


2022 Employee Benefits Guide



CARROLL

Administered by:  ALLIED

CARROLL Benefits Program

Good health starts with great medical plan options. At CARROLL, we are pleased to offer a competitive, affordable employee benefit program to our employees and their families.

We have prepared this Employee Benefits Guide to help you understand and evaluate your medical benefit options. It is important to take the time to review this information, consider your coverage needs and compare your options before making your election.

If you have any questions relating to the contents of this guide, please do not hesitate to contact Your Human Resources Department.

Inside This Guide

- Getting started: What you need to know before you enroll
- Health Coverage Terms to Know
- Medical Plan Options
- Provider Network
- Allied Member Portal
- Who to Contact

Getting Started:

What you need to know before you enroll

Who is eligible?

Employees:

Full-time employees of CARROLL who are regularly scheduled to work at least 30 hours per week are eligible to participate in the CARROLL employee benefit plans on the first of the month coinciding with or after your hire date.

Dependents:

- + Your legal spouse.
- + Your dependent child(ren) up to age 26, regardless of student or marital status, or other coverage options.
- + Your unmarried, disabled dependent children of any age (you may be required to provide proof of disability).

When am I eligible to enroll?

New hires:

First of the month after your hire date.

Why is this important?

Once your elections are made, you will be committed to that plan until the next open enrollment period or a qualifying life event.

What if I need to make changes during the year?

You can change your benefit elections mid-plan year only if you have a Qualified Life Event, which include:

1. Birth or adoption of a child
2. Marriage, divorce, or legal separation
3. You or your dependent turning 26 and losing coverage
4. Change in employment status for you or your spouse that results in a gain or loss of benefits.

If you have a Qualified Life Event and want to make benefit changes during the year, you must submit appropriate notification within 30 days of the qualified event.



Health Coverage Terms to Know

When choosing a health plan, you may run across terms and phrases that are unfamiliar to you. Understanding these common health coverage terms can help as you decide on coverage for the coming year.

1. Premium

Your premium, also known as your employee contribution, is the amount you pay for health care coverage, and is deducted from your paycheck.

2. Deductible

Your deductible is what you pay up-front for care and is a set amount for the year. For most services, you will have to pay the full cost until you hit your deductible amount. After that, your health plan kicks in and shares costs for the rest of the year.

3. Copay

A copay is a fixed amount that you pay when you receive care.

How this works with your deductible: Typically, you don't need to meet your deductible for the copay amount to apply, and the money you spend on copays doesn't count toward your deductible.

For example: If your plan has a \$20 copay for every in-network specialist visit, you will owe \$20 when you go in for your visit.

4. Coinsurance

Coinsurance is a varying amount that you pay when you receive care and is calculated as a percentage of the allowed amount for a service.

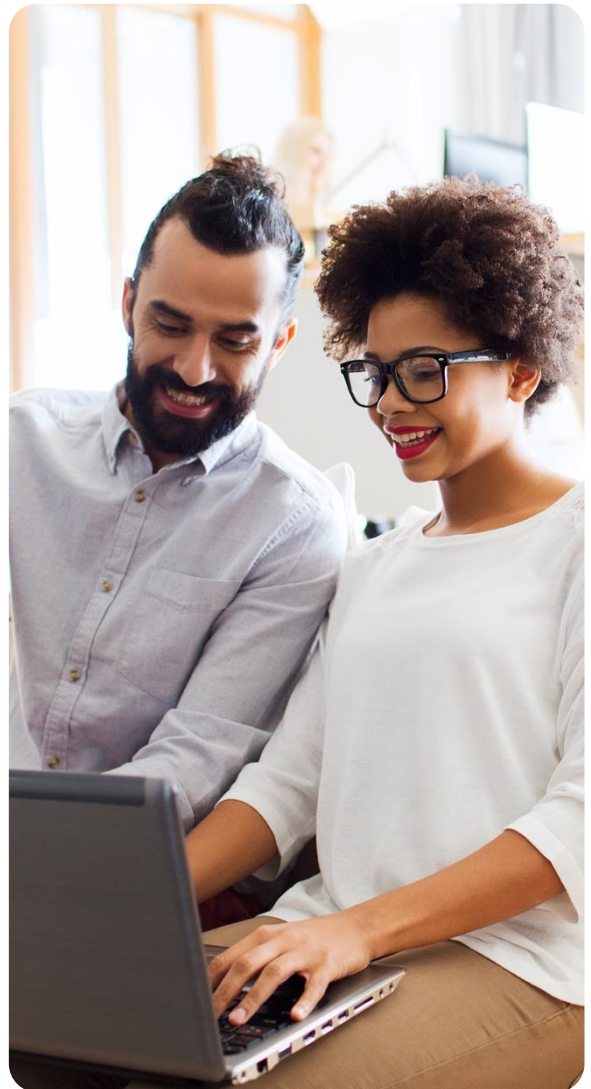
How this works with your deductible: Typically, coinsurance doesn't kick in until you've met your deductible.

