



EMPLOYEE

Enrollment Guide

Cornerstone Caregiving



January 1st, 2024 - December 31st, 2024

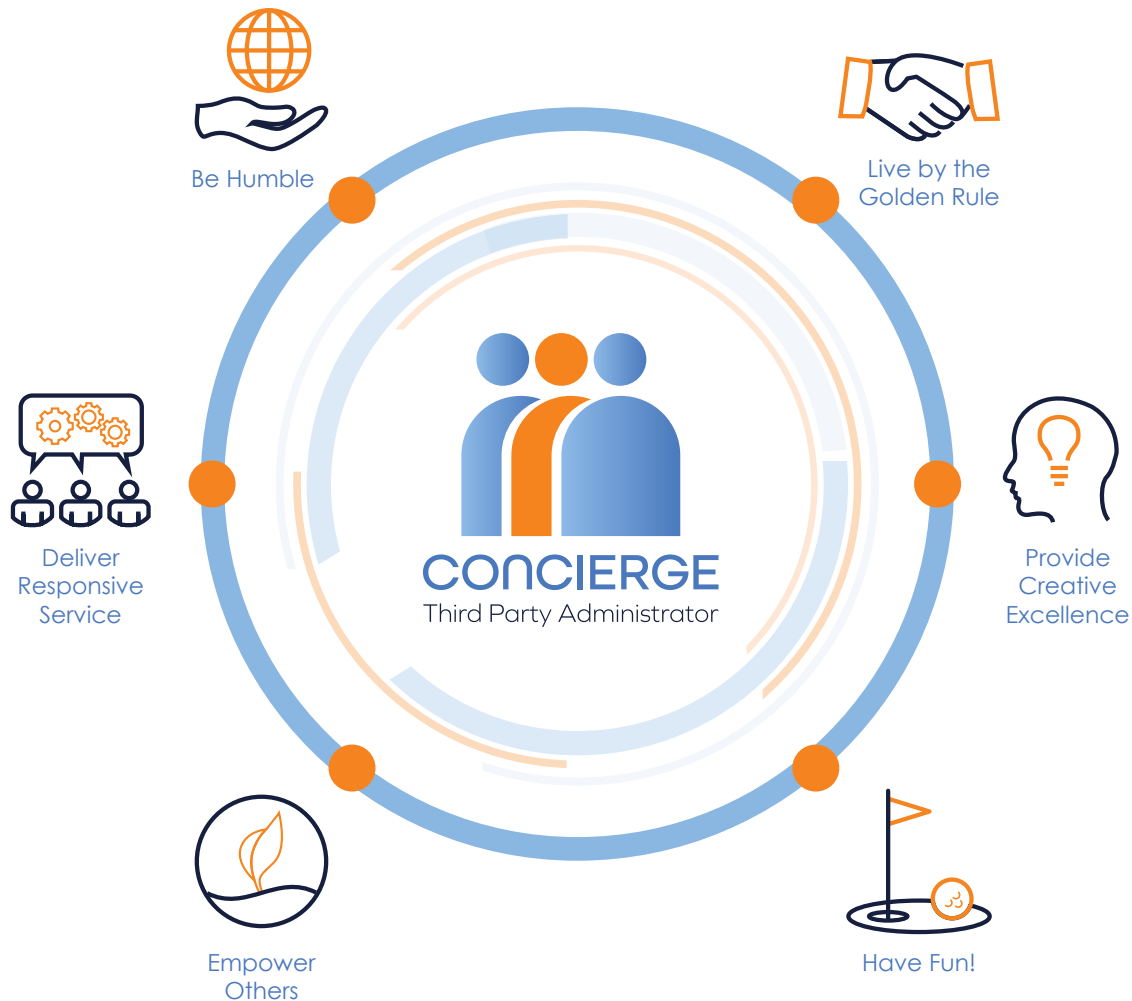
Enroll Now - <https://ctpa.com/cornerstonecaregiving/>

Enter your Axis Care Code

CONCIERGE—Here to Serve

Concierge is proud to help you navigate the Open Enrollment process.

Our core values drive us to offer quality care.



