



LONG-LEWIS™
AUTOMOTIVE GROUP

2024 / 2025
Employee Benefit Overview



BCBS

Health Insurance



Secondary Health (GAP Plan)



Physicians That Treat with Rx 24/7 - \$0 Copay



Voluntary Dental Insurance



Voluntary Vision Insurance



Life Insurance – Employer Paid

Long Term Disability – Employer Paid

Voluntary Life Insurance

Voluntary Short-Term Disability

Voluntary Accident Insurance

Voluntary Critical Illness & Cancer



\$500 Deductible - \$6,000 Benefit

Pays Out-of-Pocket Costs

- Pays Calendar Year Deductible
- Pays Members Co-Insurance
- Pays Emergency Room Cost
- Pays Outpatient Physician & Facility Costs
- Pays Inpatient Physician & Facility Costs
- Pays Labs, Pathology & Diagnostic Tests
- Pays Ambulance, DME, Chiropractic Services & PT
- Pays Mental Nervous & Substance Abuse

Non-Covered Services

- Excludes Office Copay & Rx Pharmacy Copay
- Excludes Preventive & Elective Medical Procedures
- Excludes Home Healthcare Treatments

Covers Pre-Existing Conditions

&

Provider Files Claims

www.SecondaryMed.com

(800) 239-3503

Primary + Secondary Health Insurance



MVP Low

Premier + SecondaryMed




DEDUCTIBLES & OUT OF POCKET MAXIMUM

Secondary Not Available

| | | | |
|------------------------------------|----------------------------------|----------------------------------|--|
| CYD - Calendar Year Deductible | \$4,000 Single / \$8,000 Family | \$5,000 Single / \$10,000 Family | \$500 Single / \$1,000 Family |
| Coinsurance after CYD | 40% to \$2,500/BCBS 60% | 40% to \$2,500 / BCBS 60% | \$6,000 Single / \$12,000 Family |
| OPM - Out of Pocket Maximum | \$6,500 Single / \$13,000 Family | \$7,500 Single / \$15,000 Family | \$1,500 Single / \$3,000 Family |
| Cost after CYD & OPM have been met | BCBS Pays 100% | BCBS Pays 100% | (EE Pays Office & Rx Copays Until OPM) |

PHYSICIAN & RX CO-PAYS

| | | | |
|--|--|---|--|
| Preventive / Wellness | BCBS Pays 100% | BCBS Pays 100% | BCBS Pays Preventive |
| Primary / Specialist Physician Copay | \$4,000 Deductible - 40% to \$2,500 | \$40 / \$60 - Applies OPM | Employee Pays Office Copay |
| Physician Benefits: Labs, Xrays, Pathology, IV Therapy, Dialysis, Chemotherapy, Radiation | \$4,000 Deductible - 40% to \$2,500 | 100% Coverage | BCBS Pays Provider Services in MD's Office |
| Physician Office- Surgery & Anesthesia | \$4,000 Deductible - 40% to \$2,500 | \$5,000 Deductible - 40% to \$2,500 | SecondaryMed Pays \$6,000 Max |
|  Physician Treatment 24/7 | N/A | \$0 Copay - Unlimited Consults | MD's That Treat Via Phone with Rx |
| Prescription Drug Benefits: Tier 1, 2, 3, 4 Rx Network & Formulary | \$4,000 Deductible - \$15 / \$50 / \$100 Value One Source 1.0 | \$15 / \$60 / \$125 / \$395 - Applies OPM Value One Source 1.0 | Employee Pays Rx Copay |

INPATIENT HOSPITAL FACILITY & PHYSICIAN CHARGES

| | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------|
| Inpatient Hospital | \$4,000 Deductible - 40% to \$2,500 | \$5,000 Deductible - 40% to \$2,500 | SecondaryMed Pays \$6,000 Max |
| Inpatient Hospital - Physician Services | \$4,000 Deductible - 40% to \$2,500 | \$5,000 Deductible - 40% to \$2,500 | SecondaryMed Pays \$6,000 Max |

