

ShipMonk

Team Member Benefits

2026 - 2027

Stress Less, Grow More.

2026-2027 TEAM MEMBER BENEFITS GUIDE

Please read this guide carefully. It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits and the annual enrollment process, contact your HR Department representative for assistance.

Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD).

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WHO IS ELIGIBLE?

Benefits are available to all regular, full-time Team Members (minimum 30 hours per week) and their dependents. If you enroll during Open Enrollment, your benefits will become effective on April 1, 2026. If you are newly hired, your benefits will become effective on the first of the month following 30 days of employment.

You can enroll within 30 days of your date of hire or if you experience a Qualified Life Event during the plan year. Benefits become effective on the first of the month following 30 days of employment or the date of the qualifying event. For new hires, we encourage you to enroll as soon as possible to start enjoying your benefits at the earliest opportunity. The benefit plan year runs from April 1, 2026, through March 31, 2027.

Eligible dependents include:

	Legal spouse or domestic partner
	Your children from birth to age 26

(Including your natural, legally adopted, stepchildren, and/or your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support.)

 See page 19 for the **Qualifying Life Event** video.

HOW TO ENROLL

To sign up for benefits, visit the [UKG login page](#) before the end of your enrollment period. If this is your first time enrolling in the ShipMonk benefit plans, please refer to page 4 of this guide for instructions.

MAKING CHANGES

You may only change your elections during Open Enrollment each year or when you experience a qualifying life event. Qualifying life events include, but are not limited to:

- Birth, legal adoption, or placement for adoption
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within 30 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

ENROLLMENT DEADLINES

Current Team Member	New Hire	Qualified Life Event
<p>Enrollment Opportunity</p> <p>Annually during the open enrollment period.</p>	<p>Enrollment Opportunity</p> <p>Must enroll before effective date</p>	<p>Enrollment Opportunity</p> <p>Changes must be made within 30 days of life event.</p>
<p>Coverage Effective Date</p> <p>Start of plan year</p>	<p>Coverage Effective Date</p> <p>First of the month following 30 days of employment</p>	<p>Coverage Effective Date</p> <p>Date of life event</p>



HOW TO LOGIN TO THE UKG BENEFITS ADMINISTRATION PORTAL

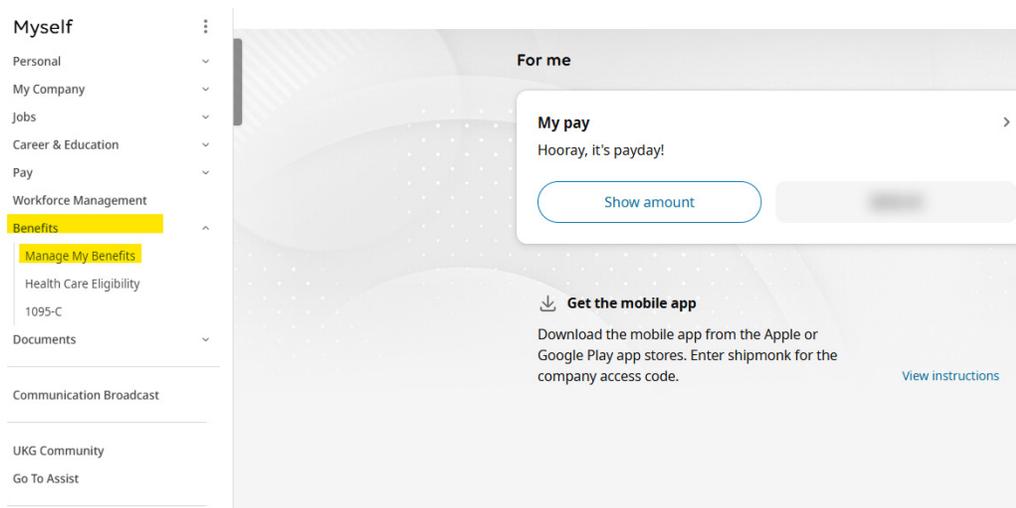
Purpose & Scope:

To outline the step-by-step process for Team Members to enroll in benefits using the UKG Benefits Administration portal.

