



2020 EMPLOYEE BENEFITS GUIDE

JANUARY 1, 2020 – DECEMBER 31, 2020

**JIM GLOVER
AUTO FAMILY**



**Our employees are our most
valuable asset**

Jim Glover Auto Family offers a comprehensive, cost-effective, and competitive benefits package to help protect you and your family. However, it works only if you take control and make thoughtful decisions about your benefits. You need to take an active role in choosing your benefit coverage. This way, you can be sure your benefits support your needs and goals. To help you make your benefit choices, Jim Glover Auto Family gives you this Benefit Guide booklet. Use this Guide to make your benefit decisions. Then, enroll by your deadline, so you can get the maximum value from these plans and programs for yourself and your family.

Benefit Options At A Glance

Medical & Prescription Drug Plan

(administered by Community Care)

- 1 HMO and 1 PPO plan to choose from
- Teladoc – Virtual Visits

Dental (administered by Delta Dental of Oklahoma)

- PPO Point of Service Plan

Life and AD&D Insurance (administered by MetLife)

- Group Basic Life and AD&D
- Optional Life and AD&D

Vision Plan (administered by VSP)

**It's time to think about
your benefit needs and
enroll for the benefits that
will meet those needs.**

**Jim Glover Auto Family
offers a wide range of
benefit options and the
chance to make new
decisions each year!**

Getting Ready to Enroll

Review Your Benefits Options

Read this booklet and the other benefits materials thoroughly – they describe Jim Glover Auto Family employee benefits program.

Consider Your Choices Carefully and Enroll Within the 31 Day Deadline

- Benefits become effective on the first day of the month following 60 days of employment.
- After your enrollment period ends, you cannot change your benefit choices during the year unless you have a qualifying event.

Get Ready to Enroll

It may help to have these items handy:

- Social security numbers and birth dates for yourself and your eligible family members/dependents.
- Information about other benefit coverage or insurance you or your family members may have.
- Beneficiary designation information, so you can properly identify your beneficiaries for your life insurance coverage and retirement plans.

Enroll by the Deadline

Complete a 2020 Benefits Enrollment/Change Form and submit it to Mia LaSalle by your enrollment deadline.

Be Alert!

- Check your first paycheck after your benefits effective date to confirm that your payroll deductions are correct.
- Report any payroll discrepancies immediately to Human Resources.

**Enrollment
Questions?
Benefits
Questions?**

**Contact the
Benefits
Helpline:**

1-888-295-7410

This booklet highlights the main features of many of the benefit plans sponsored by Jim Glover Auto Family. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Jim Glover Auto Family reserves the right to change or discontinue the plans at any time. Participation in the plans does not constitute an employment contract. Jim Glover Auto Family reserves the right to modify, amend, or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974, as amended.

Eligibility

Who is Eligible and When?

As a regular, full-time employee, you become eligible for the benefits program on the first day of the month following 60 days of employment.

If you have not enrolled by this date, you will not be eligible to enroll for coverage until the next Annual Open Enrollment.

Dependent Eligibility

In most cases, you may also cover your eligible dependents, including:

- **Your legal spouse or common law spouse**
- **Eligible children under the age 26.**
 - “Children” are defined as: 1) your natural children; 2) stepchildren; 3) legally adopted children; and 4) children under your legal guardianship. If your child is no longer eligible, you must notify Human Resources.
 - A child up to age 26 may be considered an eligible dependent if the child is not eligible for benefits through his or her own employer.
- **Physically or mentally disabled children** of any age who are incapable of self-support. Proof of disability may be requested and disability has to have occurred prior to age 25.

Adding Dependents to Your Coverage

To add a new spouse or child to your benefit coverage, you must notify Jim Glover Auto Family by completing and returning a Benefits Enrollment/Change form within 31 days of the marriage/birth/adoption/change.

Important Note: Newborns are NOT automatically added to your medical coverage under Jim Glover Auto Family’s benefit plans. You must notify Human Resources to add the newborn.

Adding Newborns or Dependent Children:

- **Add within 31 days of birth/adoption.**
- **For a natural child, show birth certificate, affidavit of birth or baptismal certificate.**
- **For an adopted child, show adoption papers.**
- **For a stepchild, show marriage certificate or tax return.**
- **For guardianship of minors, show court papers for guardianship.**

If your child becomes ineligible for coverage, you must notify Jim Glover Auto Family by contacting the Human Resources department.