OUTPATIENT FACILITY & PHYSICIAN CHARGES

| | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------|
| Emergency Room + Physician | \$4,000 Deductible - 40% to \$2,500 | \$5,000 Deductible - 40% to \$2,500 | SecondaryMed Pays \$6,000 Max |
| Outpatient Surgical & Ambulatory Centers | \$4,000 Deductible - 40% to \$2,500 | \$5,000 Deductible - 40% to \$2,500 | SecondaryMed Pays \$6,000 Max |
| Outpatient Physician- Surgery & Anesthesia | \$4,000 Deductible - 40% to \$2,500 | \$5,000 Deductible - 40% to \$2,500 | SecondaryMed Pays \$6,000 Max |
| Outpatient - Labs & Pathology | \$4,000 Deductible - 40% to \$2,500 | \$5,000 Deductible - 40% to \$2,500 | SecondaryMed Pays \$6,000 Max |
| Outpatient Diagnostic - PET/SPECT, ERCP, Cardiac Cath, Colonoscopy, Endoscopy | \$4,000 Deductible - 40% to \$2,500 | \$5,000 Deductible - 40% to \$2,500 | SecondaryMed Pays \$6,000 Max |
| Home Health & Hospice | \$4,000 Deductible - 40% to \$2,500 | 100% Coverage | BCBS Pays Provider |

MAJOR MEDICAL SERVICES - OTHER COVERED SERVICES

| | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------|
| Ambulance, PT, ST, Allergy Benefits, DME, Chiropractor | \$4,000 Deductible - 40% to \$2,500 | \$5,000 Deductible - 40% to \$2,500 | SecondaryMed Pays \$6,000 Max |
|--|-------------------------------------|-------------------------------------|-------------------------------|

Treatment must be performed in licensed facility by MD, DO or DC



BCBS

BCBS

SECONDARYMED.

| | | |
|---------|------------------------|-------------------------------------|
| MVP Low | Premier + SecondaryMed | \$500 Deductible \$6,000 Benefit |
|---------|------------------------|-------------------------------------|

Ex 1: Normal Baby Delivery (2 Day Stay)

| | <u>Member Paid</u> | <u>Member Paid</u> | <u>SecondaryMed Paid</u> |
|--|--|--|--------------------------|
| Inpatient Facility: Allowed Charges - \$2,000 | \$2,000 (\$4,000 Ded then 40% to \$2,500) | \$500 (\$5,000 Ded then 40% to \$2,500) | \$1,500 |
| Inpatient Physician: Allowed Charges - \$3,700 | \$2,680 (\$4,000 Ded then 40% to \$2,500) | \$0 (\$5,000 Ded then 40% to \$2,500) | \$3,280 |
| Total Out-of-Pocket Expense To Member: | <u>\$4,680</u> | <u>\$500</u> | <u>\$4,780</u> |

Ex 2: Outpatient Surgery (Torn ACL)

| | | | |
|---|--|--|----------------|
| Outpatient Facility: Allowed Charges - \$1,000 | \$1,000 (\$4,000 Ded then 40% to \$2,500) | \$500 (\$5,000 Ded then 40% to \$2,500) | \$500 |
| Outpatient Physician: Allowed Charges - \$3,400 | \$3,160 (\$4,000 Ded then 40% to \$2,500) | \$0 (\$5,000 Ded then 40% to \$2,500) | \$3,400 |
| Physical Therapy (6 Visits) - \$1,500 | \$600 (\$4,000 Ded then 40% to \$2,500) | \$0 (\$5,000 Ded then 40% to \$2,500) | \$960 |
| Total Out-of-Pocket Expense to Member: | <u>\$4,760</u> | <u>\$500</u> | <u>\$4,860</u> |

Ex 3: Durable Medical Equipment (DME)

| | | | |
|--|--|--|----------------|
| DME C-Pap Machine: Allowed Charges - \$3,000 | \$3,000 (\$4,000 Ded then 40% to \$2,500) | \$500 (\$5,000 Ded then 40% to \$2,500) | \$2,500 |
| Total Out-of-Pocket Expense to Member: | <u>\$3,000</u> | <u>\$500</u> | <u>\$2,500</u> |

