    | 38  | \$345.82 | 55  | \$618.66 |
| 22              | \$277.61    | 39  | \$350.26 | 56  | \$647.22 |
| 23              | \$277.61    | 40  | \$354.69 | 57  | \$676.06 |
| 24              | \$277.61    | 41  | \$361.35 | 58  | \$706.84 |
| 25              | \$278.72    | 42  | \$367.73 | 59  | \$722.09 |
| 26              | \$284.26    | 43  | \$376.60 | 60  | \$752.87 |
| 27              | \$290.92    | 44  | \$387.69 | 61  | \$779.49 |
| 28              | \$301.73    | 45  | \$400.72 | 62  | \$796.96 |
| 29              | \$310.61    | 46  | \$416.25 | 63  | \$818.86 |
| 30              | \$315.04    | 47  | \$433.72 | 64+ | \$832.17 |

<sup>-</sup> Rates are not final until confirmed by BCBST home office.

COBRA Admin charge of \$0.33 is included in the member rate.
 Benefit Administration Period is from January through December.



## EHB Medical Renewal Age / Rate Table

An Independent Licensee of the BlueCross BlueSkield Association

Issued For Brian Shirk

OPTION 3

Effective February 1, 2022

Group: Zinnia Wellness

Group ID: 139196

Plan Information

Effective Date: 02/01/2022 Benefit Date: 02/01/2022

Network: Blue Network S

Business Location: Warren County
Rep Name: Joy Morgan

ep Name: Joy Morgan COBRA: Yes with INL Employees: 4
Members: 4

Rating Area: 7

| Renewal Plan               | Plan Description                        | Office Visit            | PhysicianNow               |
|----------------------------|---|-------------------------|----------------------------|
| Silver 128                 | \$3,000/\$6,600/70%                     | Ded/Coin                | \$0 Copay                  |
| Urgent Care                | IP Hospital                             | Emergency Room          |                            |
| Ded/Coin                   | Ded/Coin                                | \$500 then Ded/Coin     |                            |
| Pharmacy                   | Rx Formulary                            |                         | Base Rate                  |
| \$10/\$45/\$90             | Essential                               |                         | \$314.76                   |
|                            |   |                         |                            |
| Current Plan               | Plan Description                        | Office Visit            | PhysicianNow               |
| Current Plan<br>Silver 105 | Plan Description<br>\$3,000/\$6,600/70% | Office Visit Ded/Coin   | PhysicianNow<br>\$10 Copay |
|                            | •                                       |                         | -                          |
| Silver 105                 | \$3,000/\$6,600/70%                     | Ded/Coin                | -                          |
| Silver 105<br>Urgent Care  | \$3,000/\$6,600/70%<br>IP Hospital      | Ded/Coin Emergency Room | -                          |

#### Age / Rate Information

| Age    | Rate     | Age | Rate     | Age | Rate     |
|--------|----------|-----|----------|-----|----------|
| 0 - 14 | \$241.12 | 31  | \$365.14 | 48  | \$514.96 |
| 15     | \$262.53 | 32  | \$372.69 | 49  | \$537.31 |
| 16     | \$270.71 | 33  | \$377.41 | 50  | \$562.49 |
| 17     | \$278.89 | 34  | \$382.45 | 51  | \$587.36 |
| 18     | \$287.71 | 35  | \$384.97 | 52  | \$614.74 |
| 19     | \$296.52 | 36  | \$387.48 | 53  | \$642.44 |
| 20     | \$305.65 | 37  | \$390.00 | 54  | \$672.34 |
| 21     | \$315.09 | 38  | \$392.52 | 55  | \$702.24 |
| 22     | \$315.09 | 39  | \$397.56 | 56  | \$734.67 |
| 23     | \$315.09 | 40  | \$402.59 | 57  | \$767.40 |
| 24     | \$315.09 | 41  | \$410.15 | 58  | \$802.34 |
| 25     | \$316.35 | 42  | \$417.39 | 59  | \$819.65 |
| 26     | \$322.64 | 43  | \$427.46 | 60  | \$854.59 |
| 27     | \$330.20 | 44  | \$440.05 | 61  | \$884.81 |
| 28     | \$342.47 | 45  | \$454.84 | 62  | \$904.64 |
| 29     | \$352.55 | 46  | \$472.47 | 63  | \$929.50 |
| 30     | \$357.58 | 47  | \$492.30 | 64+ | \$944.61 |

<sup>-</sup> Rates are not final until confirmed by BCBST home office.

COBRA Admin charge of \$0.33 is included in the member rate.
 Benefit Administration Period is from January through December.



### EHB Supplemental Dental Renewal Composite Rates Issued For Brian Shirk Effective February 1, 2021

Group: Zinnia Wellness

Quote: 62

Non-Voluntary Dental Plan 5

Effective Date: 02/01/2021

Rep Name: Joy Morgan

Eligible Subscribers: 10

CoinsuranceDeductibleAnnual MaximumOrthoWaiting Period C100%/80%/50%\$50\$2,000NoNone

COBRA Admin: Combined w/ Medical

Note: This quote is subject to the exclusions, conditions, and limitations of the EOC. A Member is entitled to benefits for Covered Services described in the Covered Services section during a Calendar Year in the amounts specified in this Schedule of Benefits. This quote is also subject to Deductible, if any, when Covered Services are rendered by a Network Dentist.

Balance billing may occur for amounts over the maximum allowable charge when covered services are received from a Non-Network Dentist.

#### Composite Rate Information

| Tier            | Current Rates | Renewal Rates |
|-----------------|---------------|---------------|
| Employee Only   | \$30.15       | \$30.15       |
| Employee/Spouse | \$60.30       | \$60.30       |
| Employee/Child  | \$56.53       | \$56.53       |
| Family          | \$83.76       | \$83.76       |

- Rates and benefits offered are based on employer attestation of group size. This quote is presented on the basis of the average number of all employees, employed on business days during the preceding calendar year, being 50 or less. This quote assumes that an EHB medical plan, which includes pediatric dental benefits, has been purchased.
- Multiple options are not available within a single group for these supplemental plans.
- MLR Survey Results: Small.
- Rates are not final until confirmed by BCBST home office.
- Benefit Administration Period is from January through December.



### EHB Supplemental Vision Renewal Composite Rates Issued For Brian Shirk Effective February 1, 2021

Group: Zinnia Wellness

Group ID: 139196

#### Voluntary Vision Plan 5

Effective 02/01/2021 Rep Name: Joy Morgan

Date:

Cobra: Combined w/ other

Subscribers:

**BCBST Product** 

**Exam Copay** 

Materials Copay

Frame Allowance

Frequency

\$10

\$25

\$150

24

#### Composite Rate Information

| Tier            | Current Rates | Renewal Rates |
|-----------------|---------------|---------------|
| Employee Only   | \$6.97        | \$6.97        |
| Employee/Spouse | \$13.94       | \$13.94       |
| Employee/Child  | \$15.68       | \$15.68       |
| Family          | \$21.69       | \$21.69       |

- Multiple options within a single group are not available for these supplemental plans.

MLR Survey Results: Small.

- Diabetic Eye Care included in this plan.

<sup>-</sup> Rates and benefits offered are based on employer attestation of group size. This quote is presented on the basis of the average number of all medical employees, employed on business days during the preceding calendar year, being 50 or less. This quote assumes that an EHB medical plan, which includes pediatric vision benefits, has been purchased.

<sup>-</sup> Rates are not final until confirmed by BCBST home office.