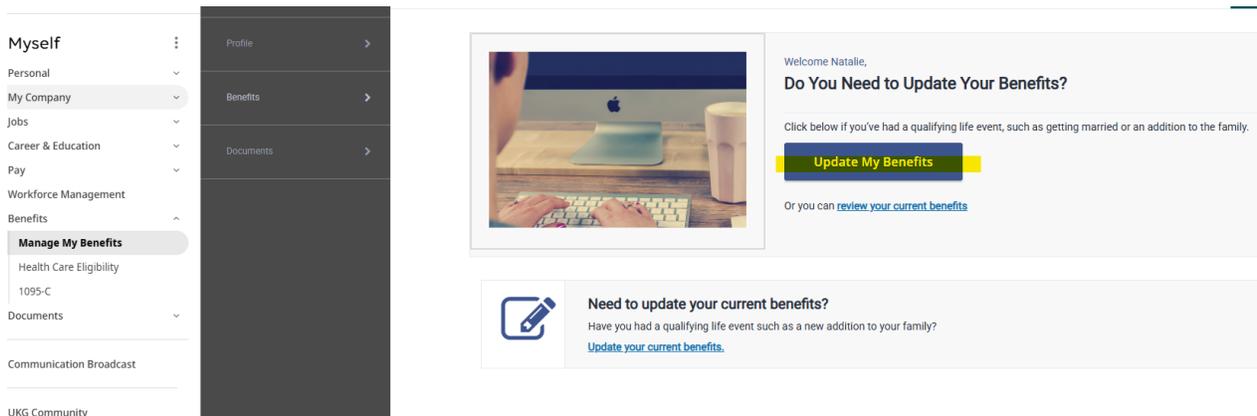
Procedure:

1. Navigate to the [UKG login page](#) . Enter your Username and Password. Click “Sign In.”
2. On the home page, you will see a menu on the left-hand side. Click on “Benefits”.

Once the menu drops, you will select “Manage My Benefits.”



3. The Benefits Administration Portal will appear on the right side of the menu. Click on the “Get Started” button under the Shop and Enroll in Benefits section



WEEKLY PAYROLL CONTRIBUTIONS

Medical

	Low Plan	Mid Plan	High Plan
Team Member	\$19.20	\$50.99	\$87.76
Team Member + spouse	\$132.70	\$201.19	\$277.07
Team Member + child(ren)	\$80.30	\$117.38	\$211.52
Family	\$134.23	\$201.19	\$277.07

Dental

	PPO Low	PPO High
Team Member	\$4.45	\$7.23
Team Member + spouse	\$8.67	\$14.41
Team Member + child(ren)	\$10.84	\$18.78
Family	\$16.24	\$25.75

Vision

	Vision
Team Member	\$1.63
Team Member + spouse	\$3.10
Team Member + child(ren)	\$3.63
Family	\$5.11

Accident

	Low Plan	High Plan
Team Member	\$1.97	\$2.31
Team Member + spouse	\$3.25	\$4.53
Team Member + child(ren)	\$3.44	\$5.44
Family	\$4.70	\$6.42

Hospital Indemnity

	Low Plan	High Plan
Team Member	\$1.95	\$3.57
Team Member + spouse	\$4.55	\$8.33
Team Member + child(ren)	\$3.22	\$5.90
Family	\$5.81	\$10.66

PAYROLL CONTRIBUTIONS

Voluntary Life and AD&D Insurance*

Monthly rates per \$1,000 of coverage		
Age Band	Team Member	Spouse
Under 20	\$0.068	\$0.091
20-24	\$0.068	\$0.091
25-29	\$0.076	\$0.099
30-34	\$0.103	\$0.132
35-39	\$0.154	\$0.189
40-44	\$0.234	\$0.285
45-49	\$0.364	\$0.444
50-54	\$0.535	\$0.659
55-59	\$0.764	\$0.974
60-64	\$0.978	\$1.350
65-69	\$1.394	\$1.923
70-74	\$2.636	\$3.637
75+	\$8.149	\$11.243
Child (per \$1,000)	\$0.403	
Team Member AD&D	\$0.030	
Spouse AD&D	\$0.030	
Child AD&D	\$0.043	

