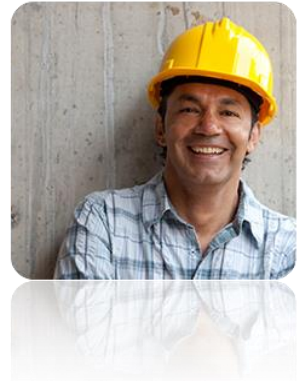




# Employee Benefits Enrollment Guide

Health Insurance Plan Year: February 1, 2022 through January 31, 2023



# WHAT'S NEW FOR 2022?

Capital Driver Leasing offers you and your eligible family members a comprehensive and valuable benefits program. We believe the health and welfare of our Employees and their families is essential to our success as an organization. We encourage you to take the time to educate yourself about the available options and choose the best coverage for you and your family. Below you will find a brief description of the employees' benefits package for the 2022 plan year.

- **Medical:** We will be renewing with Blue Cross Blue Shield. Please read below for details. (F/T Status)
- **Voluntary Vision:** Our voluntary Vision plan will continue with EyeMed (ALL Employees)
- **Dental:** Our voluntary Dental plan continues with Delta Dental (F/T Status)
- **Life and AD&D:** Our Life and AD&D insurance will remain with Mutual of Omaha. (F/T Status)

## Who is Eligible?

If you are a Full-Time Employee (working 30 or more hours per week) you are eligible to enroll in ALL benefits described in this guide. If you are a Part-Time Employee (less than 30 hours per week) you may enroll in our Vision plan. If you enroll in any of our Group Health, Dental & Vision plans, you may also enroll your spouse and any legal dependents. In addition, in accordance with the Affordable Care Act, non-dependent children of an employee are also eligible to participate in our group health plan until they attain the age of 26. For all Full-Time Employees, you will be automatically enrolled in our Life and AD&D policy, after 30 days of physical employment.

## How to Enroll

Enrollment will be completed through CDL's ADP Benefits Dashboard, after hire and on-boarding. You will find detailed information about the plans and costs to you as well as your eligibility status. You will also be able to enter your beneficiary information for Life / AD&D coverage.

## When to Enroll

Benefits are offered through our ADP Benefits Dashboard, 60 days after physical employment. Yearly Open Enrollment will be open for enrollment and changes from January 1st through February 12th. The benefits you elect during open enrollment will be effective from February 1st through January 31st.


## How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. Qualifying events must be reported within 30 days of the event and are effective the date of the event.

---


# MEDICAL AND PRESCRIPTION DRUGS

The tables below outline the medical plans that is available to you and your family members in a Full-Time capacity.

 <b>MASSACHUSETTS</b>	<b>Blue Cross Blue Shield of MA HMO Blue NE \$2,000 with Hospital Choice Cost Sharing</b>	
	<b>Benefits</b>	
Deductible	\$2,000 Individual / \$4,000 Family	
Out-of-Pocket Maximum	\$8,150 Individual / \$16,300 Family	
Routine Physical Exams	Covered in full	
PCP Office Visits	\$25 copay	
Specialist Office Visits	\$45 copay	
Emergency Room	\$150 copay	
Inpatient Hospitalization – Low Cost Providers	Deductible applies	
Inpatient Hospitalization – High Cost Providers	\$1,000 copay after deductible	
Outpatient Surgery – Low Cost Providers	Deductible applies	
Outpatient Surgery – High Cost Providers	\$1,000 copay after deductible	
Labs – Low Cost Providers	\$35 copay after deductible	
Labs – High Cost Providers	\$70 copay after deductible	
X-rays – Low Cost Providers	\$35 copay after deductible	
X-rays – High Cost Providers	\$135 copay after deductible	
MRI, PET & CT Scans – Low Cost Providers	\$50 copay after deductible	
MRI, PET & CT Scans – High Cost Providers	\$500 copay after deductible	
	<b>Prescription Drugs</b>	
	30 day supply at retail pharmacy	90 day supply through mail order pharmacy
Generic	\$10 / \$45 copay	\$20 / \$90 copay
Preferred	\$150 copay	\$300 copay
Non-Preferred	\$225 copay	\$675 copay
Preferred Specialty	50% up to \$350 maximum per Rx	N/A
Non-Preferred Specialty	50% up to \$500 maximum per Rx	N/A

\*Please refer to the Blue Cross Blue Shield Summary of Benefits and Coverage for complete details regarding network access, covered benefits and copays.


