


# Bell Concrete / Lamar Companies

## 2024 Benefits Guide





Bell Concrete and Lamar Companies takes pride in offering a competitive, comprehensive benefits package allowing our employees choice and flexibility.

## WHAT'S INSIDE

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*ENROLLING IN YOUR BENEFITS:*

MEDICAL

DENTAL

VISION

LIFE AND AD&D

Short Term Disability

Critical Illness

Accident



# QUALIFIED LIFE EVENTS

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The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan at time of hire and once a year at open enrollment. Benefit choices are binding through December 31, 2024. The following circumstances are some examples in which you may change your benefits during the year:



**Marriage or divorce**



**Birth, adoption or death**



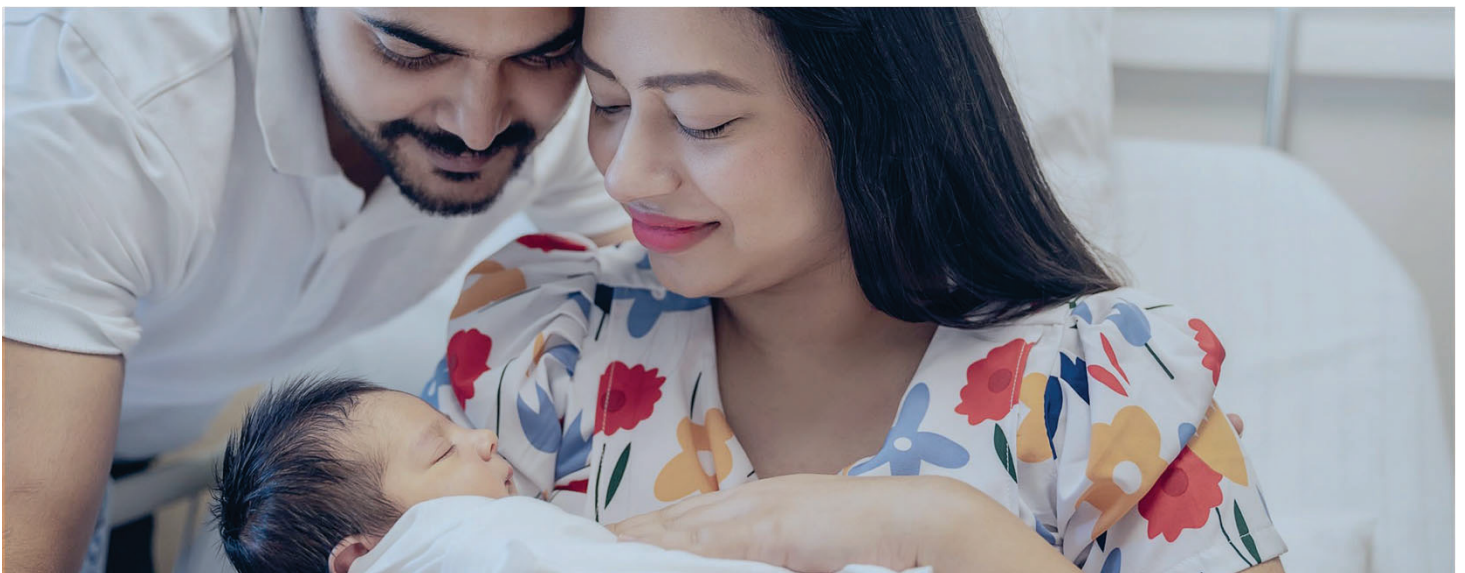
**Change in employment status for you, your spouse or your dependent child**



**Loss of dependent status**

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform Human Resources within 30 days of the event to avoid lapses in coverages. All other changes are deferred to open enrollment.

**New regular full-time employees may elect benefits first of the month following 60 days of hire.**





# MEDICAL BENEFITS

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## Assured Benefits Administrators United Healthcare Network

	<u>Weekly Payroll Deduction</u>
Employee Only	\$0
Employee + Spouse	\$179.59
Employee + Child	\$97.86
Employee + Family	\$259.05

Bell Concrete and Lamar Companies has entrusted Assured Benefits Administrators to provide health insurance services for you and your covered family members. With your Assured Benefits Administrators member identification card, you can access care from United Healthcare providers nationwide. Our team is focused on ensuring you can easily access your benefits and know where to turn with questions or concerns.

Please see a full summary of your medical benefits on the following page....





# BENEFIT SUMMARY

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
SINGLE	\$3,000	\$6,000
FAMILY	\$6,000	\$12,000
COINSURANCE	IN-NETWORK	OUT-OF-NETWORK
MEDICAL	80%	50%
ROUTINE PHYSICALS / PREVENTIVE / WELLNESS	100%	50%
COPAYMENT (PER OCCURRENCE)	IN-NETWORK	OUT-OF-NETWORK
PRIMARY CARE (Family practice, pediatrician, OB-GYN)	\$10	N/A
SPECIALTY CARE	\$60	N/A
URGENT CARE	\$25	N/A
EMERGENCY ROOM	\$100 + Ded + Coins	N/A
OUT-OF-POCKET MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
SINGLE	\$5,000	\$11,000
FAMILY	\$10,000	\$33,000
PRESCRIPTION DRUG COPAYMENTS	IN-NETWORK	OUT-OF-NETWORK
GENERIC (30 days)	\$0	N/A
NAME BRAND PREFERRED (30 days)	\$35	N/A
NAME BRAND NON-PREFERRED (30 days)	\$60	N/A
PRESCRIPTION DRUG MAIL ORDER BENEFITS	IN-NETWORK	OUT-OF-NETWORK
GENERIC (90 days)	\$0	N/A
NAME BRAND PREFERRED (90 days)	\$105	N/A
NAME BRAND NON-PREFERRED (90 days)	\$180	N/A
ANNUAL MAXIMUM	UNLIMITED	

This is a summary of benefits only. For complete details of plan benefits, exclusions and limitations, please refer to the plan document.

