



EULEN
AVIATION

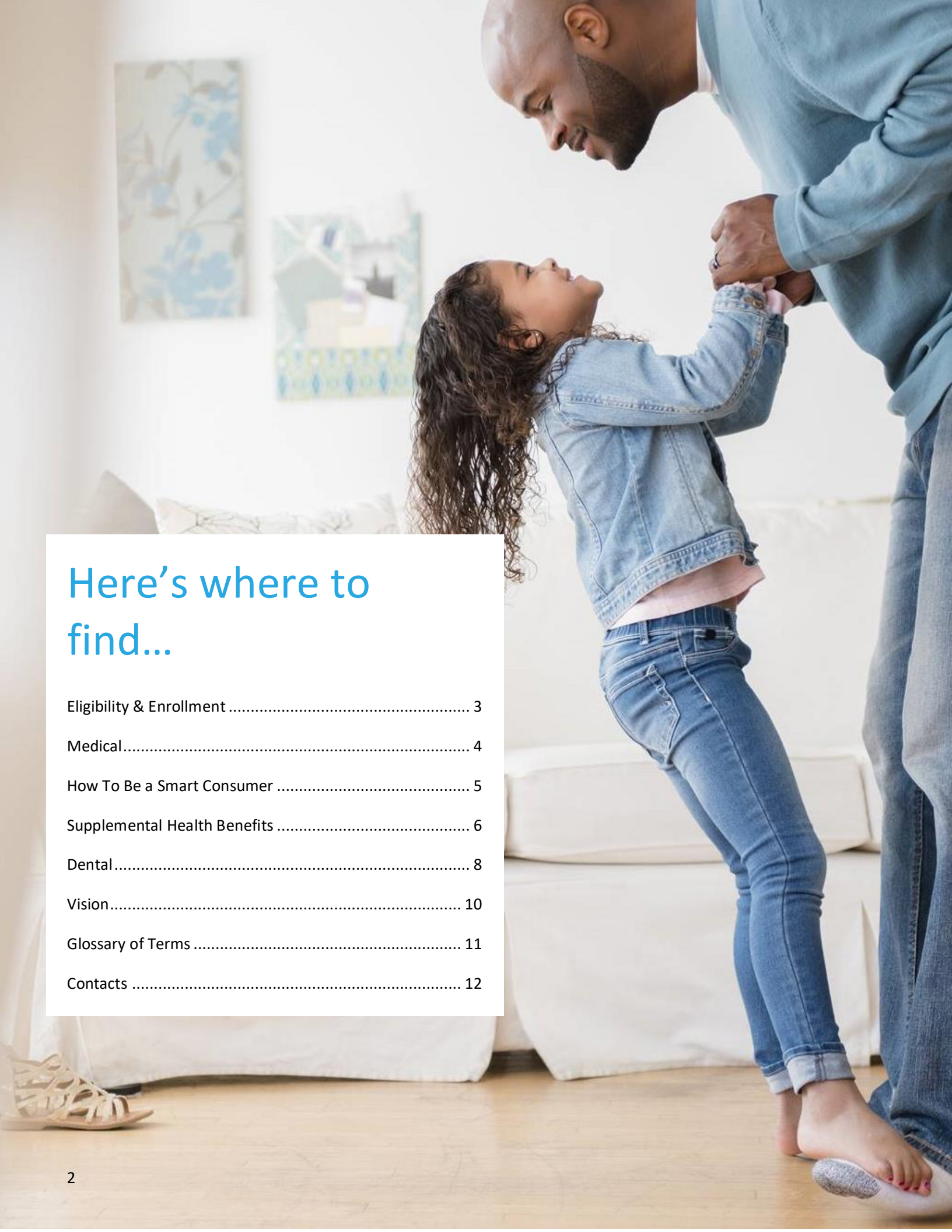
DIRECT EMPLOYEES



EMPLOYEE BENEFITS

Eulen
America

2023



Here's where to find...

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ELIGIBILITY & ENROLLMENT

Medical benefits are available to all full-time employees and ACA compliant part-time employees (**PT must work a minimum of 30 hours per week, for 52 consecutive weeks**) and their dependents.

Dental, Vision, Accident, Critical Illness and Hospital Indemnity benefits are available to all employees.