For example: You've met your deductible of \$1,000. If your plan has a 10% coinsurance for every in-network specialist visit, and your recent visit is \$100, you will owe \$10.

5. Out-Of-Pocket Maximum

The out-of-pocket maximum is the most you'll pay for care during your plan year before your health insurance begins to pay 100 percent of any allowed amounts.

It's important to note that this amount does NOT include your premium, balance-billed charges, or healthcare services your plan doesn't cover



Your Health Plan Administrator



Life is unexpected, but your health care coverage shouldn't be.

Allied is committed to helping you and your family make the most of your benefits all year round. With access to on-demand tools and one-on-one customer service support, Allied makes it easy to manage your benefits and stay on track towards a healthier you.

Manage your benefits at-home or on-the-go

Allied's online member portal allows you to manage your benefits at any time from any device. Simply log in at alliedbenefit.com to:

- Access your digital ID card
- Look up claims and deductible progress
- Review your benefits, copays and coinsurance amounts
- Pull up your customized Personal Health Record (PHR)
- Find and schedule appointments with high-quality, affordable doctors using the Smart Match Provider Navigation tool



Expert advice, just a phone call away

When you need help, **Allied's Member Services** team is ready to answer any and all questions, including:

- Help submitting claims, or understanding your medical bills
- Verify your benefits and coverage details directly with your providers
- Find in-network providers
- Navigate your benefits and tools through your online member portal

Call 800-288-2078

Monday-Thursday, 7:30 am to 7:00 pm CT

Friday 8:00 am to 5:00 pm CT

Saturday 9:00 am to 12:00 pm CT

2022 SUMMARY OF BENEFITS

Platinum \$750 Plan PHCS

The below chart provides a cost and coverage overview of your plan. Please note, this summary chart presents only the highlights of your medical benefits coverage. It is not intended to take the place of the official medical plan documents. For more detailed information regarding your medical coverage, please visit your Allied Member Portal or contact your HR manager. The amounts are based on what you pay.