# BENEFIT SUMMARY (Continued)

DEDUCTIBLE	IN-NETWORK
LIFETIME BENEFIT MAXIMUM	Unlimited
PREVENTIVE MEDICAL SERVICES*	Covered at 100%, no deductible, no coinsurance
DIAGNOSTIC X-RAY AND LABORATORY SERVICES	Covered under doctor's office visit copay
IMAGING (MRI, CT scan, PET scan, Ultrasound, EKG)	Deductible and coinsurance /Green Imaging \$0 cost; see flyer
DIALYSIS	Deductible and coinsurance
CANCER (Chemotherapy, radiation therapy, BRCA testing)	Deductible and coinsurance
URGENT CARE OFFICE VISIT	\$25 copay applies, then covered at 100%
EMERGENCY ROOM TREATMENT	\$100 copay, then deductible and coinsurance
MATERNITY (Prenatal, delivery, well-newborn, postpartum)	Deductible and coinsurance
CHIROPRACTIC CARE	Specialist copay applies, unlimited visits
OUTPATIENT REHABILITATION SERVICES	Deductible and coinsurance
INPATIENT REHABILITATION SERVICES	Deductible and coinsurance
HOME HEALTH CARE	Deductible and coinsurance

This is a summary of benefits only. For complete details of plan benefits, exclusions and limitations, please refer to the plan document.

Services provided by an out-of-network provider are subject to the out-of-network deductible and coinsurance.

### \*A NOTE ON PREVENTIVE MEDICAL SERVICES

This plan includes coverage for all preventive care services recommended by the U.S. Preventive Services Task Force (USPTF) and mandated by the Patient Protection and Affordable Care Act (PPACA), including but not limited to routine physical exams, associated imaging and laboratory services (such as mammograms and PSA tests), well-child exams, and immunizations. For complete details, exclusions and limitations on PPACA required coverage, visit [www.healthcare.gov](http://www.healthcare.gov).



Assured Benefits Administrators (ABA) is a full-service third party administrator (TPA) headquartered in Dallas, Texas.

**ADDRESS** 8150 N. Central Expressway, Suite 1700, Dallas, TX 75206  
**TOLL FREE** +1.800.247.7114 • **WEBSITE** [www.abadmin.com](http://www.abadmin.com)

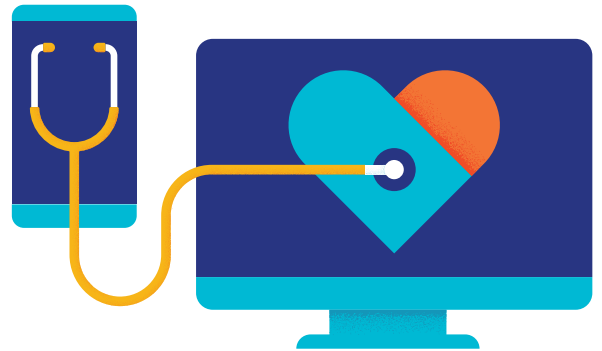
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# Welcome to UnitedHealthcare

When it comes to finding a doctor and managing your health, simpler is always better. The UnitedHealthcare Shared Services member website offers a variety of tools and resources that make it easier than ever.

To find a doctor, hospital, lab and other providers in your network visit [uhss.welcometouhc.com](https://uhss.welcometouhc.com) and follow these steps:

- 1 Click on **Find a Doctor/Hospital**
- 2 Select the network on the back of your ID card
- 3 Enter an address, city and state or zip code
- 4 Select the appropriate location and click **Continue**
- 5 Select the type of **Medical Care**, or enter a name or service and click **Search**
- 6 To locate a primary care provider, click **People**
- 7 Next, click on **Primary Care**
- 8 Choose the type of primary care provider
- 9 If you already know the doctor name, medical group or hospital you are looking for, select **All Primary Care Providers**
- 10 In the open search field, enter text and click **Filter**

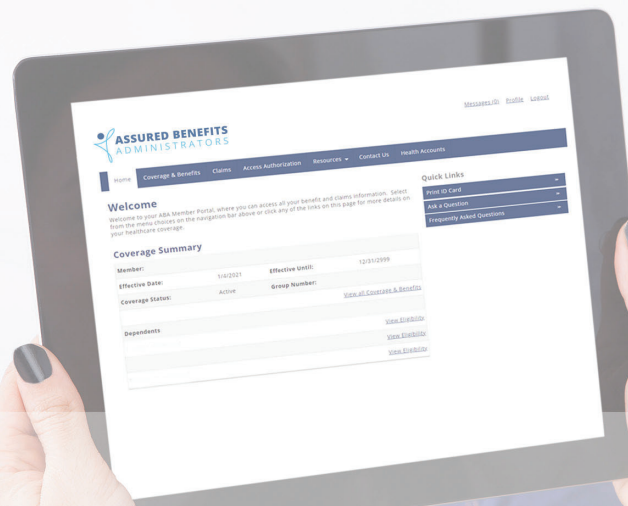


## Look for the blue hearts! ♥♥

Providers with this designation meet UnitedHealth Premium program criteria for providing quality and cost-efficient care.

continued ▶





## ACCESS YOUR INFORMATION 24/7 WITH THE ASSURED BENEFITS MEMBER PORTAL

Developed with convenience in mind, our single source member portal provides quick and easy access to view claims, deductibles and maximums, access ID cards, download important documents, update member information and more.

To create a user account, please complete the following steps:

- 1 Visit [www.abadmin.com](http://www.abadmin.com). Click on **Member Login** at the top right-hand corner.
- 2 Click on **Proceed to our sign up process**.
- 3 Read the License Agreement and click **Agree**
- 4 Complete all applicable forms. Enter your first and last name, date of birth, and either Social Security number or member ID (exactly as it appears on your ID card).

The member portal may also be accessed via the **MyABA mobile application**, which is available for download on the Google Play™ Store or the Apple® App Store .

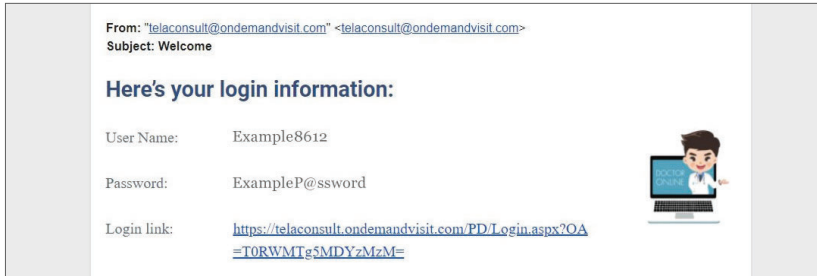
If you have any questions or need assistance, our customer service representatives are available **Monday through Friday** from **8 a.m. to 6 p.m.** by calling **1.800.247.7114**.

