

2
0
2
5



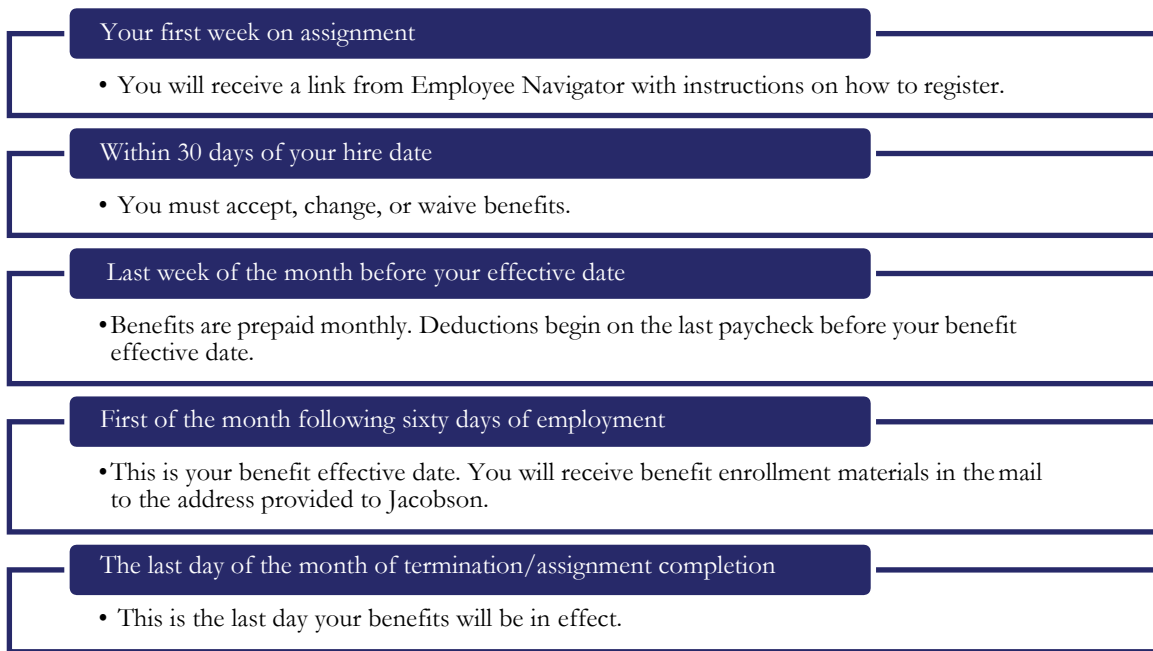
**TEMPORARY
EMPLOYEE BENEFITS
PACKAGE
JACOBSON**

2025 Benefit Deduction Schedule

Deductions are taken once a month as follows:

Paycheck Date	Pays for Benefits In
December 26, 2024	January 2025
January 30	February
February 27	March
March 27	April
April 24	May
May 29	June
June 26	July
July 31	August
August 28	September
September 25	October
October 30	November
November 27	December

Jacobson Benefit Timeline



Helpful Hints

- You will need to provide the date(s) of birth and social security number(s) for your spouse/dependents at the time of enrollment.
- If you end an assignment with Jacobson and begin a new assignment within 13 weeks, you will be automatically enrolled in your previous benefit selections on the next 1st of the month.
- If you have any questions, please email benefits@jacobsononline.com or call +1(800) 466-1578 and ask for HR.
- The company identifier is: "jacobson" and the website is: www.employeenavigator.com

INTRODUCTION AND ENROLLMENT

Introduction

Our health insurance offerings aim to provide you and your family with a variety of choices. We have four core health plans, each tailored to different coverage levels and associated premiums. All four of these core health plans meet the individual mandate requirements of the Affordable Care Act (ACA), provided your state enforces it. We are confident that you will find value in what we offer, so please carefully consider the benefits, coverage, and any limitations of each plan.

Enrollment

According to federal law, there are specific periods during the year when you can enroll. You can sign up during our **annual open enrollment** period, within your **new hire window**, or in response to a **qualifying event**.

If you are a new hire, you must complete the enrollment process within 30 days from your hire date.

A qualifying event is defined as a change in your status due to circumstances such as marriage, divorce, the birth of a child, loss of coverage, change of residency, and more.

HEALTH BENEFITS

To meet the requirements of the Healthcare Reform Employer Mandate, we offer four core health plans known and the **PANAMED PLANS**. Our more comprehensive plans (**plans 1-3**) include a fixed benefit amount to assist in covering various medical services, such as doctor visits, diagnostic tests, x-rays, hospitalization, accidents, emergency room visits, surgeries, prescription drugs, intensive care, and more. Furthermore, these plans grant access to a National PPO network designed to manage costs.

