

# **2021 Benefit Guide**



**March 1, 2021  
THROUGH  
February 28, 2022**

# Welcome!

Daytona Beverages recognizes that our company would not be successful without our dedicated employees. Therefore, we are proud to offer a comprehensive Employee Benefits Program. This plan is one of the best Benefit Programs in our industry and is designed to help you stay healthy, feel secure, and maintain balance in your life.

This guide is your opportunity to learn more about the benefits available to you and your eligible dependents beginning March 1, 2021. Benefits have been designed to help you meet your personal and family needs. The main features of the benefits are highlighted in this guide, but it does not include all plan rules, details, limitations, and exclusions. Should there be an inconsistency between this guide and the legal plan documents, the plan documents are the final authority.

Each year during Open Enrollment, you have the opportunity to make changes to your benefit plans. The enrollment decisions you make this year will remain in effect until the next enrollment period. You may make changes to your benefit elections only when you have a Qualifying Life Event. After such an event, you can make changes to your health care coverage within 31 days; otherwise, you cannot make changes to your benefits coverage until the next Open Enrollment period.

## AVAILABILITY OF SUMMARY HEALTH INFORMATION

Our Employee Benefits Program offers health coverage options. To help you make an informed choice and compare your options, a Summary of Benefits and Coverage (SBC) is available, which summarizes important information about your health coverage options in a standard format. The SBC's are available on Bernie Portal and by contacting Human Resources.

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 24 for more details.

# Eligibility

## **Who Is Eligible & When Is My Coverage Effective?**

Employees working an average of 30 hours per week are eligible for benefits on the first day following 90 days of consecutive employment. You may also enroll your dependents, including your legal spouse, and children up to age 26. If you enroll during the annual enrollment period, the coverage you select will be effective March 1, 2021 provided you have met the eligibility requirements.

## **What If I Choose Not To Enroll Now Or Miss The Open Enrollment Period?**

If you choose not to enroll during open enrollment or your eligibility period, you will be required to wait until the next annual open enrollment unless you have a qualifying change of status as described below.

## **Qualifying Event: HIPAA Special Enrollment Rights/Change of Status for Which You May Make Changes to Your Elections**

You may only enroll, add family members, or cancel your elections during the annual enrollment period, or within 31 days of experiencing a qualifying life status change, including:

- ◆ Marriage, death of spouse, divorce or legal separation.
- ◆ Birth, adoption, placement for adoption or death of a dependent.
- ◆ Termination or commencement of employment for you, spouse, or dependent.
- ◆ Relocation or increase in hours of employment by you or your spouse.
- ◆ Your dependent child satisfies or ceases to satisfy the requirements for coverage because of age.
- ◆ A change in the place of residence or work for you, your spouse, or dependent.
- ◆ You or your spouse experiences an open enrollment event.





# 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](http://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](http://www.bernieportal.com)
2. Click Login
3. Click Forgot Password
4. Type in email address
5. Submit

# Medical Plans





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—including 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	\$20 copay	You pay 50% after deductible
Specialist Office Visit	\$45 copay	
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	<b>Note: EnvisionRx is the Pharmacy Benefit Manager</b>	<b>Note: EnvisionRx is the Pharmacy Benefit Manager</b>
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

Bi-Weekly Rates	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Wellness Rate	\$17.10	\$213.00	\$165.25	\$280.25
Standard Rate	\$41.80	\$255.70	\$203.70	\$328.60

