



**EASTERN**  
FREIGHT SYSTEMS

**HOLCOMBE**  
ENERGY RESOURCE, LLC.



# 2020-2021 EMPLOYEE BENEFITS GUIDE

*We've got you covered!*







  
**Creative Benefits, Inc.**  
strategies to insure your success

# EXPLORE YOUR BENEFITS



PLAN YEAR: NOVEMBER 1, 2020 THROUGH OCTOBER 31, 2021

## THE ESR TEAM

For all general inquiries related to your employee benefits program, please contact Creative Benefits' Employee Service Representative (**ESR**) Team for assistance with:

-  **Plan coverage questions**
-  **Enrollment assistance**
-  **Questions regarding doctor bills**
-  **Denied claims**
-  **Ordering new ID cards**
-  **Finding in-network or participating providers**

Available Monday through Friday from 7:30 AM to 6:00 PM EST, you can reach out the ESR Team via the following contact information:

-  **Phone: 844-231-8414**
-  **Email: [ESR@creativebenefitsinc.com](mailto:ESR@creativebenefitsinc.com)**

*Prior to calling, please be prepared to provide your information, the subscriber/patient's information, along with any information pertaining to your question.*

*In some cases, authorization is required for our team to speak on your behalf in regard to your benefits inquiry. \*To provide authorization, you must complete a HIPAA Privacy Authorization form. Please contact the ESR Team to complete the form.*

## BENEFITS AVAILABLE

Your benefits package includes the following: medical, prescription, dental, and vision benefits. Use this guide to explore your benefits and weigh your options, to ultimately select the coverage that best meets your needs.

## HOW TO ENROLL

Enrollment forms are only required if you are making a change to your current elections or enrolling in benefits for the first time.

Once enrolled, you cannot make changes until the next Open Enrollment, unless you experience a life event (i.e. marriage, divorce, birth, adoption or a child reaching the plan age limit of 26). Be sure to have the proper documentation to prove the occurrence of a life event. This must be completed within 30 days of the event or the change will not be processed.

# MEDICAL

## GEISINGER



Website: [www.thehealthplan.com](http://www.thehealthplan.com)



Phone: 1-800-447-4000

Plan:	Solutions Extra HMO
Network	Geisinger Extra
Referral / Primary Care Physician (PCP)	Not Required / Required
<b>In-Network</b>	
Total Out-of-Pocket Maximum	\$8,150 Individual / \$16,300 Family
Annual Deductible	\$4,000 Individual / \$8,000 Family
Coinsurance	0%
PHN Primary Doctor   Non-PHN Primary Doctor   Specialist Visits	\$5 copay   \$25 copay   \$50 copay
Urgent Care   Emergency Room	\$25 copay   \$250 copay waived if admitted
Phys, Occ, Speech Therapy	\$50 copay
Chiropractic Services	\$25 copay
Laboratory	\$0 after deductible
Radiology   Complex Radiology	\$0 after deductible   \$0 after deductible
Outpatient Surgery	\$0 after deductible
Inpatient Hospital	\$0 after deductible
<b>Out-of-Network</b>	
Annual Deductible   Coinsurance	No out-of-network benefits available.



In the event you are traveling out of the area and a medical emergency occurs, services received at a non-participating urgent care or hospital facility will be treated as if you were in-network.



Reminder: This policy requires you to elect a Primary Care Physician (PCP) for all enrolled members and dependents. If you choose a Geisinger ProvenHealth Navigator (PHN) PCP, your primary care office visit copay will be reduced from \$25 to \$5.



Your medical coverage includes a **routine eye exam** once every 12 months.



Visit [www.thehealthplan.com](http://www.thehealthplan.com) and click on Find a Doctor, Drug, or Location to **locate in-network providers** near you. For additional assistance, contact our ESR team at 844-231-8414.

