Employee Benefit **Enrollment** Guide



Plan year: April 1st, 2023 - March 31st, 2024





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PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

<u>Gator Grading & Paving, LLC</u> strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Employee Benefit Enrollment Guide, which will provide you a high-level overview of the benefits being offered.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits **Gator Grading & Paving, LLC** offers, so you can identify which offerings are best for you and your family.

The complete plan year is from April 1st 2023 through March 31st 2024. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to your Human Resources Department.

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Who is eligible?

If you're a full-time employee at <u>Gator Grading & Paving, LLC</u>, and you have fulfilled your Benefit Waiting Period you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. Your Benefit Waiting Period is 60 days, with your benefits beginning the first of the month following. In addition, your spouse and dependent children are eligible for most all coverages.

How to enroll?

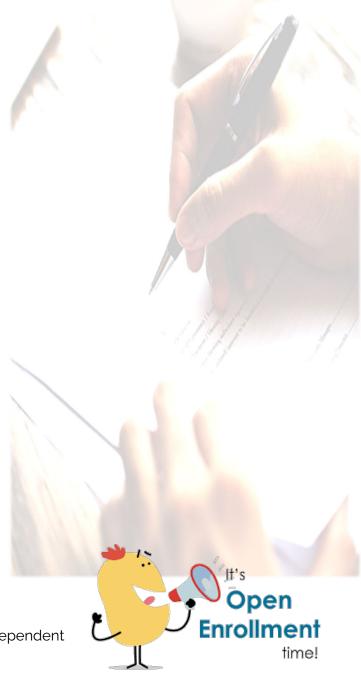
Please complete **a Paper Form** provided by HR for enrollment. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

When to enroll and make changes?

New Hires are eligible for benefits after the Benefit Waiting Period. Current employees can elect to make any changes during the annual open enrollment period that usually occurs in March. Changes go into effect April 1st. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

Outside of Open Enrollment, unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence out of state
- Change in employment status or a change in coverage under another employersponsored plan



MEDICAL INSURANCE

Gator Grading & Paving, LLC offers group medical coverage through our carrier partner **FloridaBlue**. There are now three plans to choose from. Visit **www.floridablue.com** to locate in-network providers near you. The table below provides an overview of the plans. Refer to the plan documents from FloridaBlue for complete plan information.

In-Network Coverage	Plan 1: 54	Plan 2: 05302	Plan 3: 60	
Network	BlueCare HMO	BlueOptions PPO	BlueCare HMO	
Deductible (Individual/Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$500 / \$1,000	
Coinsurance	Coinsurance 30%		20%	
Out-of-Pocket Max (Individual/Family)	\$6,350 / \$12,700	\$6,350 / \$12,700	\$3,500 / \$7,000	
Preventive Care	No Charge	No Charge	No Charge	
Teladoc Virtual Visit	No Charge	No Charge	No Charge	
Primary Care Visit	\$30 Copay	\$30 Copay	\$25 Copay	
Specialist Visit	\$55 Copay	\$55 Copay	\$45 Copay	
Teladoc Virtual Visit	No Charge	No Charge	No Charge	
Value Choice Primary Care / Specialist	\$0 / \$20	\$0 / \$20	\$0 / \$20	
Inpatient Hospital Facility	Ded, then 30%	Ded, then 30%	\$325 per day up to \$1,625 max	
Outpatient Surgery Facility	Ded, then 30%	Ded, then 30%	\$200 Copay	
Labwork at Quest	No Charge	No Charge	No Charge	
Xrays / Ultrasounds	\$65 Copay	Ded, then 30%	\$45 Copay	
Advanced Imaging (CT, PET, MRI)	Doctor Office: \$300 Testing Center: \$200	Ded, then 30%	Doctor Office: \$125 Testing Center: \$80	
Emergency Room	\$300 Copay	\$350 Copay	\$100 Copay	
Urgent Care Center	\$85 Copay	\$60 Copay	\$45 Copay	
Out-of-Network				
Benefits:	None unless Emergency	Ded: \$10,000 / \$30,000 Coinsurance: 50% Out of Pocket Max: \$20,000/\$40,000	None unless Emergency	
Network Notes Must be FL Resident No Referrals Necessary Primary Care Required		Nationwide Network No Referrals Required No Primary Care Required	Must be FL Resident No Referrals Necessary Primary Care Required	
Prescriptions				
Retail Prescription Medications	\$10 / \$50 / \$80/ 20%	\$10 / \$50 / \$80/ 20%	\$10 / \$30 / \$50	
Mail-Order Prescriptions	\$25 / \$125 / \$200	\$25 / \$125 / \$200	\$25 / \$75 / \$125	

