

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY



Absolute HCBS offers all eligible employees and their eligible family members a comprehensive and robust benefits program. These benefits include Medical, Dental, and Vision coverage. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

WHO IS ELIGIBLE?

All employees who are active full-time employees working a minimum of 30 hours per week are eligible.

WHEN DOES COVERAGE BEGIN & END?

ANNUAL OPEN ENROLLMENT

The elections you make during Annual Open Enrollment are effective on October 1, 2023 and will remain effective until September 30, 2024. Due to IRS regulations, once you have made your choices for the plan year you can't change your benefits until the next enrollment period unless you have a qualifying life event.

NEW HIRE

If you are a new hire you are eligible after a 12 month lookback period, then on the first day of the month following 30 calendar days of that 12 month eligibility.

YOUR ELIGIBLE DEPENDENTS

- Your legal spouse
- Your domestic partner
- Your dependent children up to age 26 (includes stepchildren and legally adopted children)
- Your dependent child, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for the support as indicated on your federal tax return, and is approved by your medical plan to continue coverage past age 26.



COVERAGE TERMINATION

Plan coverage will terminate at the end of the month in which the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions for Medical, Dental, and Vision.

HOW TO MAKE CHANGES (QUALIFYING LIFE EVENTS)

Unless you experience a life-changing qualifying event you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

You have 30 calendar days to notify Human Resources of your change in status if it impacts your benefits status. Your new coverage becomes effective on the date of change or the first of the following month. Make sure you provide Human Resources with verification of the qualifying event.

MEDICAL AND PRESCRIPTION DRUGS

Absolute HCBS offers medical coverage through Blue Cross Blue Shield of Arizona. We offer four medical plan options so you can choose the plan that best fits you and your family's needs.

The National Network (also known as Statewide Network) is BCBS's largest network of doctors, hospitals, and facilities. The Alliance Network is BCBS's smaller value network (which also includes National options if traveling or children live in other states).

Blue Cross Blue Shield of Arizona				
Plan Design	PPO \$5,000 70%/50% - Alliance Network		HSA \$3,000 90%/50% - National Network	
Benefit Highlights	In-Network	Out-of-Network [^]	In-Network	Out-of-Network [^]
Deductible				
Individual	\$5,000	\$10,000	\$3,000	\$6,000
Family	\$10,000	\$20,000	\$6,000	\$12,000
Coinsurance				
Coinsurance	70%	50%	90%	50%
Maximum out-of-pocket (includes deductible)				
Individual	\$6,600	\$13,200	\$5,500	\$11,000
Family	\$13,200	\$26,400	\$11,000	\$22,000
Office Visits				
Preventive	100% deductible waived	50% after deductible	100% deductible waived	50% after deductible
Telehealth through BlueCare Anywhere (MD)	\$0 copay	n/a	Approx. \$49 (subject to change)	n/a
Primary Care	\$25 copay	50% after deductible	90% after deductible	50% after deductible
Specialists	\$75 copay	50% after deductible	90% after deductible	50% after deductible
Diagnostic Care				
Diagnostic Lab	70% after deductible	50% after deductible	90% after deductible	50% after deductible
Diagnostic X-ray	70% after deductible	50% after deductible	90% after deductible	50% after deductible
Emergency Services				
Urgent Care Services	\$75 copay	50% after deductible	90% after deductible	50% after deductible
Emergency Room	\$450 copay	\$450 copay	90% after deductible	90% after deductible
Hospitalization				
In-Patient	70% after deductible	50% after deductible	90% after deductible	50% after deductible
Out-Patient	70% after deductible	50% after deductible	90% after deductible	50% after deductible
Prescription Drugs				
Prescription Drugs	Level 1: \$15 Level 2: \$55 Level 3: \$85 Level 4: \$150	Level 1: \$15 Level 2: \$55 Level 3: \$85 Level 4: \$150	90% after deductible	50% after deductible
Specialty Drugs	Level A: \$60 Level B: \$110 Level C: \$160 Level D: \$210	Not Covered	90% after deductible	Not Covered
[^] There may be balance billing on all out-of-network services				

More medical plan options on next page

MEDICAL AND PRESCRIPTION DRUGS (CONTINUED)