TALK WITH A DOCTOR.  
ANYTIME. ANYWHERE.



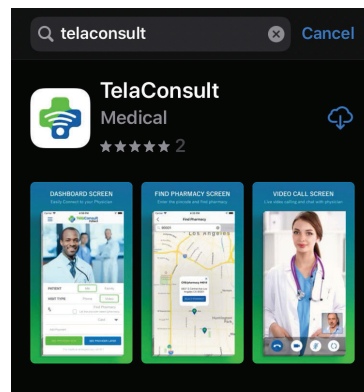
## WELCOME TO **TELACONSULT**

1



You will receive a Welcome Email from [telaconsult@ondemandvisit.com](mailto:telaconsult@ondemandvisit.com).

It will contain your username and password



2

Download the TelaConsult app on your phone.

(you can also use the laptop browser link in the email, but your phone works best.)

3

The first time you use TelaConsult, we'll ask your medical history, including any medications you are taking, so have those names handy.

4

If you have problems, call or email  
(512) 861-4134 | [info@TelaConsult.com](mailto:info@TelaConsult.com)  
or contact your benefits administrator at  
[paige.mendez@ebctx.com](mailto:paige.mendez@ebctx.com)



TALK WITH A DOCTOR.  
ANYTIME. ANYWHERE.



# TELEMEDICINE IS FREE FOR Bell Concrete and Lamar Companies TEAM MEMBERS. NO COST!

Bell Concrete/Lamar Companies has partnered with TelaConsult for telemedicine service that provides convenience and peace of mind.

Our doctors help you with non-emergency health issues.  
Examples are:



- ALLERGIES
- MEDICATION REFILLS
- STOMACH TROUBLE
- COLD & FLU
- EAR/NOSE/THROAT
- RESPIRATORY
- HEADACHE
- UTI
- PINK-EYE
- INSECT BITES
- RASHES/SKIN ISSUES

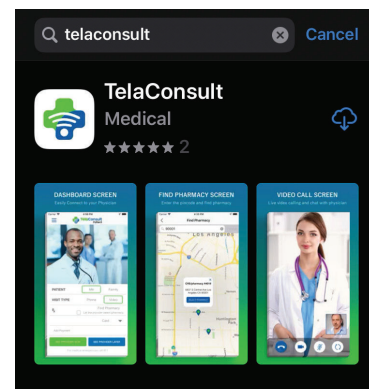


Prescriptions are  
written if needed.



**\*\*TeleConsult is free for everyone in your household, even if they are not on your health plan\*\***

Download the TelaConsult app to your phone or device so that our doctors can serve you anytime, anywhere.





**\$0** DIAGNOSTIC  
IMAGING



**Welcome to Green Imaging!** Your health is important to us and we've contracted with your employer to provide medical imaging services **at no cost to you**. The process couldn't be easier—when you need us, you'll be connected to a Green Imaging **Medical Concierge** who will personally walk you through the entire process.

## Services:

MRI (OPEN & CLOSED)  
CT  
PET  
ULTRASOUND  
MAMMOGRAM  
X-RAY  
BONE DENSITY (DXA)  
NUCLEAR MEDICINE  
ARTHROGRAM  
ECHOCARDIOGRAM



**Scan here to learn more about us!**



## How it Works:

### Scheduling your appointment

#### STEP 1

Have your physician order ready.

##### **Don't have your physician order?**

Ask your doctor to fax us the order at 866.653.0882.

#### STEP 2

**TEXT:** 713.524.9190

Please include your name, your zip code, a picture of your physician order and your **Group Name**:

Your Group Name: **Bell Concrete and Lamar Companies**

##### **Prefer not to text?**

**WEB:** [greenimaging.net/appointments](http://greenimaging.net/appointments)

**CALL:** 844.968.4647

**EMAIL:** [info@greenimaging.net](mailto:info@greenimaging.net)

#### STEP 3

Your Green Imaging Medical Concierge will schedule your procedure and send you a **voucher** for service.

The voucher covers the procedure fee AND the radiologist fee.

### At your appointment

#### STEP 4

At your appointment, show your **Green Imaging voucher**.

You will not have a co-pay, and do not need to show your insurance card. Additionally, you will not be responsible for any bills you may receive in the mail.

### After your appointment

#### STEP 5

The report from your exam will be sent to your referring doctor.

##### **Referring physician has not received your exam report?**

Call us at 713.524.9190.

# HIGHLIGHTS AND INCENTIVES

Available at the following  
Surgery Centers:

NTTC Surgery Center:  
[www.nttcsurgerycenter.com](http://www.nttcsurgerycenter.com)

Oklahoma Surgery Center:  
[www.surgerycenterok.com](http://www.surgerycenterok.com)



## Bundled Surgical Pricing

- ✓ \$0 Out of Pocket
- ✓ Must be a covered health plan benefit
- ✓ Please visit websites for a full list of covered services
- ✓ **MUST USE NTTC OR OKLAHOMA SURGERY CENTER**

Cardiovascular  
Breast  
Nose  
Wrist / Hand  
Urology  
Gynecology  
Gastroenterology  
Pain Treatment  
General Surgery

Hip  
Knee  
Maternity  
Ear  
Foot and Ankle  
Gallbladder  
Fractures  
Hardware Removal  
General Surgery  
Hernia  
Eye





Welcome to the new way to access all the best of the alternative funding marketplace in one place. No more complicated and unclear combinations of outside vendors trying to patch all the holes. VerusPath brings together your standard pharmacy benefits with four unique savings programs:



### PAPath

Direct advocacy assistance for specialty drugs. Members are assisted every step of the way in enrolling in any available foundation support programs. 75%-85% members will get their drug at \$0 to the member and plan.\*



### CAN-Path

Advocate guided access to our partner Canadian Retail Pharmacy. This direct mail order option is managed directly through VerusPath ensuring everything is on the same page and nothing is missed. Access to 1,000's of medications including cold shipped medications like insulins.