Benefit Costs

Paying for Your Benefits

Jim Glover Auto Family pays a portion of the cost for employee health coverage and pays 100% of the Basic Group Life and AD&D coverage for regular, full-time Employees, with coverage available for Employee and Children, Employee and Spouse, or Employee and Family. Your cost is as follows:

Cost of Coverage (Rates Effective 1.1.2020 – 12.31.2020)

Coverage	Cost per Month	Cont. to Mgmt.	Mgmt. Costs	Cont. to Non_Mgmt.	Non-Mgmt. Cost
CC 70/3500 (Select Network)					
Employee Only	\$451.54	\$200.00	\$251.54	\$300.00	\$151.54
Employee + Spouse	\$983.98	\$200.00	\$783.98	\$300.00	\$683.98
Employee + Child(ren)	\$755.15	\$200.00	\$555.15	\$300.00	\$455.15
Employee + Family	\$1,268.51	\$200.00	\$1,068.51	\$300.00	\$968.51
CC 70/3500 (Standard Network)					
Employee Only	\$476.31	\$200.00	\$276.31	\$300.00	\$176.31
Employee + Spouse	\$1,037.95	\$200.00	\$837.95	\$300.00	\$737.95
Employee + Child(ren)	\$796.58	\$200.00	\$596.58	\$300.00	\$496.58
Employee + Family	\$1,338.09	\$200.00	\$1,138.09	\$300.00	\$938.09
Value Advantage PPO (Select Network)					
Employee Only	\$538.48	\$200.00	\$338.48	\$300.00	\$238.48
Employee + Spouse	\$1,173.59	\$200.00	\$973.59	\$300.00	\$873.59
Employee + Child(ren)	\$900.57	\$200.00	\$700.57	\$300.00	\$600.57
Employee + Family	\$1,512.92	\$200.00	\$1,312.92	\$300.00	\$1,212.92
Value Advantage PPO (Standard Network)					
Employee Only	\$684.38	\$200.00	\$484.38	\$300.00	\$384.38
Employee + Spouse	\$1,491.59	\$200.00	\$1,291.59	\$300.00	\$1,191.59
Employee + Child(ren)	\$1,144.58	\$200.00	\$944.58	\$300.00	\$844.58
Employee + Family	\$1,922.88	\$200.00	\$1,722.88	\$300.00	\$1,622.88
TelaDoc Benefit	\$5.67	\$0.00	\$5.67	\$0.00	\$5.67
Delta Dental PPO					
Employee Only	\$32.62	\$0.00	32.62	\$0.00	32.62
Employee + Spouse	\$65.20	\$0.00	\$65.20	\$0.00	\$65.20
Employee + Child(ren)	\$74.96	\$0.00	\$74.96	\$0.00	\$74.96
Family	\$107.56	\$0.00	\$107.56	\$0.00	\$107.56
VSP Vision PPO					
Employee Only	\$8.89	\$0.00	\$8.89	\$0.00	\$8.89
Employee + Spouse	\$14.22	\$0.00	\$14.22	\$0.00	\$14.22
Employee + Child(ren)	\$14.52	\$0.00	\$14.52	\$0.00	\$14.52
Family	\$23.43	\$0.00	\$23.43	\$0.00	\$23.43
MetLife Life/AD&D					
Basic Group Life			Employer Paid		
Optional Life			Age Rated see pages 11-12 for more details.		

Your deductions for medical, dental and vision coverage can be made on a pre-tax basis. This would reduce your taxable income and saves on federal and social security taxes.

Your deductions for voluntary life and AD&D insurance are made on an after-tax basis. This way, any benefits paid will not be subject to income taxes when received.

Medical Plan Summary

Medical Plan Summary

Jim Glover Auto Family offers a choice between 1 HMO and 1 PPO plan for employees and dependents. Referrals and Prior Authorization are required for certain services. More detailed information can be found in your Certificate of Coverage.

	Community Care CC 70/3500	Community Care Value Advantage PPO 80/5000
Annual Deductible Individual Family	\$3,500 \$7,000	\$5,000 \$10,000
Annual Out-of-Pocket Maximum Individual Family	\$6,000 \$12,000	\$6,350 \$12,700
Coinsurance <i>(Unless otherwise noted)</i>	70%	80%
Physicians' OV Primary Care Specialist	\$20 \$35	\$25 \$40
Preventive Care Services	100%	100%
Emergency Room Visit	30% Coinsurance, after Deductible (coins waived if admitted)	20%Coinsurance, after Deductible
Inpatient Hospital Care	30% Coinsurance, after Deductible	20%Coinsurance, after Deductible
Outpatient Care / Hospital Services	Coinsurance, after Deductible	Coinsurance, after Deductible

Only In-Network benefits are shown.