In addition to the four core health plans, we offer a high-dollar deductible Minimum Value Plan to further adhere to the ACA Employer Mandate. For information on our MVP please contact your benefit coordinator



BENEFITS

UNDERSTANDING YOUR BENEFITS

Our four core health insurance options are designed to offer a broad spectrum of coverage and flexibility that aligns with your budget.

Basic Minimum Essential Coverage (MEC), provides the fundamental level of coverage required under the Employer Mandate clause of the Affordable Care Act.

PANAMED PLANS 1-3 The higher the plan, the greater the coverage and benefits you receive. These plans operate on an indemnity basis, providing a fixed dollar amount to the healthcare provider, doctor, or hospital for each covered service, eliminating the need for up-front copayments or responsibility for deductibles and coinsurance, as is common with many health plans.

Please note that these plans utilize a national PPO network, so it's advisable to use in-network providers and hospitals for better pricing.

These plans are comprehensive and designed to address your day-to-day health needs, while the hospital indemnity plan focuses on providing substantial hospital and surgery benefits.

We strongly recommend that you carefully review each plan, its benefits, and any limitations before making a decision.

VIDEO RESOURCES

(CLICK ON THE LINKS BELOW)

[PANABRIDGE ADVANTAGE - YOUR HEALTH PLAN EXPLAINED](#)

[GOING TO THE DOCTOR](#)

[PREVENTIVE CARE](#)

[HEALTHIEST YOU \(TELEMEDICINE IN YOUR PLAN\)](#)

Health, Dental and Vision Premiums 2025

MEC Basic		Dental	
	Monthly Premium		Monthly Premium
Employee Only	\$70.88	Employee Only	\$32.09
Employee + Spouse	\$86.94	Employee + Spouse	\$64.17
Employee + Child(ren)	\$103.40	Employee + Child(ren)	\$77.34
Employee + Family	\$127.24	Employee + Family	\$109.43

PanaMed Plan 1		Vision	
	Monthly Premium		Monthly Premium
Employee Only	\$115.44	Employee Only	\$7.20
Employee + Spouse	\$180.62	Employee + Spouse	\$14.39
Employee + Child(ren)	\$170.74	Employee + Child(ren)	\$12.88
Employee + Family	\$248.35	Employee + Family	\$20.08

PanaMed Plan 2	
	Monthly Premium
Employee Only	\$160.64
Employee + Spouse	\$276.45
Employee + Child(ren)	\$247.19
Employee + Family	\$381.55

PanaMed Plan 3	
	Monthly Premium
Employee Only	\$312.75
Employee + Spouse	\$604.48
Employee + Child(ren)	\$497.61
Employee + Family	\$830.86

2025 Benefit Costs

All listed rates are **monthly**. Deductions are made on the last paycheck of the month to prepay for the following month's coverage.

Other Benefit Options

401k Retirement Savings

This benefit is a retirement savings plan that employees can contribute to via payroll deductions. In order to be eligible for this benefit, employees need to have worked for Jacobson on assignment for 1 year and 1000 hours. Email benefits@jacobsononline.com for questions.

Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	PLAN 1	PLAN 2	PLAN 3
HOSPITAL ADMISSION INDEMNITY BENEFIT <ul style="list-style-type: none"> • Pays in addition to hospital indemnity • Once per admission, once per diagnosis • Benefit will not be payable for the same or related injury or illness 	N/A	\$1,000 first day when admitted as an inpatient into a hospital room	\$2,000 first day when admitted as an inpatient into a hospital room
HOSPITAL INDEMNITY BENEFIT <ul style="list-style-type: none"> • Must be admitted as an inpatient into a hospital room • If hospital confinement falls into a category below a different maximum applies 	\$50 per day Overall calendar year max subject to 60 day(s) total for any inpatient stay in a hospital	\$100 per day Overall calendar year max subject to 60 day(s) total for any inpatient stay in a hospital	\$2,000 per day Overall calendar year max subject to 60 day(s) total for any inpatient stay in a hospital
Intensive Care If the participant is confined in a hospital intensive care unit	\$100 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$200 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$4,000 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)
Substance Abuse Must be diagnosed and admitted as an inpatient in a substance abuse unit	\$25 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$50 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$1,000 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)
Mental Illness Must be diagnosed and admitted as an inpatient into a mental illness unit	\$25 per day Up to 60 day(s) calendar year max (applied to overall calendar year max)	\$50 per day Up to 60 day(s) calendar year max (applied to overall calendar year max)	\$1,000 per day Up to 60 day(s) calendar year max (applied to overall calendar year max)
Skilled Nursing Facility Must be admitted in skilled nursing facility following a covered hospital stay of at least 3 days	\$25 per day Up to 57 day(s) calendar year max (applied to overall calendar year max)	\$50 per day Up to 57 day(s) calendar year max (applied to overall calendar year max)	\$1,000 per day Up to 57 day(s) calendar year max (applied to overall calendar year max)
DOCTOR'S OFFICE BENEFIT Benefit pays one benefit per day if the patient is seen by a doctor for an illness or injury	\$80 per day 4 day(s) per calendar year	\$100 per day 6 day(s) per calendar year	\$150 per day 6 day(s) per calendar year
OUTPATIENT DIAGNOSTIC LABS <ul style="list-style-type: none"> • Includes glucose test, urinalysis, CBC, and others • When hospital confinement is not required and the test is ordered or performed by a doctor 	\$25 per day 3 day(s) per calendar year	\$35 per day 3 day(s) per calendar year	\$45 per day 3 day(s) per calendar year
OUTPATIENT DIAGNOSTIC RADIOLOGY <ul style="list-style-type: none"> • Includes chest, broken bones, and others • When hospital confinement is not required and the test is ordered or performed by a doctor 	\$70 per day 2 day(s) per calendar year	\$70 per day 4 day(s) per calendar year	\$100 per day 2 day(s) per calendar year
OUTPATIENT ADVANCED STUDIES <ul style="list-style-type: none"> • Includes CT Scan, MRI, and others • When hospital confinement is not required and the test is ordered or performed by a doctor 	\$300 per day 2 day(s) per calendar year	\$300 per day 2 day(s) per calendar year	\$400 per day 2 day(s) per calendar year

Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	PLAN 1	PLAN 2	PLAN 3
INPATIENT SURGICAL BENEFIT <ul style="list-style-type: none"> • Surgery must be performed due to an illness or injury as an inpatient stay in a hospital • Minor surgical procedures are excluded 	N/A	\$750 per day 1 day(s) per calendar year	\$3,000 per day 1 day(s) per calendar year
INPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the inpatient surgical benefit	N/A	\$187.50 per day 1 day(s) per calendar year	\$750 per day 1 day(s) per calendar year
OUTPATIENT SURGICAL BENEFIT <ul style="list-style-type: none"> • Surgery must be performed due to an illness or injury at an outpatient surgical facility center or hospital outpatient surgical facility • Minor surgical procedures are excluded 	N/A	\$375 per day 1 day(s) per calendar year	\$1,500 per day 1 day(s) per calendar year
OUTPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the outpatient surgical benefit	N/A	\$93.75 per day 1 day(s) per calendar year	\$375 per day 1 day(s) per calendar year
EMERGENCY ROOM SICKNESS BENEFIT Pays one benefit per day for services received in an ER as a result of an illness	\$75 per day 2 day(s) per calendar year	\$200 per day 1 day(s) per calendar year	\$300 per day 2 day(s) per calendar year
SPECIFIED ILLNESS BENEFIT Lump Sum benefit for specified major health events (first diagnosis of invasive cancer, heart attack, and stroke). Waiting Period: <ul style="list-style-type: none"> • 30 day waiting period for heart attack and stroke • 90 day waiting period for invasive cancer 	\$1,500 lump sum Spouse 50% of lump sum Children 25% of lump sum	\$2,500 lump sum Spouse 50% of lump sum Children 25% of lump sum	\$5,000 lump sum Spouse 50% of lump sum Children 25% of lump sum
THE LIMITED BENEFIT INDEMNITY PLAN ALONE DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (MAJOR MEDICAL COVERAGE) AND DOES NOT SATISFY THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. HOWEVER, THE PREVENTIVE CARE PLAN OFFERED AS PART OF PANABRIDGE ADVANTAGE DOES MEET THE REQUIREMENT UNDER THE AFFORDABLE CARE ACT AS IT PROVIDES MINIMUM ESSENTIAL COVERAGE.			

Group Medical Accident

with Accidental Death & Dismemberment

(Included with All Plans)

Covered Charges

Hospital room and board and general nursing care up to the semi-private room rate • Hospital - miscellaneous expenses during hospital confinement such as the cost of operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies • Doctor's fees for surgery and anesthesia services • Doctor's visits - inpatient and outpatient • Hospital emergency care • X-ray and laboratory services • Prescription drug expense • Dental treatment for injury to sound natural teeth • Registered nurse expense.

