



CARECORE

HEALTH



2023 Benefit Enrollment Guide

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Dental Insurance

	In-Network	Out-of-Network
Deductible (Individual/family) <i>(excludes orthodontia services)</i>	\$50/\$150	\$50/\$150
	<i>Deductible applies to all services excluding preventive services.</i>	
Calendar-year annual maximum <i>(excludes orthodontia services)</i>	\$1,000	\$1,000
	<i>After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)</i>	
Preventive Services		
Routine oral examinations (2 per year)	100% no deductible	100% no deductible
Bitewing x-rays (1 per year)	100% no deductible	100% no deductible
Routine cleanings (2 per year)	100% no deductible	100% no deductible
Fluoride treatment (1 per year, through age 15)	100% no deductible	100% no deductible
Sealants (1 per permanent molar, through age 15)	100% no deductible	100% no deductible
Space maintainers (1 per primary teeth, through age 15)	100% no deductible	100% no deductible
Basic Services		
Complete Full-Mouth or Panoramic X-Rays (1 per 5 years)	80% after deductible	80% after deductible
Other Dental X-Rays (6 per year including Periapical Films)	80% after deductible	80% after deductible
Problem Focus Exams (4 per year)	80% after deductible	80% after deductible
Consultations	80% after deductible	80% after deductible
Palliative Treatment (including emergency relief of dental pain)		
Antibiotics & Therapeutic Medication Injections	80% after deductible	80% after deductible
Fillings 1 Per 24 Months (inc. composite fillings on posterior teeth)		
Prefabricated Stainless Steel & Resin Crowns	80% after deductible	80% after deductible
Simple Extractions	80% after deductible	80% after deductible
Biopsy & Examination of Oral Tissue (including Brush Biopsy)	80% after deductible	80% after deductible
Prosthetic Repair & Recementation Services	80% after deductible	80% after deductible
Lab and Other Tests (1 Service Per Lifetime)	80% after deductible	80% after deductible
Harmful Habit Appliance (Through Age 15; 1 Per Lifetime)	80% after deductible	80% after deductible

	In-Network	Out-of-Network
Major Services		
Crowns, Inlays, Onlays & Related Services (Age 16 and Above; 1 Per 10 Years)	50% after deductible	50% after deductible
Scaling & Root Planing (1 Occurrence Per 24 Months)	50% after deductible	50% after deductible
Bridges (1 per tooth every 10 years)	50% after deductible	50% after deductible
Dentures (1 per tooth ever 10 years)	50% after deductible	50% after deductible
Denture relines/rebases	50% after deductible	50% after deductible
Occlusal Adjustment (1 per 36 Months)	50% after deductible	50% after deductible
Implants (Age 16 and Above; 1 Per 10 Years)	50% after deductible	50% after deductible
Periodontics (periodontal cleanings 2 per year)	50% after deductible	50% after deductible
Endodontics	50% after deductible	50% after deductible
Orthodontia services		
	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Extended Annual Maximum

Extended annual maximum is available immediately after the annual maximum for a plan is reached, and there's no cap on the dollars paid in a year.

Extended annual maximum helps you save money by ensuring you have access to network discounts and 30 percent coinsurance, even after you have reached your annual maximum. You can achieve and maintain your best health by getting dental care when it's needed, before oral health issues may affect your overall health and well-being.

Vision Insurance

Vision care services	IN-NETWORK provider (Member cost)	OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary Retinal imaging ¹	\$10 Up to \$39	Up to \$35 Not Covered
Contact lens exam options² Standard contact lens fit and follow-up Premium contact lens fit and follow-up	Up to \$40 10% off retail	Not covered Not covered
Frames³	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard plastic lenses⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options⁴		
UV coating	\$15	Not covered
Tint (solid and gradient)	\$15	Not covered
Standard scratch-resistance	\$15	Not Covered
Standard polycarbonate - adults	\$40	Not Covered
Standard polycarbonate - children <19	\$40	\$35 Reimbursement
Standard anti-reflective coating	\$45	Not Covered
Standard polycarbonate - children <19	\$40	\$35 Reimbursement
Polarized And Other Lens Add Ons	20%	Not Covered
Premium progressive	20% Discount off retail minus \$120 plan allowance plus \$80 copay = member out-of-pocket	\$40 Reimbursement
Polarized	20% off retail	Not covered
Contact lenses		
Conventional	\$150 allowance, 15% off balance over \$150	\$110 allowance
Disposable	\$150 allowance	\$120 allowance
Medically necessary	\$0	\$225 allowance
Frequency		
Examination	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months