Voluntary Long-Term Disability*

Age Band	Monthly rates per \$100 of monthly payroll
Under 29	\$0.310
30-34	\$0.550
35-39	\$0.860
40-44	\$1.390
45-49	\$1.820
50-54	\$2.360
55-59	\$2.700
60-64	\$2.520
65-69	\$1.830
70-74	\$1.770
75+	\$1.770

Critical Illness*

Monthly rates per \$1,000 of coverage		
Age Band	Team Member	Spouse
Under 24	\$0.330	\$0.420
25-29	\$0.380	\$0.480
30-34	\$0.470	\$0.560
35-39	\$0.590	\$0.680
40-44	\$0.809	\$0.899
45-49	\$1.140	\$1.240
50-54	\$1.650	\$1.740
55-59	\$2.330	\$2.400
60-64	\$3.269	\$3.339
65-69	\$4.589	\$4.639
70+	\$6.210	\$6.260
Child (per \$1,000)	\$0.507	

Voluntary Short-Term Disability

Age Band	Monthly rates per \$100 of monthly payroll
Under 24	\$0.620
25-29	\$0.620
30-34	\$0.620
35-39	\$0.620
40-44	\$0.650
45-49	\$0.670
50-54	\$0.680
55-59	\$0.700
60-64	\$0.760
65-69	\$0.780
70+	\$0.810

*Rates shown for Voluntary Life and AD&D, Voluntary Long-Term/Short-Term Disability, and Critical Illness are monthly rates. Your premium is based on your age band, the coverage amount elected, and the coverage tier selected. UKG will automatically populate your weekly payroll contribution.

MEDICAL

BLUE CROSS BLUE SHIELD



Your medical benefits are provided by Blue Cross Blue Shield and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

Medical	Low Plan	Mid Plan	High Plan	
	In-network	In-network	In-network	Out-of-network
Annual deductible (Individual/Family)	\$4,000/\$8,000	\$1,500/\$3,000	None	\$1,000/\$2,000
Out-of-pocket maximum (Individual/Family)*	\$5,000/\$10,000	\$3,500/\$7,000	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance (Member share)	20%	20%	10%	20%
Preventive care	No Charge	No Charge	No Charge	Ded. + 20%
Primary physician office visit	\$25	\$25	\$25	Ded. + 20%
Specialist office visit	\$50	\$50	\$50	Ded. + 20%
Telehealth	No Charge	No Charge	No Charge	N/A
Inpatient hospital services	Ded. + 20%	Ded. + 20%	10%	Ded. + 20%
Diagnostic testing	\$100	No Charge	10%	Ded. + 20%
Advanced imaging	Ded. + 20%	Ded. + 20%	10%	Ded. + 20%
Outpatient surgery	Ded. + 20%	Ded. + 20%	10%	Ded. + 20%
Rehabilitation/Habilitation services**	\$50	\$50	\$50	Ded. + 20%
Urgent care	\$75	\$75	\$75	Ded. + 20%
Emergency room care	Ded. + 20%	Ded. + 20%	\$350	\$350
Prescription drugs ▶				
Retail (30-day supply)				
Generic	\$0	\$10	\$10	Not Covered
Brand preferred	\$25	\$25	\$25	Not Covered
Brand non-preferred	\$75	\$75	\$75	Not Covered
Specialty	\$150	\$150	\$150	Not Covered
Mail order (90-day supply)				
Generic	\$0	\$20	\$20	Not Covered
Brand preferred	\$50	\$50	\$50	Not Covered
Brand non-preferred	\$150	\$150	\$150	Not Covered

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges.