### CO-Path

Automatic access to thousands of co-pay assistance cards for both specialty and brand. Our program ensures the member and the plan **BOTH** maximize the savings available with "direct-alert" notifications to members to avoid headaches at the counter.



### MED-Path

Taking the power of the PAPath, CO-Path and CAN-Path enjoyed through the pharmacy benefits and partners directly with ABA to find relief on expensive medications that are billed under the medical coverage.

## Only pay for what you get.

VerusPath is available to groups with no per month, or member fee. A simple 25% of savings charge is assessed for any savings achieved by diverting claims through VerusPath programs. Full detailed, claim by claim reporting and invoicing, combined with your standard PBM data means all the answers in one place.

1221 Merit Drive, Suite 1800  
 Dallas, Texas 75251  
 +1-800-838-0007

[www.verus-rx.com](http://www.verus-rx.com)





**Great news!** Starting 12/1/2022, Bell Concrete and Lamar Companies made enhancements that provide you even greater access to prescription medications. You now have the option to receive certain generic, insulin, and brand name medications, all by mail and all at \$0 copayment!

Through these new options, you will save significant time and money utilizing the Rx 'n Go simple and convenient mail-order program that delivers medications right to your home! **Rx 'n Go and Bell Concrete and Lamar Companies are thrilled to bring you Rx 'n Go covering generic and insulin medications and Rx 'n Go Beyond, covering brand name medications!**

**\$0 COPAYMENT, \$0 SHIPPING COST  
90-DAY SUPPLY OF MEDICATIONS  
OUTSTANDING CUSTOMER SERVICE TEAM**



**Generics = U.S. Based Mail-Order Program**

- ✔ ~1,300 generic maintenance medications for members on the PPO plan covering major, chronic conditions, ~800 on HSA
- ✔ Diabetic medications like insulin, needles & syringes for medications like Lispro, Humalog, Novolog, Levemir are also FREE
- ✔ Medications are shipped to your home from **GoGoMeds** in Southgate, KY in 7 business days

**How do I get my generic medications for free?**

- 1 Check Medication Availability:** Go to [rxngo.com](http://rxngo.com) to check if your generic or insulin medication will be covered.
- 2 Register in Minutes:** If your medication is covered through your employer and plan, register your account with Rx and shipping details.
- 3 Doctor Submits Rx with Auto-Refills:**
  - a. Phone: 888-697-9646
  - b. Fax: 888-697-0646
  - c. Escribe: GoGoMeds

*\*\* Please have 10 days on hand when placing your initial order. You will be placed on automatic refill if you have multiple fills due.*

**QUESTIONS?**

Contact customer service at: **888-697-9646**  
M-F 9am-7pm & Sat 9am-1pm EST  
Email: [pharmacy@gogomeds.com](mailto:pharmacy@gogomeds.com)



**Branded = International Mail-Order Program**

- ✔ ~160 brand name medications for members on the PPO plan, ~110 on HSA plan
- ✔ Rx medications delivered in original branded manufacturing packaging
- ✔ Medications are shipped to your home within 4 weeks from our Canadian pharmacy partner in Winnipeg, CA. Please have 30-days of Rx with initial order

**How do I get my branded medications?**

- 1 Check Medication Availability:** [rxngo.com/beyond/branded-medications](http://rxngo.com/beyond/branded-medications)
- 2 Register in Minutes:** [rxngobeyond.com/sign-up](http://rxngobeyond.com/sign-up)
- 3 Doctor Submits Rx with Refills:**
  - a. Phone: 833-390-1043
  - b. Fax: 833-982-2460
  - c. Mail: Rx 'n Go Beyond  
PO Box 3003 Station Main  
Winnipeg MB R3C 4B5
- 4 New Medication?** If this is your first time taking the branded medication, please request for your doctor to write two prescriptions:
  - a. 30-days to be filled through a US retail pharmacy
  - b. Remaining year to be filled through Rx 'n Go Beyond program for FREE

**QUESTIONS?**

Contact customer service at: **833-390-1043**  
M-F 8am-7pm & Sat-Sun 8am-6pm EST  
Email: [support@rxngobeyond.com](mailto:support@rxngobeyond.com)

**Important!** You will get an email confirmation with tracking information for each order. Only those specific medications covered by each program will be covered 100% of the cost. Any prescriptions received for medications not on each of the respective programs will be returned to you.

See below for the list of BRANDED medications covered through the Rx 'n Go Beyond program.

**\*\*For the full list of GENERIC medications and INSULIN products, please visit [www.rxngo.com](http://www.rxngo.com)\*\***