# Where To Seek Care

**Feeling sick? Sore throat? Sinus infection?**

**Not sure?**

	 Primary Care		
<p>Use <b>CallADOC</b> to seek treatment for <b>minor and easily diagnosable medical conditions</b>. Speak with a board-certified physician / pediatrician over the phone or video.</p> <p>844-DOC-24HR  <a href="http://www.247calladoc.com">www.247calladoc.com</a>            Mobile app available</p>	<p>See a <b>general practitioner</b> or your <b>primary care physician</b> for <b>routine or preventive care, to keep track of medications, health maintenance, or a referral to a see specialist.</b></p>	<p>Visit an <b>urgent or convenience care clinic</b> to seek treatment for <b>minor medical conditions that may be more urgent or that should be diagnosed in-person.</b></p>	<p>Only visit the <b>ER</b> for immediate treatment of <b>critical or life-threatening injuries or illnesses.</b></p> <p>If truly life-threatening, call 911.</p> <p><i>Note: Free-standing ER's are growing in popularity. They look like urgent care clinics, but bill as ER's.</i></p>
<ul style="list-style-type: none"> <li>⇒ Colds &amp; flu</li> <li>⇒ Sore throats</li> <li>⇒ Headaches</li> <li>⇒ Stomach aches</li> <li>⇒ Fever</li> <li>⇒ Allergies &amp; rashes</li> <li>⇒ Pink Eye</li> </ul>	<ul style="list-style-type: none"> <li>⇒ General health, immunizations, screenings</li> <li>⇒ Preventive care</li> <li>⇒ Routine check-ups</li> </ul>	<ul style="list-style-type: none"> <li>⇒ Colds &amp; flu</li> <li>⇒ Rashes or skin conditions</li> <li>⇒ Sore throats, earaches, sinus pain</li> <li>⇒ Minor cuts or burns</li> <li>⇒ Pregnancy testing</li> <li>⇒ Vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>⇒ Uncontrolled bleeding</li> <li>⇒ Compound fractures</li> <li>⇒ Sudden numbness or weakness</li> <li>⇒ Seizure or loss of consciousness</li> <li>⇒ Shortness of breath</li> <li>⇒ Chest pain</li> <li>⇒ Head injury or other major trauma</li> <li>⇒ Blurry vision or loss of vision</li> <li>⇒ Severe cuts or burns</li> </ul>
<ul style="list-style-type: none"> <li>• <b>FREE! No cost to you! Your Daytona Beverage health insurance covers the cost of the consultation</b></li> <li>• Registration takes 5 - 10 minutes</li> <li>• Consultation calls can take 10-15 minutes</li> <li>• No need to leave home or work</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Physician office visit copay is \$20</b></li> <li>• You usually need an appointment</li> <li>• Wait times vary based on their appointment schedule</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Urgent Care copay is \$50</b></li> <li>• It ultimately depends on what codes the facility uses when submitting claims</li> <li>• Some clinics take appointments, but walk-ins are most common</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ER Copay is \$500 + coinsurance</b></li> <li>• Depending on the extent of services provided, you may be balanced billed</li> <li>• Wait times vary, but can often be extensive for ER's</li> </ul>





## ACTIVATE YOUR 24/7 CALL-A-DOC ACCOUNT TODAY!

Why wait? Set up your 24/7 Call-A-Doc account and care will be there when you need it. Our licensed U.S.-based physicians are available for phone or video consultations 24/7, year-round, even on holidays. It's so easy to get started!



### Register Online or By Phone

To register online, visit [www.247calladoc.com/activation](http://www.247calladoc.com/activation) and click "Activate Your Account."

Provide the required information, and you will be given a user name and temporary password (you will be prompted to change this temporary password after you log in for the first time).

To register by phone, dial 1-844-DOC-24HR and a friendly representative will assist you.

### Provide Your Medical History

Your medical history allows our physicians to make the most informed diagnosis during a consult. Provide your medical history in one of two ways:

**Online:** After activating your account, log into [www.247calladoc.com](http://www.247calladoc.com) and click "Member Log In" and provide your user name and password. Once you have logged in, follow the on-screen prompts to update your electronic health record. Please

provide a complete medical history, as this will allow 24/7 Call-A-Doc physicians to give you the best care, as fast as possible, whenever you need it.

**Phone:** Call 1-844-DOC-24HR and a friendly representative will complete your medical history over the phone.

That's it! Now you are ready to benefit from 24/7 Call-A-Doc by requesting a free consult whenever you desire, 24/7!

**[www.247calladoc.com](http://www.247calladoc.com) • 1-844-DOC-24HR**

# Medical Tourism

Daytona Beverage is constantly evaluating and improving the benefits plans to provide you and your family with access to the highest quality care and the best patient experience available.