Vision care services	IN-NETWORK provider (Member cost)	OUT-OF-NETWORK provider (Reimbursement)
Diabetic Eye Care: care and testing for diabetic members		
Examination - Up to (2) services per year	\$0	Up to \$77
Retinal Imaging - Up to (2) services per year	\$0	Up to \$50
Extended Ophthalmoscopy - Up to (2) services per year	\$0	Up to \$15
• Gonioscopy - Up to (2) services per year	\$0	Up to \$15
• Scanning Laser - Up to (2) services per year	\$0	Up to \$33

¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³ Discounts may be available on all frames except when prohibited by the manufacturer.

⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

⁵ Plan covers contact lenses or frames, but not both.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Online In-Network Options

Use your in-network benefits to go online and buy glasses anytime, from anywhere, on Glasses.com

- Find a pair you love from thousands of name-brand frames
- Snap and send a picture of the prescription – or have Glasses.com call the provider for it
- Lenses available for most prescriptions (including progressives and multifocals)
- Orders fulfilled and shipped the following day – and it's free!
- All supported by the award winning photorealistic and geometrically accurate 3D virtual "try-on" app for iPad and iPhone

Use your in-network benefits to order contact lenses online using ContactsDirect.com

- Go to contactsdirect.com
- Select their lenses from a wide selection of top selling brands
- In-network vision benefits instantly apply to their purchase price
- Contact lenses will ship as soon as the prescription is verified– most even ship that same day

Hospital Indemnity Insurance

Plan Description

The Chubb Hospital Indemnity Plan provides cash benefits directly to you that help pay for some of the costs – medical and nonmedical – associated with a covered hospital stay due to a sickness or accidental injury.

Hospitalization Benefits	Benefit Amount
Hospital Admission (per confinement) Maximum Benefit Per Calendar Year: 2 This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	\$1,000
Hospital Confinement (per day) Maximum Days Per Calendar Year: 31 The benefit for confinement in a hospital intensive care unit.	\$150 Per Day
Hospital Intensive Care (per day) Maximum Days Per Calendar Year: 31 This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	\$150 Per Day
Newborn Nursery Benefit <i>Maximum Days per Confinement - Normal Delivery: 2</i> <i>Maximum Days per Confinement - Caesarean Section: 4</i> This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury.	\$50 Per Day
Outpatient Care Benefits	
Maternity Follow Up Maximum Days Per Calendar Year: 3 The benefit is for outpatient follow-up care following confinement for childbirth.	\$50 Per Day
Additional Provisions	
Pre-Existing Conditions Limitation	None

The insured must be admitted to a hospital within six months of the date of the covered accident for benefits to be payable. Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement, Hospital Intensive Care and Intermediate Intensive Care Step-Down Unit Benefits only.

Accident Insurance

Plan Description

The Chubb Accident plan provides cash benefits directly to you (unless otherwise assigned) that help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident.

Features and Plan Provisions

Covered Insureds	Available for all family members Spouses-only and Child-only coverage is not available	
Initial Accident Treatment		Employee
Initial Treatment -		
Urgent Care		\$1,500
ER		\$3,000
Initial Dr. Visit		\$15,000
Standard Hospital Admission		\$1,500
ICU Hospital Admission		\$1,500
Hospital Confinement (per day, up to 365 days)		\$300
ICU Confinement (per day, up to 30 days)		\$300
Outpatient Surgery Facility		\$300
Rehab Confinement (per day, up to 30 days)		\$200
Accidental Death		
Employee		\$50,000
Spouse as % of EE		\$25,000
Child as % of EE		\$10,000
AD Common Carrier		4X
Ambulance (air)		\$1,250
Ambulance (ground)		\$400
Appliance		\$450
Blood, Plasma, Platelets		\$500
Skin Graft		50%
Chiropractic Care (per visit)		\$50
Burns - once per accident, within six months of the accident		
Level 1		\$1,500
Level 2		\$3,000
Level 3		\$15,000
Maximum Visits Per Accident		3
Maximum Visits Per Calendar Year		6
Coma		\$10,000
Dislocations (up to)		\$9,600
Emergency Dental		
Crown		\$300
Extraction		\$150
Dentures		\$300
Implants		\$300
Eye Injury		\$400
Follow-up Treatment (per visit)		\$100