Aczone Gel 5%	Flovent Diskus 100 Mcg*	Qvar 80 Mcg (Equivalent To 100 Mcg)*
Advair Hfa Inhalation Aerosol 115-21 Mcg/Act*	Flovent Diskus 250 Mcg*	Renvela Oral Tablet 800 Mg
Advair Hfa Inhalation Aerosol 230-21 Mcg/Act*	Flovent Hfa Inhalation Aerosol 44 Mcg/Act*	Restasis Multidose 0.05%
Alrex Eye Drops 0.2%	Flovent Hfa Inhalation Aerosol 110 Mcg/Act*	Rexulti 0.25Mg*
Alvesco Inhaler 80 Mcg*	Flovent Hfa Inhalation Aerosol 220 Mcg/Act*	Rexulti 0.5Mg*
Alvesco Inhaler 160 Mcg*	Genvoya Oral Tablet 150-150-200-10 MG*	Rexulti 1 Mg*
Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 Mcg/Inh*	Gilenya Oral Capsule 0.5 MG	Rexulti 2 Mg*
Arnuity Ellipta 100 Mcg*	Increase Ellipta Inhalation Aerosol Powder Breath Activated 62.5 Mcg/Inh*	Rexulti 3 Mg*
Arnuity Ellipta 200 Mcg*	Invokamet 150Mg/1000Mg*	Rexulti 4 Mg*
Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated 110 Mcg/Inh*	Invokamet 150Mg/500Mg*	Saphris 5 Mg*
Asmanex (60 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 Mcg/Inh*	Invokana Oral Tablet 100 Mg*	Saphris 10 Mg*
Atrivent Hfa 17 Mcg (Equivalent To 20 Mcg)*	Invokana Oral Tablet 300 Mg*	Sensipar Oral Tablet 30 Mg*
Bepreve Eye Drops 1.5%	ISENTRESS 400 MG*	Sensipar Oral Tablet 60 Mg*
Biktarvy 50-200-25	Janumet Oral Tablet 50-1000 Mg*	Sensipar Oral Tablet 90 Mg*
Breo Ellipta Inhalation Aerosol Powder Breath Activated 100-25 Mcg/Inh*	Janumet Oral Tablet 50-500 Mg*	Serevent Diskus Inhalation Aerosol Powder Breath Activated 50 Mcg/Dose*
Breo Ellipta Inhalation Aerosol Powder Breath Activated 200-25 Mcg/Inh*	Janumet Xr Oral Tablet Extended Release 24 Hour 50-500 Mg*	Spiriva Respimat Inhalation Aerosol Solution 2.5 Mcg/Act
Brilinta Oral Tablet 60 Mg*	Janumet Xr Oral Tablet Extended Release 24 Hour 50-1000 Mg*	Stiolto Respimat Inhalation Aerosol Solution 2.5-2.5 Mcg/Act
Brilinta Oral Tablet 90 Mg*	Janumet Xr Oral Tablet Extended Release 24 Hour 100-1000 Mg*	Stribild Oral Tab 150-150-200-300 MG*
Bystolic 2.5 Mg*	Januvia 25 Mg*	Symbicort Inhaler/Turbohaler 80 Mcg/4.5 Mcg (Equivalent To 100 Mcg/6 Mcg)*
Bystolic 5 Mg*	Januvia 50 Mg*	Symbicort Inhaler/Turbohaler 160 Mcg/4.5 Mcg (Equivalent To 200 Mcg/6 Mcg)*
Bystolic 10 Mg*	Januvia 100 Mg*	Synjardy Xr 5 Mg/1000 Mg*
Bystolic 20 Mg*	Jardiance Oral Tablet 10 Mg*	Synjardy Xr 12.5 Mg/1000 Mg*
Cambia 50 Mg	Jardiance Oral Tablet 25 Mg*	Synjardy Xr 12.5 Mg/500 Mg*
Combigan Eye Drops 0.2%/0.5%	Jentaduetto 2.5Mg/1000Mg*	Tazorac Cream 0.05%
Combipatch 50Mg/140Mg*	Jentaduetto 2.5Mg/500Mg*	Tazorac Cream 0.1%
Combipatch 50Mg/250Mg*	Jentaduetto 2.5Mg/850Mg*	Tazorac Gel 0.05%
Combivent Respimat Inhalation Aerosol Solution 20-100 Mcg/Act	Jublia Topical Solution 10%	Tazorac Gel 0.1%
Descovy Oral Tablet 200-25 MG*	Latuda Oral Tablet 40 Mg*	Tecfidera Oral Capsule DR 240 MG
Dexilant 30 Mg	Latuda Oral Tablet 60 Mg*	Tivicay Oral Tab 10 MG*
Dexilant 60 Mg	Latuda Oral Tablet 80 Mg*	Tivicay Oral Tab 25 MG*
Divigel 0.25 Mg*	Latuda Oral Tablet 120 Mg*	Tivicay Oral Tab 50 MG*
Divigel 0.5 Mg*	Linzess Oral Capsule 72 Mcg	Tradjenta Oral Tablet 5 Mg*
Divigel 1 Mg*	Linzess Oral Capsule 145 Mcg	Travatan Z Ophthalmic Solution 0.004 %Trelegy
Edarbi 40 Mg*	Linzess Oral Capsule 290 Mcg	Ellipta 92 Mcg/55 Mcg/22 Mcg* Trintellix Oral Tablet 5 Mg*
Edarbi 80 Mg*	Lotemax Eye Drops 0.5%	Trintellix Oral Tablet 10 Mg*
Edarbyclor 40 Mg/12.5 Mg*	Lotemax Eye Gel 0.5%	Trintellix Oral Tablet 20 Mg*
Edarbyclor 40 Mg/25 Mg*	Lumigan Ophthalmic Solution 0.01%	Triumeq 600 MG/50 MG/300 MG
Elidel Cream 1%	Multaq Oral Tablet 400 Mg*	Vemlidy 25 Mg
Eliquis Oral Tablet 2.5 Mg*	Myrbetriq Oral Tab ER 24 Hour 25 Mg (30 Tabs)	Vesicare Oral Tablet 5 Mg
Eliquis Oral Tablet 5 Mg*	Myrbetriq Oral Tab ER 24 Hour 25 Mg (90 Tabs)	Vesicare Oral Tablet 10 Mg
Entresto Oral Tablet 24-26 Mg*	Myrbetriq Oral Tab ER 24 Hour 50 Mg (30 Tabs)	Viibryd Oral Tablet 10 Mg*
Entresto Oral Tablet 49-51 Mg*	Myrbetriq Oral Tab ER 24 Hour 50 Mg (90 Tabs)	Viibryd Oral Tablet 20 Mg*
Entresto Oral Tablet 97-103 Mg*	Onglyza 2.5 Mg*	Viibryd Oral Tablet 40 Mg*
Epiduo Gel 0.1%/2.5% (TactuPump)	Onglyza 5 Mg*	Vimovo Oral Tablet Delayed Release 375-20 Mg
Epiduo Forte Gel 0.3%/2.5% (TactuPump)	Orilissa 150 Mg	Vimovo Oral Tablet Delayed Release 500-20 Mg
Farxiga Oral Tablet 5 Mg*	Orilissa 200 Mg	Xarelto Oral Tablet 2.5 Mg*
Farxiga Oral Tablet 10 Mg*	Otezla Oral Tablet 30 Mg	Xarelto Oral Tablet 10 Mg*
Fetzima 20 Mg*	Pradaxa 75 Mg*	Xarelto Oral Tablet 15 Mg*
Fetzima 40 Mg*	Pradaxa 110 Mg*	Xarelto Oral Tablet 20 Mg*
Fetzima 80 Mg*	Pradaxa 150 Mg*	Xigduo Xr 5 Mg/1000 Mg*
Fetzima 120 Mg*	Prezcobix 800-150 MG Tablet	Xiidra Ophthalmic Solution 5%
Finacea Gel 15%	Pulmicort Flexhaler 90 Mcg*	
	Pulmicort Flexhaler 180 Mcg *	
	Qvar 40 Mcg (Equivalent To 50 Mcg)*	

**Note:** Please have 30 days of medication on hand when placing your initial Rx 'n Go Beyond order.

# DENTAL

Maintaining quality dental health is important to your overall wellbeing and preventive dental visits are a key component of maintaining good dental health.