# PRESCRIPTION

## GEISINGER



Website: [www.thehealthplan.com](http://www.thehealthplan.com)



Phone: 1-800-447-4000

Plan: Solutions Extra HMO	
Formulary	Triple Choice
Retail Pharmacy — 30 Day Supply	
Tier 1	\$0 / \$15 copay
Tier 2	\$55 copay
Tier 3	\$90 copay
Mail Order Pharmacy — 90 Day Supply	
Tier 1	\$0 / \$37.50 copay
Tier 2	\$137.50 copay
Tier 3	\$225 copay
Self-Administered Injectables	
Specialty	\$150 copay per injection/infusion

- **ID Card** — You will use the same ID card for your medical and prescription benefits.
- **Pre-Authorization/Step Therapy** — Some prescriptions require prior authorization or step therapy, which means you will need to try other medications before the prescribed medication can be approved. All prescriptions that require prior authorization or step therapy are reviewed annually. Your doctor will need to call-in after each 12 month period to extend the authorizations that are currently on file.
- **Contraceptive Coverage** — This plan allows for access to zero-cost contraceptives. Please note not all brands are covered at the no cost level.
- **Mail Order** — Mail Order is available for maintenance drugs. Maintenance medications are those prescribed for an extended period of time to treat a chronic condition (e.g. high blood pressure). The Mail Order program allows for up to a three month supply of medication to be delivered directly to your door. To get started with Mail Order, ask your physician to write a new 90-day prescription for each maintenance medication, with up to 3 refills.
- **Formulary** — Check your medication on the formulary list, so you know how it will be covered. Remember the formulary is subject to change.

# DENTAL

## GUARDIAN DENTAL

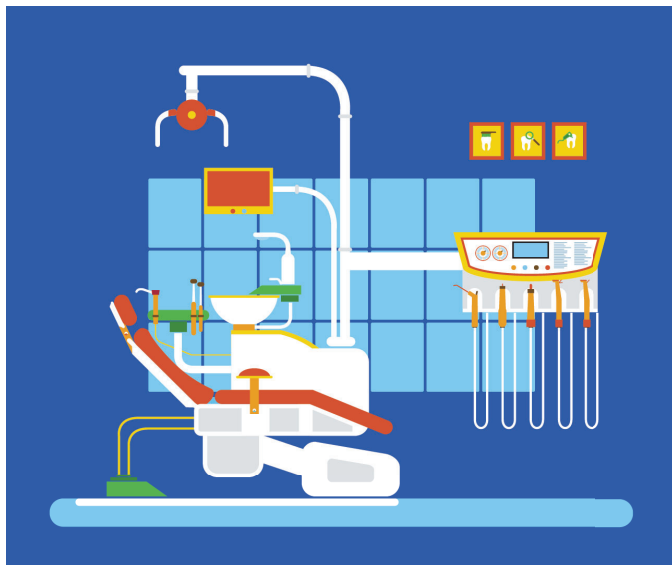


Website: [www.guardiananytime.com](http://www.guardiananytime.com)



Phone: 1-800-275-2583

Plan: Guardian Freedom Plan		
Network	DentalGuard Alliance	DentalGuard Preferred/Out-of-Network
Annual Benefit Maximum	\$2,000	\$1,500
Deductible	\$50 / \$150	\$50 / \$150
Preventative   Diagnostic <sup>1</sup>	0%	0%
Basic Services <sup>2</sup>	0% after deductible	20% after deductible
Major Services <sup>3</sup>	40% after deductible	50% after deductible
Orthodontia	50%	50%
Ortho Lifetime Max	\$1,000	\$1,000



### Services include but are not limited to:

<sup>1</sup>Diagnostic: Bitewing X-rays, Exams, Fluoride

<sup>2</sup>Basic: Fillings, Simple extractions, Root canals

<sup>3</sup>Major: Crowns, Bridges, Dentures

- **In-Network vs. Out-of-Network** — You may select dentists in- or out-of-network. If you utilize a participating dentist, you will receive greater discounts and lower out-of-pocket expenses.
- **Balance Billing** — You may be balanced billed the difference between the carrier's allowance and the provider's charge for all out-of-network services.
- **Limitations** — Benefits may be subject to age or frequency limitations.
- **Deductible** — Deductible is waived for diagnostic/preventative services.
- **Benefit Basis** — All benefits are based on a calendar year.
- **Maximum Dental Rollover** — Guardian will increase your annual maximum by rolling over a portion of a member's unused max amount. Contact Guardian for more information.