Additional Benefits	
Maximum Visits	6
Fractures (up to)	\$11,900
Herniated Disc Surgery	\$1,500
Knee Cartilage - Torn	\$1,500
Lacerations	\$75-\$700
Lodging (per night, 100 or more miles)	\$200
Maximum Nights	30
Loss of hands, feet, sight	\$40,000
Loss of fingers or toes	\$2,000
Outpatient Physician Treatment & Preventive Care Benefit	\$50
Pain Management	\$100
Paralysis	
Two limbs (paraplegia or hemiplegia)	\$20,000
Four limbs (quadriplegia)	\$40,000
Prosthetics	\$1,000
Residence/Vehicle Modification	\$1,500
Surgery - Abdominal, Cranial, and Thoracic	\$2,000
Hernia	\$200
Tendon, Ligament, Rotator Cuff	\$1,000
Therapy – Physical, Occupational, or Speech	\$50
Maximum Visits	10
Transportation (per trip, 100 or more miles)	\$400
Maximum Trips	3
Exclusions & Limitations	
No benefits will be paid for services rendered by a member of the Immediate Family of a Covered Person.	
No benefits will be paid for an injury that is caused by, contributed to, or occurs as a result of a Covered Person's:	
1. Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction in which the accident occurred);	
2. Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);	
3. Committing or attempting to commit suicide or intentionally injuring himself or herself;	
4. Having dental treatment, except for such care or treatment due to injury to sound natural teeth within twelve (12) months of the Covered Accident;	
5. Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto;	
6. Participation in any contest using any type of motorized vehicle.	
If your Coverage Type is Non-Occupational, no benefits will be paid for an Injury incurred while working for pay or profit.	
No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.	

Critical Illness Insurance

Plan Description

The Chubb Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid directly to you. (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

Features and Plan Provisions	
Employee Coverage	Up to \$20,000
Spouse Coverage	Up to 50% of the face amount elected by the employee
Child Coverage	Up to 50% of the face amount elected by the employee
Guaranteed Issue Amounts	Employee: Up to \$20,000 Spouse: Up to \$10,000
Critical Illness Benefits	
ALS	100%
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Breast Cancer Carcinoma In Situ	100% of Face Amount
Cancer (except skin cancer)	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Artery Obstruction	50%
End Stage Renal Failure	100%
Heart Attack	100%
Loss of Sight, Speech, or Hearing	100%
Major Organ Failure	100%
Multiple Sclerosis	100%
Paralysis or Dismemberment	100%
Parkinson's Disease	100%
Severe Burns	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Skin Cancer Benefit - Payable once per insured per year	\$250
Childhood Conditions Pays 100% of the dependent child face amount; Provides benefits for childhood conditions (Autism Spectrum Disorder; Cerebral Palsy; Congenital Birth Defects; Heart, Lung, Cleft Lip, Palate, etc; Cystic Fibrosis; Down Syndrome; Gaucher Disease; Muscular Dystrophy; Type 1 Diabetes)	100%
Miscellaneous Disease Rider Pays 25% of the face amount; see separate rider for covered conditions	100%
Recurrence Benefit	100%
Benefits are payable for a subsequent diagnosis of Benign Brain Tumor, Cancer, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Severe Burns, Stroke, or Sudden Cardiac Arrest.	100%
Wellness Benefit- Payable once per insured per year	100%
Basic + Immunizations and Physicals	100%
Waiting Period 30 days	
Continuity of Coverage (Takeover)	
Pre-Existing Conditions Limitation	

Please Request a sample policy for full benefit provisions and descriptions.