# HIGH DEDUCTIBLE HEALTH PLAN

 MASSACHUSETTS	Blue Cross Blue Shield of MA HMO Blue NE Basic Saver	
	<b>Benefits</b>	
Deductible	\$3,350 Individual / \$6,550 Family	
Out-of-Pocket Maximum	\$6,550 Individual / \$13,100 Family	
Routine Physical Exams	Covered in full	
PCP Office Visits	\$40 copay after deductible	
Specialist Office Visits	\$60 copay after deductible	
Emergency Room	\$1,000 copay after deductible	
Inpatient Hospitalization	\$1,000 copay after deductible	
Outpatient Surgery	\$1,000 copay after deductible	
Labs	\$80 copay after deductible	
X-rays	\$125 copay after deductible	
MRI, PET & CT Scans	\$1,000 copay after deductible	
	<b>Prescription Drugs</b>	
	30 day supply at retail pharmacy	90 day supply through mail order pharmacy
	Overall deductible applies first, then:	
Generic	\$10 / \$45 copay	\$20 / \$90 copay
Preferred	\$175 copay	\$350 copay
Non-Preferred	\$250 copay	\$750 copay
Preferred Specialty	50% up to \$350 maximum per Rx	N/A
Non-Preferred Specialty	50% up to \$500 maximum per Rx	N/A

\*Please refer to the Blue Cross Blue Shield Summary of Benefits and Coverage for complete details regarding network access, covered benefits and copays.

# PPO PLAN

This plan is available to employees **Outside of New England**.

 <b>MASSACHUSETTS</b>	<b>Blue Cross Blue Shield of MA Preferred Blue PPO \$3,000 with Hospital Choice Cost Sharing</b>	
	<b>Benefits</b>	
In Network Deductible	\$3,000 Individual / \$7,500 Family	
In Network Out-of-Pocket Maximum	\$8,150 Individual / \$16,300 Family	
Routine Physical Exams	Covered in full	
PCP Office Visits	\$35 copay after deductible	
Specialist Office Visits	\$45 copay after deductible	
Emergency Room	\$500 copay after deductible	
Inpatient Hospitalization – Low Cost Providers	10% after deductible	
Inpatient Hospitalization – High Cost Providers	20% after deductible	
Outpatient Surgery – Low Cost Providers	\$500 copay after deductible	
Outpatient Surgery – High Cost Providers	\$1,500 copay after deductible	
Labs – Low Cost Providers	\$35 copay after deductible	
Labs – High Cost Providers	\$70 copay after deductible	
X-rays – Low Cost Providers	\$35 copay after deductible	
X-rays – High Cost Providers	\$135 copay after deductible	
MRI, PET & CT Scans – Low Cost Providers	\$250 copay after deductible	
MRI, PET & CT Scans – High Cost Providers	\$700 copay after deductible	
Out of Network Deductible	\$6,000 Individual / \$13,000 Family	
Out of Network Coinsurance	20% after deductible	
Out of Network Out-of-Pocket Maximum	\$16,300 Individual / \$32,600 Family	
	<b>Prescription Drugs</b>	
	30 day supply at retail pharmacy	90 day supply through mail order pharmacy
Generic	\$10 / \$45 copay	\$20 / \$90 copay
Preferred	\$150 copay	\$300 copay
Non-Preferred	\$225 copay	\$675 copay
Preferred Specialty	50% up to \$350 maximum per Rx	N/A
Non-Preferred Specialty	50% up to \$500 maximum per Rx	N/A

\*Please refer to the Blue Cross Blue Shield Summary of Benefits and Coverage for complete details regarding network access, covered benefits and copays.



## HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a special savings account that can be paired with a High Deductible Health Plan (HDHP). An HSA allows you and your eligible family members to pay for various qualified medical expenses such as office visit co-pays, pharmacy costs, dental and vision care, and more.

Important information regarding HSA's:

- The maximum HSA contribution that is allowed in 2022 is \$3,650 per individual and \$7,300 per family. A \$1,000 catch-up contribution can be made by employees who are at least 55 years old.
- There is no “use it or lose it” penalty; unused funds will roll over each year, and the employee owns the account.
- Individuals that are 65 years old, or will be turning 65 during the plan year, should not enroll in an HSA.
- One family member can meet the full family deductible. There is no protective limit as there is with a traditional deductible plan.
- ALL services will apply toward the deductible, including prescription drugs.



## HEALTHY ACTIONS – EARN UP TO \$300

Healthy Actions is a voluntary wellness program that rewards you with up to \$300 for learning to get healthy and stay healthy.