## What are the benefits to using medical tourism & preferred surgery centers?

- ♦ **NO COST TO YOU** – Deductibles and copays are waived!
- ♦ **NURSE ADVOCATE** available to help you plan and coordinate!
- ♦ Receive high quality care from top-rated surgeons & outstanding customer service
- ♦ Wide range of procedures that can be performed – view complete listings at:

- ◇ [www.surgerycenterok.com/pricing/](http://www.surgerycenterok.com/pricing/)
- ◇ <https://texasfreemarketsurgery.com/pricing/>
- ◇ <https://landmarkhospitals.com>



### Preferred Surgery Center Incentive:

- \$1,000 Incentive + Deductibles and Copays waived
- The following expenses for member and an adult caregiver who travel to the surgery center are covered: mileage, hotel, per diem food allowance during stay and first post-surgery prescription paid

### Nurse Advocate Program

#### **What is it?**

- A dedicated resource to help you coordinate a surgery through one of the surgery centers

#### **How does it work?**

- The nurse advocate may contact you proactively, or you may contact the nurse advocate if you need to plan a surgery

#### **What does the Nurse Advocate help with?**

- ⇒ Understanding your benefits/options for surgery
- ⇒ Coordinating/planning with the surgery center
- ⇒ Travel arrangements
- ⇒ Coordinating post-surgery care/follow-ups

If you are interested in learning more about medical tourism, the nurse advocate program, or procedures available through one of our Preferred Surgical Centers, please contact the

**Member Advocate** at 855-516-8531 or email them at

[advocate@boonchapman.com](mailto:advocate@boonchapman.com)



# USIN Imaging

**\$0 out-of-pocket when  
your imaging is provided  
through USIN.**

## ***How it Works!***

- Pre-certification is required so either you or your provider will contact the Member Advocate
- When the procedure has been pre-certified, Prime DX will contact you to make sure you want to use USIN
- USIN will call you to inform you of your authorized imaging and arrange for an appointment at a time and date convenient for you
- USIN representatives can provide education about your test including quality and safety information
- USIN provides a written appointment confirmation and directions

**After your imaging has been completed, USIN sends a satisfaction survey to ensure an excellent level of service**

**US Imaging Network is a VIP radiology program for out patient advanced imaging such as MRI, CT, and PET scans.**

I was highly satisfied in all aspects of my first experience with US Imaging Network and their referred MRI center

- Lauren

The experience went very smoothly, from the conference call set-up throughout. Staff were professional and courteous.

-Juan

Everything went smoothly, no hassle or problem. I was in and out in twenty minutes and I had a disk to take to my surgeon.

-Ben

I didn't wait long. They were fantastic from the minute I walked in! Super, Super! Rick was great (the tech) I felt well taken care of. I felt refreshed when I left.

-Lindsay

***For more information about USIN please contact:***

***Employees-contact your Member Advocate at 855-516-8531 or  
advocate@boonchapman.com***

***Providers-(for precertification) Nurse Advocate at 844-357-5819***



# Virtual Physical Therapy

The results are in on

## VIRTUAL PHYSICAL THERAPY

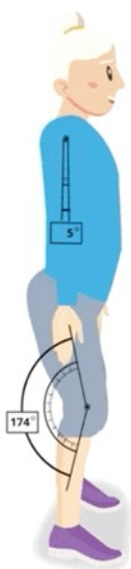
A groundbreaking study by Duke Clinical Research Institute **proves** that Virtual PT

- Is as safe and effective as traditional PT
- Saves money
- Is loved by patients

Surgery can be stressful, but don't worry. With Virtual PT as your at-home physical therapy assistant— **along with oversight by a licensed PT**— you'll have lots of support both before and after surgery.

### What if you could do physical therapy in the comfort of your own home?

- There would be no need to find rides.
- No need to tidy up for at-home visits.
- No need to schedule appointments because you could do your therapy when it's convenient for you.



If you are interested in learning more or would like to take advantage of this amazing benefit, please contact your dedicated Nurse Advocate at 844-357-5819.



**PRICEMDs**  
Telemedicine Program



## PriceMDs is excited to announce the launch of PriceMDs Prime™!

PriceMDs currently has had tremendous success servicing hundreds of self-insured companies using our Treatment Cost Containment Program (TCC).

TCC is a regulatory compliant solution for providing high cost specialty pharmaceuticals at greatly reduced prices inclusive of all travel to our participating medical facilities on the Cayman Islands.

As a result of the recent telemedicine regulatory changes, PriceMDs is pleased to announce the launch of PriceMDs Prime™. After completing an initial, in-person consultation at the Grand Cayman medical facility, program participants can opt for telemedicine consultations and to continue receiving 3-month supplies of their medications without leaving their home. PriceMDs Prime™ makes it easier than ever for employer groups and their covered members to contain healthcare costs.

One of PriceMDs' highly trained US Registered Nurses will be reaching out to discuss this program with current participants soon.