Medical Plan Summary

Medical Plan Summary (Continued)

	Community Care CC 70/3500	Community Care Value Advantage PPO 80/5000
Urgent Care	\$50	\$50
Lab,X-Ray /Diagnostics Outpatient Lab Testing Outpatient Radiology CT, PET, MRI, etc.	30% Coinsurance 30% Coinsurance 30% Coinsurance, after Deductible	20% Coinsurance 20% Coinsurance 20% Coinsurance, after Deductible
Occupational & Physical Therapy Services	30% Coinsurance, after Deductible Up to 60 treatment days per disability per year	20% Coinsurance, after Deductible Up to 60 treatment days per disability per year
Maternity Services	\$20 copay for Initial Maternity Care Visit Only	20% Coinsurance, after Deductible
Durable Medical Equipment, Prosthetics, and Orthotic Devices	30% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Ambulance Services	30% Coinsurance, after Deductible <i>Prior Authorization required for non-emergencies</i>	20% Coinsurance, after Deductible <i>Prior Authorization required for non-emergencies</i>
Home Health	30% Coinsurance, after Deductible	20% Coinsurance, after Deductible
Hospice	30% Coinsurance, after Deductible	No Coinsurance
Inpatient Rehabilitation	30% Coinsurance, after Deductible Up to 60 treatment days per disability per year	20% Coinsurance, after Deductible Up to 60 treatment days per disability per year

Only In-Network benefits are shown.

For a list of network providers visit: www.ccok.com

Prescription Drug Benefits

Prescription Drug Coverage

Prescription drug benefits are provided by Community Care through the medical plan.

Retail Prescription Program

The retail prescription program utilizes a network of participating pharmacies; most large national pharmacy chains are in-network.

Retail (30-day supply) Select Generic Generic Preferred Brand Non-Preferred Brand Specialty	 \$0 \$15 \$45* \$95* \$300*
Mail Service (90-day supply) Select Generic Generic Preferred Brand Non-Preferred Brand	 \$0 \$30 \$90 \$190

***When a generic is available, members will be responsible for paying the copay plus the cost difference between the brand and generic equivalent. This cost difference is not covered and will not count towards the member's annual out-of-pocket.**



Teladoc Member Frequently Asked Questions

What is Teladoc?

Teladoc is the first and largest provider of telehealth medical consults in the United States, giving you 24/7/365 access to quality medical care through phone and video consults.

Who are the Teladoc doctors?

Teladoc doctors are U.S. board certified in Internal Medicine, Family Practice or Pediatrics. They average 15 years practice experience, are licensed in your state, and incorporate Teladoc into their day-to-day practice as a way to provide people with convenient access to quality medical care.

Does Teladoc replace my doctor?

No. Teladoc does not replace your primary care physician. Teladoc should be used when you need immediate care for non-emergent medical issues. It is an affordable, convenient alternative to urgent care and ER visits.

What kind of medical care does Teladoc provide?

When requesting a consult, you can choose between general medicine, behavioral health or dermatology. You can talk with a Teladoc doctor via a phone consult, video consult within the secure member portal online, or video consult within the Teladoc mobile app.

How do I set up my Teladoc account?

Setting up your account is a quick and easy process online. Visit the Teladoc website (Teladoc.com) and click "Set Up Account". Follow the online instructions.

How do I request a consult to talk to a doctor?

Visit the Teladoc website, log into your account and click "Request a Consult". You can also call Teladoc to request a consult by phone or mobile app. Teladoc.com/mobile or

1-800-835-2362.

Can Teladoc doctors write a prescription?

Yes. Teladoc doctors can prescribe short-term medication for a wide range of conditions when medically appropriate. Teladoc doctors do not prescribe substances controlled by the DEA, non-therapeutic and/or certain other drugs which may be harmful because of their potential abuse. When you go to your pharmacy of choice to pick up the prescription, you may use your health/prescription insurance card to help pay for the medication. You will be responsible for the co-pay based on the type of medication and your plan benefits.

Dental Plan Summary

Jim Glover Auto Family offers a PPO Point of Service dental plan administered by Delta Dental of Oklahoma .

When you choose a Delta Dental network dentist , you will receive services at discounted rates. Plus, the network dentist agrees to accept Delta Dental's contracted fees – so you won't receive any surprise charges above reasonable and customary rates.

If you choose a Non-Delta Dental Dentist, you will be charged at the dentist's usual fees which are generally higher than Delta Dental's negotiated fees. The dentist may also balance bill you for the difference between their usual fee and the amount paid by Delta Dental.

