Medical & Prescription/Behavioral Health

Vendors: Blue Cross Blue Shield of Michigan, Carrum Health, and Be

ExpressWay 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.

\$1,000 / \$2,000

\$6,000 / \$12,000

\$25 Copay

\$50 Copay

\$400 Copay

\$15 copay

In-Network Individual/Family Amounts (refer to the 2023 Benefits (

This plan is ideal for:

Summary of Services

Annual Deductible

Out-of-Pocket Max

Preventive Care Primary Care Visit Psychologist/Psychiatrist

Chiropractic Visit

BCBS Online Visits

Other Services

Specialist or Urgent Care **Emergency Room**

Hip/Knee Replacement

Surgery

Dontal

	aVIOral Health and Behavioral Health Systems		Dental	_				
in neuren, e	MainStreet	Vendor: Delta Dental of Tennessee		Core		Plus		
ngs that ers flat	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).		In-Netw	vork	Out-of-Network	In-Network	Out-of-Network
ce visits, th less			This plan is ideal for: of dental needs			ly does not have a lot I no expected need or self or family.	Someone who may have more dental needs and/or the need for orthodontia for self or family.	
2023 Ben	nefits Guide for Out-of-Network amou	Individual/Family Amounts						
	\$750 / \$1,500	\$1,500 / \$3,000	Annual Deductible	tible \$50 per individual		l \$100 per family		
	\$6,250 / \$12,500	\$3,500 / \$6,850						
			Member's Annual Maximum (Excludes Preventive Care)	\$1,000 per individual		\$2,000 per individual		
	100% covered		Orthodontia	No coverage		Covered at 50% up to \$2,000 lifetime maximum		
	Deductible then 20% Co-insurance	Deductible then 20% Co-insurance	Diagnostic and Preventive	Covered at (no Deduc		Covered at 80% (no Deductible)	Covered at 100% (no Deductible)	Covered at 80% (no Deductible)
	\$400 Copay		Basic Services	50%		40%	80%	60%
	\$15 copay	\$59 charge (applied toward	Major Services	50%		40%	70%	50%
	Deductible then 20% Co-insurance	deductible and co-insurance)	Biweekly Premiums	Associate Only \$5.36 Associate + 1 \$10.71		Associate Only \$8.10 Associate + 1 \$16.20 Family \$26.32		
Deductible then 20% co-insurance			Diweekiy Fremiunis	Family				\$17.41
100% c	overed							
-pocket costs, no deductible) pordinated by Carrum Health		Coverage to be determined: Patient with HSA-eligible plan must meet at least the federally mandated minimum deductible	Vision Vendor: Superior Vision by MetLife			In-Network	Out-of-Network Reimbursements	
um Health: 100% covered meet at least the fede			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.			
			Exams (each covered once per calendar year)					
		cialty)	Eye Exam \$0 copay		\$0 copay	Optometrist: up to \$28 Ophthalmologist: up to \$37		
er 2: \$50 / Tier 3: \$90 / Tier 4: \$200 Most preventative meds covered a			Contact Lens Fitting		ş \$15 copay		not covered	

In lieu of glasses

Biweekly Premiums

\$25 copay

(\$130 frame allowance)

\$0 copay (\$130 allowance)