### Guidelines for patient eligibility for this program:

- Mandatory, initial on-island consultation visit with US licensed doctor
- Next 3 fills via telemedicine with our on-island US licensed doctor
- Mandatory, minimum of one, annual, on-island consultation
- Home delivery of meds after telemedicine consultation
- Cold chain medicines subject to shipping eligibility
- Strict limit of 3 months supply per participant







# maternity advocates



## WHAT IS THE MATERNITY ADVOCATES PROGRAM?

Even with health insurance and a good doctor, pregnancy is stressful, complicated, and a unique experience every time. To make the pregnancy in your life easier, your employer has added a new benefit called the Maternity Advocates program. This unique employer benefit now available to you allows you to have on-demand access to Maternal Fetal-Medicine specialists – physicians trained to deal with pregnancies of all kinds – and other pregnancy support services such as lactation consultants, behavioral health specialists, and nurse navigators.

**The Maternity Advocates employee benefit is available to you free of charge. Book an appointment today by calling: (800) 477-4625**

## WHAT'S INCLUDED?



### Unlimited On-Demand Visits

Meet with board-certified, US-trained Maternal Fetal Medicine physicians on-demand, however much you want.



### Teleperinatal Mobile App

Track and learn about your pregnancy with our tracker and content library provided by the Mayo Clinic.



### Care Team Built for Pregnancies

Looking to meet with a lactation consultant, behavioral health specialist, or nurse navigator? They're available too.



### Personalized Pregnancy Roadmap

Following every visit, you'll receive a roadmap with everything to expect in your pregnancy, personalized to you.

# Pre-Notification Requirement



In order to prevent unnecessary costs and to assist you in fully understanding your benefits, the *pre-notification* program fulfills the dual purpose of advising the *participant* of their benefits and protecting the financial integrity of the *Plan*. This benefit is available prior to any procedure.

## Pre-Notification

Except in an urgent care situation, the *participant* must call the Nurse Advocate at 1-844-357-5819, at least three (3) business days before any/all procedures scheduled in advance including, but not limited to the following:

- In-patient procedures;
- Out-patient procedures;
- Imaging services; and
- Diagnostic testing.



# Provider Network

Finding a doctor or other health care professional is an important part of staying healthy. Our online directory helps make it simpler. It offers you up-to-date information about providers — and it's available online, anytime.



Network of Providers

## How to find a Network Provider

Looking for physicians who participate in your health insurance network? Use one of these easy ways to find out who's in-network and potentially save money:

- \* Log on to [www.bevcaphealth.com](http://www.bevcaphealth.com)
- \* Contact the Boon-Chapman Member Advocate at 855-516-8531, or e-mail [advocate@boonchapman.com](mailto:advocate@boonchapman.com)
- \* Visit [www.aetna.com/asa](http://www.aetna.com/asa)

## Provider Details

To visit the online directory, simply go to [www.aetna.com/asa](http://www.aetna.com/asa). Begin searching for a doctor using your location zip, city, county or state. You can use either the general or category search to see provider details that typically include:

- Board certification
- Hospital affiliation
- Medical school/year of graduation
- Gender

You can also see additional provider information that can include: participation information, other office locations, whether they're accepting new patients, maps, driving directions and more.



# Member Advocate

How many times have you called into customer service only to be treated with indifference, or a lack of respect...or spoken with someone completely unable to answer your question? How many times has that service provider shown any sense of caring about your circumstances?

## ***The Solution***

The **Member Advocate** delivers a higher level of customer service than you've ever experienced and is provided for your insurance needs. The Member Advocate fills in gaps to resolve issues on your behalf and follows the problem/situation to resolution.

## ***What is the role of the Member Advocate?***

- Provides you with detailed information regarding your Health Plan
- Offers explanations as to how a claim has been processed and how the benefits were applied
- Offers assistance to the BevCap Health or Boon Chapman website
- Helps identify network providers
- Notifies your providers, in advance, of claims that may be denied for additional information and then explains to your provider exactly what is needed to finalize a claim; works to resolve all claim issues.
- Assists with prescription drug authorizations
- Helps with any needed pre-authorizations
- Assists with the appeals process should a claim be denied for any reason
- Provides follow up to ensure your experience is exemplary



***For questions or additional information, please contact the  
Member Advocate at: 855-516-8531***

# Dental Coverage

Daytona Beverages offers dental benefits for you and your family.

## Things to Think About

- How many people in your family will take advantage of dental benefits?
- Do you expect to have major dental work done?
- Dependents are covered up to age 30.