Lifetime Benefit Term Life Insurance

Product Features

- Valuable life insurance protection through age 120!
- LifeTime Benefit Term life insurance up to \$250,000 for eligible actively at work employees.
- Life base insurance premiums are guaranteed never to increase through age 100.
- No medical exams required. Issuance of coverage depends upon answers to a few health questions.
- Provides paid-up death benefit values after only ten years, so if you decide to stop paying premiums at some time in the future, you are guaranteed paid-up coverage of a reduced amount.
- Flexible! You have the option to: Continue your coverage at the same premium; or Elect paid-up insurance coverage of a reduced amount after 10 years with no further premium payments—Guaranteed!
- Fully portable – you own it and take it with you when you leave your employment.
- Spouse and child coverage is available.
- Based on current interest rate assumptions the death benefit is designed to remain level through age 120 and fully paid up at age 100. In the event of a long term decline in interest rates, your coverage does contain a guarantee ensuring that the initial death benefit will last for the longer of 25 years or to age 70 and thereafter can never be less than 50% of your initial death benefit

Issue Limits

Guaranteed Issue Eligibility- Defined Benefit*

Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$100,000

Child Term Rider Coverage: Issue ages 15 days to 25 years; 25 units

Child Certificate Coverage: Issue ages 15 days to 25 years; \$25,000

Conditional Guaranteed Issue Eligibility- Defined Benefit*

Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$150,000

Spouse Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$75,000

Simplified Eligibility - Defined Benefit

Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$250,000

Spouse Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$125,000

Employee Coverage: Issue Ages 71 - 80; Maximum amount allowed is \$50,000

The maximum amount of coverage for any one life is limited to the SI maximum limits above even when multiple products are made available.

Dependent Child Coverage and Eligibility

Employees may apply for coverage on a Dependent Child in one of the following two ways, but not both:

- Dependent Child Optional Benefit Rider:
- Available on a Guarantee Issue basis.

Exception: when a child rider is added to an existing employee or spouse LBT contract and the child is not newly eligible, the child is added on a Simplified Issue basis – see below* .

Dependent Child Individual LBT Certificate:

Available on a Guarantee Issue basis only at the Employee's initial eligibility period.

Employees applying for coverage on a child AFTER their initial eligibility period, may apply for coverage on a Simplified Issue basis – see below*.

Exception: when an Employee adds a newborn child (new step child or newly adopted child) after their initial eligibility period, they may apply for coverage on a Guarantee Issue basis.

**The Employee must answer all the required health questions on the child proposed for coverage on page one and two of the enrollment form which Chubb's Administrative Office will review to determine if the coverage applied for can be issued.*

Overview of Included Benefit Rider

Accelerated Death Benefit Rider for Terminal Illness: Automatically included at no cost. Allows an accelerated payment of 50% of the death benefit not to exceed \$100,000 if the insured's death is diagnosed to occur within a 12 month period.

Overview of Optional Benefit Riders

(Not all riders are available in all states. See certificate for full explanation and description of terms and benefits.)

Dependent Children Term Rider: Issue ages from 15 days to age 25. One premium covers all eligible children – natural, step, adopted or any under legal guardianship. Coverage lasts to age 26 and may be converted up to 5 times the term amount. Maximum initial term amount is \$25,000.

Employees may apply for coverage on a Dependent Child in one of the following two ways, but not both: Dependent Child Optional Benefit Rider OR Dependent Child Individual LBT Certificate

*Applies to employee enrollment only during initial eligibility for this coverage

Waiver of Premium Rider: Available only to employees. Issue ages from 20–55. Waives the base premium and all rider premiums after the 6th month of disability if the insured becomes totally disabled prior to age 60.

Payor Waiver of Premium Rider: Operates on the same basis as the Waiver of Premium, but waives premiums for any individual certificate of coverage on a spouse or child contract if the payor becomes totally disabled.