MEDICAL INSURANCE

Employee Pre-Tax Weekly Payroll Deductions

	Plan 1: 54	Plan 2: 05302	Plan 3: 60
Employee Only	\$54.81	\$63.76	\$78.32
Employee + Spouse	\$195.13	\$215.53	\$248.73
Employee + Child(ren)	\$164.43	\$182.33	\$211.45
Employee + Family	\$295.98	\$324.62	\$371.21

Save money on your care!



Virtual Visits with Teladoc vs. Office Visits. Teladoc gives you access to a national network of doctors by phone or video who are available anywhere, 24/7/365 to treat many of your medical Issues at **NO CHARGE!!** Things like Cold & Flu symptoms, **TELADOC.** allergies, sore throat, respiratory infection, skin problems, and more! Set up your account today via mobile app, online at Teladoc.com or call 1-800-835-2362.

Urgent Care vs. Emergency Room: When you need care fast, the emergency room (ER) may seem like your only option. But for many situations, urgent care clinics may treat the same conditions — at up to \$2,000 less than the ER. Urgent care clinics offer treatment for non-lifethreatening injuries or illnesses, like sprains and minor burns. They're staffed by physicians and care teams. Some of the closest Urgent Care Clinics to Gator Graving & Paving facilities are:









<u>ValueChoice Providers:</u> Visit FloridaBlue's designated ValueChoice providers and receive lower level costs for your care. GUIDEWELL **Sanitas**

Bloodwork: Always get any bloodwork done at Quest as it is NO CHARGE! Even if your doctor offers to do bloodwork in office, it could cost you.



DENTAL INSURANCE

Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Our dental carrier partner is <u>MetLife</u> and the dental plan is a **PDP Plus**,. Seeking services from dental providers within the network will result in greater savings. Visit <u>www.metlife.com/dental</u> and click the Find a Dentist link at the bottom of the page to search for In-Network Dental Providers. The following chart summarizes the dental plan being offered. See the Metlife plan documents for detailed plan information.

MetLife	MetLife PDP Plus Dental			
	In-Network	Out-of-Network		
Deductible (Individual/Family)	\$75 / \$225	\$75 / \$225		
Annual Maximum Benefit (Individual/Family)	\$1,000 per member	\$1,000 per member		
Preventive Procedures (Exams, Cleanings, X-Rays)	Covered 100% (Deductible Waived)	Covered 100% (Deductible Waived)		
Basic Procedures (Fillings, Endodontics Root Canal, Periodontics, Oral Surgery, Anesthesia)	80% Covered After Deductible	80% Covered After Deductible		
Major Procedures (Crowns, Dentures, Bridges, Implant Services)	50% Covered After Deductible	50% Covered After Deductible		
Orthodontia	Not Covered			
Out of Network Claims	Out of network providers are paid the same rates that in-network dentists are. They can send additional bills for the balance.			
Weekly Payroll Deductions				
Employee Only	\$5.41			
Employee + Spouse	\$10.70			
Employee + Child(ren)	\$9.71			
Employee + Family	\$16.23			



VISION INSURANCE

<u>Gator Grading & Paving's</u> vision plan is through our carrier partner <u>MetLife</u>. MetLife's PPO Vision plan offers lower costs for In-Network services and the freedom to use any provider (but keep in mind out-of-network providers costs may be higher). Go to <u>metlife.com/vision</u> to find in network providers. Below is a brief overview of the eye care benefits for each of the two plans. Refer to the Reliance Standard plan documents for detailed plan information and Out-of-Network reimbursement amounts.

M Mari Se	Network: Vision Preferred Provider Organization (PPO)			
MetLife	In-Network	Out-of-Network		
Annual Eye Exam Every 12 Months	\$10 Copay	Reimbursement of up to \$45		
Eyewear Copay	\$10 Copay	N/A		
Eyeglass Lenses Every 12 Months	Single, Bifocal, Trifocal, Lenticular: Covered in Full after \$10 Eyewear Copay	Reimbursements: Single Up to \$30, Bifocal Up to \$50, Trifocal Up to \$65 Lenticular Up to \$100, Progressive up to \$50		
Lens Coatings	Available for flat amount. See benefit Summary	No Benefit		
Frame Allowance Every 24 Months	\$150 Allowance after \$10 Eyewear Copay; 20% Off excess of allowance	Reimbursement of up to \$70		
Elective Contacts Every 12 Months	Up to \$150 Allowance	Reimbursement of up to \$105		
Lasik or PRK	Average of 15% off retail or 5% of at MetLife partici			
Weekly Payroll Deduction	ons			
Employee Only	\$1.22			
Employee + Spouse	\$2.43			
Employee + Child(ren)	\$2.31			
Employee + Family	\$3.0	63		



BASIC LIFE AND AD&D

Life insurance can help provide for your loved ones if something were to happen to you. With <u>MetLife</u> as our carrier partner, <u>Gator Grading & Paving</u>, <u>LLC</u> provides full-time employees with a Basic Life and Accidental Death and Dismemberment (AD&D) insurance policy of \$10,000.

Basic Life AD&D Insurance Paid by Gator Grading & Paving, LLC				
Full Time Employee's Benefit	\$10,000			
Age Reduction Schedule	20% reduction at age 60 50% reduction at age 70			

<u>Gator Grading & Paving, LLC pays for the full cost of this benefit</u>—meaning you are not responsible for paying any premiums.

You must enroll at the point you are initially eligible to receive this coverage. If you do not enroll and decide to at a later time, a Statement of Health and approval will be required.

We do ask that you keep your beneficiaries updated at all times.



VOLUNTARY LIFE AND AD&D

Depending on your needs and financial obligations you may leave behind, you may want to consider buying additional Voluntary Term Life Insurance with Accidental Death & Dismemberment, which is being offered through our carrier partner **MetLife**.

With voluntary life insurance, you are responsible for paying the full cost of coverage through weekly payroll deductions. The cost will be different for each person, as it depends on age and amount elected. You can purchase coverage for yourself, and then for your spouse and dependents, if so desired. Please see the **Benefit Summary** and plan documents for more benefit information.

Available Life AD&D Insurance Coverage Amounts:

	Employee	Employee Spouse		
Coverage Amount Available	\$10,000 - \$500,000	\$5,000 - \$100,000	\$1,000, \$2,000, \$4,000,	
Increments	\$10,000	\$5,000	\$5,000 or \$10,000	
Guaranteed Issue (when initially eligible)	\$150,000	\$25,000	All Coverages.	
Benefit Reduction	At Age 65, benefits reduce coverage amount. At Age 7	15 days: \$100 15 days-6 months: \$1,000 6 months-26: Up to \$10,000		
Limitations & Considerations	Spouse coverage cannot of elected coverage. See police details	No AD&D Coverage. On premium covers all eligible children in family.		
Evidence of Insurability	Required for employees who do not enroll during their initial eligibility period. Employees applying to increase their Voluntary Life amount, or who choose amount above the Guaranteed Issue.			

	W/ookby	Examples of Weekly Payroll Deductions for Coverage Elected:						
Age Range	Weekly Employee & Spouse Rates / per \$1,000	Weekly Premium for \$10,000	Weekly Premium for \$50,000	Weekly Premium for \$100,000	Weekly Premium for \$250,000	Weekly Premium for \$400,000	Weekly Premium for \$500,000	
<29	\$0.027	\$0.27	\$1.35	\$2.70	\$6.75	\$10.80	\$13.50	
30-34	\$0.033	\$0.33	\$1.65	\$3.30	\$8.25	\$13.20	\$16.50	
35-39	\$0.045	\$0.45	\$2.25	\$4.50	\$11.25	\$18.00	\$22.50	
40-44	\$0.063	\$0.63	\$3.15	\$6.30	\$15.75	\$25.20	\$31.50	
45-49	\$0.094	\$0.94	\$4.70	\$9.40	\$23.50	\$37.60	\$47.00	
50-54	\$0.136	\$1.36	\$6.80	\$13.60	\$34.00	\$54.40	\$68.00	
55-59	\$0.200	\$2.00	\$10.00	\$20.00	\$50.00	\$80.00	\$100.00	
60-64	\$0.270	\$2.70	\$13.50	\$27.00	\$67.50	\$108.00	\$135.00	
65-69	\$0.382	\$3.82	\$19.10	\$38.20	\$20.50	\$152.80	\$191.00	
70+	\$0.699	\$6.99	\$34.95	\$69.90	\$174.75	\$279.60	\$349.50	