Your health matters; that's why we offer better benefit solutions at affordable prices. Concierge is driven by our core values, to deliver cost-efficient health benefit plans, and to ensure your rights and protections. Our goal is to serve you through our timely and sincere approach to customer service, always.

WELCOME

to Your Open Enrollment!

It is time to review the benefits offered through your employer for the new benefit year. We are glad you are taking the time to review your benefits package to determine the best options for you and your family. We are proud to be driven by humility, creative excellence, and a determination to responsive service, among other values. Our core values help us deliver benefits that offer choice, flexibility, and the opportunity to better protect your health.

Elections you make during open enrollment will become effective on January 1, 2024, and will continue until December 31, 2024, unless you experience a qualifying event that will allow you to terminate coverage. Please note the Your HIPAA Rights Notice is available from your human resource office to better understand when you can enroll or terminate coverage for yourself or your eligible dependent(s). **Once enrolled, you cannot make any plan changes outside of open enrollment unless you have a qualifying life event.**

The CHIPRA (Children's Health Insurance Program Reauthorization Act) informs you of group health plan premium assistance opportunities through Medicaid and the Children's Health Insurance Program (CHIP). Please reference the CHIPRA Notice from your human resource office for possible premium assistance opportunities in your state.

Medicare regulations require the plan sponsor to inform individuals, who are eligible for Medicare benefits, as to whether the prescription benefits of the health plans being offered are creditable or non-creditable to the coverage requirements of Medicare Part D. Medicare eligible individuals should be advised that the Plan has determined that the prescription drug coverage of the Plan options available are **non-creditable**. Please review the Medicare Part D Notice from your human resource office for details on how this may impact you.

The benefits described in this document are subject to the full terms and conditions of the Plan Document. If there is a discrepancy between this communication and the Plan Document, the Plan Document is the authority. While your employer has an intention to continue to provide the benefits described herein, the employer expressly reserves the right to amend, suspend, discontinue, or terminate the Plan and/or any benefit program, or to change the content of this overview or summary at any time. If you need more information please contact your human resource office.

Due to state and federal regulations, rates are not fixed and are subject to change.

MEDICAL Plan

The premium amounts listed below are based per pay period. The following pages include details of each benefit plan option available.

This Summary of Benefits is only intended to provide an outline of the benefits provided in the employer's group employee Medical Plan(s). For complete details of each benefit, reference the Plan Document.



Preventive Plan Options Rates Per Pay Period (Weekly)

Plan Options	Preventive Plus	Preventive Bronze	Preventive Silver	Preventive Gold
Employee Only	\$17.54	\$31.85	\$39.92	\$45.69
Employee + Spouse	\$42.46	\$78.46	\$99.23	\$114.69
Employee + Child(ren)	\$35.08	\$64.85	\$81.92	\$93.46
Family	\$57.46	\$106.62	\$135.23	\$156.46

Preventive Plus

Concierge Prevention Plan is compliant with ACA. This plan is not major medical insurance but is cost-effective to traditional health insurance.

For more information, visit www.healthcare.gov/coverage/preventative-care-benefits/.

Plan Options	Preventive Plus
Benefit Maximums	Per Benefit Year
ACA Preventive Services	Covered 100% - Unlimited
HealthWallet/Telemedicine 24/7	\$0 Copay - Unlimited Usage
Primary Care (Office Visit Only)	\$25 Copay - 3 Visits Max
Specialist Visit (Office Visit Only)	N/A
Urgent Care (Office Visit Only)	N/A
Chiropractor Visits (Manipulation Only)	N/A
Additional Physician Visits	After Max Visits above, PPO discounts will still apply
Concierge Rx inside the HealthWallet App	Unlimited Rx for ACA and Acute Formulary Only ACA Preventive and Acute Formulary: \$0 Copay Chronic Formulary: \$1 Copay 12 Max for Retail 4 Max for Mail order
PPO Network	First Health

This Summary of Benefits is only intended to provide an outline of the benefits provided in the Plan. See the specific benefit under the Covered Medical Benefits and Prescription Drug sections as well as the Medical and Prescription Exclusions and Limitations sections in the Plan Document for complete details. Plan members can visit the First Health, Limited Benefit Plan, PPO Network website at www.firsthealthbp.com or call 1-800-226-5116 for a list of in network participating providers for the Plan. **Out-of-Network Providers are not covered by the Plan.** All prescriptions must be filled at a participating pharmacy. Plan Members can view the back of their ID Card for the pharmacy network designated to their Plan. **Out-of-Network Pharmacies are not covered by the Plan.**

Preventive Bronze

Concierge Prevention Plan is compliant with ACA. This plan is not major medical insurance but is cost-effective to traditional health insurance.