For those enrolling during Open Enrollment, your benefits will become effective on January 1, 2023. As a new hire, you are eligible to enroll in benefits on the first of the month following 60 days.

Eligible dependents include:



Your legal spouse
or domestic
partner



Your children
including your natural, legally adopted,
stepchildren, and/or your unmarried
dependent children of any age who are
mentally or physically disabled and who are
dependent on you for support

- Up to age 30 for Medical
- Up to age 26 for Dental and Vision
- Up to age 26 for Accident, Hospital, and Critical Illness

Making Changes

You may only make changes to your elections during open enrollment each year or during the year if you experience a qualifying event. Qualifying events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or CHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within 30 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

How to Enroll

To sign up for benefits, visit your Workday account during the enrollment period.



MEDICAL*

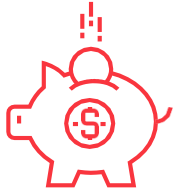
800.352.2583
bcbsfl.com

Your medical plan is provided by Blue Cross Blue Shield of FL (BCBSFL) with coverage for both in-network and out-of-network providers. You will always have stronger benefits when visiting in-network providers.

BlueOptions 05301		
OVERALL LIMITS	In-Network	Out-of-Network
DEDUCTIBLE - INDIVIDUAL	\$2,500	\$5,000
DEDUCTIBLE - FAMILY	\$7,500	\$15,000
OUT-OF-POCKET MAXIMUM - INDIVIDUAL	\$6,350	\$13,000
OUT-OF-POCKET MAXIMUM - FAMILY	\$12,700	\$26,000
COINSURANCE - MEMBER PAYS	30%	50%
SERVICES		
PHYSICIAN OFFICE VISIT	\$25 copay	50% after ded
SPECIALIST OFFICE VISIT	\$45 copay	
PREVENTATIVE CARE	No Charge	50% coinsurance
VIRTUAL VISITS	No Charge	Not Covered
LAB AND X-RAY	Independent Clinical Lab: 100% Independent Diagnostic Testing Center: 30% after ded	50% after ded
IMAGING (CT, MRI, PET SCANS)	30% after ded	50% after ded
INPATIENT HOSPITALIZATION	30% after ded	50% after ded
OUTPATIENT SURGERY	30% after ded	50% after ded
EMERGENCY ROOM	\$300 copay	\$300 copay
URGENT CARE	\$50 copay	Deductible + \$50 copay
PRESCRIPTION DRUGS		
RETAIL (30-DAY SUPPLY)		
GENERIC	\$10 copay	Not Covered
PREFERRED BRAND	20% coinsurance	Not Covered
NON-PREFERRED BRAND	Not Covered	Not Covered
MAIL ORDER (90-DAY SUPPLY)		
GENERIC	\$25 copay	Not Covered
PREFERRED BRAND	20% coinsurance	Not Covered
NON-PREFERRED BRAND	Not Covered	Not Covered

The chart above is a brief summary of your medical benefits and does not include all the details about benefit plan features and rules. For details and the terms of your medical and pharmacy plan benefits, refer to your Certificate of Insurance. If there are any inconsistencies between this document and the official Plan document and certificates of insurance, the Plan documents or certificates of insurance will prevail.

*Medical coverage is available only to ACA compliant employees – Full-time and Part-Time employees working 30+ hours per week for 52 consecutive weeks.



HOW TO BE A SMART CONSUMER

Pharmacy

- Find an in-network pharmacy or use the drug cost estimator tool by visiting bcbsfl.com.
- Discount sites like GoodRx and WellRx can help you instantly save (please note: prescriptions acquired under these plans do not go through your insurance).
- Ask if a generic/mail order is available.
- Generic contraceptives and diaphragms are covered and available at no cost.
- See if your drug has a Patient Assistance Program.

24/7 Nurse Line

877.789.2583

- Choose appropriate medical care.
- Find a doctor or hospital.
- Understand treatment options.
- Achieve a healthier lifestyle.
- Answer medical questions.

Cost Estimator

Different doctors and hospitals may charge different amounts for the same service.

Visit bcbsfl.com to help you compare costs based on your own benefits.