*Includes Deductible and Copayments.

**Occupational & physical therapy is 20 combined visits per benefit year. Speech therapy is 20 visits per benefit year. Chiropractic care is 20 visits per benefit year.

▶ See page 19 for **Prescription Drugs: Benefits Overview** video.

PRESCRIPTION DRUGS

SMITHRX

Your pharmacy benefits are managed by SmithRx. SmithRx coordinates the interaction between your employer, physician, and pharmacy. You're automatically covered when you enroll in your health plan. Provide your medical ID card to your pharmacy as they will need the BIN, PCN, Member ID, and RxGroup number to process any covered prescription(s).

- Making sure you pay the correct copay at the pharmacy.
- Setting up your medications to be covered according to your plan design.
- Managing clinical requirements related to your prescriptions.

Registering with SmithRx

You can create an account on the SmithRx Member Portal at member.mysmithrx.com to view important pharmacy benefits information like your prescription claims, plan details, formulary, and helpful resources. Use the Find My Meds tool to search for the lowest-cost prescription drugs at nearby pharmacies.

Pharmacy Network

SmithRx partners with over 65,000 retail pharmacies across the nation including the major national chains, regional chains, grocers and independent pharmacies. In addition, we have three preferred mail order pharmacies and two specialty pharmacies. You can always find the pharmacy with the best price by using the Find My Meds search tool in the Member Portal.



Home Delivery from Amazon Pharmacy

SmithRx partners with Amazon Pharmacy as a home delivery option for your medications. With this partnership, your medication arrives right at your doorstep in secure, discreet packaging. You're kept in the loop with status updates throughout the delivery process, ensuring end-to-end order tracking. Amazon Prime members get free 2-day delivery, or 5-day delivery without Amazon Prime. Sign-up for Amazon Pharmacy by following these instructions:

- Visit www.amazon.com/smithrx and click on "Get Started". If you are already an Amazon customer, then follow the simple sign-up process. If you're not yet an Amazon customer you'll need to sign-up, validate yourself and then follow the instructions.
- Verify and/or add your insurance: you may find an additional 2-digits to your prepopulated member ID. It is important to verify your full member ID on your card against the insurance profile. Reminder: please have your insurance member ID card ready to double check all of your information.
- Once you are signed-up and your medication(s) are processed, you will receive a notification from Amazon Pharmacy that your medications are ready to order and you will need to go back to your account to check out.

 See page 19 for **Prescription Drugs: Tips to Manage Cost** video.

Specialty Medications

Please have your prescriber send your specialty prescription to either Costco Specialty Pharmacy or Senderra Specialty Pharmacy. To utilize the specialty pharmacy, simply call either of the pharmacies above to enroll. Many specialty medications require prior authorization, so please call SmithRx Member Support to check coverage and start any necessary authorization processes.

Prescribed specialty medications covered by your plan benefits can be secured through the following specialty pharmacies:

Costco Specialty Pharmacy
855-213-0070

Senderra Specialty Pharmacy
888-777-5547

Important Information about Prior Authorization

If your physician prescribes a medication requiring a prior authorization, you will need to go through an additional authorization process. The SmithRx Clinical Team reviews requests for these selected medications to help ensure appropriate and safe use of medications for your medical condition(s). To see if your medication(s) require prior authorization, please contact SmithRx Member Support at 844-454-5201.

Connect 360 Programs

SmithRx's Connect 360 programs help you access cost-saving options, often reducing medication costs to little or nothing. Continuously evolving, Connect 360 ensures members get the best prices on their medications.

- The Assist Program identifies cost-saving opportunities for generic drugs, ensuring you pay the lowest price at the counter.
- The Access Program applies copay coupons to reduce prescription costs, sometimes to zero.
- The Access Plus Program helps secure high-cost specialty medications through advocacy foundations and grants, potentially at no cost.
- The Mark Cuban Cost Plus Drug (MCCP) partnership provides savings on select medications via mail order, with 24/7 pharmacist support.
- The Low Cost Insulin Program reduces insulin costs by switching to generic and biosimilar products.
- International Sourcing option connects members with third-party companies to obtain medications at lower costs from international pharmacies.
- The Autoimmune Program provides members with autoimmune diseases access to lower-cost biosimilar alternatives to their medications, often at no copay.