Good Dental health is important to your overall wellbeing. Bell Concrete and Lamar Companies offers its employees a dental plan option through Mutual of Omaha.

## WEEKLY PAYROLL DEDUCTIONS

Employee only	\$7.47
Employee + Spouse	\$15.21
Employee + Child(ren)	\$14.52
Family	\$23.29

## Mutual of Omaha

Summary of Services	In-Network YOU PAY
<b>Deductible (Waived for Preventative)</b>	\$50
Individual Family	3 times individual
<b>Calendar Year Maximum</b>	\$1,500
Preventive	Covered 100%
Basic	Deductible, then covered at 80%
Services	Deductible, then covered at 50%
Major Services - Surgical	Deductible, then covered at 50%
Major Services - Restorative	Deductible, then covered at 50%
Lifetime maximum on orthodontic services	\$1,500 Maximum; Adult and Children





# VISION

Vision insurance can make routine eye care more affordable, especially if you are among the majority of people who wear prescription eyeglasses or contact lenses.

## WEEKLY CONTRIBUTIONS

	Employee
Employee only	\$1.67
Employee + Spouse	\$3.34
Employee + Child(ren)	\$3.82
Family	\$5.89

## Superior Vision Plan

### Summary of Services

### IN-NETWORK

**Routine Eye Exam (per benefit period)**

\$10

**Frames**

\$150 allowance

**Lenses**

1 set every 12 months  
\$25 copay

### Contact Lenses

Medically necessary contacts

covered in full

Elective contact lenses

\$150 allowance

Please see how to find a provider and information on the mobile app on the pages to follow...





## LIFE AND AD&D INSURANCE

Life insurance provides financial protection for you and your family in the event of your death.

### BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Bell Concrete and Lamar Companies provides its eligible employees Basic Life Insurance and Accidental Death and Dismemberment (AD&D) coverage through Mutual of Omaha in the amount of \$20,000 cash benefit. This benefit is paid 100% by Bell Concrete and Lamar Companies.

### EMPLOYEE SUPPLEMENTAL LIFE

You may purchase supplemental life for yourself. Employee coverage is available in any \$10,000 incremental subject to a maximum of five times your annual salary. Coverage is subject to a minimum of \$10,000 and an overall maximum of \$300,000. If you initially become insured after attaining age 70, your benefit is subject to a maximum of \$50,000. When you are first offered this coverage, you can choose a coverage amount up to the guarantee issue of \$100,000 without providing evidence of insurability. If you decline this coverage upon initial eligibility and wish to enroll later, evidence of insurability may be required and may be at your own expense.

If you are a continuing employee, you can increase your coverage amount by \$10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.



# DEPENDENT SUPPLEMENTAL LIFE

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You may purchase supplemental life for your spouse and your dependents. You may elect this dependent life insurance provided you are also enrolled in the Voluntary Life Insurance Program. Spousal coverage is available in any \$5,000 increment subject to a maximum of 100% of your elected life insurance benefit up to \$25,000.

When you are first offered this coverage, you can choose a coverage amount up to 50% of your coverage amount (\$25,000 maximum) for your spouse without providing evidence of insurability.

If you are a continuing employee, you can increase the coverage amount for your spouse by \$5,000 or \$10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.

Dependent coverage is subject to a minimum of \$10,000. Dependent coverage is available to eligible children from 6 months to age 19, or 25 years of age if unmarried and a full-time student with a guaranteed issue amount of \$10,000.

When you are first offered this coverage, you can choose a coverage amount up to 5 times your annual salary or \$100,000 without providing evidence of insurability.

They actually would have to fill out EOI for any spouse increase. Employees can increase by the \$5K or \$10k with no EOI needed at open enrollment, as long as you are under the guarantee issue amount and staying under the guarantee issue with your increase. A spouse will need to complete an EOI for any increase.





# Voluntary Term Life and AD&D Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

**To select your benefit amount and calculate your premium, do the following:**

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (52 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<b>0 - 29</b>	\$0.34	\$0.68	\$1.02	\$1.37	\$1.71	\$2.05	\$2.39	\$2.73	\$3.07	\$3.42
<b>30 - 34</b>	\$0.38	\$0.76	\$1.14	\$1.51	\$1.89	\$2.27	\$2.65	\$3.03	\$3.41	\$3.78
<b>35 - 39</b>	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
<b>40 - 44</b>	\$0.66	\$1.33	\$1.99	\$2.66	\$3.32	\$3.99	\$4.65	\$5.32	\$5.98	\$6.65
<b>45 - 49</b>	\$1.09	\$2.19	\$3.28	\$4.38	\$5.47	\$6.56	\$7.66	\$8.75	\$9.84	\$10.94
<b>50 - 54</b>	\$1.78	\$3.55	\$5.33	\$7.11	\$8.88	\$10.66	\$12.44	\$14.22	\$15.99	\$17.77
<b>55 - 59</b>	\$2.75	\$5.49	\$8.24	\$10.98	\$13.73	\$16.48	\$19.22	\$21.97	\$24.72	\$27.46
<b>60 - 64</b>	\$4.25	\$8.51	\$12.76	\$17.01	\$21.27	\$25.52	\$29.77	\$34.02	\$38.28	\$42.53
<b>65 - 69</b>	\$7.59	\$15.18	\$22.77	\$30.36	\$37.95	\$45.54	\$53.13	\$60.72	\$68.31	\$75.90
<b>70 - 74</b>	\$13.55	\$27.09	\$40.64	\$54.18	\$67.73	\$81.28	\$94.82	\$108.37	\$121.92	\$135.46
<b>75 - 79</b>	\$22.30	\$44.60	\$66.90	\$89.21	\$111.51	\$133.81	\$156.11	\$178.41	\$200.71	\$223.02
<b>80+</b>	\$45.12	\$90.24	\$135.36	\$180.48	\$225.60	\$270.72	\$315.84	\$360.96	\$406.08	\$451.20