Mobile App

The Florida Blue app lets you easily access your healthcare information and gives you tools to help estimate costs, manage claims, and find providers — anytime and anywhere. It's built to be your go-to healthcare resource when you're on the go. Available to download on the Apple App Store and Google Play.

Telemedicine

Florida Blue provides access to telemedicine through Teladoc.

The program lets you get the care you need — including most prescriptions — for a wide range of minor acute conditions. Now you have access to these board-certified doctors via secure video chat or phone, without leaving your home or office. When, where, and how it works best for you. To get started, call 800.835.2362 or visit teladoc.com.



SUPPLEMENTAL HEALTH BENEFITS

Our medical plans provide great coverage for you and your family's healthcare needs. Still, everyone's needs are slightly different. That's where supplemental health options come in! These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through Reliance Standard. Please visit reliancestandard.com for additional details





Accident Insurance

Accident plans pay cash benefits directly to you to help pick up some of the costs remaining after your health insurance plan kicks in following a covered accident.

Family Coverage

Employees may cover themselves, their spouse/ domestic partner, and dependent children. Cost is based off coverage tier.

Initial Care

Benefits for emergency room visits, ambulance, doctor's visit, lodging, surgery, diagnostic exams, and much more.

Injuries

Benefits for fractures, dislocations, lacerations, burns, concussions, eye injury, dental injury, and paralysis.

Follow-up Care

Benefits for physical therapy, chiropractic services, medical appliances, prosthesis, and rehabilitation.

Wellness

Benefit reimbursement of \$50 for completing a health screening.



Critical Illness Insurance

Critical illness insurance helps protect your income and personal assets when out-of-pocket expenses increase as a result of a specified illness. This plan covers conditions like: heart attack, stroke, major organ failure, invasive cancer, and more.

Family Coverage

- Employee: From \$5,000 up to a max of \$50,000 (increments of \$1,000)
- Spouse: From \$5,000 up to a max of \$50,000
- and not exceed the Employee amount
- (increments of \$1,000)
- Child(ren): 25% of the employee amount up to a max of \$12,500.
- Cost is based off age range and coverage amount elected

Guaranteed Issue

- Employee & Spouse: \$20,000
- Child(ren): All amounts are guaranteed issue.

Wellness

Benefit reimbursement of \$50 for completing a health screening.



Hospital Indemnity Insurance

An unexpected or even planned stay in the hospital can be expensive as you meet your deductible and out-of-pocket obligations under the medical plan. The Hospital Indemnity plan is designed to provide financial protection by paying you a direct benefit to meet out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the type of facility and number of days of confinement.

Family Coverage

Employees may cover themselves, their spouse/domestic partner, and dependent children. Cost is based off coverage tier.

Covered Care

Daily benefits for room and board, critical care unit, and hospital admission.

Features

- Guaranteed issue, no medical questions
- No pre-existing condition exclusions
- Major medical plan is NOT required



DENTAL

You have two dental plan options through Cigna; DHMO or DPPO.

The DHMO plan provides coverage for in-network only and there is no deductible or plan maximum. Each service has a set copay, please refer to the Patient Charge Schedule for more information.