For more information, visit www.healthcare.gov/coverage/preventative-care-benefits/.

Plan Options	Preventive Bronze
Benefit Maximums	Per Benefit Year
ACA Preventive Services	Covered 100% - Unlimited
HealthWallet/Telemedicine 24/7	\$0 Copay - Unlimited Usage
Primary Care (Office Visit Only)	\$25 Copay - 5 Visits Max
Specialist Visit (Office Visit Only)	\$50 Copay - 3 Visits Max
Urgent Care (Office Visit Only)	\$75 Copay - 3 Visits Max
Chiropractor Visits (Manipulation Only)	N/A
Additional Physician Visits	After Max Visits above, PPO discounts will still apply
Concierge Rx inside the HealthWallet App	Unlimited Rx for ACA and Acute Formulary Only ACA Preventive and Acute Formulary: \$0 Copay Chronic Formulary: \$1 Copay 12 Max for Retail 4 Max for Mail order
Out-patient Accident Coverage	Up to \$500
Out-patient Diagnostic, Lab, and X-ray Benefit	Class I - \$30 x 2 days / Class II - \$100 x 2 days / Class III - \$100 x 1 day
Hospitalization: In-patient	\$500 - Day 1 + \$250 Days 2-30
Out-patient Surgery + Anesthesia Benefit	Surgery: \$500 x 1 Day Anesthesia: \$125 x 1 Day
PPO Network	First Health

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Preventive Silver

Concierge Prevention Plan is compliant with ACA. This plan is not major medical insurance but is cost-effective to traditional health insurance.

For more information, visit www.healthcare.gov/coverage/preventative-care-benefits/.

Plan Options	Preventive Silver
Benefit Maximums	Per Benefit Year
ACA Preventive Services	Covered 100% - Unlimited
HealthWallet/Telemedicine 24/7	\$0 Copay - Unlimited Usage
Primary Care (Office Visit Only)	\$25 Copay - 5 Visits Max
Specialist Visit (Office Visit Only)	\$50 Copay - 3 Visits Max
Urgent Care (Office Visit Only)	\$75 Copay - 3 Visits Max
Chiropractor Visits (Manipulation Only)	10 Visits - \$50 Max per Visit
Additional Physician Visits	After Max Visits above, PPO discounts will still apply
Concierge Rx inside the HealthWallet App	Unlimited Rx for ACA and Acute Formulary Only ACA Preventive and Acute Formulary: \$0 Copay Chronic Formulary: \$1 Copay 12 Max for Retail 4 Max for Mail order
Out-patient Accident Coverage	Up to \$1,000
Out-patient Diagnostic, Lab, and X-ray Benefit	Class I - \$30 x 2 days / Class II - \$100 x 2 days / Class III - \$100 x 1 day
Hospitalization: In-patient	\$750 - Day 1 + \$375 Days 2-30
Out-patient Surgery + Anesthesia Benefit	Surgery: \$750 x 1 Day Anesthesia: \$187.50 x 1 Day
PPO Network	First Health

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Preventive Gold

Concierge Prevention Plan is compliant with ACA. This plan is not major medical insurance but is cost-effective to traditional health insurance.

For more information, visit www.healthcare.gov/coverage/preventative-care-benefits/.