| Key Features | In-Network | Out-of-Network | |
|---|---|--|----------------------------|
| Deductible per Calendar Year | \$750 Just You \$1,500 You + Family | \$2,000 Just You \$4,000 You + Family | |
| Out-of-Pocket Maximum per Calendar Year | \$5,000 Just You \$10,000 You + Family | \$12,000 Just You \$24,000 You + Family | |
| Coinsurance | 20% | 40% | |
| Physician Services | | | |
| Annual Preventive Care Visit | 100%, deductible waived | 40% | |
| Physician Office Visit | \$30 Copay, deductible waived | 40% | |
| Specialist Office Visit | \$60 Copay, deductible waived | 40% | |
| Physical & Occupational Therapy - maximum visits per year: 20 | \$30 Copay, deductible waived | 40% | |
| Speech Therapy - maximum visits per year: 20 | \$30 Copay, deductible waived | 40% | |
| Chiropractic Therapy - maximum visits per year: 20 | \$30 Copay, deductible waived | 40% | |
| X-Rays / Lab Diagnostics | 20% | 40% | |
| Complex Imaging (MRI, PET, and CT scans) | 20% | 40% | |
| Urgent Care | \$75 Copay, deductible waived | 40% | |
| Hospital Services | 20% | 40% | |
| Emergency Room Services | \$250 Copay, deductible waived | Paid Same as in-network | |
| Prescription Drug Services | Generic | Brand | Non-Preferred Brand |
| 30-day supply | \$10 Copay | \$35 Copay | \$60 Copay |
| 90-day supply (mail order only) | \$25 Copay | \$87.50 Copay | \$150 Copay |
| Lifetime Maximum | Unlimited | | |

2022 SUMMARY OF BENEFITS

Platinum \$750 Plan Cigna

The below chart provides a cost and coverage overview of your plan. Please note, this summary chart presents only the highlights of your medical benefits coverage. It is not intended to take the place of the official medical plan documents. For more detailed information regarding your medical coverage, please visit your Allied Member Portal or contact your HR manager. The amounts are based on what you pay.

| Key Features | In-Network | Out-of-Network | |
|---|---|--|----------------------------|
| Deductible per Calendar Year | \$750 Just You \$1,500 You + Family | \$2,000 Just You \$4,000 You + Family | |
| Out-of-Pocket Maximum per Calendar Year | \$5,000 Just You \$10,000 You + Family | \$12,000 Just You \$24,000 You + Family | |
| Coinsurance | 20% | 40% | |
| Physician Services | | | |
| Annual Preventive Care Visit | 0%, deductible waived | 40% | |
| Physician Office Visit | \$30 Copay, deductible waived | 40% | |
| Specialist Office Visit | \$60 Copay, deductible waived | 40% | |
| Physical & Occupational Therapy - maximum visits per year: 20 | \$30 Copay, deductible waived | 40% | |
| Speech Therapy - maximum visits per year: 20 | \$30 Copay, deductible waived | 40% | |
| Chiropractic Therapy - maximum visits per year: 20 | \$30 Copay, deductible waived | 40% | |
| X-Rays / Lab Diagnostics | 20% | 40% | |
| Complex Imaging (MRI, PET, and CT scans) | 20% | 40% | |
| Urgent Care | \$75 Copay, deductible waived | 40% | |
| Hospital Services | 20% | 40% | |
| Emergency Room Services | \$250 Copay, deductible waived | Paid Same as in-network | |
| Prescription Drug Services | Generic | Brand | Non-Preferred Brand |
| 30-day supply | \$10 Copay | \$35 Copay | \$60 Copay |
| 90-day supply (mail order only) | \$25 Copay | \$87.50 Copay | \$150 Copay |
| Lifetime Maximum | Unlimited | | |

2022 SUMMARY OF BENEFITS

Gold \$2,000 Plan PHCS

The below chart provides a cost and coverage overview of your plan. Please note, this summary chart presents only the highlights of your medical benefits coverage. It is not intended to take the place of the official medical plan documents. For more detailed information regarding your medical coverage, please visit your Allied Member Portal or contact your HR manager. The amounts are based on what you pay.