BENEFIT	PLAN 1	PLAN 2	PLAN 3
Accident Benefit* per occurrence	Up to \$2,500	Up to \$5,000	Up to \$10,000
Deductible per accident, per insured	\$100 deductible	\$100 deductible	\$100 deductible
Accidental Death	\$5,000	\$10,000	\$20,000
Accidental Dismemberment	Up to \$5,000	Up to \$10,000	Up to \$20,000
Initial Treatment Period..... 12 weeks (Initial treatment must be incurred within 12 weeks of the date of the accident)		Benefit Period..... 52 weeks (Expenses must be incurred within 52 weeks of the date of the accident)	

**Pays "Off the Job" Accident Medical Benefits for Covered Expenses that result directly, and from no other cause, than from a covered accident.*

The insured's loss must occur within one year of the date of the accident.

Medical Accident insurance is issued by Pan-American Life Insurance Company on policy form number SM-2003.

Medical Accident is NOT available to residents in ME and WA.

Global Repatriation

Helping to Provide Peace of Mind During Your Time of Need

The passing of a loved one is a difficult and emotional experience. When it occurs during travel, you or your loved ones may feel that help is no longer within reach.

Global Repatriation is a worldwide benefit designed to help your family when you or a covered dependent suffers a loss of life due to a covered accident or illness while traveling 100 miles or more away from their permanent residence. The benefit provides transportation of a covered member's remains to his/her primary place of residence in the United States and repatriation of foreign nationals to their home countries.

Benefit Includes:

- Expenses for preparations; embalming or cremation
- Transport casket or air tray
- Transportation of remains to place of residence or place of burial

All services must be authorized and arranged by AXA Assistance designated personnel and the maximum benefit per person is \$20,000 USD per occurrence. No claims for reimbursement will be accepted.



To Activate Assistance Call: 1-888-558-2703 / 1-312-356-5963

(Toll-Free in the U.S.)

(Collect Outside of the U.S.)

*Global Repatriation benefits are independently offered and administered by AXA Assistance USA, Inc. www.axa-assistance.us
Pan-American Life and AXA Assistance USA, Inc. are not affiliated. See policy for exclusions and limitations.*

Using In-Network Providers Can Stretch Your Benefit Dollars



Your plan includes access to the First Health Network, which is more than a PPO Network, it is a full service Managed Care Organization offering savings opportunities on a national, directly contracted basis. It provides access to more than 5,000 Hospitals and 695,000 Physicians and health care professionals nationwide.

First Health is committed to patient safety at a high level by exercising care in the selection and evaluation of providers for our network. Thorough credentialing and re-credentialing processes minimize unfavorable risks, which in turn, impacts clinical and cost outcomes.

In addition to the First Health Network, our members also have access to a secondary, or Wrap Network that provides them and their covered dependents a broader access to Physicians and health care professionals in urban, suburban, and rural areas.

To locate in-network Physicians or Hospitals call **1-888-561-5759**
or visit www.providerlocator.com/paliefh to search online

PPO Provider services are provided by Competitive Health, Inc. Pan-American Life and Competitive Health are not affiliated.

Member Services



Our member service representatives are responsible for ensuring that customers receive the best assistance with their questions and concerns. Pan-American Life's customer service representatives interact with customers to provide information in response to inquiries about products and services. They communicate with administrators and members through a variety of means; by telephone, by e-mail, fax or mail.

We can assist members, companies and providers with:

- Member Advocacy
- ID Cards
- Policy Information
- Member Eligibility
- Verification of Benefits
- Prescription Benefits
- PPO Network Information
- Account Management
- Claims
- And more!

Monday through Friday, 7:30 AM – 5:00PM, Central Time.



1-800-999-5382

Full bilingual (English-Spanish) services

Prescription Drug Indemnity Benefits

Your prescription drug indemnity benefit will pay a maximum amount per day, per insured person, with a maximum amount either per month or per calendar year (check your plan below). There are no copayments, deductibles, or coinsurance.