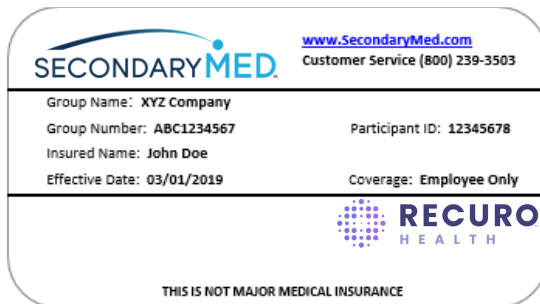
Ex 4: Car Accident (1 Month in Coma)

| | | | |
|--|--|--|----------------|
| Ambulance Allowed Charges: \$2,500 | \$2,500 (\$4,000 Ded then 40% to \$2,500) | \$500 (\$5,000 Ded then 40% to \$2,500) | \$2,000 |
| Inpatient Facility: Allowed Charges: \$60,000 | \$4,000 (\$4,000 Ded then 40% to \$2,500) | \$1,000 (\$5,000 Ded then 40% to \$2,500) | \$4,000 |
| Inpatient Physician: Allowed Charges: \$30,000 | \$0 (\$4,000 Ded then 40% to \$2,500) | \$0 (\$5,000 Ded then 40% to \$2,500) | \$0 |
| Total Out-of-Pocket Expense to Member: | <u>\$6,500</u> | <u>\$1,500</u> | <u>\$6,000</u> |

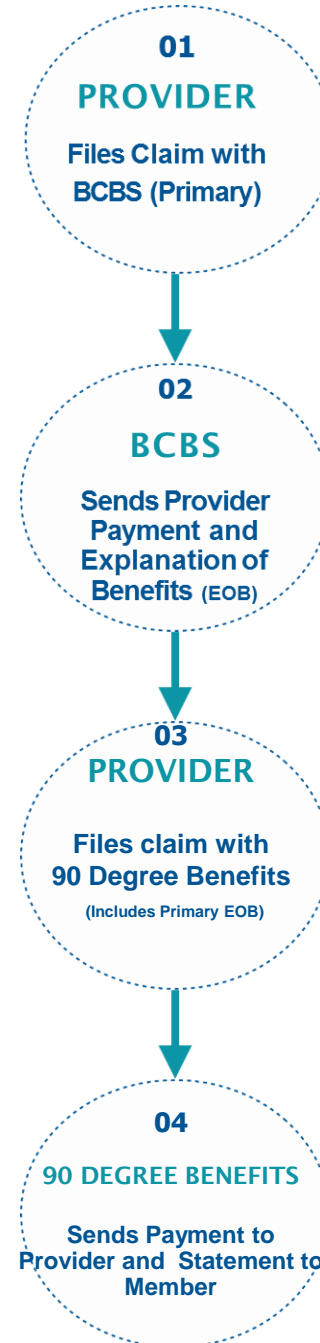
BCBS - Primary



SecondaryMed



| Medical Claims Submission | Utilization |
|---|---|
| <p>Provider Verifying Coverage: 800-239-3503</p> <p>Submit Claims To: 2810 Premiere Parkway, Suite 400 Duluth, GA 30097</p> <p>EDI Claims Submission: Clearing House: ChangeHealthcare</p> <p>Provider Must Include: *Itemized Bill or HCFA Form *Primary Carrier EOB</p> | <p>Pays up to the selected maximum benefit per member per calendar year for eligible services due to an injury or sickness that is incurred after the Effective Date. Plan requires that the insured Person's Major Medical/Comprehensive Policy covers the expense.</p> <p>Benefits may be limited to the deductible co-payment of co-insurance amount the insured is required to pay under their Major Medical/Comprehensive Policy, subject to provisions, limitations and exclusions of the policy.</p> |



Care Services

Virtual Urgent Care

Getting Started

\$0
Copay



Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...

Activate

01

Access your Recuro Care benefit by:
Mobile App: [Android](#) or [Apple](#)
Phone: 1.855.673.2876
Online: member.recurohealth.com

Create Login

02

Create your login credentials by entering your email, name, and date of birth, then create your username and password.

Request a Consult

03

You're now ready to request a consult with a Doctor.



Activate Now

Scan here or search for "Recuro Care" in your app store.