| Key Features | In-Network | Out-of-Network | |
|---|---|--|----------------------------|
| Deductible per Calendar Year | \$2,000 Just You \$4,000 You + Family | \$4,000 Just You \$8,000 You + Family | |
| Out-of-Pocket Maximum per Calendar Year | \$6,350 Just You \$12,700 You + Family | \$12,000 Just You \$24,000 You + Family | |
| Coinsurance | 30% | 40% | |
| Physician Services | | | |
| Annual Preventive Care Visit | 100%, deductible waived | 40% | |
| Physician Office Visit | \$45 Copay, deductible waived | 40% | |
| Specialist Office Visit | \$80 Copay, deductible waived | 40% | |
| Physical & Occupational Therapy - maximum visits per year: 20 | \$45 Copay, deductible waived | 40% | |
| Speech Therapy - maximum visits per year: 20 | \$45 Copay, deductible waived | 40% | |
| Chiropractic Therapy - maximum visits per year: 20 | \$45 Copay, deductible waived | 40% | |
| X-Rays / Lab Diagnostics | 30% | 40% | |
| Complex Imaging (MRI, PET, and CT scans) | 30% | 40% | |
| Urgent Care | \$100 Copay, deductible waived | 40% | |
| Hospital Services | 30% | 40% | |
| Emergency Room Services | \$400 Copay, deductible waived | Paid Same as in-network | |
| Prescription Drug Services | Generic | Brand | Non-Preferred Brand |
| 30-day supply | \$10 Copay | \$35 Copay | \$60 Copay |
| 90-day supply (mail order only) | \$25 Copay | \$87.50 Copay | \$150 Copay |
| Lifetime Maximum | Unlimited | | |

2022 SUMMARY OF BENEFITS

Gold \$2,000 Plan Cigna

The below chart provides a cost and coverage overview of your plan. Please note, this summary chart presents only the highlights of your medical benefits coverage. It is not intended to take the place of the official medical plan documents. For more detailed information regarding your medical coverage, please visit your Allied Member Portal or contact your HR manager. The amounts are based on what you pay.

| Key Features | In-Network | Out-of-Network | |
|---|---|--|----------------------------|
| Deductible per Calendar Year | \$2,000 Just You \$4,000 You + Family | \$4,000 Just You \$8,000 You + Family | |
| Out-of-Pocket Maximum per Calendar Year | \$6,350 Just You \$12,700 You + Family | \$12,000 Just You \$24,000 You + Family | |
| Coinsurance | 30% | 40% | |
| Physician Services | | | |
| Annual Preventive Care Visit | 0%, deductible waived | 40% | |
| Physician Office Visit | \$45 Copay, deductible waived | 40% | |
| Specialist Office Visit | \$80 Copay, deductible waived | 40% | |
| Physical & Occupational Therapy - maximum visits per year: 20 | \$45 Copay, deductible waived | 40% | |
| Speech Therapy - maximum visits per year: 20 | \$45 Copay, deductible waived | 40% | |
| Chiropractic Therapy - maximum visits per year: 20 | \$45 Copay, deductible waived | 40% | |
| X-Rays / Lab Diagnostics | 30% | 40% | |
| Complex Imaging (MRI, PET, and CT scans) | 30% | 40% | |
| Urgent Care | \$100 Copay, deductible waived | 40% | |
| Hospital Services | 30% | 40% | |
| Emergency Room Services | \$400 Copay, deductible waived | Paid Same as in-network | |
| Prescription Drug Services | Generic | Brand | Non-Preferred Brand |
| 30-day supply | \$10 Copay | \$35 Copay | \$60 Copay |
| 90-day supply (mail order only) | \$25 Copay | \$87.50 Copay | \$150 Copay |
| Lifetime Maximum | Unlimited | | |

2022 SUMMARY OF BENEFITS

Silver HDHP \$4,000 Plan PHCS

The below chart provides a cost and coverage overview of your plan. Please note, this summary chart presents only the highlights of your medical benefits coverage. It is not intended to take the place of the official medical plan documents. For more detailed information regarding your medical coverage, please visit your Allied Member Portal or contact your HR manager. The amounts are based on what you pay.