Prescription Drug Indemnity Pays (Included with Plan 1)

Generic - \$15 per day

Monthly Maximum Limit for Generic is 2 days per insured

Brand - Discount Only



Prescription Drug Indemnity Pays (Included with Plan 2)

Generic - \$10 per day

Monthly Maximum Limit for Generic is 2 days per insured

Brand - \$50 per day

Monthly Maximum Limit for Brand is 2 days per insured

Prescription Drug Indemnity Pays (Included with Plan 3)

Generic - \$25 per day

Calendar Year Maximum Limit for Generic is 36 days per insured

Brand - \$50 per day

Calendar Year Maximum Limit for Brand is 36 days per insured

This Applies to All 3 Plans

- If the pharmacy's charge is less than the per day indemnity benefit, you will be mailed a check for the difference.
- If the pharmacy's charge is more than the per day indemnity benefit, you will be responsible for the difference.
- If maximum limit is met a Discount will be applied.

The R_xEDO pharmacy network includes **over 68,000** total participating retail pharmacy locations nationwide; all major chains are included as well as 20,000+ independent pharmacies.

Helpful Hints

- Show the pharmacist your identification card. It includes the BIN and PCN numbers, as well as any other information they will need to process your claim through R_xEDO.
- If your pharmacy has any questions concerning the process, please have them call the R_xEDO Pharmacy Help Desk at (800) 522-7487, which is printed on your new identification card.

For questions or drug look-up go to www.rxedo.com or call 1-888-879-7336.

Prescription drug indemnity benefits are insured by Pan-American Life Insurance Company on form number PA-IOPD-15-P and administered by RxEDO. Pan-American Life is not affiliated with RxEDO.

Prescription Drug Indemnity Benefit

Frequently Asked Questions

- What is the difference between a co-pay prescription benefit and the indemnity prescription benefit?** Instead of paying out-of-pocket for co-pays, your indemnity prescription plan will pay a fixed dollar amount per day for a maximum number of days per month or per year depending on your plan. In addition, your indemnity benefit is not limited to formulary restrictions.
- What if the per day benefit amount is greater than the cost of my prescription?**
A check for the difference will be mailed to you at the end of the month.
- What if the cost of my prescription is greater than the per day benefit amount?**
You will be responsible for any costs above the per day benefit amount at the pharmacy.
- How can I find out what my out-of-pocket cost will be under this plan before I go to the pharmacy?** For drug look-up you can go to www.RxEDO.com or call 1-888-879-7336. Prices may vary at each pharmacy, so it is best to contact the pharmacy directly.
- What if I have two generic prescriptions to fill on the same day?**
The plan will pay the fixed dollar amount per day regardless of the number of prescriptions you fill at the pharmacy. Please be aware that your pharmacy will apply your prescription indemnity benefit to only one prescription at the pharmacy. If there is any indemnity benefit remaining, you will receive that amount in the form of a check at the end of the month.
- What if I have a generic and a brand prescription to fill on the same day?**
If your plan covers brand prescriptions under the indemnity benefit, the plan will pay the fixed dollar amount per day for one generic, and the a fixed dollar amount per day for one brand prescription. If you have a combination plan, the plan will pay the fixed dollar amount for either one brand or one generic prescription per day, but not for both. All plans include discounts on prescriptions not covered and /or exceeding the one per day limit.

Here's how your Prescription Drug Indemnity Benefits work:

Example 1 – If your plan Pays:

Generic - \$10 per day
Brand - \$50 per day

Calendar Year Maximum Limit for Generic is 12 days per insured
Calendar Year Maximum Limit for Brand is 12 days per insured

In one day you or a covered dependent fills one Generic and one Brand prescription drugs as shown below:

1 Generic for a total cost of:	\$4
Plan pays the pharmacy:	\$4
Plan mails you a check for:	\$6

1 Brand for a total cost of:	\$38
Plan pays the pharmacy:	\$38
Plan mails you a check for:	\$12

This per day benefit for Generic and Brand drugs has been satisfied. Any additional prescriptions filled by that particular insured, on the same day, would have a discount applied.

Example 2 – If your plan Pays:

Generic - \$25 per day
Brand - \$50 per day

Calendar Year Maximum Limit for Generic is 12 days per insured
Calendar Year Maximum Limit for Brand is 12 days per insured

In one day you or a covered dependent fills one Generic and one Brand prescription drugs as shown below:

1 Generic for a total cost of:	\$30
Plan pays the pharmacy:	\$25
You are responsible for:	\$5

1 Brand for a total cost of:	\$60
Plan pays the pharmacy:	\$50
You are responsible for:	\$10

This per day benefit for Generic and Brand drugs has been satisfied. Any additional prescriptions filled by that particular insured, on the same day, would have a discount applied.

Your healthcare just got a whole lot easier!

With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can SAVE YOU TONS OF MONEY and no more sitting around in waiting rooms. And best of all, it's FREE!