If you're eligible for a Connect 360 program, you'll be assigned a dedicated agent to assist you throughout the enrollment process. The Connect 360 team will notify you of any cost savings opportunities for your medications via phone call, SMS text, or a notification in the SmithRx Member portal. They will help you complete the enrollment either over the phone or online and will inform you once the enrollment is successful.

If you have any questions or need assistance, the Connect 360 Team is here to help! You can reach out to us at 844-385-7612 or email connect@smithrx.com.

TIPS FOR OPTIMIZING BENEFITS

My Health Tool Kit Mobile App

Get started by signing up today.

It's easy to sign up for My Health Toolkit. Follow these steps to have everything you need at your fingertips:

1. Search **My Health Toolkit**[®] in your app store.
2. In the app, select Sign Up.
3. Enter your member identification number on your identification card and your date of birth.
4. Choose a username and password.
5. Enter your email address and choose to go paperless.



Telemedicine

Blue Cross Blue Shield provides access to telemedicine through Teladoc.

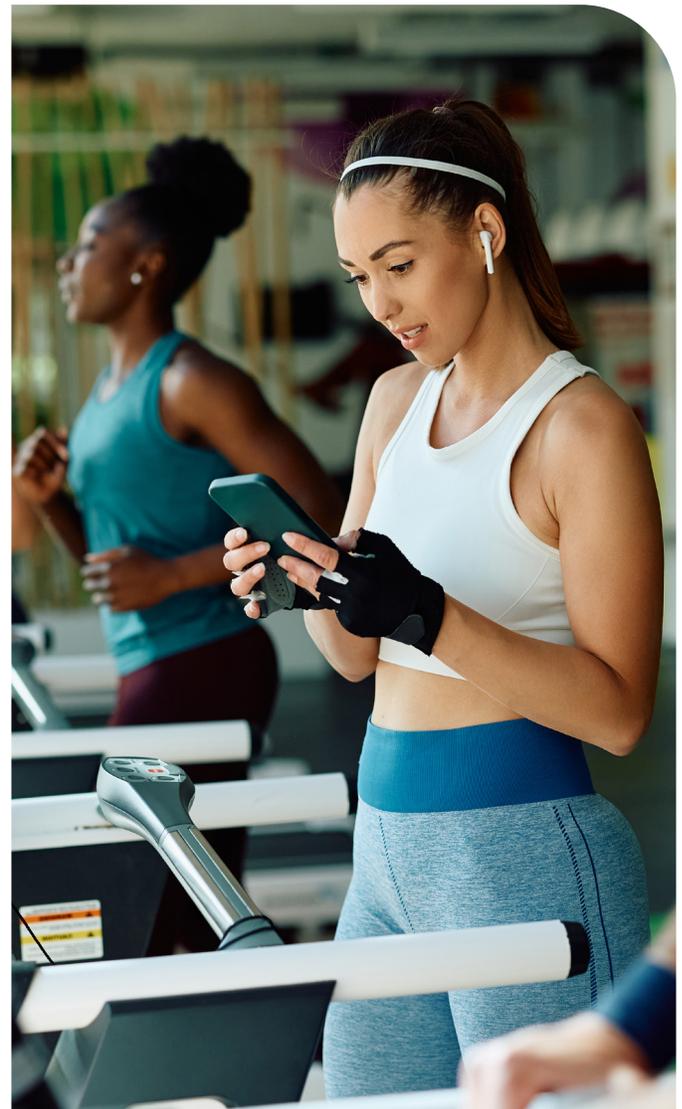
The program lets you get the care you need — including most prescriptions — for a wide range of minor acute conditions. Now, you can access board-certified doctors via secure video chat or phone without leaving your home or office.