The program will require you to create an account at [www.healthy-actions.com](http://www.healthy-actions.com). You'll take a short online assessment, have your doctor complete the Clinician Health Review form, and submit the form to Healthy Actions. If your doctor determines your health is fine, **you will receive a \$300 Visa debit card.**

If you need to improve your health: after submitting your Clinician Health Review form, **you will still receive a \$100 Visa debit card**, and your doctor will set a goal for you to meet before your next visit. You will work with your doctor to set an appropriate time frame to meet your goal. When you reach your goal, your doctor will complete a follow-up form and sign off on your progress. Just submit the form to Healthy Actions, and **you will receive a \$200 Visa debit card.**

For more information, please visit [www.healthy-actions.com](http://www.healthy-actions.com).

---



## HEALTH INSURANCE WEEKLY PRE-TAX DEDUCTIONS HMO BLUE NE \$2,000 WITH HOSPITAL CHOICE COST SHARING

\* New England Areas Only / Pre-tax weekly contributions

	Employer Contribution		Employee Contribution	
Individual	51.45%	\$82.97	48.55%	\$78.30
Employee + Spouse	34.94%	\$112.69	65.06%	\$209.85
Employee + Child(ren)	34.94%	\$104.24	65.06%	\$194.11
Family	34.94%	\$160.59	65.06%	\$299.03

## HEALTH INSURANCE WEEKLY PRE-TAX DEDUCTIONS HMO BLUE NE BASIC SAVER

\* New England Areas Only / Pre-tax weekly contributions

	Employer Contribution		Employee Contribution	
Individual	71.2%	\$82.78	28.8%	\$33.49
Employee + Spouse	47.86%	\$111.31	52.14%	\$121.24
Employee + Child(ren)	47.86%	\$102.95	52.14%	\$112.15
Family	47.86%	\$158.61	52.14%	\$172.77

## HEALTH INSURANCE WEEKLY PRE-TAX DEDUCTIONS PREFERRED BLUE PPO \$3,000 WITH HOSPITAL CHOICE COST SHARING

\* Outside of New England Areas / Pre-tax weekly contributions

	Employer Contribution		Employee Contribution	
Individual	50%	\$76.01	50%	\$76.01
Employee + Spouse	33%	\$100.33	67%	\$203.70
Employee + Child(ren)	33%	\$92.80	67%	\$188.42
Family	33%	\$142.97	67%	\$290.27



# VOLUNTARY VISION

Vision benefits are 100% employee paid through Pre-tax Payroll Deductions (ALL employees)  
This plan allows you to see treatment from the Optometrist of your choice within Network

	EyeMed	
	In Network	Out of Network
Exams	\$10 copay	\$50 maximum reimbursement
Single Vision Lenses	\$25 copay	\$42 maximum reimbursement
Bifocal Lenses	\$25 copay	\$78 maximum reimbursement
Trifocal Lenses	\$25 copay	\$130 maximum reimbursement
Lenticular Lenses	\$25 copay	\$130 maximum reimbursement
Contact Lenses		
Elective	\$130 allowance	\$130 maximum reimbursement
Medically Necessary	Covered in full	\$210 maximum reimbursement
Frames	\$130 allowance	\$104 maximum reimbursement
Frequency		
Exams	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	

\*Please refer to the EyeMed Summary of Benefits for complete details regarding network access, covered benefits and copays.

## VISION INSURANCE WEEKLY PRE-TAX DEDUCTIONS

\* ALL Employees / Pre-tax weekly contributions

	Employee Contribution	
Individual	100%	\$1.83
Employee + Spouse	100%	\$3.48
Employee + Child(ren)	100%	\$3.66
Family	100%	\$5.39





## VOLUNTARY DENTAL

Dental benefits are 100% employee paid through Pre-tax Payroll Deductions (FTE Only).  
This plan allows you to see treatment from the dentist of your choice within Network

	Delta Dental PPO Plus Premier	
Calendar Year Maximum	\$1,000	
Deductible	\$50 Individual / \$150 Family	
	In Network	Out of Network
Type I Services - Preventive	100% (Deductible waived)	100% (Deductible waived)
Type II Services - Basic	80% after deductible	80% after deductible
Type III Services - Major	50% after deductible	50% after deductible

\*Please refer to the Delta Dental Summary of Benefits for complete details regarding network access, covered benefits and copays.

### DENTAL INSURANCE WEEKLY PRE-TAX DEDUCTIONS

\* ALL Full-Time Employees / Pre-tax weekly contributions

	Employee Contribution	
Individual	100%	\$12.23
Employee + 1	100%	\$24.46
Family	100%	\$35.31