**HY can handle over 70%
of doctor office visits!**

Top 9 Physician Consults

Allergies, Bronchitis, Earache, Sore Throat, Sinusitis,
Pink Eye, Strep Throat, Respiratory Infection,
and Urinary Tract Infection



24x7 UNLIMITED DOCTOR ACCESS
Are you sick? Call HealthiestYou first! Our physician network can diagnose, treat, and prescribe with no consult fees, anytime, anywhere. Really!



PRESCRIPTION SAVINGS
Need a prescription? Our geo-based Prescription search engine can save you up to 85% on your prescription and will often beat your co-pay.



SHOP & PRICE PROCEDURES
Do you need an MRI or an Ultrasound? Our app puts you in the driver's seat by providing a vehicle to search and price procedures in your direct area. Happy shopping!



HEALTH MANAGEMENT CONTENT
Are you stressed? Let HealthiestYou guide you to improved health and happiness with relevant health content delivered at your time of need.



REGISTER AND ACCESS YOUR ACCOUNT
member.healthiestyou.com
No internet? Call a doctor
(855) 894-9627



To learn how to connect with a doctor 24/7, shop and price procedures, prescription savings and more. Watch our video: www.mypalic.com/videohy

And don't forget to download the app



HealthiestYou is not insurance and is provided by HY Holdings Inc. Pan-American Life and HY Holdings Inc. are not affiliated.



HIGH DOLLAR DEDUCTIBLE MINIMUM VALUE PLAN



To ensure full compliance with the Employer Mandate of the Affordable Care Act, we offer a high-dollar deductible Minimum Value Health Plan to all eligible full-time employees.

1

For more information about this plan please contact the administrator:
The Big Plan
1-866-884-6244

2

You have a selection of plans to choose from. Plans and pricing depend on your age and city.

The screenshot shows a plan selection interface with the following details:

- Best Match** (with a dropdown arrow)
- UnitedHealthcare logo and plan name: **UHC Bronze Copay Focus \$0 Indiv Med Ded**
- Plan type buttons: **Expanded Bronze** (selected) and **HMO**
- Summary table:

Premium with Savings	Deductible	OOP Max	PME Score
\$330/mo.	\$0 Just You / With Family	\$9,450 / \$18,900 Just You / With Family	5.0 ★
	Primary Care Physician: \$40	Specialist Visits: \$100	
- Buttons: Compare, [Details](#),

** Price above for illustration purposes only

For more information you can also reach out to David Johnson
602.349.7559 or email David@espritbenefits.com



Bundle‡ with vision**

Dental + Vision. Better together.

We've partnered with the industry leader in vision care to offer rich benefits packages unlike any other.

FEATURES[†]

Frequency

- Exams and lenses covered every 12 months
- Frames covered every 12 or 24 months

Allowances & Co-payments

- Discount toward frames & contact lens professional services (does not apply to materials)
- Low \$10 exam co-payment

Extra Discounts & Savings

- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of last eye exam.
- Average 15% off laser vision correction

VSP Choice Plan[®]

- 38,000+ providers
- 104,000 access points[‡]
- Up to \$200 in frame allowances
- Up to \$150 in elective contact allowances
- Low co-payments
- 20% savings on the amount over allowance

Vision Plan Rate

- 2-year vision rates guarantee

‡ There is no discount associated with the bundling of products.

**Dental and vision insurance products underwritten by National Guardian Life Insurance Company (NGL), Madison, WI, marketed by Beam Insurance Services LLC. Dental policy form series numbers NDNGRP 04/06, NDNGRP 2010, and NDNGRP 2020. Dental and vision products underwritten by Nationwide Life Insurance Company, Columbus, OH in NY, DE, ID. and LA, UT, OH (effective 4/1/22). Dental and vision products administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC, in Texas). Vision insurance products underwritten by Vision Service Plan (VSP) in WA. Vision insurance products administered by Vision Service Plan Insurance Company. Vision Policy form series numbers NVIGRP 11-13, NVIGRP 5-07 and NVIGRP 2020. Not all products available in all states.

National Guardian Life Insurance Company, Madison, WI, is not affiliated with The Guardian Life Insurance Company of America, a.k.a. The Guardian, or Guardian Life.

† Actual coverage and costs may vary. Check your plan to see what services may be covered.

VSP and VSP Choice Plan are registered trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. ©2022 Vision Service Plan. All rights reserved.

‡ Access points based on data provided by VSP for the VSP Choice Network as of March 2022.





