




# Medical & Prescription/Behavioral Health

Vendors: Blue Cross Blue Shield of Michigan and Behavioral Health Systems

	 ExpressWay	 MainStreet	 OpenRoad
This plan is ideal for:	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>In-Network Individual/Family Amounts</b> (refer to the 2022 Benefits Guide for Out-of-Network amounts)			
Annual Deductible	\$1,000 / \$2,000	\$750 / \$1,500	\$1,500 / \$3,000
Out-of-Pocket Max	\$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% Co-insurance	Deductible then 20% Co-insurance
Psychologist/ Psychiatrist			
Chiropractic Visit			
Specialist or Urgent Care	\$50 Copay		
Emergency Room	\$400 Copay	\$400 Copay	
BCBS Online Visits	\$15 copay	\$15 copay	\$59 charge (applied toward deductible and co-insurance)
Other Services	Deductible then 20% Co-insurance		
<b>Prescriptions (Tier 1: Generic / Tier 2: Preferred Brand / Tier 3: Non-Preferred Brand / Tier 4: Specialty)</b>			
Up to 31-day supply	Tier 1: \$10 / Tier 2: \$50 / Tier 3: \$90 / Tier 4: \$200		Most preventative meds covered at 100%; all other meds subject to deductible then 20% co-insurance
Up to 90-day supply	Tier 1: \$25 / Tier 2: \$125 / Tier 3: \$225		
<b>Biweekly Premiums</b>			
Standard	Associate Only \$38.31 Associate + I \$76.62 Family \$124.51	Associate Only \$64.73 Associate + I \$129.45 Family \$210.36	Associate Only \$18.46 Associate + I \$36.92 Family \$60.00
Healthy Horizons Original	Associate Only \$32.18 Associate + I \$64.36 Family \$104.59	Associate Only \$54.37 Associate + I \$108.74 Family \$176.70	Associate Only \$9.23 Associate + I \$27.69 Family \$45.00
Healthy Horizons Vaccinated	Associate Only \$32.18 Associate + I \$64.36 Family \$104.59	Associate Only \$54.37 Associate + I \$108.74 Family \$176.70	Associate Only \$9.23 Associate + I \$27.69 Family \$45.00
Healthy Horizons Comprehensive (Original + Vaccinated)	Associate Only \$26.05 Associate + I \$52.10 Family \$84.67	Associate Only \$44.01 Associate + I \$88.02 Family \$143.04	Associate Only \$0.00 Associate + I \$18.46 Family \$30.00

**Standard Premium** - applies to associates who do not participate in Healthy Horizons and do not submit proof of full COVID vaccination for self and your covered legal spouse or registered domestic partner.

**Healthy Horizons Original Premium** - applies to associates who complete the requirements outlined in the 2022 Healthy Horizons Program overview and anyone hired between 10/1/2021 and 12/31/2022.

**Healthy Horizons Vaccinated Premium** - applies to associates and covered legal spouses or registered domestic partners who submit proof of full COVID vaccination.

**Healthy Horizons Comprehensive (Original + Vaccinated) Premium** - applies to associates who complete the requirements outlined in the 2022 Healthy Horizons Program overview AND to associates and covered legal spouses or registered domestic partners who submit proof of full COVID vaccination.

# Dental

Vendor: Delta Dental of Tennessee

	Core		Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
This plan is ideal for:	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		Associate Only \$8.10 Associate + I \$16.20 Family \$26.32	

# Vision

Vendor: Superior Vision

	In-Network	Out-of-Network Reimbursements
This plan is ideal for:	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 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 Bifocal: up to \$50 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>	Associate Only \$2.03 Associate + I \$4.14 Family \$6.23	

## 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
WEX	866-451-3399	wexinc.com
Empower Retirement	888-411-4015	empowermyretirement.com
HealthByDesign	866-996-2115	DENSOHealthyHorizons.com
Hinge Health	855-902-2777	hingehealth.com/DENSO
IdentityForce	877-694-3367	identityforce.com
Livongo	800-945-4355	join.livongo.com/DENSO/hi
Matrix Absence Management	800-866-2301	matrixabsence.com
Reliance Standard Life Insurance	800-351-7500	reliancestandard.com
Optum Bank	866-234-8913	optumbank.com
Superior Vision	800-507-3800	superiorvision.com

## Resources

### DENSOBenefits.com

View benefit videos, news, forms, plan documents and other helpful information.

To access plan documents, enter the following:

Username: denso  
Password: Benefits4u!



Scan the QR code to visit [DENSOBenefits.com](http://DENSOBenefits.com)

## DENSO Benefits Helpline

Phone: 1-855-311-2115

Monday-Friday 8 am to 6 pm ET

Email: [denso@benefitadvocates.net](mailto:denso@benefitadvocates.net)

Live representatives available to answer questions about benefits, claims and more.



## 2022 Benefits Overview

**DENSO** Crafting the Core

This brochure provides a quick reference to the benefits offered to DENSO associates.

DENSO offers these plan choices:

- **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