Plan Options	Preventive Gold
Benefit Maximums	Per Benefit Year
ACA Preventive Services	Covered 100% - Unlimited
HealthWallet/Telemedicine 24/7	\$0 Copay - Unlimited Usage
Primary Care (Office Visit Only)	\$25 Copay - 5 Visits Max
Specialist Visit (Office Visit Only)	\$50 Copay - 3 Visits Max
Urgent Care (Office Visit Only)	\$75 Copay - 3 Visits Max
Chiropractor Visits (Manipulation Only)	15 Visits - \$50 Max per Visit
Additional Physician Visits	After Max Visits above, PPO discounts will still apply
Concierge Rx inside the HealthWallet App	Unlimited Rx for ACA and Acute Formulary Only ACA Preventive and Acute Formulary: \$0 Copay Chronic Formulary: \$1 Copay 12 Max for Retail 4 Max for Mail order
Out-patient Accident Coverage	Up to \$2,000
Out-patient Diagnostic, Lab, and X-ray Benefit	Class I - \$30 x 2 days / Class II - \$100 x 2 days / Class III - \$100 x 1 day
Hospitalization: In-patient	\$1,000 - Day 1 + \$500 Days 2-30
Out-patient Surgery + Anesthesia Benefit	Surgery: \$1,000 x 1 Day Anesthesia: \$250 x 1 Day
PPO Network	First Health

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PREVENTIVE Care

The following list briefly summarizes the preventive care services covered under this plan and required by the Affordable Care Act (ACA). For the most updated and comprehensive list of ACA requirements with details, limitations, and exclusions, visit www.healthcare.gov.

For all adults

- Abdominal aortic aneurysm one-time screening
- Alcohol misuse screening and counseling
- Aspirin use
- Blood pressure and cholesterol screening
- Colorectal and lung cancer screening
- Depression screening
- Diabetes (Type 2) screening
- Diet and obesity screening and counseling
- Hepatitis B and Hepatitis C screening
- HIV and syphilis screening
- Immunization vaccines
- Sexually transmitted infections (STI) prevention counseling
- Tobacco use screening

For women

- Anemia screening
- Breast cancer genetic test counseling (BRCA)
- Breast cancer mammography screenings
- Breast cancer chemoprevention counseling
- Breastfeeding support and counseling
- Cervical cancer screening
- Chlamydia, gonorrhea, and syphilis screening
- Contraception
- Domestic and interpersonal violence counseling
- Folic acid
- Gestational diabetes screening
- Hepatitis B screening
- HIV screening and counseling
- Human Papillomavirus (HPV) DNA testing
- Osteoporosis screening
- Rh incompatibility screening
- Sexually transmitted infections (STI) counseling

- Urinary tract or other infection screening
- Well-woman visits

For children

- Alcohol and drug use assessments
- Autism screening
- Behavioral assessments
- Blood pressure screening
- Cervical dysplasia screening
- Depression screening
- Developmental screening
- Dyslipidemia screening
- Fluoride chemoprevention supplements
- Gonorrhea preventive medication
- Hearing screening
- Height, weight, and body mass index (BMI) measurements
- Hematocrit or hemoglobin screening
- Hemoglobinopathies or sickle cell screening
- Hepatitis B screening
- HIV screening
- Hypothyroidism screening
- Immunization vaccines
- Iron supplements
- Lead screening
- Medical history throughout development
- Obesity screening and counseling
- Oral health risk assessment
- Phenylketonuria (PKU) screening
- Sexually transmitted infection (STI) prevention counseling and screening
- Tuberculin testing
- Vision screening



STAY CONNECTED

With The HealthWallet App

Concierge members can access simplified care with HealthWallet, the app built to revolutionize the member healthcare experience. The app helps members:

- Find providers
- Access telemedicine services
- Contact medical professionals
- Compare prices of procedures
- Gain prescription savings



Available in the Apple App Store and Google Play Store.

For more information, view your [HealthWallet App Info Guide](#).



DENTAL Plan

This Summary of Benefits is only intended to provide an outline of the benefits provided in the employer's group employee Dental Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Dental Benefits and the Dental Exclusions and Limitations sections of the Plan Document for complete details of each benefit.

Services can be rendered by any dental professional who is licensed to perform the services. The Plan contains three service categories: Preventive, Basic, and Major Services. The Plan applies a 90-day waiting period for Basic Services, and a 180-day waiting period for Major Services, prior to services being paid by the Plan. The plan does not include a missing tooth clause. Pre-determinations and referrals for specialty care are not required by the plan. If a dental procedure is not specifically listed under one of the service categories below, the dental procedure will be considered to fall under the major services category, whether the service is major or not, unless excluded by the plan.