PLAN PROVISIONS	ADA Code	DHMO
DIAGNOSTIC AND PREVENTIVE		
OFFICE VISIT		\$5 copay
TEETH CLEANING (PROPHYLAXIS)	D1110 - D1120	\$0 copay (2 per calendar year) Additional Cleanings: Adults: \$45 copay, Child(ren): \$30 copay
X-RAYS	D0210 - D0330	\$0 copay
SEALANTS (PER TOOTH)	D1351	\$17 copay
RESTORATIVE		
AMALGAM FILLING	D2140 - D2160	\$23 - \$33 copay
COMPOSITE FILLING	D2330 - D2394	\$33 - \$140 copay
PERIODONTICS		
SCALING AND ROOT PLANING (1-3 PER QUADRANT)	D4342	\$75 copay
GINGIVECTOMY (1-3 PER QUADRANT)	D4211	\$160 copay
OSSEOUS SURGERY (1-3 PER QUADRANT)	D4261	\$385 copay
ENDODONTICS (ROOT CANAL THERAPY)		
PULP CAP	D3110 - D3120	\$38 copay
ANTERIOR ROOT CANAL	D3310	\$375 copay
MOLAR ROOT CANAL	D3330	\$595 copay
PROSTHODONTICS		
FULL DENTURE - UPPER OR LOWER	D5110 - D5120	\$675 copay
PARTIAL DENTURE - UPPER OR LOWER	D5211 - D5214	\$510 - \$780 copay
CROWN AND BRIDGE		
INLAY (1 TO 3+ SURFACES)	D2510 - D2530	\$435 copay
ONLAY (1 TO 3+ SURFACES)	D2542 - D2544	\$505 copay
CROWN - PORCELAIN/CERAMIC SUBSTRATE	D2740	\$520 copay
CROWN - PORCELAIN FUSED TO METAL	D2750 - D2781	\$425 - \$490 copay
CROWN - FULL CAST METAL	D2790 - D2792	\$435 - \$490 copay
ORAL SURGERY		
EXTRACTIONS - IMPACTED TOOTH	D7220 - D7240	\$165 - \$300 copay
ORTHODONTICS - COMPREHENSIVE		
ORTHODONTIC TREATMENT (MAX 24 MONTHS)	D8670	Children: \$2,472, Adults: \$3,384
ORTHODONTIC RETENTION	D8680	\$345 copay

The DPPO plan has both in-network and out-of-network coverage, however you will generally pay less when using an in-network dentist. If you choose an out-of-network provider, you may be billed the difference between what Cigna pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit hcpdirectory.cigna.com.

PLAN PROVISIONS	DPPO	
	In-Network	Out-of-Network
CALENDAR YEAR MAXIMUM		
PER MEMBER	\$1,750	
INDIVIDUAL	\$50	
FAMILY	\$150	
DIAGNOSTIC AND PREVENTIVE		
ORAL EXAM	Covered 100% (no deductible)	
BITEWING X-RAYS		
ROUTINE CLEANINGS		
FLUORIDE TREATMENT		
BASIC SERVICES		
FULL MOUTH X-RAYS	80% after deductible	
FILLINGS		
PERIODONTICS		
ENDODONTICS (ROOT CANAL THERAPY)		
ORAL SURGERY (SIMPLE EXTRACTIONS)		
MAJOR SERVICES		
INLAYS AND ONLAYS	50% after deductible	
CROWNS, BRIDGES, AND DENTURES		
ANESTHESIA		
ORAL SURGERY		
ORTHODONTICS		
BENEFIT PERCENTAGE	50% (no deductible)	
LIFETIME MAXIMUM	\$1,000	
OUT-OF-NETWORK REIMBURSEMENT	Maximum Allowable Charge	





Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the Cigna Vision Network providers, who have higher benefits at a lower cost to you. When you need services, consider using an in- network provider for the most bang for your buck! When you use an out-of-network provider, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit hcpdirectory.cigna.com

PLAN PROVISIONS	Vision	
	In-Network	Out-of-Network Plan pays up to:
EXAM	\$15 copay	\$45 allowance
EYEGLASS LENSES		
SINGLE	\$20 copay	\$32
BI-FOCAL	\$20 copay	\$55
TRI-FOCAL	\$20 copay	\$65
LENTICULAR	\$20 copay	\$80
CONTACT LENSES*		
MEDICALLY NECESSARY	Covered 100%	\$210
ELECTIVE	\$110 allowance	\$98
FRAMES		
RETAIL ALLOWANCE	Up to \$210	\$66
FREQUENCY OF SERVICES		
EYE EXAMINATION	12 Months	
EYEGLASS LENSES	12 Months	
FRAMES	24 Months	
CONTACT LENSES*	12 Months	

* In lieu of eyeglasses



GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list

IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): This is a type of medical plan that requires the member to reach a deductible prior to having services covered by coinsurance. All expenses paid by the member count toward the deductible and out of pocket maximum.



CONTACTS

Medical

Florida Blue

800.352.2583

[bcbsfl.com](https://www.bcbsfl.com)

Dental

Cigna

800.244.6224

[cigna.com](https://www.cigna.com)

Vision

Cigna

877.478.7557

[cigna.com](https://www.cigna.com)

Supplemental Health Benefits

Reliance Standard

800.435.7775

[reliancestandard.com](https://www.reliancestandard.com)



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The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

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