Blue Cross Blue Shield of Arizona				
Plan Design	PPO \$3,000 70%/50% - Alliance Network		PPO \$3,000 70%/50% - National Network	
	In-Network	Out-of-Network [^]	In-Network	Out-of-Network [^]
Benefit Highlights				
Deductible				
Individual	\$3,000	\$6,000	\$3,000	\$6,000
Family	\$6,000	\$12,000	\$6,000	\$12,000
Coinsurance				
Coinsurance	70%	50%	70%	50%
Maximum out-of-pocket (includes deductible)				
Individual	\$6,350	\$12,700	\$6,350	\$12,700
Family	\$12,700	\$25,400	\$12,700	\$25,400
Office Visits				
Preventive	100% deductible waived	50% after deductible	100% deductible waived	50% after deductible
Telehealth through BlueCare Anywhere (MD)	\$0 copay	n/a	\$0 copay	n/a
Primary Care	\$25 copay	50% after deductible	\$25 copay	50% after deductible
Specialists	\$60 copay	50% after deductible	\$60 copay	50% after deductible
Diagnostic Care				
Diagnostic Lab	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Diagnostic X-ray	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Emergency Services				
Urgent Care Services	\$60 copay	50% after deductible	\$60 copay	50% after deductible
Emergency Room	\$400 copay	\$400 copay	\$400 copay	\$400 copay
Hospitalization				
In-Patient	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Out-Patient	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Prescription Drugs				
Prescription Drugs	Level 1: \$15 Level 2: \$55 Level 3: \$85 Level 4: \$150	Level 1: \$15 Level 2: \$55 Level 3: \$85 Level 4: \$150	Level 1: \$15 Level 2: \$55 Level 3: \$85 Level 4: \$150	Level 1: \$15 Level 2: \$55 Level 3: \$85 Level 4: \$150
Specialty Drugs	Level A: \$60 Level B: \$110 Level C: \$160 Level D: \$210	Not Covered	Level A: \$60 Level B: \$110 Level C: \$160 Level D: \$210	Not Covered
[^] There may be balance billing on all out-of-network services				

IN-NETWORK VS OUT-OF-NETWORK

Stay In-Network and Save!

Each insurance company/carrier has contracted with a vast number of providers on your behalf to get services at discounted rates in their networks. In return, these health care, dental, and/or vision providers have higher volumes of patients and a consistent flow of insured patients. These providers are designated as being “in-network” because of their pre-selection to provide quality care at a contracted rate. **The main advantage in using an in-network provider is that you receive this negotiated discounted rate for their services and you are not balance billed.**



FINDING IN-NETWORK PROVIDERS & FACILITIES WITH BCBS

1. Go to www.azblue.com and register for your account and search through your portal. If you are not yet a member select “Find a Doctor” – then choose “I am NOT yet a member ... but might get a BCBSAZ health plan through my employer”
2. MEDICAL: Choose medical and where it says “Choose a Network”
 - Alliance Network Plans: select “**Alliance PPO/EPO**”,
 - National Network Plans: select “**Statewide/National PPO**” (on the next page the network will show as National PPO/EPO (**this also includes the National HSA plan as well**))
3. DENTAL: Choose dental and where it says “Choose a Network” “BlueDental PPO (BluePreferred Dental)”

YOUR MEDICAL COST IN 2023 – 2024, EFFECTIVE OCTOBER 1, 2023

Absolute HCBS contributes to the cost of employee’s medical coverage. Semi-monthly (each paycheck) payroll deductions are as shown below. These deductions are made pretax.

Payroll Deductions (each paycheck)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PPO \$5,000 Alliance Network	\$91.88	\$473.44	\$378.05	\$791.41
HSA \$3,000 National Network	\$181.06	\$669.63	\$547.48	\$1,076.77
PPO \$3,000 Alliance Network	\$125.55	\$547.51	\$442.02	\$899.15
PPO \$3,000 National Network	\$177.23	\$661.21	\$540.22	\$1,064.53

HSA CONTRIBUTIONS FOR 2023 - 2024, EFFECTIVE OCTOBER 1, 2023

A Health Savings Account (HSA) is tax-exempt bank account that is set up with a qualified HSA trustee/bank (MyBlue Savings) to allow you to pay for or reimburse for certain qualified medical, dental, and vision expenses you incur. **You are able to contribute pre-tax dollars to your HSA bank account up to a certain limit. You must be enrolled on a high deductible health plan (HDHP) or HSA plan** outlined in the previous pages to contribute to this account. The contribution limits for each year are those set by the IRS. Please see the table below for IRS annual contribution limits.

HSA Contribution Limits	2023 (Jan - Dec)	2024 (Jan - Dec)
Individual (enrolled as EE only)	\$3,850	\$4,150
Family (EE & Spouse, EE & Child(ren), EE & Family)	\$7,750	\$8,300
“Catch Up” contributions	Age 55 or older, \$1,000	Age 55 or older, \$1,000

DENTAL

Absolute HCBS offers dental coverage through Blue Cross Blue Shield of Arizona. For questions call 888.271.7806. The following chart briefly outlines the dental benefits.

Dental Benefits			
	Services	In-Network Provider	Out-of-Network [^] Provider
Preventative Services	Exams, cleanings, x-rays	100%	100%
Deductible	Applies to Basic and Major Services only - Individual - Family	\$50 \$150	\$50 \$150
Basic Services No waiting period	Fillings, Simple Extractions, Oral Surgery, Endodontics (nonsurgical), Periodontics	80%	80%
Major Services No waiting period	Crowns, Bridges, Dentures, Implants	50%	50%
Orthodontia (child only to age 19) No waiting period	Covered at 50% to lifetime max	\$1,000	\$1,000
Annual Maximum	The maximum amount the plan pays per year per covered person	\$1,500	\$1,500

[^] There may be balance billing on all out-of-network services. Reimbursement is at the 90th %.