Accelerated Death Benefit for Long Term Care (LTC) Rider:

This is a plan sponsor determined benefit rider and, if selected, will be added to all certificates. This rider may be added only to employee or spouse contracts. Issue ages are 19–80 for employees and 19-70 for spouses. The insured must be certified as being chronically ill (unable to perform 2 out of 6 activities of daily living or be cognitively impaired) and be confined to a nursing home or assisted living facility, or be receiving home health care or adult day care. The accelerated LTC benefit is 4% of the current death benefit amount payable each month for up to 25 months. If death occurs prior to the end of the 25 month period, the remaining amount is paid as a death benefit.

Inclusion of the Accelerated Death Benefit for Long Term Care Benefit is determined by the Employer and, if selected, will be inclusive on all Employee certificates.

Restoration of Your Death Benefit

Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to \$0. While inforce, this rider restores your life coverage to not less than 50% of the death benefit, up to a maximum of \$50,000, on which your LTC benefits were based. This rider assures there will be a death benefit available for your beneficiary up to your insured's age 121.

Rider is not available in the state of Virginia.

Short-Term Disability Insurance

Plan Description

The plan provides for payment of a monthly disability benefit when you are disabled and unable to work due to an injury or sickness. Benefit payments begin after any applicable elimination period is satisfied and continue during disability, up to the disability benefit period.

Plan Features

Benefit Amounts	\$400 to \$6,000
Guaranteed Issue Amounts	Monthly benefit of up to \$3,000
Maximum Income Replacement	60% of the employee's base annual pay (up to 40% in states with state disability benefits)
Pre-existing Condition Exclusion	12/12
Waiver of Premium	Not Included
Eligibility	Employee must work at least 19 hours per week with a base annual pay of at least \$9,000.
Portability	Standard Portability (An employee's coverage may be continued when eligibility or employment ends. Coverage will end on the date the group plan is terminated.)
Issue Ages	Employee: 18-74
Termination Age	Terminates at age 75

Benefits

Benefit Duration	3 Months
Elimination Period	14/14 Days

Total Disability Benefit

This benefit pays the monthly benefit when a covered employee is totally disabled and unable to work due to sickness or injury.

Benefits begin following the expiration of an applicable elimination period.

Total Disability Benefits will end when:

- The employee is cleared by the doctor and returns to his full-time job, or
- The employee earns 80% or more of pre-disability income working at any job, or
- The employee reaches the end of the total disability benefit period.

Partial Disability Benefit

This benefit pays 50% of the monthly benefit when a covered employee is partially disabled and returns to work earning less than 80% of base income due to sickness or injury. Benefits begin following the expiration of an applicable elimination period.

Partial Disability Benefits will end when:

- The employee is cleared by the doctor and returns to his full-time job, or
- The employee earns 80% or more of pre-disability income working at any job, or
- The employee reaches the end of the partial disability benefit period, a maximum of 3 months.

The Partial Disability Benefit has its own benefit period; it is not subject to the Total Disability Benefit Period. The employee may be eligible for the Partial Disability Benefit even if he has not received the Total Disability Benefit.

Pre-existing Condition Limitation

Pre-existing Condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the effective date of coverage.

For a condition to have been pre-existing:

- A doctor must have advised, diagnosed, or treated the covered employee, or
- Symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment.

We will not pay benefits for any disability resulting from or affected by a pre-existing condition if the disability was diagnosed within the 12-month period after the effective date of coverage.

We will not reduce or deny a claim for benefits for any disability due to a pre-existing condition that was diagnosed more than 12-months after the effective date of coverage.

CareCore Health
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 Carrier Contact information

Benefit	Carrier	Group Number	Customer Service
Major Medical	American Plan Administrators	Multiple per Location	(888) 624-6300 https://apatpa.com/
Limited Day		Multiple per Location	
Vision	Aetna	175094	(877) 973-3238 https://eyedoclocator.aetnavision.com/aetna/en
Dental	Lincoln Financial		(877) 275-5462 www.lincolnfinancial.com/public/individuals/products/employeebenefits
Hospital Illness	Chubb		(866) 324-8222
Accident Insurance	Chubb		(866) 324-8222
Critical Illness	Chubb		(866) 324-8222
Term Life Insurance	Chubb		(866) 324-8222
Short term Disability	Aflac	25181	(800) 433-3036
Benefit Enrollment Call Center			(866) 982-5548

Notes:
