2021 BENEFITS AT A GLANCE

Eligibility

New hires are eligible for benefits on the first day following 90 days of consecutive employment (or, in case of annual Open Enrollment, on March 1st of each year). To be eligible for benefits, you must be a full-time employee working at least 30 hours per week. When eligible, you may enroll yourself and your eligible dependents prior to your effective date.

Medical (BOON CHAPMAN)

Daytona Beverage offers you a PPO medical plan managed by BevCap Management and administered by Boon Chapman, using Aetna Signature Network. The medical plans allow access to both In- Network and Out-of-Network providers, but you will get better discounts and pay less money by remaining In-Network. All Out-of-Network services are subject to the amount determined to be eligible by the health plan and you are responsible for all charges over this allowance. When you use providers from within the Aetna Signature Providers network, you receive the benefits at the discounted network cost.

Plan Feature	In-Network	Out-of-Network
Network Required	Aetna Signature Administrators	None
Deductible (calendar year)	$500 per individual $1,500 max per family	$1,500 per individual $4,500 max per family
Coinsurance (most services)	You pay 10%	You pay 50%
Out-of-Pocket Maximum (calendar year—includes Deductible, Coinsurance, and copays)	$3,000 per individual $6,000 max per family	$9,000 per individual $18,000 max per family
Physician Office Visit Specialist Office Visit	$20 copay $45 copay	You pay 50% after deductible
Telemedicine	FREE-Call A Doc	N/A
Preventive Care	Covered 100%	You pay 50% after deductible
Preventative Care—Colonoscopies	Covered 100% - 2 per year (if medically necessary)	You pay 50% after deductible
Diagnostic Lab & x-ray	No charge	You pay 50% after deductible
MRI, CAT, PET & Other High-Tech Services	Deductible/Coinsurance FREE/USIN Provider	You pay 50% after deductible
Inpatient Hospital	You pay 10% after deductible	You pay 50% after deductible
Outpatient Hospital/Facility	You pay 10% after deductible	You pay 50% after deductible
Outpatient Mental Health/Substance Abuse	Covered at 100%	You pay 50% after deductible
Emergency Services	$500 copay, then you pay 10% after deductible Copay waived if True Emergency	
Urgent Care	$50 copay per visit	You pay 50% after deductible
Prescription Drugs – Retail & Specialty Pharmacy	*Note: EnvisionRx is the Pharmacy Benefit Manager*	*Note: EnvisionRx is the Pharmacy Benefit Manager*
Tier 1	$5 copay (Mail Order: $12.50 copay)	Not Covered
Tier 2	$30 copay (Mail Order: $75 copay)	Not Covered
Tier 3	$50 copay (Mail Order: $125 copay)	Not Covered
Specialty Medication	$250 copay	Not Covered

Medical (Per Pay Period Cost)

Bi-Weekly Rates	Wellness Rate	Standard Rate
Employee Only	$17.10	$41.80
Employee & spouse	$213.00	$255.70
Employee and Child(ren)	$165.25	$203.70
Employee & Family	$280.25	$328.60

Dental (Guardian)

The following are your benefits when you receive care from an In-Network dental provider.

Benefit	Coverage
Annual Deductible (Individual/Family)	$50 / $150
Preventive Care	Covered at 100%, deductible waived
Basic Care	Covered at 80% after deductible
Major Care	Covered at 50% after deductible
Orthodontia	50% up to lifetime max
Annual Benefit Maximum	$2,000 per person

Dental (Per Pay Period Cost)

Coverage Level	Per Pay Period
Employee Only	$2.25
Employee & Spouse	$15.88
Employee & Child(ren)	$19.92
Employee & Family	$27.87

*Please note that if you do not use in-network providers, you may be subject to balance billing for any amounts over the usual and customary fee.

Vision (Guardian – Davis Vision)

The following are your benefits when you receive care from an In-Network vision provider.

Benefit	Coverage	Frequency
Routine Vision Exam	$10 Copay	Once every rolling 12 months
Lenses (see plan document for additional information)	$25 Copay	Once every rolling 12 months
Frames	$130 allowance + 20% off balance	Once every rolling 24 months
Elective Contacts (in lieu of glasses)	Elective lenses - $130 allowance + 15% off balance	Once every rolling 12 months

Vision (Per Pay Period Cost)

Coverage Level	Per Pay Period
Employee Only	$0.00
Employee & Spouse	$1.88
Employee & Child(ren)	$1.99
Employee & Family	$4.21

* Premiums are deducted from your paycheck on a pre-tax basis through a Premium-Only Section 125 Plan. Due to IRS Regulations, the premiums you pay for non-tax dependent domestic partner coverage are not eligible for Section 125 savings.

Life/AD&D Insurance (Guardian)

Daytona Beverage provides Life and AD&D benefit for every eligible employee. You are also able to purchase additional coverage for you and your dependents at your own cost. You become eligible for the employer paid life $20,000 coverage after 60 days.

Benefit	Employer Paid	Optional Life & AD&D		
	Employee Only Coverage	Employee	Spouse	Child(ren)
Coverage	$20,000	$10,000 Increments	$1,000 Increments	$1,000 Increments
Maximum Amount-Life		$400,000	50% of Employee Amount up to $200,000	$10,000
Guarantee Issue Amount (<age 65)		$150,000	$30,000	$10,000

Disability Benefits (Guardian)

Daytona Beverage provides Short Term disability and Long-Term Disability to each eligible employee.

Benefit	Short Term Disability	Long Term Disability
Weekly Benefit Percentage	60%	60%
Maximum Benefits	$500 weekly	$2,500 monthly
Benefit Waiting Period	15th Day Accident/Sickness	180 days
Benefit Duration	24 weeks	Social Security Normal Retirement Age
Pre-Existing Conditions		3/12

EAP/Employee Assistance Program (Guardian)

Confidential counseling for you and your dependents at no cost to you. Members can login 24/7 for free emotional support & daily life assistance.
Visit ibhworklife.com OR call 800-386-7055 – 24 hours/day, 7days/week
Username: Matters
Password: wlm70101

Telemedicine (CALL-A-DOC)

You will have access to Call A Doc services at no cost to you or your eligible dependents for consults. The only out-of-pocket cost you would incur would be if the physician called in a prescription for you or your dependents. Be sure to call 1-844-DOC-24HR to activate your 24/7 Call-A-Doc account.

Member Advocate (BOON CHAPMAN)

Every employee has access to a dedicated member advocate. They can assist with Explanation of Benefits (EOB), Claims or billing questions, provider network questions, ID cards, etc.
Call 855-516-8531 or email advocate@boonchapman.com.

How to Enroll in BerniePortal

How do I login?

1. A BerniePortal account has been created for you!
2. You will login at www.bernieportal.com/en/login with the following credentials:
    a. **Username:** Your email address.
    b. **Password:** This will be the last 4 digits of your SSN and the two digits of your birth month.
        - E.g.: Last 4 digits of SSN is "1234" and birth month is June; password is "123406."

What do I do next?

1. Verify your information on the Personal Information screen when you login.
2. Enroll in benefits.
    a. List your spouse and dependents (if applicable).
    b. If you don't know one of their SSNs use "111-11-1111."
    c. Elect or waive each coverage: health, dental, & vision.
    d. Confirm your elections, sign with your mouse & select "I Agree."
3. You're finished! You can login to your BerniePortal account anytime to view your elections.

3 Tips for electing benefits

1. Use the sidebar on the left to navigate among the benefit types.
2. Use the cart on the right to budget your elections.
3. Use the sidebar on the left if you need to review/adjust your elections.

Forgot your password?

1. Go to www.bernieportal.com
2. Click Login
3. Click Forgot Password
4. Type in email address
5. Submit