Dental Benefit Summary

The Jacobson Group

Plan: SmartPremium

Policy length: 12 months

Group #: IL00866

Plan Coverage

In-network
(PPO fee)

Out-of-network
(90th percentile UCR)

Preventive & Diagnostic

Diagnostic and preventive: exams, cleanings, fluoride, space maintainers, x-rays, and sealants

100%

100%

Basic

Emergency palliative treatment: to temporarily relieve pain

Minor restorative: fillings

Prosthetic maintenance: relines and repairs to bridges and dentures

80%

80%

Major

Endodontics: root canals

Implants: endosteal in lieu of a 2 or 3 unit bridge

Major restorative: crowns, inlays, and onlays

Oral surgery: extractions and dental surgery

Periodontics: to treat gum disease

Prosthetics: bridges

Prosthodontics: dentures

50%

50%

Plan maxes

Annual maximum applies to diagnostic & preventive, basic services, and major services. Lifetime maximum applies to orthodontic services.

Annual max based on calendar year.

Annual max

Benefit period: calendar year

\$1,000 /yr

Ortho Lifetime Max

\$0 /lifetime



FIND A DENTIST
dentists.beambenefits.com



QUESTIONS?
support@beambenefits.com



CHECK CLAIMS & ELIGIBILITY
providers.beambenefits.com



Plan deductible

The deductible is waived for diagnostic & preventive services.

Individual

\$50.00 /yr

Family

\$150.00 /yr

Claims Information

Beam Insurance Administrators
PO Box 75372
Cincinnati, OH 45275

Electronic payer ID
BEAM1

NEA ID
BEAM1

Fax number
(844) 688-4821

Phone number
(800) 648-1179

Claim form accepted
ADA form 2006 or later

Beam Dental PPO Standard coverages, as of August 1, 2019

Questions?

If you have questions, call us at (800) 648-1179. We'd love to help! Or visit app.beambenefits.com and login to view more info. Please check your Certificate of Insurance for a description of coverage, limitations, and exclusions under the plan. Some services require prior authorization.



FIND A DENTIST
dentists.beambenefits.com



QUESTIONS?
support@beambenefits.com



CHECK CLAIMS & ELIGIBILITY
providers.beambenefits.com





Frequency

Contacts (in lieu of glasses)	12 months
Exams	12 months
Frames	24 months
Lenses	12 months

Copayments

Contact lens fitting & evaluation ¹	Up to \$60 copay
Exams	\$10
Materials	\$25

In network allowances

Covered Lens Enhancements	Polycarbonate for children
Elective Contact Lenses	\$150
Retail Frame Value ^{2,3,4}	\$150 / 20% savings on amount over allowance

¹Patient will pay 85% of doctor's U&C fees or \$60, whichever is less.

²Extra \$20 allowance on featured brands. Featured frame brands and promotion subject to change.

³Frame allowance backed by a wholesale guarantee, meaning VSP fully covers more frames than retail allowance plans.

⁴Allowance may differ at Walmart, Sam's Club and Costco, however it is of equivalent value.

Value added programs

Diabetic Eyecare Plus Program SM	Included
Diabetic exam reminder letters	Included
Health-focused care	Included
Hearing aid discounts	Included
Low vision	Included

Out-of-network allowances

Bifocal lenses, up to	\$50
Elective contact lens materials and fitting/evaluation, up to	\$105
Examination, up to	\$45
Frame, up to	\$70
Lenticular lenses, up to	\$100
Single vision lenses, up to	\$30
Trifocal lenses, up to	\$65

Extra discounts & savings

Additional pairs of glasses ⁵	20% savings
Laser vision correction (LVC)	Average 15% Discount
Lens enhancements	Average savings of 30% on other lens enhancements

⁵20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam®.

GENERAL EXCLUSIONS AND LIMITATIONS FOR PANAMED

This is a general list of exclusions and limitations and may vary by state.

Benefits are not payable with respect to any charge, service or event excluded as set forth below.