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (52 PAYROLL DEDUCTIONS PER YEAR)					
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
<b>0 - 29</b>	\$0.17	\$0.34	\$0.51	\$0.68	\$0.85
<b>30 - 34</b>	\$0.19	\$0.38	\$0.57	\$0.76	\$0.95
<b>35 - 39</b>	\$0.23	\$0.45	\$0.68	\$0.90	\$1.13
<b>40 - 44</b>	\$0.33	\$0.66	\$1.00	\$1.33	\$1.66
<b>45 - 49</b>	\$0.55	\$1.09	\$1.64	\$2.19	\$2.73
<b>50 - 54</b>	\$0.89	\$1.78	\$2.67	\$3.55	\$4.44
<b>55 - 59</b>	\$1.37	\$2.75	\$4.12	\$5.49	\$6.87
<b>60 - 64</b>	\$2.13	\$4.25	\$6.38	\$8.51	\$10.63
<b>65 - 69</b>	\$3.80	\$7.59	\$11.39	\$15.18	\$18.98
<b>70 - 74</b>	\$6.77	\$13.55	\$20.32	\$27.09	\$33.87
<b>75 - 79</b>	\$11.15	\$22.30	\$33.45	\$44.60	\$55.75
<b>80+</b>	\$22.56	\$45.12	\$67.68	\$90.24	\$112.80

ALL CHILDREN PREMIUM TABLE (52 PAYROLL DEDUCTIONS PER YEAR)*	
\$10,000	
\$0.51	

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.



## DISABILITY BENEFITS

Disability insurance provides income protection if you are unable to work due to illness or non-work-related injury.

### SHORT-TERM DISABILITY (STD)

Disability payments equal to 60% of your monthly salary will be paid starting 8 days after you are out of work due to a injury or illness up to a maximum of \$1,500 per month. Please see following page for payroll calculations.





# DISABILITY BENEFITS

## SHORT-TERM DISABILITY (STD)

### VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

WEEKLY PREMIUM CALCULATION		EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i>
List your weekly earnings (Maximum is \$2,500)	\$ _____	\$ <u>769.23</u>
Multiply by the premium factor	<u>0.0085846</u>	<u>0.0085846</u>
Your Estimated Weekly Premium**	\$ _____	\$ <u>6.60</u>

\*\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.





# Financial Protection Accident and Critical Illness

## Accident

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from United of Omaha Life Insurance Company.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work. Benefits and cost on pages to follow.

## Critical Illness

As an active employee of Bell Concrete/Lamar Companies, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through United of Omaha Life Insurance Company.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living. Benefits and cost on the pages to follow.



# FINANCIAL PROTECTION

## ACCIDENT

BENEFITS	AMOUNT
Ambulance	\$200
ER Visit	\$150
CT Scan	\$200
X-ray	\$50
Concussion	\$150
Broken Collarbone	\$300
Follow-Up Visit 1	\$75
Follow-Up Visit 2	\$75
<b>Total Benefit</b>	<b>\$1,200</b>

### Voluntary Accident Premium Rates

The amounts shown below are **WEEKLY** amounts (52 payments / deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.

COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	\$2.39 (\$0.34 per day)
Employee/Member + Spouse	\$3.47 (\$0.49 per day)
Employee/Member + Child(ren)	\$5.13 (\$0.73 per day)
Employee/Member + Family	\$6.57 (\$0.94 per day)

Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.





# FINANCIAL PROTECTION

## CRITICAL ILLNESS

BENEFIT CATEGORY <sup>1</sup>	CONDITION	% OF CI PRINCIPAL SUM	
Heart/Circulatory/Motor Function	Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's	100%	
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	25%	
Organ	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure	100%	
	Acute Respiratory Distress Syndrome (ARDS)	25%	
Childhood/Developmental <small>*benefits only available to children</small>	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	100%	
Cancer	Cancer (Invasive)	100%	
	Bone Marrow Transplant	50%	
	Carcinoma in Situ, Benign Brain Tumor	25%	
COVERAGE GUIDELINES <sup>2</sup>			
	MINIMUM	MAXIMUM	GUARANTEE ISSUE <sup>3</sup>
For You Elect in \$5,000 increments	\$5,000	\$20,000	\$20,000
Spouse Elect in \$5,000 increments	\$5,000	100% of employee's CI Principal Sum, up to \$20,000	\$20,000
Child(ren) <small>*benefit for each child</small>	50% of employee's CI Principal Sum, up to \$10,000		\$10,000
ADDITIONAL BENEFITS			
Policy Benefit Maximum	The maximum payout amount is 400% of the CI Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy.		
Health Screening Benefit	Pays a flat, annual benefit of \$50 for a health screening test.		
Additional Occurrence Benefit	Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person.		
Reoccurrence Benefit	The reoccurrence benefit is equal to 100% of the Critical Illness principal sum.		
Portability	When insurance ends, you have the right to continue group Critical Illness insurance for yourself and your dependents.		
CONDITIONS & LIMITATIONS			
Age Reductions	When you turn age 70, the original amount of insurance will reduce to 50% for both you and your spouse.		
Benefit Waiting Period	There is no benefit waiting period.		



# FINANCIAL PROTECTION

## CRITICAL ILLNESS

VOLUNTARY CRITICAL ILLNESS EMPLOYEE OR SPOUSE PREMIUM RATES (52 PAYROLL DEDUCTIONS PER YEAR)				
Age	\$5,000	\$10,000	\$15,000	\$20,000
0 - 29	\$0.53	\$1.06	\$1.59	\$2.12
30 - 39	\$0.96	\$1.92	\$2.87	\$3.83
40 - 49	\$2.17	\$4.34	\$6.51	\$8.68
50 - 59	\$4.81	\$9.62	\$14.43	\$19.25
60 - 69	\$10.38	\$20.77	\$31.15	\$41.54
70 - 79	\$19.41	\$38.82	\$58.22	\$77.63
80+	\$26.34	\$52.68	\$79.03	\$105.37

Child dependent coverage is offered at no additional cost.