Associate Only

Associate + 1

Family

up to \$61

Single: up to \$35

Bifocal: up to \$50

Trifocal: up to \$60

up to \$100 reimbursement

\$2.03

\$4.14

\$6.23

Spinal Fusion (No out-of-pocket costs, no deductible) Bariatric Must be coordinated by Carrum Health					Ű	to be determined:	Vision Vendor: Superior Vision by MetLife		
Other MSK (e.g., hand, wrist, foot, etc.)	 If coordinated by Carrum Health: 100% covered 				meet at le	SA-eligible plan must east the federally ninimum deductible	This plan is ideal for:	Some	
Surgical Oncology	 If arrange 20% Coins 	<i>,</i> , , , , , , , , , , , , , , , , , ,	network provide	rs: Deductible, then			Exams (each covered once per calendar year)		
Cardiovascular Surgery							Eye Exam		
Prescriptions (Tier 1: Generic / Tier 2: Preferred Brand / Tier 3: Non-Preferred Brand / Tier 4: Specialty)									
Up to 31-day supply	Up to 31-day supply Tier 1: \$10 / Tier 2: \$50 / Tier 3: \$90 / Tier 4: \$200 Up to 90-day supply Tier 1: \$25 / Tier 2: \$125 / Tier 3: \$225						Contact Lens Fitting		
Lin to 90-day supply							Materials (choice of frames & lenses or contacts)		
op to so day supply					deductible then 20% co-insurance		Frames		
Biweekly Premiums			-		_		(covered once every two calendar years)		
Standard Premiums	Associate Only Associate + 1 Family	\$49.80 \$99.61 \$161.87	Associate Only Associate + 1 Family	\$84.14 \$168.29 \$273.47	Associate Only Associate + 1 Family	\$24.00 \$48.00 \$78.00	Standard Plastic Lens (covered once per calendar year)		
Healthy Horizons Preferred Premiums	Associate + 1	\$41.84 \$83.68 \$135.97	Associate Only Associate + 1 Family	\$70.68 \$141.36 \$229.71	Associate Only Associate + 1 Family	\$12.00 \$36.00 \$58.50	Contact Lens (covered once per calendar year) In lieu of glasses	\$0 co	

Standard Premium - applies to associates who do not participate in Healthy Horizons

Healthy Horizons Preferred Premium - applies to associates who complete the requirements outlined in the 2023 Healthy Horizons Program overview and anyone hired between 10/1/2022 and 12/31/2023.

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 under DENSO's plan immediately prior to turning age 26.

Vendor Contact Information

Vendor	Phone	Website or Email
2nd.MD	866-887-0719	www.2nd.md/denso
Allstate	800-521-3535	allstatebenefits.com
Behavioral Health Systems (BHS)	800-245-1150	behavioralhealthsystems.com
Benefit Advocates (DENSO Benefits Help line)	855-311-2115	denso@benefitadvocates.net
Blue Cross Blue Shield of	888-605-2563	bcbsm.com
MI (BCBSM)	Telemedicine:	bcbsmonlinevisits.com
Carrum Health	888-855-7806	carrumhealth.com
Delta Dental of Tennessee	800-223-3104	deltadentaltn.com
Empower Retirement	888-411-4015	empowermyretirement.com
GIThrive	833-336-9488	welcome.mygithrive.com/denso/
HealthByDesign (HbD)	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
Optum Bank	866-234-8913	optumbank.com
Reliance Standard Life Insurance	800-351-7500	reliancestandard.com
Superior Vision by MetLife	800-507-3800	superiorvision.com
WEX	866-451-3399	wexinc.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!

To review your current and past benefits elections, see your biweekly cost, and check who's covered under your plan go to **Oracle Fusion** at <u>https://hcwt.fa.us2.oraclecloud.com/hcmCore/</u> <u>faces/FuseWelcome</u> or find the link at <u>DENSOBenefits.com</u> and log in using your DSC-ID.

Healthy Horizons

DENSO's wellness program is called **Healthy Horizons** and is administered by HealthbyDesign. It offers confidential, individualized coaching, education, and support. For more information, log on to <u>DENSOHealthyHorizons.com</u> or talk to your on-site Health Coach.

DENSO Benefits Helpline

The requirements and options in your benefits package can be overwhelming or hard to understand. The **DENSO Benefits Helpline**, managed by Benefit Advocates, makes navigating this world much easier.

Call and talk to a real person, or email your questions and quickly get a personal, confidential response. The DENSO Benefits Helpline should be your <u>first point of contact</u> if you have any DENSO benefit questions.

Phone: 1-855-311-2115 Monday-Friday 8 am to 6 pm ET Email: <u>denso@benefitadvocates.net</u>





2023 Benefits Overview DENSO Crafting the Core

This document is a quick reference to the benefits offered to DENSO Associates and their covered family members.

DENSO offers these plan choices:

- Medical & Prescription MainStreet, ExpressWay, and OpenRoad
- Dental 2 options: Dental Core and Dental Plus
- 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 Identity Theft Protection

You can choose to elect or opt out of any of the above plans.

DENSO provides these benefits at no cost:

- Healthy Horizons Wellness Program
- Employee Assistance Program (EAP)
- Chronic Condition Management Programs for diabetes, hypertension, musculoskeletal, and digestive issues
- 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

For more information, find the full 2023 Benefits Guide at <u>DENSOBenefits.com</u>.