1. Charges for medical or dental services of any kind, or any medical supplies or visual aids or hearing aids, or any food, supplement or vitamin, or medicine, it being understood that the Policy shall pay the Indemnity Benefits set forth in the Summary of Benefits for a hospitalization or other covered event, without regard to the actual charges made by a provider or supplier of goods or services.
2. Any claim relating to a hospitalization or other covered event where the hospitalization or other covered event was prior to the effective date of coverage under the Policy, or after coverage is terminated.
3. A claim arising out of insurrection, rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression.
4. A claim arising out of declared or undeclared war or acts thereof. For life insurance: As a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, if the cause of death occurs while the insured is serving in such forces, provided such death occurs within six (6) months after the termination of service in such forces.
5. A claim arising out of Accidental Bodily Injury occurring while serving on full time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by Us pro rata for any period of active full time duty).
6. A claim related to an Injury or Illness arising out of or in the course of work for wage or profit or which is covered by any Worker's Compensation Act, Occupational Disease Law or similar law.
7. With respect to a death benefit, a claim related to bodily injuries received while the Covered Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit.
8. A claim arising from services in the nature of educational or vocational testing or training.
9. A claim related to Custodial Care.
10. A claim arising from medical services provided to the Covered Person for cosmetic purposes or to improve the self-perception of a person as to his or her appearance, except for: reconstructive plastic surgery following an Accident in order to restore a normal bodily function, or a surgery to improve functional impairment by anatomic alteration made necessary as a result of a birth defect, or breast reconstruction following a mastectomy.
11. Other than a claim for death benefits, any claim arising out of a surgical procedure for the treatment of obesity or the purpose of facilitating weight reduction.
12. Other than a claim for death benefits, any claim arising out of treatment of infertility.
13. For Specified Illness Benefit, Cancer does not include pre-malignancies, cancer in situ, and skin cancers except melanoma. For Stroke, Transient Ischemic Attacks (TIA) are excluded. Groups situs in Pennsylvania have a Pre-existing Condition exclusion. Pre-existing condition exclusion means a disease or physical condition for which medical advice or treatment has been received for which, in the 3 months before a Covered Person becomes insured under this Policy, the Covered Person received medical advice or treatment. We will not pay benefits for any claims that are caused by or result from a Preexisting Condition if the diagnosis of a defined Specified Illness occurs during the first 12 months that a Covered Person is insured under this Policy.



Benefit Enrollment Instructions via EmployeeNavigator.com

We hope you find our online enrollment tool simple and easy to use. We’ve broken the process down into five basic steps:

1. Receive your registration link, or go to www.employeenavigator.com/benefits/Account/Login
2. Register
3. Learn about your benefits and review your required tasks
4. Enter personal information, select your enrollees and select your benefits
5. Confirm your coverage and logout

Step 1: Receive your registration link

Within a week after your hire date or during open enrollment, you will receive a welcome email from noreply@employeenavigator.com with a registration link and instructions.

Step 2: Register

You will need to create a username, password and confirm the last 4 of your Social Security Number. Use your personal email address as your username.

The Company Identifier is “jacobson”.

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

(provided by HR)

PIN

(Last 4 Digits of SSN / ID)

Birth Date

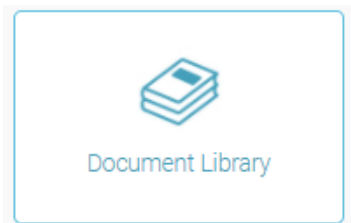
(mm/dd/yyyy)

Next »

Step 3: Learn about your benefits and review your required tasks

- Learn About Your Benefits:
 - Under "Document Library" you will see a link that directs you to a summary of each benefit.
- Review Your Required Tasks
 - Click the “go” button next to review the company’s Minimum Essential Coverage Policy

Benefit Information



Tasks

You have 1 item to complete.

1 [Enroll in your benefits](#)

Step 4: Enter personal information, select enrollees and select benefits

You must have your spouse/dependents’ social security number(s) and birthday(s) to enroll.


- 1) Click Start Benefits link to begin
- 2) Add dependents
- 3) Select enrollees
- 4) Choose benefit
- 5) When enrolling spouse/dependents, be sure the circle next to their names are checked.
- 6) Click “save and continue” or “don’t want this benefit” to decline.

Finish Enrollment

Step 5: Confirm your coverage

Once you have gone through the benefit election process, a confirmation screen will appear showing you the benefits you elected and the cost that will be deducted from your paycheck each **month (not a weekly deduction)**. Click “Agree” to confirm and finish.

Enrollment Summary

print 

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

Please review the acknowledgment below

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

Enrolled Plans

Plan	Carrier	Plan Title	Coverage	Effective	Cost Per Pay	Benefit
Medical	EBSO	Minimum Essential Coverage PLUS	Employee	01/01/2016	\$25.01	
Telemedicine	MeMD	Telemedicine - 24/7 Doctor By Phone	Employee	01/01/2016	\$3.06	

Total Cost Per Pay Period

\$28.07

This price is monthly (not per pay period), taken the last pay period of the month to pay for the following month's coverage.

Questions?

Email benefits@jacobsononline.com or call 800-466-1578 and ask for Human Resources.