| Key Features | In-Network | Out-of-Network | |
|---|---|--|------------------------------|
| Deductible per Calendar Year | \$4,000 Just You \$8,000 You + Family | \$8,000 Just You \$16,000 You + Family | |
| Out-of-Pocket Maximum per Calendar Year | \$6,350 Just You \$12,700 You + Family | \$12,000 Just You \$24,000 You + Family | |
| Coinsurance | 20% | 40% | |
| Physician Services | | | |
| Annual Preventive Care Visit | 0%, deductible waived | 40% after deductible | |
| Physician Office Visit | 20% after deductible | 40% after deductible | |
| Specialist Office Visit | 20% after deductible | 40% after deductible | |
| Physical & Occupational Therapy - maximum visits per year: 20 | 20% after deductible | 40% after deductible | |
| Speech Therapy - maximum visits per year: 20 | 20% after deductible | 40% after deductible | |
| Chiropractic Therapy - maximum visits per year: 20 | 20% after deductible | 40% after deductible | |
| X-Rays / Lab Diagnostics | 20% after deductible | 40% after deductible | |
| Complex Imaging (MRI, PET, and CT scans) | 20% after deductible | 40% after deductible | |
| Urgent Care | 20% after deductible | 40% after deductible | |
| Hospital Services | 20% after deductible | 40% after deductible | |
| Emergency Room Services | 20% after deductible | Paid Same as in-network | |
| Prescription Drug Services | Generic | Brand | Non-Preferred Brand |
| 30-day supply | \$10 Copay after deductible | \$35 Copay after deductible | \$60 Copay after deductible |
| 90-day supply (mail order only) | \$25 Copay after deductible | \$87.50 Copay after deductible | \$150 Copay after deductible |
| Lifetime Maximum | Unlimited | | |

2022 SUMMARY OF BENEFITS

Silver HDHP \$4,000 Plan Cigna

The below chart provides a cost and coverage overview of your plan. Please note, this summary chart presents only the highlights of your medical benefits coverage. It is not intended to take the place of the official medical plan documents. For more detailed information regarding your medical coverage, please visit your Allied Member Portal or contact your HR manager. The amounts are based on what you pay.

| Key Features | In-Network | Out-of-Network | |
|---|---|--|------------------------------|
| Deductible per Calendar Year | \$4,000 Just You \$8,000 You + Family | \$8,000 Just You \$16,000 You + Family | |
| Out-of-Pocket Maximum per Calendar Year | \$6,350 Just You \$12,700 You + Family | \$12,000 Just You \$24,000 You + Family | |
| Coinsurance | 20% | 40% | |
| Physician Services | | | |
| Annual Preventive Care Visit | 0%, deductible waived | 40% after deductible | |
| Physician Office Visit | 20% after deductible | 40% after deductible | |
| Specialist Office Visit | 20% after deductible | 40% after deductible | |
| Physical & Occupational Therapy - maximum visits per year: 20 | 20% after deductible | 40% after deductible | |
| Speech Therapy - maximum visits per year: 20 | 20% after deductible | 40% after deductible | |
| Chiropractic Therapy - maximum visits per year: 20 | 20% after deductible | 40% after deductible | |
| X-Rays / Lab Diagnostics | 20% after deductible | 40% after deductible | |
| Complex Imaging (MRI, PET, and CT scans) | 20% after deductible | 40% after deductible | |
| Urgent Care | 20% after deductible | 40% after deductible | |
| Hospital Services | 20% after deductible | 40% after deductible | |
| Emergency Room Services | 20% after deductible | Paid Same as in-network | |
| Prescription Drug Services | Generic | Brand | Non-Preferred Brand |
| 30-day supply | \$10 Copay after deductible | \$35 Copay after deductible | \$60 Copay after deductible |
| 90-day supply (mail order only) | \$25 Copay after deductible | \$87.50 Copay after deductible | \$150 Copay after deductible |
| Lifetime Maximum | Unlimited | | |

Find a Health Care Provider



Through your Allied health plan, you have access to the PHCS provider network of doctors, hospitals, and facilities. The PHCS network offers you:

- **Choice** – Broad access to more than 4,800 hospitals, nearly 92,000 ancillary care facilities, and 920,000 healthcare professionals.
- **Savings** – Negotiated discounts that result in significant cost savings for you when you visit in-network providers, helping you to maximize your benefits. A PHCS logo on your health insurance card tells both you and your provider that a PHCS discount applies.
- **Quality** – MultiPlan applies rigorous criteria when credentialing providers for participation in the PHCS Network, so you can be assured you are choosing your healthcare provider from a high-quality network.