Plan Options	Dental—Rates Per Pay Period (Weekly)
Employee Only	\$7.85
Employee + Spouse	\$14.43
Employee + Child(ren)	\$13.14
Family	\$20.93

Dental

Dental Plan	
Benefit Year Deductible (Deductible is waived for Preventive Services)	\$50 Individual \$150 Family
Benefit Year Maximum for Preventive, Basic, and Major Procedure Categories Combined	\$1,000 per Plan Member
Dental Services	
Preventive Services	Plan Pays 100%
Deductible Applied	No
Waiting Period	No
<ul style="list-style-type: none"> Routine exams and cleanings twice per Benefit Year Fluoride treatments for Dependents under age 18 twice per Benefit Year 	Included
<ul style="list-style-type: none"> Sealants up to age 16 One bitewing x-ray series per Benefit Year 	Included
<ul style="list-style-type: none"> One full mouth or panorex x-ray every three years Palliative emergency treatment 	Included
<ul style="list-style-type: none"> Other x-rays 	Included
Basic Services	Plan Pays 80%
Deductible Applied	Yes
Waiting Period	Yes, 90 Days
<ul style="list-style-type: none"> Oral Surgery 	Included
<ul style="list-style-type: none"> Periodontics Endodontics 	Included
<ul style="list-style-type: none"> Extractions Recementing and repair of bridges, crowns, removal dentures, or inlays 	Included
<ul style="list-style-type: none"> Fillings General Anesthesia 	Included
<ul style="list-style-type: none"> Antibiotic Drugs Space maintainers for Dependents under the age of 16 to replace primary teeth 	Included
Major Services	Plan Pays 50%
Deductible Applied	Yes
Waiting Period	Yes, 180 Days
<ul style="list-style-type: none"> Gold restorations Installing partials, full, or removable dentures 	Included
<ul style="list-style-type: none"> Installation of fixed bridges Inlays, Onlays, Crowns (not part of a bridge) 	Included

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VISION Plan

This Summary of Benefits is intended to provide an outline of the benefits provided in the employer's group employee Vision Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Vision Benefits as well as the Vision Exclusions and Limitations section in the Plan Document for complete details of each benefit.