Register for Teladoc Health now!

1. Complete your Teladoc Health registration at the **My Health Toolkit** site listed on your member ID card.
2. Log in to your My Health Toolkit account.
3. Select Providers & Services, then Telehealth. From the My Health Toolkit app, select Find Care, then Teladoc Health.

Cost Estimator Tool

Doctors and hospitals may charge different amounts for the same service. www.myhealthtoolkitfl.com can help you compare costs based on your benefits.



DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA) ▶

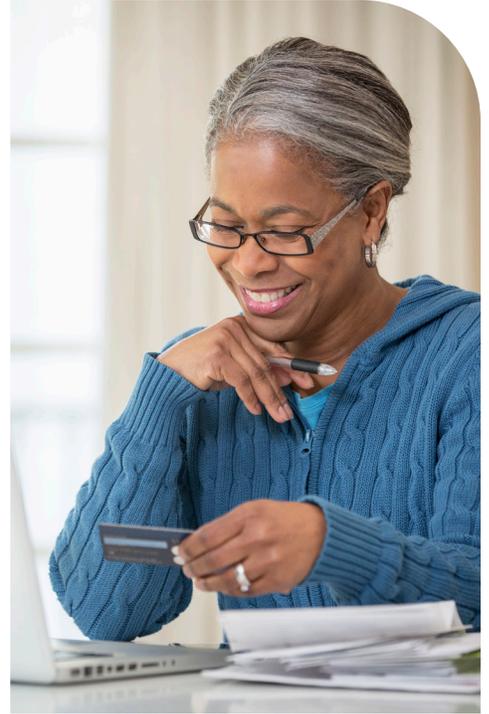
ISOLVED

What is a Flexible Spending Account?

A Dependent Care Flexible Spending Account (DCFSA) is a tax-advantaged account that can reimburse you for qualified dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paycheck.

When electing an DCFSA, you will set an annual contribution amount. DCFSA's do not roll over year to year, so you will have until March 31st, 2027 to use the funds. The goal is to choose an amount that will adequately cover dependent care expenses, not an excessive amount that will cause you to forfeit money at the end of the year.

You can choose to participate in the Dependent Care FSA, and it's unnecessary to "sign up" specific family members for these accounts.



Dependent Care FSA

You may use pre-tax dollars from your Dependent Care FSA to pay expenses for the care of a dependent child, spouse, or elderly parent inside your home (from a qualified provider), and expenses outside your home, such as babysitters, nursery schools, or daycare centers.

You may contribute up to \$7,500 annually (or \$3,750 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.

▶ See page 19 for **Dependent Care FSA** video.



SUPPLEMENTAL HEALTH BENEFITS

LINCOLN FINANCIAL GROUP

Our medical plans offer excellent coverage for healthcare needs. However, everyone's needs differ, and that's where supplemental health options come into play. These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through Lincoln Financial Group. Please visit www.lfg.com for additional details.

Accident Insurance ▶

After a covered accident, accident plans pay cash benefits directly to you to cover some of the remaining costs your health insurance plan may not cover.

Critical Illness Insurance ▶

Critical illness insurance helps protect your income and personal assets when out-of-pocket expenses increase due to a specified illness. This plan covers conditions such as heart attack, stroke, end-stage renal failure, and invasive cancer.

Hospital Indemnity Insurance ▶

Hospital stays can be expensive, even with insurance. Hospital Indemnity plans are designed to provide financial protection by paying you a direct benefit to cover out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the facility type and number of confinement days.

▶ See page 19 for **Accident Insurance**, **Critical Illness Insurance** and **Hospital Indemnity Insurance** videos.

DENTAL

LINCOLN FINANCIAL GROUP

www.lfg.com
800-423-2765

Dental plans cover diagnostic and preventive care, plus basic and major services. Although you can choose any dental provider, you will generally pay less when you visit an in-network dentist. If you choose an out-of-network provider, you may be billed the difference between what Lincoln Financial Group pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit <http://www.lincolnfinancial.com/FindADentist>.