Or visit:

["member.recurohealth.com"](https://member.recurohealth.com)



2024 / 2025 Employee Deductions



| | MVP Low Weekly (48 Deductions) | MVP Low Semi-Monthly (24 Deductions) | Premier + SECONDARY MED. Weekly (48 Deductions) | Premier + SECONDARY MED. Semi-Monthly (24 Deductions) |
|---------------------|--------------------------------------|--|--|--|
| Employee | \$28.30 | \$56.60 | \$69.76 | \$139.52 |
| Employee + Spouse | \$85.73 | \$171.47 | \$114.06 | \$228.11 |
| Employee + Children | \$115.30 | \$230.60 | \$155.83 | \$311.66 |
| Family | \$163.93 | \$327.86 | \$234.30 | \$468.60 |


Guardian® Dental Insurance

| Benefit Description | Fee Schedule Re-Imbursement | 90% UCR |
|--|-------------------------------|---|
| Deductibles and Maximums | | |
| Annual Deductible | \$0 Deductible In-Network | \$50.00 (3 per family) Waived For Preventive |
| Covered Services | In-Network | Out-of Network |
| Preventive Care (cleanings, X-rays, fluoride treatments) | 100% | 100% |
| Basic Services (fillings, root canal, denture repair, periodontics, extractions, oral cancer screening) | 90% | 80% |
| Major Services (bridges, dentures, crowns, inlays, onlays) | 60% | 50% |
| Annual Maximum Benefit with Maximum Rollover | | |
| Annual Calendar Year Benefit | \$1,500 | \$1,500 |
| Rollover Benefit (\$700 Threshold with \$1,250 CAP) | \$500 | \$350 |
| Type Coverage | <u>Weekly (48 Deductions)</u> | <u>Semi-Monthly (24 Deductions)</u> |
| Employee | \$6.97 | \$13.93 |
| Employee + Spouse | \$16.52 | \$33.04 |
| Employee + Child(ren) | \$16.02 | \$32.05 |
| Family *Children Covered to Age 26 | \$20.45 | \$40.91 |

| Exam \$10 co-payment Materials \$25 co-payment | | |
|---|--|-------------------------------------|
| Plan Benefits | In-Network | Out-of-Network |
| Benefit Period | Calendar Year | |
| What You Pay (after copay) | | |
| Eye Exam (once every calendar year) | Covered in Full | \$50.00 Maximum |
| Prescription Lenses (once every calendar year) | | |
| Single Vision Lenses | Covered in Full | \$48.00 Maximum |
| Lined Bifocal Vision Lenses | Covered in Full | \$67.00 Maximum |
| Lined Trifocal Vision Lenses | Covered in Full | \$86.00 Maximum |
| Lenticular Lenses | Covered in Full | \$126.00 Maximum |
| Frames (every other calendar year) | \$130.00 Retail Allowance + 20% off balance after copay | \$48.00 Maximum |
| Contacts (in lieu of glasses) | | |
| Medically Necessary | Covered in Full | \$210.00 Maximum |
| Elective | \$130.00 Maximum (copay waived) | \$105.00 Maximum (copay waived) |
| Type Coverage | <u>Weekly (48 Deductions)</u> | <u>Semi-Monthly (24 Deductions)</u> |
| Employee | \$1.62 | \$3.24 |
| Employee + Spouse | \$2.72 | \$5.44 |
| Employee + Child(ren) | \$2.77 | \$5.55 |
| Family | \$4.39 | \$8.78 |



Life / AD&D

Death Benefit

Accidental Death & Dismemberment

Long Term Disability

Salary Replacement Percentage

Maximum Monthly Benefit

Definition of Disability

When Benefits Begin

Benefit Duration

Voluntary Life Insurance

Employee-Purchase up to \$250,000

Spouse-100% of Employee Amount (\$50,000 Max)

Children-\$10,000 Maximum Benefit

Voluntary Short Term Disability

Salary Replacement Percentage

Maximum Weekly Benefit

Coverage

When Benefits Begin

Benefit Duration

Voluntary Accident Insurance

Voluntary Critical Illness & Cancer Insurance

Employer Paid

\$50,000

\$50,000

Employer Paid

50%

\$5,000

2 Year Regular Occupation

91st Day of Disability

5 Years Graded By Age When Disabled

Guarantee

\$250,000

\$50,000

\$10,000

Employee Paid

50%

\$600

Non-Occupational

8th Day Accident / Sickness

12 Weeks

Employee Paid

Employee Paid