Child Rate is \$0.067 per weekly paycheck per \$1,000 of coverage

SHORT-TERM & LONG-TERM DISABILITY

<u>Gator Grading & Paving, LLC</u> offers full-time employees the option to elect Short and Long-term disability income benefits through our carrier partner <u>MetLife</u>. Disability coverage is income protection, providing you with a portion of your paycheck while you are disabled and unable to work. Pre-existing conditions may be excluded for a period of time as outlined in your policy and summarized below.

Short Term Disability is paid 100% by Gator Grading & Paving on your behalf. Rates for Long Term Disability will vary depending on age and your income. For complete benefit information, including rates calculation and waiting periods, refer to the MetLife Plan documents located in **BenefitsCONNECT**.

	Short-Term Disability	Long-Term Disability		
Benefits Begin	After a 14-day Elimination Period due to a covered accident or illness	After 90-day Elimination Period due to a covered accident or illness		
Percentage of Income Replaced	60% of covered earnings	60% of covered earnings		
Maximum Benefit Amount	Up to \$1,000 per week	Up to \$6	5,000 per month	
Maximum Benefit Duration	11 Weeks	Own Occupation: 24 Months Any Occupation: Social Security Normal Retirement Age or longer		
		Age Group	Monthly rates Per \$100 of Monthly Benefit	
		0-34	\$0.216	
	Paid 100% by Gator Grading & Paving. Be sure to enroll!!	35-39	\$0462	
Monthly Dates		40-44	\$0.634	
Monthly Rates:		45-49	\$0.861	
		50-54	\$1.153	
		55-59	\$1.317	
		60-64	\$1.028	
		65-99+	\$0.386	
		If you are treated or diagnosed with a		
		condition in the 6 months prior to the		
Pre-Existing	See Policy Certificate for more	effective date of this policy, you will not		
Limitation	information.	receive disability benefits for that condition, unless the disability starts after		
		you have been insured under this plan for		
		12 months.		



VOLUNTARY ACCIDENT

See Benefit Summary for details	Low Plan	High Plan		
Facture Benefit	\$50-\$3,000	\$100-\$6,000		
Dislocation Benefit	\$50-\$3,000	\$100-\$6,000		
2 nd or 3 rd Degree Burn Benefit	\$50-\$5,000	\$100-\$10,000		
Concussion Benefit	\$200	\$400		
Coma Benefit	\$5,000	\$10,000		
Ambulance Benefit	Ground: \$300 Air: \$1,000	Ground: \$400 Air: \$1,250		
Emergency Care Benefit	\$25-\$50	\$50-\$300		
Weekly Payroll Deductions	Low Plan	High Plan		
Employee Only	\$1.95	\$3.79		
Employee + Spouse	\$3.83	\$7.46		
Employee + Child(ren)	\$4.42	\$8.63		
Employee + Family	\$5.41	\$10.55		

VOLUNTARY HOSPITAL INDEMNITY

See Benefit Summary for details	Low Plan	High Plan		
Admission Benefit (1 time per calendar year)	Admission: \$500 ICU: \$1,000	Admission: \$750 ICU: \$2,000		
Confinement Benefit (31 time per calendar year)	Confinement & ICU: \$100 ICU will pay for an additional 15 days	Confinement: \$200 ICU: \$300 (will pay for an additional 15 days)		
Newborn Confinement Benefit (2 days per confinement)	\$25	\$50		
Inpatient Rehabilitation Benefit (15 days per calendar year)	\$100	\$200		
Health Screening Benefit (1 time per calendar year per member)	\$50			
Weekly Payroll Deductions	Low Plan	High Plan		
Employee Only	\$4.16	\$7.23		
Employee + Spouse	\$8.55	\$14.97		
Employee + Child(ren)	\$6.60	\$11.51		
Employee + Family	\$10.99	\$19.21		