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

### Are there any limitations or exclusions?

Benefits are not payable for any Critical Illness that:

- Is diagnosed prior to the effective date of insurance under the Policy for the Insured Person
- Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
- Results from an act of declared or undeclared war or armed aggression
- Is incurred while the insured person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable
- Results from illegal activities, including participation in an illegal occupation
- Is the result of the voluntary use of illegal drugs by an insured person; the intentional misuse of over the counter medication or prescription drugs by an insured person that is not in accordance with recommended dosage and/or warning instruction(s); or the excessive or harmful use of alcohol and/or alcoholic drinks by an insured person
- Is diagnosed outside of the United States

All exclusions may not be applicable, or may be adjusted, as required by state regulations.





## › Find a Provider

It's Fast and Easy to Find a Dentist with  
Our Online Provider Directory



With our dental insurance, you have complete freedom to select the dentist of your choice either in network\* or out of network. However, you'll enjoy greater savings by selecting a dentist who is part of the network. The network currently has thousands of dentists nationwide, so chances are good there's a participating dentist near you.

1. Go to [MutualofOmaha.com/dental](https://MutualofOmaha.com/dental)
2. Click on the "Member Portal Link" and select "Provider Quick Search"
3. Enter your ZIP code or address to find a provider near you
4. Optional search criteria include:
  - Specialty
  - Provider last name
  - Office name

If you have questions or need additional assistance during business hours, contact our service team at (800) 927-9197.

# Superior Select Southwest FINDING IN-NETWORK PROVIDERS



## It's Easy to Find a Superior Provider

### Find an In-Network Provider Near You

- Go to SuperiorVision.com and click on Locate a Provider.
- On the next screen, enter your location information.
- Select **Insurance Through Your Employer** as your coverage type.
- A drop-down menu will appear. Select the **Superior Select Southwest** network.
- Then, choose the distance for your search and click the Find Providers button.

A screenshot of the 'LOCATE A PROVIDER NEAR YOU' search form. The form has a header with a photo of a man and a boy looking at a laptop. Below the header, there are two columns. The left column is titled 'Get Started' and contains a 'Location' field with a placeholder 'Enter Address or ZIP Code or City', a 'Coverage Type' dropdown menu with 'Choose Your Coverage Type' selected, and a 'Distance' dropdown menu with '10 miles' selected. A green 'Find Providers' button is at the bottom of this column. A red arrow points to the button. The right column is titled 'Look Before You Go' and contains a blue box with white text providing instructions and disclaimers. A small asterisk indicates that fields with a red dot are required.

### Narrow Your Search Results

On the search results page, you can refine your search by:

- Practice name
- Provider name
- Selecting from a list of services

### Once You've Selected a Superior Vision Provider

- Call your selected eye care provider prior to your appointment to verify provider network participation and to confirm services and acceptance of your vision plan.
- It's important to note that not all providers at each office or optical store location are in-network providers, nor do they participate in all networks.

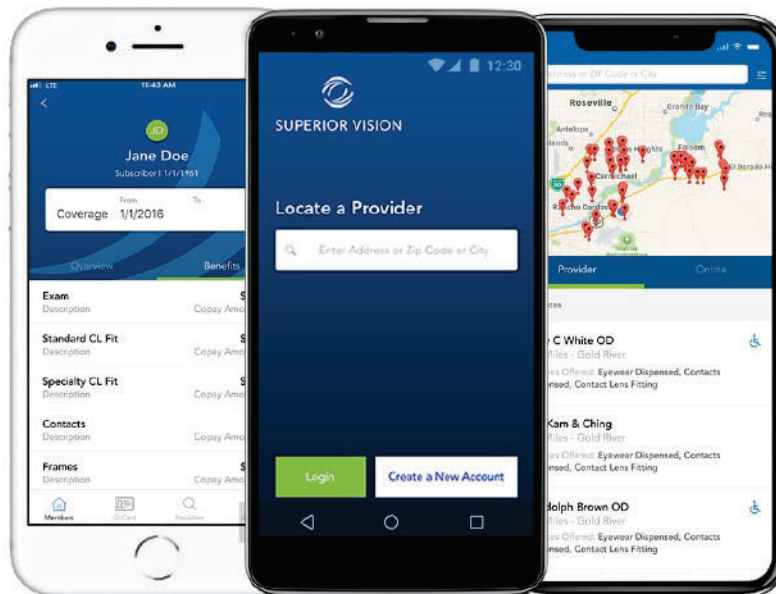
A screenshot of the 'Refine Your Search' form. It has a title 'Refine Your Search' and two input fields: 'Practice Name' and 'Provider Name', each with a checkbox to its left. Below these fields is a section titled 'Services' with a list of checkboxes: 'Routine Vision Exam', 'Eyewear Dispensed', 'Contacts Dispensed', 'Contact Lens Fitting', 'Medical Vision Exam', 'Medical/Surgical', and 'Refractive Surgery'.

You may also contact Customer Service at [contactus@superiorvision.com](mailto:contactus@superiorvision.com) or 800.507.3800 for assistance in locating an in-network provider.

# INTRODUCING THE SUPERIOR VISION MOBILE APP



## DOWNLOAD THE SUPERIOR VISION APP TO YOUR PHONE



### CREATE AN ONLINE ACCOUNT

Log in with the username and password you use to access your Member account on SuperiorVision.com, or you can create an account in the app.

### VIEW YOUR VISION BENEFITS

- Review your vision benefits and the benefits for any dependents
- See when you are eligible for services

### LOCATE A PROVIDER

- Find a provider in your network
- Get directions
- Call the provider

### GET YOUR MEMBER ID CARD

- View your ID card full screen
- Print or email your ID card



SuperiorVision.com



**SUPERIOR VISION**

See yourself healthy.



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**If you have any questions, please contact:**

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