YOUR DENTAL COST IN 2023 - 2024, EFFECTIVE OCTOBER 1, 2023

Absolute HCBS contributes to the cost of employee's dental coverage. Semi-monthly (each paycheck) payroll deductions are as shown below. These deductions are made pretax.

Payroll Deductions (each paycheck)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Dental	\$8.77	\$26.31	\$40.09	\$56.75

VOLUNTARY VISION

Absolute HCBS offers vision benefits through EyeMed, using the Insight Network. To find an in-network provider go to www.eyemed.com and click on "Find an eye doctor". Your network is "Insight". For questions call 866.605.4242. The following chart briefly outlines the vision benefits.

Vision Benefits		
Services	In-Network	Out-of-Network
Exam - at PLUS Providers - Exam	\$0 copay \$10 copay	Plan pays up to \$40 Plan pays up to \$40
Frames - at PLUS Providers - Frame	\$230 allowance \$180 allowance	Plan pays up to \$75 Plan pays up to \$75
Single Lenses Lined Bifocal Lenses Lined Trifocal Lenses	\$10 copay \$10 copay \$10 copay	Plan pays up to \$30 Plan pays up to \$50 Plan pays up to \$70
Contacts: -Standard Fit and Follow-up -Elective	Up to \$40 \$180 allowance	Not applicable Plan pays up to \$126
Frequency (based on plan year Oct - Sept)	Exam: 1 per plan year Lenses (in lieu of contacts): 1 per plan year Frames: 1 per plan year Contact Lenses (in lieu of Lenses): 1 per plan year	

YOUR VISION COST IN 2023 - 2024, EFFECTIVE OCTOBER 1, 2023

Semi-monthly (each paycheck) payroll deductions are as shown below. These deductions are made pretax.

Payroll Deductions (each paycheck)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Vision	\$4.39	\$8.33	\$8.77	\$12.89

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Under ERISA, the Plan Administrator of the group health plan may have fiduciary responsibilities regarding distribution of dividends, demutualization and use of the Medical Loss Ratio rebates from group health insurers. Some or all of any rebate may be an asset of the plan, which must be used for the benefit of the participants covered by the policy. Participants should contact the Plan Administrator directly for information on how the rebate will be used.

The Employer has the right to modify or amend the plan with a 60-day written notice. This document is also serving as your SPD. All our plans are 501 ERISA Plans.

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Open enrollment planning isn't complete until you have Aflac

Aflac for Absolute HCBS

Who hasn't been blindsided by an unexpected medical bill? That's why there's Aflac. Aflac can help take care of the expenses health insurance doesn't cover, so you can take care of everything else.



Aflac supplemental insurance

Our product portfolio is as broad as your needs, with individual insurance policies that help cover the expected – and unexpected – that's sure to come life's way.



Cancer/Specified-Disease: Aflac's cancer/specified-disease insurance policy can help you and your family better cope financially if a positive diagnosis of cancer occurs.



Accident: Accidents happen. When a covered accident happens to you, our accident insurance policy pays you cash benefits, unless assigned otherwise, to help with the unexpected medical and everyday expenses that begin to add up almost immediately.



Short-Term Disability: How would you pay your bills if you're disabled and can't work? An Aflac short-term disability insurance policy can help provide you with a source of income while you concentrate on getting better.



Whole or Term Life: With Aflac's whole life or term life insurance, you can rest easy knowing that your family can have financial security when they need it most.

To learn more, contact your Aflac agent, Alison Guidi, at alison_guidi@us.aflac.com or 480.656.5268.



Need help with your coverage and Plan?

START WITH THE CARRIER

- ✓ Get your ID card and information
- ✓ Find an in-network doctor, lab, urgent care, pharmacy, dentist, etc.
- ✓ Learn how your coverage works and get answers to all your health care and dental plan questions

Medical: Blue Cross Blue Shield of Arizona

- Group Number: 030903
- Customer Service: 602.864.4197 and say “I’m a member”
- Website: www.azblue.com
- In-network provider search: Network: “Alliance PPO” or “National PPO”

Dental: Blue Cross Blue Shield of Arizona

- Group Number: 030903
- Customer Service: 888.271.7806
- Website: www.azblue.com
- In-network provider search: Network: “BlueDental PPO (BluePreferred Dental)”

Vision: EyeMed

- Group Number: 1034277
- Customer Service: 866.605.4242
- Website: www.eyemed.com/en-us/member
- In-network provider search: Network “Insight Network”

Still need help?

Contact our benefit consultants at FBC Insurance, Benefits & Consulting

- **Your Benefit Advocate: Ricky Sillman:** 480.398.2909 | Questions@fbcserv.com
 - ✓ I’m not found in the system
 - ✓ BCBS/EyeMed gave me the run around
 - ✓ I’m just not sure where to start...



Need to talk to HR?

- **Contact:** Teresa Jimenez
- **Email:** payroll@absolutehcb.com