How to Find a PHCS Network Provider

By Phone: Call 888-733-9582 Monday through Friday from 8 a.m. to 8 p.m. (Eastern Time) and identify yourself as a health plan participant accessing the PHCS Network.

Online: You may also search online at www.multiplan.com:

1. Click on “Find a Provider” at the top of the page.
2. After acknowledging you have read the disclaimer at the bottom of the screen, click on the green “Select Network” button.
3. When selecting your network, choose “PHCS,” then “I don’t see any of these statements,” and “Front.”
4. Enter one of the search criteria suggested in the search box to begin your search
5. If your browser settings don’t allow your location to be detected, enter a zip code.

Before Your Appointment

It is your responsibility to confirm your providers’ continued participation in the PHCS Network and accessibility under your benefit plan. Please also be sure to follow any preauthorization procedures required by your plan (usually a telephone number on your ID card). In addition, to ensure proper handling of your claim, always present your current benefits ID card upon arrival at your appointment.

If You Need Assistance

If you have issues when scheduling appointments with PHCS Network providers, call **PHCS at 888-733-9582**.

If you have questions about your benefits or claims status, please call **Allied Member Services at 800-288-2078**.

Find a Health Care Provider



Through your health plan, you have access to the Cigna network of doctors, hospitals, and facilities. Cigna is a national network with over 1 million health care professionals and more than 6,300 facilities, offering you a range of quality choices to help you stay healthy. With this access, you will be guaranteed lower copays and coinsurance when you receive care from an in-network provider versus one that is out-of-network.

Steps to finding a Cigna Network provider

1. Go to alliedbenefit.com/ProviderNetworks and select “Cigna.”
2. Click on “Find a Doctor, Dentist, or Facility.”
3. Choose “Employer or School.”
4. Enter the geographic location you want to search and select the search type.
5. Select “Continue as guest.”
6. Fill in the “I Live in” field and click “Continue.”
7. Select plan option “Open Access Plus, OA plus, Choice Fund OA Plus.”



In-Network vs. Out: What’s the difference?

To help you save money, your health plan provides access to a network of providers. These include:

- Doctors
- Hospitals
- Labs
- Radiology centers
- Surgical centers

To be a part of the plan’s network, these doctors and facilities must meet certain credential requirements and agree to accept a discounted rate for covered services under the health plan. These health care professionals are considered “in-network.”

If a doctor or facility has no contract with Cigna, they are considered “out-of-network” and can charge you full price. It’s usually much higher than the in-network discounted rate.

Why out-of-network care often costs more

You're probably being charged full price.

We don't have a contracted relationship with out-of-network doctors and facilities. So, we can't control what they charge for their services. And their rates may be higher than the discounted "in-network" rate.

You may be billed for the difference between the doctor's bill and what your plan will pay.

Many health plans list an amount that is the most they'll pay for a certain service received out-of-network. If the doctor or facility charges more than your plan is willing to pay, you pay the difference. In-network doctors and facilities have agreed not to do that.