Dental	PPO Low		PPO High	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible (Individual/Family)	\$50 / \$150	\$75 / \$225	\$50 / \$150	\$50 / \$150
Annual maximum (per person)	\$1,000	\$1,000	\$5,000	\$5,000
Diagnostic and preventive care Includes cleanings, fluoride treatments, sealants and x-rays	Covered at 100%	Covered at 70%	Covered at 100%	
Basic services Includes fillings, periodontics, scaling and root planning, and oral surgery	50% after ded.	50% after ded.	80% after ded.	
Major services Includes crowns, bridges and full and partial dentures	50% after ded.	30% after ded.	50% after ded.	
Orthodontia	Not Covered		Covered at 50% up to a \$1,500 lifetime maximum (for dependent children only)	

VISION

LINCOLN FINANCIAL GROUP

www.lvc.lfg.com

800-423-2765

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the Spectera Vision network providers who offer you higher benefits at a lower cost. Consider using an in-network provider for the most bang for your buck when you need services! For out-of-network providers, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit www.lvc.lfg.com.



Vision		
	In-network	Out-of-network
Examination (every 12 months)	\$10	Up to \$40
Materials	\$10	Varies
Lenses (every 12 months)		
Single	Covered at 100% after copay	Up to \$40
Bifocal	Covered at 100% after copay	Up to \$60
Trifocal	Covered at 100% after copay	Up to \$80
Frames (every 24 months)		
New frames	\$130 allowance	Up to \$45
Contact lenses (every 12 months)		
Elective	\$125 allowance	Up to \$125
Medically necessary	Covered at 100% after copay	Up to \$210

Team Members can elect dental and/or vision regardless their medical enrollment status.

 See page 19 for **Vision Insurance** video.

VOLUNTARY LIFE AND DISABILITY INSURANCE



LINCOLN FINANCIAL GROUP

Life Insurance

Voluntary Life and AD&D insurance are available to you, your spouse, and your dependent children. You must enroll in coverage for yourself to cover your spouse or children. If you don't enroll in Voluntary Life when it's first available or elect an amount over the Guaranteed Issue, you may be required to complete an Evidence of Insurability (EOI) form.

Insurance Coverage	Benefit
Voluntary Team Member Life	Increments of \$10,000 to a maximum of the lesser of 5x salary or \$500,000; guaranteed issue of \$450,000.
Voluntary Spouse Life	Increments of \$5,000 up to the lesser of 50% of Team Member's coverage amount or \$250,000; guaranteed issue of \$30,000
Voluntary Child Life	14 days to 6 months—\$250; 6 months to age 26—\$10,000.

Disability

These plans give you income protection in the event you are ill, suffer a non-work-related injury, and can't work. If you don't enroll in Disability coverage when it's first available, you may be required to complete an Evidence of Insurability (EOI) form.

Short-term Disability Benefits		Long-term Disability Benefits	
Elimination period	7 days	Elimination period	90 days
Weekly benefit	60% of weekly earnings	Monthly benefit	60% of monthly earnings
Maximum weekly benefit	\$1,500	Maximum monthly benefit	\$7,500
Maximum benefit period	13 weeks	Maximum benefit period	Social Security Normal Retirement Age (SSNRA)

See page 19 for **Life and AD&D Insurance** and **Disability Insurance** videos.

ADDITIONAL BENEFITS

Pet Insurance	
Description	Comprehensive pet insurance coverage is available.
Contact information	MetLife – Visit http://www.metlife.com/getpetquote or call 1-800-GET-MET8 (Employer Name: Shipmonk).
Who pays?	Discounted rates available

Employee Assistance Program 	
Description	<p>We are pleased to offer an Employee Assistance Program to assist you and your family through difficult times.</p> <ul style="list-style-type: none"> ● Unlimited access to Master's-level counselors by phone 24/7. ● Up to 5 face-to-face visits with a counselor at no cost. ● Unlimited access to helpful tools and resources online. ● Referrals available.
Contact information	Visit www.guidanceresources.com to register (web ID: LFGSupport) and follow the prompts to create your username and password. You can also call 888-628-4824.
Who pays?	Employer Paid