VOLUNTARY CRITICAL ILLNESS

See Benefit Summary for details	Employee	Spo		ouse		Child(ren)
Coverage Amount Available	\$10,000, \$20,00 \$30,000	00 or 50% of Empl Benefi				% of Employee's Benefit
100% Covered Conditions	Full Benefit Cancer, Heart Attack, Stroke, Coronary Artery Bypass Graft, Kidney Failure, Alzheimer's Disease, Major Organ Transplant					
25% Covered Conditions	Partial Benefit Cancer, Addison's disease, Amyotrophic Lateral, Cerebrospinal, Meningitis (bacterial); Cerebral Palsy, Cystic Fibrosis, Diphtheria, Encephalitis, Huntington's disease, Legionnaire's disease, Malaria, Multiple Sclerosis (definitive diagnosis), Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis, Rabies, Sickle Cell Anemia (excluding sickle cell trait), Systemic Lupus Erythematosus (SLE), Systemic Sclerosis, Tetanus and Tuberculosis.					
Assa Charles	Weekly Payroll Deduction (per \$1,000 of coverage)					
Age Group	Employee	S	oouse	Child(ren)	Family
0-25	\$0.71		\$1.14	\$1.05		\$1.48
25-29	\$0.75	0	\$1.20	\$1.09		\$1.54
30-34	\$0.99		\$1.56	\$1.33		\$1.90
35-39	\$1.14		\$1.78	\$1.48		\$2.13
40-44	\$1.34	\$	\$2.09	\$1.68		\$2.43
45-49	\$1.98	9	3.05	\$2.33		\$3.39
50-54	\$2.88		64.40	\$3.23		\$4.74
55-59	\$4.11	9	66.24	\$4.45		\$6.59
60-64	\$5.62	9	88.50	\$5.96		\$8.84
65-69	\$7.78		511.74	\$8.12		\$12.08
70+	\$11.43	\$	17.22	\$11.77		\$17.56



WELLNESS PROGRAMS, REWARDS & SUPPORTS

Provided by FloridaBlue for Medical Insurance Enrollees:



<u>Better You Strides:</u> An online wellness program that uses your needs, goals and interest to build your custom-made plan to better health.



<u>Blue365:</u> Offers exclusive discounts on gym memberships, wearables, weight loss programs and more.



<u>BlueforMe</u>: Managing a health condition can be tough, but you don't have to do it alone. You have a dedicated nurse available to you at no extra cost. It's part of your benefits.

Employee Assistance Program (EAP)

With your EAP through <u>MetLife</u>, you and your family have access to free, confidential resources to help handle life's everyday – or not so every day – challenges. Please see the Benefit Summary and plan documents for more information.

<u>LifeWorks Website - www.metlifeeap.lifeworks.com</u>



User ID: metlifeeap

Password: eap





Download the LifeWorks app

Use your credentials to log in on your mobile.

IMPORTANT CONTACT INFORMATION

For claims assistance, new/replacement ID cards, network locators, cost estimates, coverage questions and more, contact the insurance carriers directly via the contact information below:

Carrier	Coverage/Service	Phone / Website
FloridaBlue	Medical	1-800-352-2583 www.floridablue.com
MetLife	Dental Vision Life & Miscellaneous	800-275-4638 <u>www.metlife.com/dental</u> 855-638-3931 <u>www.mymetlifevision.com/find-provider-location-internal.html</u>
LifeWorks	Employee Assistance Program	866-492-6983 www.metlifeeap.lifeworks.com
Human Resources	Document Requests & General Questions	Scott Whitehead Whiteheads@gatorgap.com
Boyd Insurance	Further Questions	Benefit Advisor: Lexie Guanchez Lexie.Guanchez@BoydInsurance.com Account Manager: Joanna Francis Joanna.Francis@BoydInsurance.com

The information in this Enrollment Guide is presented for illustrative purposes and is based on information taken from the Employee Benefits offered by Gator Graving & Paving. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