# VISION

## VBA



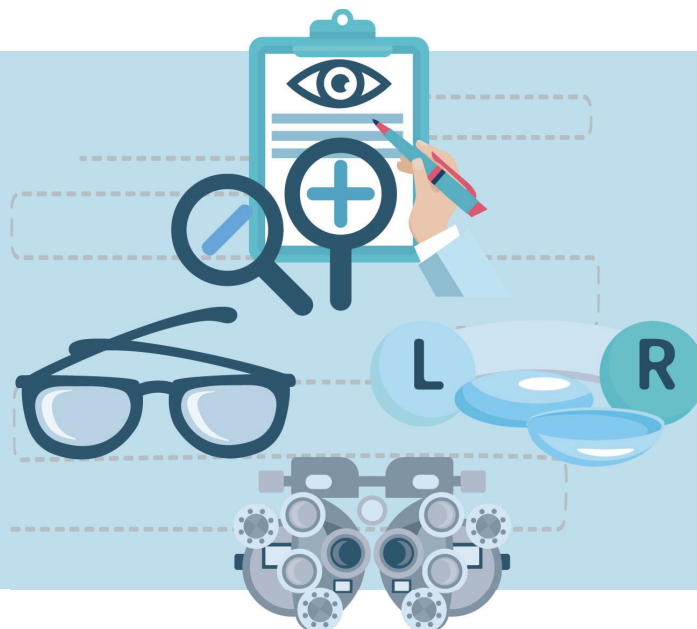
Website: [www.vbaplans.com](http://www.vbaplans.com)



Phone: 1-800-275-2583

Plan: \$0 Exam / \$0 Materials Copay Plan	
Network	PPO Network
<b>In-Network</b>	
Exams/Refractions	
Frequency	12 months
Exam	Covered in full
<b>Lenses</b>	
Frequency	12 months
Single, Bifocal, Trifocal	Covered in full
<b>Contact Lenses, Evaluation &amp; Fitting (in lieu of glasses)</b>	
Frequency	12 months
Covered Allowance	Up to \$110
Fitting	15% off UCR**
<b>Frames</b>	
Frequency	24 months
Covered Allowance	Up to \$50
<b>Out-of-Network</b>	
	Reimbursements available

\*\*UCR — Usual, Customary and Reasonable



# PAYROLL CONTRIBUTIONS

## WEEKLY

Outlined below are payroll contributions for the medical, dental and vision plans.

Medical Plan		Solutions Extra HMO Plan	
Tier		Per Pay Cost	
Single		\$41.34	
Employee + Child		\$74.42	
Employee + Children		\$124.03	
Employee + Spouse		\$157.11	
Family		\$206.09	

Dental Plan		Guardian Freedom Plan	
Tier		Per Pay Cost	
Single		\$5.58	
Employee + Child(ren)		\$15.54	
Employee + Spouse		\$11.33	
Family		\$22.82	

Vision Plan		\$0 Exam / \$0 Materials Copay Plan	
Tier		Per Pay Cost	
Single		\$1.33	
Employee + Child(ren)		\$3.45	
Employee + Spouse		\$3.45	
Family		\$3.45	

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### **Information Provided By Creative Benefits, Inc.**

Ellis Preserve, 3809 West Chester Pike, Suite 190, Newtown Square, PA 19073  
31 North Gates Avenue, Kingston, PA 18704  
Toll Free Number: 866-306-0200

### **Connect with us!**

[www.creativebenefitsinc.com](http://www.creativebenefitsinc.com)