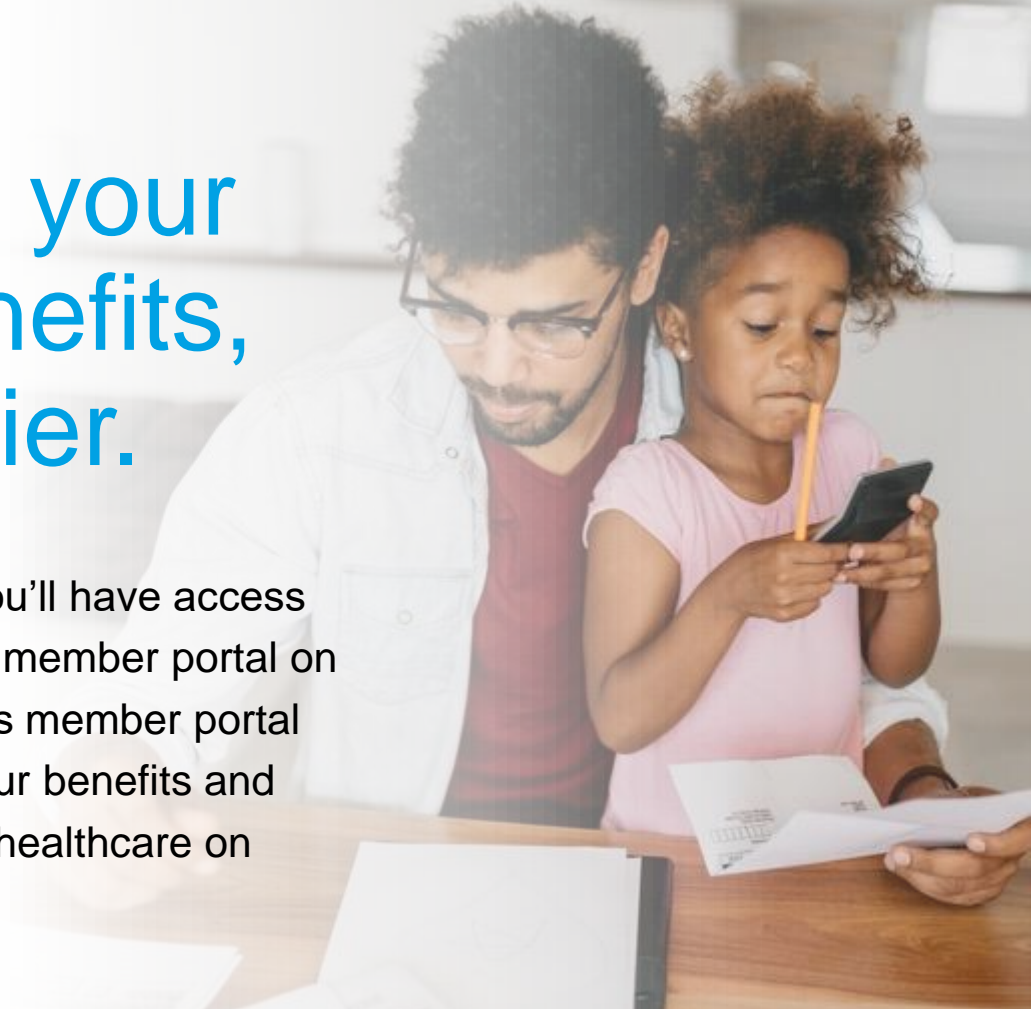
Your share of costs is different – and usually higher:

When you use a doctor or facility that is out-of-network, your deductible and other out-of-pocket costs may be much higher than the in-network cost. Review your plan materials for details on your specific medical plan.



Managing your health benefits, made easier.

Once you are enrolled, you'll have access to your own personalized member portal on AlliedBenefit.com. Allied's member portal allows you to navigate your benefits and proactively manage your healthcare on your own time.



Simply log in at **alliedbenefit.com** to:

- Manage your claims
- Check your deductible status
- Review your benefits, copays and coinsurance amounts
- Get a digital copy of your insurance card
- And much more...

Visit alliedbenefit.com/Members **or** scan the QR code to register your account.



Contact Us

Call 800-288-2078

Monday-Thursday, 7:30 am to 7:00 pm CT

Friday 8:00 am to 5:00 pm CT

Saturday 9:00 am to 12:00 pm CT