	PPO Point of Service		
	PPO Network	Premier Network	Out-Of-Network
Calendar Year Deductible Individual Family	\$50 \$150	\$50 \$150	\$50 \$150
Deductible Waived for:	Preventive	Preventive	Preventive
Maximum Annual Benefit	\$1,000	\$1,000	\$1,000
Diagnostic & Preventive Services	100%	100%	90%
Basic Services Amalgam and composite fillings	80%	80%	70%
Major Services Perio, Endo, Oral Surgery, Implants, etc.	50%	50%	40%
Ortho	Not Covered	Not Covered	Not Covered
Claim Payment Basis	Negotiated Fee Schedule	90 th Percentile	51 st percentile

Delta Dental of Oklahoma Contact Information

1-800-522-0188

www.deltadentalok.org

Vision Plan Summary

Jim Glover Auto Family offers a vision PPO plan administered VSP. The vision PPO plan allows you the freedom to choose either a network or out-of-network provider.

When you choose a VSP network provider, you will receive services at discounted rates. To find a VSP Provider, go to vsp.com

	VSP Provider	Out-of-Network
Copays Exam Materials		\$10 \$25
Frequency Exam Lens Frames		12 Months 12 Months 24 Months
Exam	\$10 Copay	Plan pays up to \$45
Lenses Single Vision Bifocal Trifocal Lenticular	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	Plan pays up to: \$30 \$50 \$65 \$100
Contact Lenses (in lieu of complete set of glasses) Medically Necessary Elective	\$25 Copay Plan pays up to \$130	Plan pays up to: \$210 \$105
Frames	Plan pays up to \$130 retail + 20% off balance	Plan pays up to \$70

Basic Life and Accidental Death and Dismemberment

Jim Glover Auto Family provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance, and pays the cost of this benefit. Contact Human Resources to update your beneficiary. Jim Glover Auto Family has basic group Life and AD&D Insurance through MetLife.

Optional Life and Accidental Death and Dismemberment

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

Basic Life and Accidental Death and Dismemberment – Company Paid	
Basic Life and AD&D	\$10,000
Age Reduction Schedule	35% at age 65; additional 15% at age 70
Optional Life and Accidental Death and Dismemberment – Employee Paid	
Employee	
Life	\$10,000 incr. to lesser of 5x base annual earnings or 500,000
AD&D	Matches Life Amount
Guarantee Issue	\$100,000
Age Reduction Schedule	35% at age 65, additional 15% at age 70
Spouse	
Life	\$5,000 increments to \$100,000
AD&D	Matches Life Amount
Guarantee Issue	\$25,000 or 50% of Employee Amount
Child(ren)	
Life	\$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
AD&D	Matches Life Amount
Dependent Age Limit	6 months to age 25
Guarantee Issue	\$10,000 Birth to 6 months - \$100

Beneficiary Designation

When you enroll, you **MUST** designate your life insurance beneficiary. Benefits will be paid to your beneficiary if you die.

Optional Life and AD&D

Employee Monthly Rate per \$1,000

Age	Rate	Age	Rate
Under 30	\$0.093	60-64	\$0.940
30-34	\$0.115	65-69	\$1.496
35-39	\$0.134	70-74	\$2.785
40-44	\$0.160	75-79	\$2.785
45-49	\$0.237	80-84	\$2.785
50-54	\$0.380	85-99	\$2.785
55-59	\$0.633		

Spouse Monthly Rate per \$1,000

Age	Rate	Age	Rate
Under 30	\$0.093	60-64	\$0.940
30-34	\$0.115	65-69	\$1.496
35-39	\$0.134	70-74	\$2.785
40-44	\$0.160	75-79	\$2.785
45-49	\$0.237	80-84	\$2.785
50-54	\$0.380	85-99	\$2.785
55-59	\$0.633		

Child(ren) Monthly Rate

\$0.266 per \$1,000

Figure your monthly premium:

$$\frac{\$ \text{benefit amount}}{\$1,000} \times \$ \text{age rate} = \$ \text{premium}$$

Example:

$$\$100,000 / \$1,000 * \$0.23 = \$23.00$$

Contact Information

The following list of contacts, telephone numbers, and website addresses may be helpful throughout the plan year.

COVERAGE	ADMINISTRATOR	PHONE/ WEBSITE
Human Resources	Jim Glover Auto Family Mia LaSalle	918-447-7344 mia.lasalle@jimglover.com
Benefits Helpline	PremierConsulting Partners	1-888-295-7410 helpdesk@ premier-consultingpartners.com
Medical Plan	Community Care	918-594-5242 www.ccok.com
Virtual Visits	TelaDoc	1-800-2362 www.teladoc.com
Dental Plan	Delta Dental of Oklahoma	1-800-522-0188 www.deltadentalok.org
Vision Plan	VSP	1-800-522-0188 www.vsp.com
Life Insurance	MetLife	1-800-275-4638 www.metlife.com