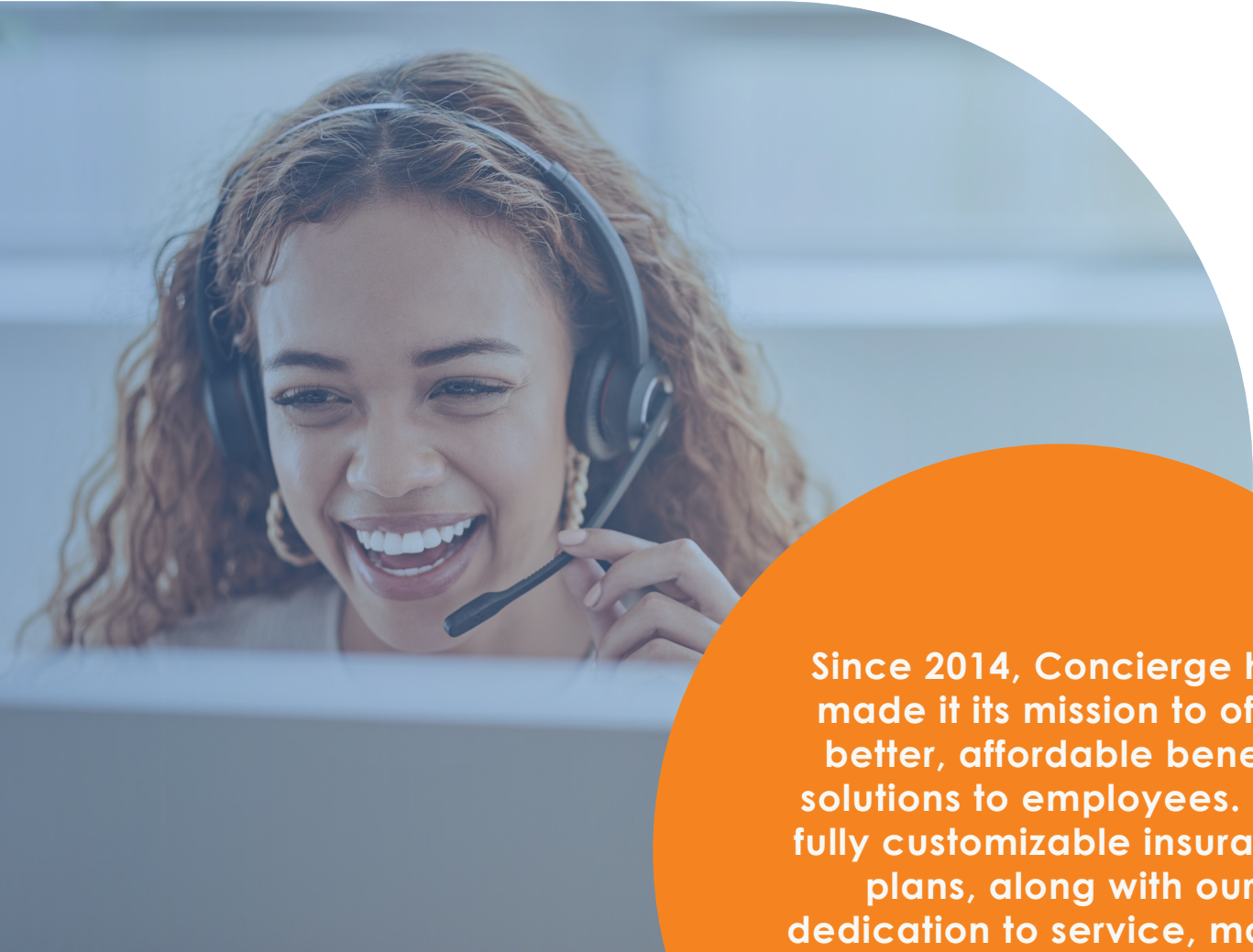
All services must be medically necessary and can be rendered by any vision professional who is licensed to perform the services. Plan members will have a 90-day waiting period prior to benefits being paid by the plan for hardware and other services. All eligible vision services apply to a combined maximum plan payment of \$600 per plan member per benefit year. Charges that exceed the maximum plan benefit year payment or that are not covered benefits of the plan, will be the plan member's responsibility.

Plan Options	Vision—Rates Per Pay Period (Weekly)
Employee Only	\$4.11
Employee + Spouse	\$8.48
Employee + Child(ren)	\$8.48
Family	\$12.86

Vision

Vision 600	Deductibles & Benefit Year Maximums
Benefit Year	TBD
Annual Deductible	None
Benefit Year Maximum Payment by the Plan	\$600 per Plan Member for combined services
Lasik Services	Not Covered by the Plan
Cosmetic Services	Not Covered by the Plan
Vision Services	
Routine Eye Examination	Plan Pays 100%
Plan Member Pays	\$25 Copay
Plan Pays	100%
Applies Annual Max	Yes
One routine exam per Benefit Year per Plan Member to include:	
<ul style="list-style-type: none"> Physician exam 	Included
<ul style="list-style-type: none"> Visual acuity test 	Included
<ul style="list-style-type: none"> Glaucoma test 	Included
<ul style="list-style-type: none"> Refraction 	Included
<ul style="list-style-type: none"> Other medically necessary testing performed in the physician's office 	Included
Hardware and Other Services	Plan Pays 100% after the 90-day waiting period
Plan Member Pays	\$0 Copay
Plan Pays	100%
Applies Annual Max	Yes
Includes:	
<ul style="list-style-type: none"> Frames 	Included
<ul style="list-style-type: none"> Single lenses 	Included
<ul style="list-style-type: none"> Bifocal lenses 	Included
<ul style="list-style-type: none"> Trifocal lenses 	Included
<ul style="list-style-type: none"> Progressive lenses 	Included
<ul style="list-style-type: none"> Lenticular lenses 	Included
<ul style="list-style-type: none"> Contacts (conventional or disposable) 	Included
<ul style="list-style-type: none"> Anti-Scratch Coating 	Included
<ul style="list-style-type: none"> Anti-Reflective Coating 	Included

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CONCIERGE: Here to Serve

CONCIERGE CUSTOMER SERVICE

888-820-5687

eligibility@ctpa.com

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