LifeKeys Services	
Description	Lincoln Financial Group's LifeKeys services offer comprehensive support for various life challenges. The program includes discounts on shopping and entertainment, accessible online and via the GuidanceNow mobile app. GuidanceResources provides tools and advice on legal, financial, family, and career matters, helping users stay informed on issues affecting their personal and professional lives. LifeKeys also offers protection against identity theft, with resources to prevent and address identity theft incidents. EstateGuidance facilitates online will preparation, ensuring users can make important decisions about their estate. Additionally, LifeKeys supports beneficiaries with grief counseling, financial and legal advice, and assistance in coping with daily life challenges.
Contact information	Visit www.guidanceresources.com to register (web ID: LifeKeys). You can also call 855-891-3684.
Who pays?	Employer Paid

 See page 19 for **Team Member Assistance Program** video.

ADDITIONAL BENEFITS

TravelConnect Services	
Description	TravelConnect services provide dedicated support during emergencies when you're 100 or more miles from home. They assist with emergency medical evacuations, travel arrangements for companions and dependent children, safe evacuations due to natural disasters or security threats, and transportation of deceased travelers. Additional services include emergency pet boarding, vehicle return, medical record requests, medication and vaccine delivery, medical, dental, and pharmacy referrals, corrective lenses and medical device replacement, legal consultations, recovery of lost or stolen documents or luggage, ID recovery assistance, language translation services, and destination information.
Contact information	Visit MyOnCallPortal.com and enter Group ID: LFGTravel123 for access to plan documents, international calling instructions and destination information.
Who pays?	Employer Paid

FuneralPrep Services	
Description	Lincoln FuneralPrep, offered in partnership with Funeral Decisions Co., is an online portal providing comprehensive funeral planning services available 24/7. It supports both pre-planning and at-need planning, helping individuals manage the overwhelming details and decisions involved in funeral arrangements. Pre-planning resources and access to professional guidance can ease the burden on families, while at-need planning assists those grieving a loss by reducing stress and uncertainty during an emotional time.
Contact information	Visit the self-service online portal: lincolnfuneralprep.com/gplife .
Who pays?	Employer Paid



GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

 See next page for **Benefits Key Terms Explained** video.

BENEFITS OVERVIEW VIDEOS

Accident Insurance



Benefits Key Terms Explained



Prescription Drugs: Benefits Overview



Critical Illness Insurance



Hospital Indemnity Coverage



Prescription Drugs: Tips to Manage Costs



Dependent Care FSA



Qualifying Life Events



Disability Insurance



Vision Insurance



Team Member Assistance Program



Life and AD&D Insurance



CONTACTS

Medical Plan: Blue Cross Blue Shield

Member Services 1-800-830-1501
<http://www.myhealthtoolkitfl.com/>

Prescription Services: SmithRx

Member Services 844-454-5201
member.mysmithrx.com
Policy number: 65225

Dental Plan: Lincoln Financial Group

Member Services 800-423-2765
<http://www.lfg.com/>
Policy number: 981498

Vision Plan: Lincoln Financial Group

Member Services 800-423-2765
<http://www.lvc.lfg.com/>
Policy number: 981498

Flexible Spending Account (FSA): iSolved

Member Services <http://www.isolvedbenefitservices.com/>

Life & Disability: Lincoln Financial Group

Member Services 800-423-2765
<http://www.lfg.com/>
Policy number: 981498

Supplemental Health Benefit: Lincoln Financial Group

Member Services 800-423-2765
<http://www.lfg.com/>
Policy number: 981498

Annual notices are available here:
<https://online.flippingbook.com/view/1002951429/>



Schedule your personalized appointment with a Benefits Counselor to learn more about your benefit options!
<https://shipmonk.benefitsinfo.com>



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

