







WIN Logistics is excited about our 2021 Open Enrollment! This year Win Logistics is excited to make a contribution towards your healthcare coverage this as well as offering some more affordable options!

Another exciting change is that we are moving your voluntary benefits from Colonial to Allstate in 2021!

Medical Insurance



— THE —
HEALTH BENEFIT
— ALLIANCE —

YOUR ALLY IN HEALTH



PLAN DETAILS

**This a network based plan that utilizes the PHCS network.
You receive an ID card to present to your healthcare provider.**

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Limited-day plan:

This plan has a cap on days limited for services; unlike most medical plans, where you are not limited on the number of days or services that are covered.



Four Plans to Choose From:

ACA Preventive and Wellness	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Deductibles INN/OON	\$0	\$0	\$0	\$0
Max Out of Pocket (MOOP) INN/OOP combined	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700	\$5,000/\$10,000
Primary/Specialty Care Office Visits INN/OON	\$25/\$50 Copay 3/3 Visits Max/ Year INN: Network Rate/OON 85% UCR	\$25/\$50 Copay 4/4 Visits Max/Year INN: Network Rate/OON 85% UCR	\$25/\$50 Copay 6/6 Visits Max/ INN: Network Rate/OON 85% UCR	\$15/\$25 Copay 10/10 Visits Max/Year INN: Network Rate/OON 85% UCR
Urgent Care INN/OON	\$50 Copay 2 Visits Max/Plan Year INN: Network Rate/OON: 85% UCR	\$50 Copay 3 Visits Max/Plan Year INN: Network Rate/OON: 85% UCR	\$50 Copay 2 Visits Max/Yea INN: Network Rate/OON: 85% UCR	\$50 Copay 3 Visits Max/Plan Year INN: Network Rate/OON 85% UCR
Emergency Room* INN/OON	Not Covered	Not Covered	INN/OON: \$350 Copay 1 Visit Max/Year	INN/OON: \$350 Copay 1 Visit Max/Plan Year
Lab/X-Ray Services (non-hospital based) INN/OON	\$50 Copay 2 Visits Max/Plan Year INN: Network rate/OON: 85% UCR	\$50 Copay 3 Visits Max/Plan Year INN: Network rate/OON: 85% UCR	\$50 Copay 3 Visits Max/Yea INN: Network rate/OON: 85% UCR	INN/OON: \$50 Copay 3 Visits Max/Year INN: Network Rate/OON 85% UCR
In-Patient Hospital* INN/OON	Not Covered	Not Covered	INN/OON: \$350 Copay 3 Day Max/Year	INN/OON: \$350 Copay 7 Days Max/Plan Year
Out-Patient Surgery/Diagnostic Testing * INN/OON	INN/OON: \$350 Copay 1/1 Visits Max/Plan Year	INN/OON: \$350 Copay 1/2 Visits Max/Plan Year	INN/OON: \$350 Copay 1/1 Vi Max/Year	INN/OON: \$350 Copay 2/2 Visits Max/Plan Year
Generic Rx Preventive/Non-Preventive	Tier 1: \$0 copay Tier 2: \$10 copay	Tier 1: \$0 copay Tier 2: \$10 copay	Tier 1: \$0 copay Tier 2: \$10 Copay	Tier 1: \$0 copay Tier 2: 20% Coinsurance
Brand Rx Preferred/Non-Preferred	Not Covered	Not Covered	Not Covered	Limited Brand 20% Coinsurance
Specialty Rx	Not Covered	Not Covered	Not Covered	Not Covered (Rider available)
TeleHealth	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited
TeleDental	N/A	N/A	N/A	\$0 Copay Unlimited

Dental and Vision Insurance





PLAN COVERAGE	IN-NETWORK (PPO FEE)	OUT-OF-NETWORK (90TH PERCENTILE UCR)
PREVENTIVE & DIAGNOSTIC Diagnostic and preventive: exams, cleanings, fluoride, space maintainers, x-rays, and sealants	100%	100%
BASIC Minor restorative: fillings Prosthetic maintenance: relines and repairs to bridges, implants, and dentures Emergency palliative treatment: to temporarily relieve pain Endodontics: root canals Periodontics: to treat gum disease Oral surgery: extractions and dental surgery	80%	80%
MAJOR Major restorative: crowns, inlays, and onlays Prostodontics: dentures Prosthetics: bridges Implants:	50%	50%

PLAN MAXES

Annual maximum applies to diagnostic & preventive, basic services, and major services.
Annual Max based on Calendar Year.

ANNUAL MAX Benefit Period: Calendar Year	\$1,000 /yr
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PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

INDIVIDUAL	\$50.00 /yr
FAMILY	\$150.00 /yr

Dental and Vision insurance products underwritten by National Guardian Life Insurance Company (NGL), Vision Service Plan (VSP) in WA, and in NY by Nationwide Life Insurance Company, marketed by Beam Insurance Services LLC, and administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC, in Texas). Life insurance products underwritten by Nationwide Life Insurance Company.

CLAIMS INFORMATION

Beam Insurance Administrators PO Box 75372 Cincinnati, OH 45275	Electronic payer ID BEAM1	NEA ID BEAM1	Fax number (844) 688 - 4821	Phone number (800) 648 - 1179	Claim form accepted ADA form 2006 or later
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Beam Dental PPO Standard coverage, as of August 1, 2019

Dental Insurance



FREQUENCY

EXAMS	12 months
LENSES	12 months
FRAMES	24 months
CONTACTS (IN LIEU OF GLASSES)	12 months

COPAYMENTS

MATERIALS	\$25
CONTACT LENS FITTING & EVALUATION	15% discount (not to exceed \$60)
EXAM	\$10

IN NETWORK ALLOWANCES

RETAIL FRAME VALUE ^{1,2,3}	\$150 / 20% off coverage
ELECTIVE CONTACT LENSES	\$150
COVERED LENS OPTIONS	Low Vision and Polycarbonate for Children

VALUE ADDED PROGRAMS

DIABETIC EYECARE PLUS PROGRAM	Included
HEARING AID DISCOUNTS	Included
EYE HEALTH MANAGEMENT	Included
DIABETIC EXAM REMINDER LETTERS	Included

Vision Insurance



Accident, Critical Illness, Short-term and Whole Life Insurance





Accident Plans

Benefits for all types of accidents including:
Sprains, fractures, burns, dismemberment, X-rays, hospitalizations, ER visits,
accidental death and more!

Critical Illness Plans

Benefits for heart attack, stroke, organ transplants, end stage renal failure, cancer and more!

Guarantee Issue Amounts of up to
\$20,000 for Employees

Dependents receive 50% of the employee's benefit amounts



Short-Term Disability

BENEFITS

BASE POLICY BENEFITS

Total Disability - the monthly benefit starts after the elimination period has been met. Benefits will not continue beyond the maximum benefit period

Partial Disability - 50% of the monthly benefit is paid after at least one month that the Total Disability Benefit is payable. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period

Pregnancy - a benefit for pregnancy is paid if total disability first begins after the certificate has been in force for at least 9 months

Organ Donor - a benefit is paid when disabled from donating an organ

Waiver of Premium - premiums are waived after monthly disability benefits are payable for 30 days in a row, for as long as monthly benefits are payable

BASE POLICY BENEFIT CONDITIONS

Concurrent Disability - one monthly benefit is paid, even if you are disabled due to more than one cause. Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period

Recurrent Disability - a benefit is paid if disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period

DETAILS OF COVERAGE

Maximum Monthly Benefit - \$2500

Maximum Benefit Period - 3 months

Elimination Period for Accident - 7 Days

Elimination Period for Sickness - 7 Days

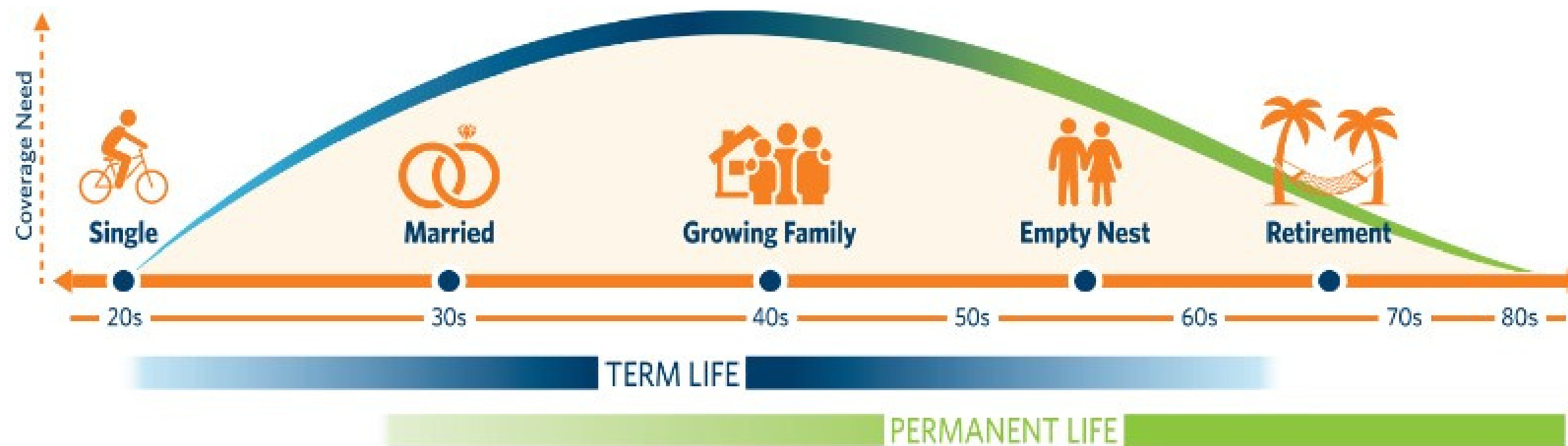
Monthly Benefit - Your monthly disability benefit may be reduced if you receive disability payments from other deductible sources of income which include individual disability income policies or other group insurance coverage.



Whole Life Insurance

Coverage for all stages of life

As people move through the stages of life, certain factors dictate the type of life insurance they need. During working years, an employer may provide Term Life insurance, but the wraparound coverage of our Group Whole Life product can help give peace of mind because the money you spent builds cash value that you can use later in life or add to the term benefit payout. The graph below illustrates the need for term and permanent whole life insurance throughout the various stages of life.



The examples above detail fictional thought processes and needs; your individual needs and reasons for coverage may vary.

