




## Medical/Behavioral Health/Prescription

|   |  |  |  |
|---|--|--|--|
| <b>Vendors:</b><br>Blue Cross Blue Shield of Michigan<br>Behavioral Health Systems<br>OptumRx                           |  ExpressWay   |  MainStreet         |  OpenRoad   |
|   | Someone who values things that are quick and easy. It offers flat dollar copays for most office visits, so you are in and out with less billing headaches. | Someone who likes familiarity. It offers a traditional deductible and coinsurance for most services. | Someone who likes freedom and doesn't mind some risk so long as they are driving. It has a high deductible which is required for a Health Savings Account (HSA). |
| <b>This plan is ideal for:</b>  |  |  |  |
| <b>In-Network Individual/Family Amounts</b> (refer to the 2021 Benefits Guide for Out-of-Network amounts)               |  |  |  |
| Annual Deductible   | \$1,000 / \$2,000  | \$750 / \$1,500  | \$1,500 / \$3,000  |
| Out-of-Pocket Maximum   | \$6,000 / \$12,000   | \$6,250 / \$12,500   | \$3,500 / \$6,850  |
| <b>Summary of Services</b>  |  |  |  |
| Preventive Care   | 100% covered   |  |  |
| Primary Care Visit  | \$25 Copay   | Deductible then 20% Coinsurance  | Deductible then 20% Coinsurance  |
| Psychologist/Psychiatrist   |  |  |  |
| Chiropractic Visit  |  |  |  |
| Specialist or Urgent Care   |  |  |  |
| Emergency Room  | \$400 Copay  | \$400 Copay  |  |
| BCBS Online Visits  | \$15 copay   | \$15 copay   | \$49 (applied toward deductible and co-insurance)  |
| Other Services  | Deductible then 20% Coinsurance  |  |  |
| <b>Copays (Tier 1: Generic / Tier 2: Preferred Brand / Tier 3: Non-Preferred Brand / Tier 4: Specialty<sup>1</sup>)</b> |  |  |  |
| Up to 31-day supply   | \$10 / \$50 / \$90 / \$200   |  | Most preventative drugs covered at 100%; all other prescriptions subject to deductible then 20% co-insurance   |
| Up to 90-day supply <sup>1</sup>  | \$25 / \$125 / \$225   |  |  |

| Biweekly Premiums      | Standard | Preferred <sup>2</sup> | Standard | Preferred <sup>2</sup> | Standard   | Preferred <sup>2</sup> |
|------------------------|----------|------------------------|----------|------------------------|--|------------------------|
| Associate Only         | \$31.07  | \$19.12                | \$47.95  | \$31.97                | \$9.02   | \$0                    |
| Associate + 1          | \$62.14  | \$38.24                | \$95.90  | \$63.94                | \$18.04  |                        |
| Family                 | \$100.98 | \$62.15                | \$155.85 | \$103.90               | \$29.31  |                        |
| DENSO HSA Contribution | None     |                        |          |                        | \$500 Associate Only;<br>\$1,000 Associate+1 or Family |                        |

<sup>1</sup> Specialty medications are limited to a 31-day supply and must be filled through the OptumRx Specialty Services.

<sup>2</sup> Associates who complete the requirements outlined in the Healthy Horizons program will qualify for Preferred Premiums; requirements may change for future years.

## Dental

|  |  |                                |  |                                |
|--|--|--------------------------------|--|--------------------------------|
| <b>Vendor:</b><br>Delta Dental of Tennessee        | <b>Core</b>  |                                | <b>Plus</b>  |                                |
|  | <b>In-Network</b>  | <b>Out-of-Network</b>          | <b>In-Network</b>  | <b>Out-of-Network</b>          |
| <b>This plan is ideal for:</b>                     | Someone who typically does not have a lot of dental needs and no expected need for orthodontia for self or family. |                                | Someone who may have more dental needs and/or the need for orthodontia for self or family. |                                |
| <b>Individual/Family Amounts</b>                   |  |                                |  |                                |
| Annual Deductible                                  | \$50 per individual • \$100 per family   |                                |  |                                |
| Member's Annual Maximum (Excludes Preventive Care) | \$1,000 per individual   |                                | \$2,000 per individual   |                                |
| Orthodontia  | No coverage  |                                | Covered at 50% up to \$2,000 lifetime maximum  |                                |
| Diagnostic and Preventive                          | Covered at 100% (no Deductible)  | Covered at 80% (no Deductible) | Covered at 100% (no Deductible)  | Covered at 80% (no Deductible) |
| Basic Services                                     | 50%  | 40%                            | 80%  | 60%                            |
| Major Services                                     |  |                                | 70%  | 50%                            |
| <b>Biweekly Premiums</b>                           | No cost  |                                | \$8.10 Associate Only • \$16.20 Associate + 1 • \$26.32 Family                             |                                |

## Vision

|  |   |   |
|--|---|---|
| <b>Vendor:</b><br>Superior Vision                                | <b>In-Network</b>   | <b>Out-of-Network Reimbursements</b>                              |
|  |   |   |
| <b>This plan is ideal for:</b>                                   | Someone who typically needs vision care and likes the convenience of copays to pay for vision exams and glasses/contacts. |   |
| <b>Exams</b> (each covered once per calendar year)               |   |   |
| Eye Exam   | \$0 copay   | Optometrist: up to \$28<br>Ophthalmologist: up to \$37            |
| Contact Lens Fitting   | \$15 copay  | not covered   |
| <b>Materials</b> (choice of frames & lenses or contacts)         |   |   |
| Frames (covered once every two calendar years)                   | \$25 copay (\$130 frame allowance)  | up to \$61  |
| Standard Plastic Lens (covered once per calendar year)           |   | Single: up to \$35<br>Bifocal: up to \$50<br>Trifocal: up to \$60 |
| Contact Lens (covered once per calendar year) In lieu of glasses | \$0 copay (\$130 allowance)   | up to \$100 reimbursement   |
| <b>Biweekly Premiums</b>   | \$2.03 Associate Only • \$4.14 Associate + 1 • \$6.23 Family  |   |

## Eligibility

Newly hired associates are eligible for health benefits the first day of the month following 30 days from your date of hire.

You can cover the following dependents on your health benefits:

- Your spouse
- You or your spouse's child who is under age 26 (includes natural, step, legally-adopted or placed for adoption, or one for whom you or your spouse are the legal guardian or custodian)
- You or your spouse's unmarried disabled child of any age who is or becomes disabled prior to age 26, is wholly dependent on you or your spouse for financial support, is incapable of self-sustaining employment, and was eligible to be covered.

## Healthy Horizons

DENSO's wellness program offers confidential, individualized coaching, education, and support. For more information, log on to [DENSOHealthyHorizons.com](http://DENSOHealthyHorizons.com).



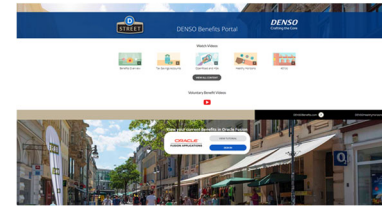
## Vendor Contact Information

| Vendor                           | Phone        | Website                     |
|----------------------------------|--------------|-----------------------------|
| Allstate                         | 800-521-3535 | allstatebenefits.com        |
| Behavioral Health Systems        | 800-245-1150 | behavioralhealthsystems.com |
| Blue Cross Blue Shield           | 888-605-2563 | bcbsm.com                   |
| Delta Dental                     | 800-223-3104 | deltadentaltn.com           |
| Discovery Benefits               | 866-451-3399 | discoverybenefits.com       |
| Empower Retirement               | 888-411-4015 | empowermyretirement.com     |
| Gradvisor                        | 866-461-4770 | DENSO.Gradvisor.com         |
| HealthByDesign                   | 866-996-2115 | DENSOHealthyHorizons.com    |
| IdentityForce                    | 877-694-3367 | identityforce.com           |
| Livongo                          | 800-945-4355 | join.livongo.com/DENSO/hi   |
| Matrix                           | 888-233-9643 | matrixabsence.com           |
| Reliance Standard Life Insurance | 800-351-7500 | reliancestandard.com        |
| Optum Bank                       | 866-234-8913 | optumbank.com               |
| OptumRx                          | 855-413-3676 | optumrx.com                 |
| Superior Vision                  | 800-507-3800 | superiorvision.com          |

## Resources

### DStreetBenefits.com

DStreetBenefits.com is the place to go for the tools to help you learn about the benefits offered.



View short, informational videos on these topics from your computer, tablet or phone (scan the QR code below).

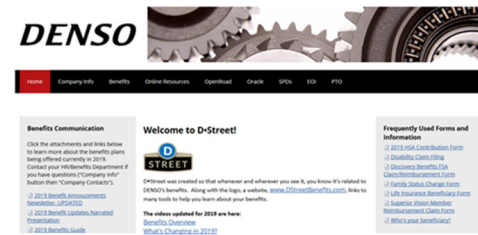
- 2021 Benefits Overview
- Tax Savings Accounts
- OpenRoad and HSA
- Healthy Horizons
- 401(k)
- And More...



### DENSOBenefits.com

(Username: **DENSO**)

View benefits details, news, forms, plan documents and other helpful information.



## DENSO Benefits Helpline

Toll-Free Phone: 1-855-311-2115  
Email: [denso@benefitadvocates.net](mailto:denso@benefitadvocates.net)

Live representatives available to answer questions about DENSO's benefits, claims, Open Enrollment, and more.



## 2021 Benefits Overview

**DENSO** Crafting the Core

This brochure provides a quick reference to the benefits offered to DENSO associates. DStreet is the place to go for the tools and resources to help you learn about these benefits.

DENSO offers these plan choices to each associate:

- **Medical & Prescription** - 3 options
- **Dental** - 2 options
- **Vision** - 1 option
- **Flexible Spending Accounts** - health and/or day care
- **Health Savings Account** - for eligible OpenRoad enrollees
- **Optional Associate Life Insurance** - up to 5 times annual base pay
- **Optional Spouse Life Insurance** - up to \$300,000
- **Optional Child Life Insurance** - \$10,000 per child
- **Other Voluntary Plans including Critical Illness, Accident, Hospital Indemnity and ID Theft Protection**

You can choose to opt out of or not elect any of the above plans.

DENSO provides these plans at no cost:

- **Healthy Horizons Wellness Program**
- **Employee Assistance Program**
- **Diabetes Management Program**
- **401(k) Retirement Plan** with dollar for dollar match to 4%
- **401(k) Profit-Sharing Contribution** (historically 3%)\*
- **13 Paid Holidays**
- **Paid Time Off (PTO)**
- **Short Term Disability** - 60% to 100% of weekly base pay, dependent on position and length of disability
- **Long Term Disability** - 60% of monthly earnings
- **Basic Life Insurance** - 1.5 times annual base pay
- **Basic AD&D Insurance** - 1.5 times annual base pay
- **Business Travel Accident Insurance** - \$250,000

\* for eligible associates