Type of Service	Network	Non-Network
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Deductible Applies to	Basic and Major Services (Waived for Preventive services)	Basic and Major Services (Waived for Preventive services)
Calendar Year Maximum Benefit	\$2,000 per member	\$2,000 per member
Orthodontia Lifetime Maximum	\$1,000 per child	
Preventive and Diagnostic Benefits	100% covered, no deductible	100% covered, no deductible
Basic Services	20% after deductible	20% after deductible
Major Services (implants excluded)	50% after deductible	50% after deductible
Orthodontics	50% up to lifetime max	50% up to lifetime max
Rollover: Threshold	\$800	
Rollover amount—In Network/ In & Out of Network	\$600/\$400	
Rollover Account Limit	\$1,500	

Bi-Weekly Rates	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
	\$2.25	\$15.88	\$19.92	\$27.87

# Vision Coverage

Daytona Beverages offers vision benefits for you and your family.

## Things to Think About

- How many people in your family will take advantage of vision benefits?
- Do you need new glasses or contacts this year?
- Dependents are covered up to age 30.



Services	In-Network
Eye Examinations	\$10 copay
Materials (Single vision, bi-focals, tri-focals and lenticular)	\$25 copay
Frequency Schedule	
Exams	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months / \$130 Allowance + 20% off balance
Contacts	Every 12 months/ \$130 Allowance + 15% off balance
*Contacts and eyeglasses cannot be purchased in the same year	

Bi-Weekly Rates	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
	No Cost	\$1.88	\$1.99	\$4.21



Guardian's affiliation with Davis Vision offers access to over 93,000 access points nationwide. Find a Network provider at **GuardianAnytime.com**.




**DavisVision**<sup>TM</sup>

# Income Protection

## DISABILITY & LIFE INSURANCE

Daytona Beverage provides Basic Life , Short Term Disability, and Long Term Disability to each eligible employee.

Benefits		Guardian	
Employer Paid Short Term Disability			
Weekly Benefit Percentage	60%		
Weekly Maximum Benefit	\$500		
Benefit Waiting Period	15th Day Accident/Sickness		
Benefit Duration	24 Weeks		
Employer Paid Long Term Disability			
Monthly Benefit Percentage	60%		
Monthly Maximum Benefit	\$2,500		
Benefit Waiting Period	180 days		
Benefit Duration	Social Security Normal Retirement Age		
Pre-Existing Conditions	3/12		
Employer Paid Basic Life and AD&D			
All Full Time Employees	\$20,000		
Daytona Beverage also offers you Voluntary Life and Accidental Death & Dismember-			
Voluntary Life and AD&D Insurance		Employee Spouse Child (14 days to 26 years)	
Elect in units of	\$10,000	\$1,000	\$1,000
Max Volume	\$400,000	50% of Employee	\$10,000
Guarantee Issue Amount (<age 65)	\$150,000		
Ages 65-70	\$50,000		\$10,000
Age 70+	\$10,000		
This Summary is provided for illustrative purposes. See the plan document for a more detailed description of the plans.			
See Bernie Portal for rage banded rates.			



# Employee Assistance Program

## Aetna Resources For Living

Check out these Employee Assistance Program (EAP) web tools and resources available to members

**Get information and advice on the things that matter to you**

Your member website is a single source for information on your career, health and personal life. With just a couple clicks, you can:

- Search for child or elder care providers
- Learn about health conditions
- Take well-being assessments
- Access self-help tools and information
- Find discounts on over 3 million products and services, like computers & electronics, travel, fitness centers, restaurants, and more

[www.mylifevalues.com](http://www.mylifevalues.com)

**Username: peaceofmind**

**Password: solutions**





## Employee Assistance Program Overview

Our comprehensive WorkLifeMatters Employee Assistance Program, available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

### Employee assistance program (EAP) consultative services

- **Telephonic Counseling** — Unlimited, 24/7 consultations with master's and doctoral-level counselors
- **Face-to-face Counseling** — Up to 3 visits per employee/household member per year
- **Bereavement** — Support available through telephonic or face-to-face sessions; online resources available on EAP website
- **Tobacco Cessation Coaching** — Unlimited telephonic support and resources to assist with tobacco cessation; refers members directly to the American Lung Association's Quit program
- **EAP Website Resources** — Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP Consultant or email an EAP Counselor through the website
- **College Planning Resources** — Expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA

### Work/life assistance & resources

- **WorkLife Services** — Unlimited 24/7 access to WorkLife Specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work/life responsibilities
- **Child and Elder Care Referral** — Unlimited telephonic consultation with a WorkLife Specialist (part of WorkLife Services)
- **Employee Discounts** — Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more
- **Webinars, Podcasts, Articles and FAQs** — Various topics available on the EAP website

### Legal/financial assistance & resources

- **Legal Consultation** — Unlimited telephonic support and free initial 30 minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial Consultation** — Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID Theft** — Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online
- **Will Prep** — Online self-service documents available on EAP website; 30-minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation
- **Legal Document Preparation** — Online self-service documents available on the EAP website
- **Tax Consultation** — Tax questions only can be answered as part of the Financial Consultation offering
- **Online Self-Service Documents** — Examples include, but are not limited to: Living Trust, Will, Power of Attorney, Deeds

[lbhworklife.com](http://lbhworklife.com)

User Name:

Matters

Password: wlm70101

Phone: 1 800 386 7055

Available 24 hours a day, 7 days a week





# Important Contacts

COVERAGE	PROVIDER	CONTACT	WEBSITE
Medical Group #:	Boon-Chapman 650128	855-516-8531	<a href="http://www.boonchapman.com">www.boonchapman.com</a>
Member Advocate	Boon-Chapman	855-516-8531	<a href="mailto:advocate@boonchapman.com">advocate@boonchapman.com</a>
Telemedicine	CALL-A-DOC	1-844-DOC-24HR	<a href="http://www.247calladoc.com">www.247calladoc.com</a>
Dental, Vision, STD, LTD, and Life	Guardian	1-888-600-1600	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Employee Assistance Program	Aetna	Website	<a href="http://www.mylifevalues.com">www.mylifevalues.com</a>



# Required Notices

## Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

### Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

#### Loss of Other Coverage or Becoming Eligible for Medicaid or a state Children's Health Insurance Program (CHIP)

If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for such assistance.

#### Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 31 days after the marriage, birth, or placement for adoption.

### For More Information or Assistance

To request special enrollment or obtain more information, contact:

**March 1, 2021**

**Daytona Beverages**

**Human Resources:**

2275 Mason Ave.

Daytona Beach, FL 32117

Meagan Burgess 386-301-4719

## Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Daytona Beverages and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Daytona Beverages has confirmed that the prescription drug coverage offered by the Daytona Beverages medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.
3. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7 but as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting Daytona Beverages at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current Daytona Beverages prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

For more information about this notice or your current prescription drug coverage contact the Human Resources Department.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you can call them at 800-772-1213. TTY users should call 800-325-0778.

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

**March 1, 2021**

**Daytona Beverages**

**Human Resources:**

2275 Mason Ave.

Daytona Beach, FL 32117

Meagan Burgess 386-301-4719

#### **Notice of HIPAA Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan - whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by Daytona Beverages, hereinafter referred to as the plan sponsor. The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resources Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

Complaints: If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Privacy Officer.

**March 1, 2021**

**Daytona Beverages**

**Human Resources:**

2275 Mason Ave.

Daytona Beach, FL 32117

Meagan Burgess 386-301-4719

#### **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**Texas – Medicaid**

**Website:** <http://flmedicaidprecovery.com/hipp/>

**Phone: 1-877-357-3268**

To see if any other States have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu option 4, Ext. 61565

## COBRA Introduction

You're getting this notice because you recently gained coverage under a group health plan. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [choose and enter appropriate information: must pay or aren't required to pay] for COBRA continuation coverage. If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

## When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- ◆ The end of employment or reduction of hours of employment;
- ◆ Death of the employee;
- ◆ [add if Plan provides retiree health coverage: Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- ◆ The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Daytona Beverages Human Resource department.**

March 1, 2021

Daytona Beverages

Human Resources:

2275 Mason Ave.

Daytona Beach, FL 32117

Meagan Burgess 386-301-4719

### How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

## **Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

#### **Plan Contact Information:**

**March 1, 2021**

**Daytona Beverages**

**Human Resources:**

2275 Mason Ave.

Daytona Beach, FL 32117

Meagan Burgess 386-301-4719



This booklet highlights the main features of the Daytona Beverages Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents including insurance contracts. Should there be any inconsistency between this booklet and the legal plan documents, the plan documents are the final authority.