



Employee Benefits Guide

Effective December 1, 2023 – November 30, 2024



Employee Benefits Introduction & Eligibility



Worldwide Jet offers a comprehensive selection of benefits for all full-time employees. This Employee Benefits Enrollment Guide is designed to familiarize you with the benefits that are available.

Benefits are a significant part of your total compensation package. It is important to be aware of the benefits and the value they represent to you.



What is Open Enrollment?

Open Enrollment is a once-a-year opportunity to make changes to your current medical benefits and to review which dependents you will be covering during the new plan year. All coverages you elect will be effective **December 1, 2023**.

New Hire Eligibility

Employees that meet the following criteria, and their eligible dependents, may participate in the Worldwide Jet benefits program.

Employees who work 30 or more hours per week are eligible for benefits the first day of the month following their hire date.

Your eligible dependents include:

- Your spouse and domestic partners
- Your children up to age 26

Family Status Change Events

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify your Employer and the change is permitted under the plan terms. Examples of these changes in status events may include:

- Your marriage
- Your divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you have a family status change, you must notify your HR Manager in a timely manner and complete the necessary forms.

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How to Enroll and Register on Employee Navigator

1. Search "Employee Navigator" in the Apple or Google play app store
2. Download free mobile app
3. Go to www.employeenavigator.com

Step 1 – Register online at

www.employeenavigator.com/benefits/Account/Register

You will be prompted for:

- ✓ Your first and last name
- ✓ Company Identifier = **Worldwide-Jet**
- ✓ Pin = Last four digits of your Social Security Number
- ✓ Date of birth (MM/DD/YYYY)
- ✓ If you have registered in the past, put in your existing username and Password, log in and go to step 3.

Find your employment information

If you do not know your company identifier or your information cannot be found, then please contact your administrator.

First Name

Last Name

Company Identifier

PIN (Last 4 Digits of SSN / ID)

Birth Date

Step 2 – Create Username and Password

- ✓ Username: Create your username. It can be anything from a word to an email.
- ✓ New password: Create your password that meets the following requirements
 - › Six or more characters
 - › One capital letter
 - › One number Example: Benefits2016!
 - › One symbol
- ✓ Click on the box agreeing with Employee Navigator's Terms of Use
- ✓ Lastly, click Register and you will be redirected to the Employee Navigator login page. Enter your new username and password and click Login.

Choose a username and password. If your email address is on file, it is pre-populated as a recommended username.

Username

(Company e-mail address is recommended)

New Password

Confirm Password

I agree with the Employee Navigator [terms of use.](#)

Step 3 – Start your benefits enrollment

Click on Start Benefits button, as shown here to start your benefit elections.

You have 2 required tasks to complete

82 days left to complete your benefit enrollment.

Step 4 – Verify personal information

After clicking Start Benefits, the system will take you to your personal information. Please review and complete any missing or incorrect information. You must check if you or your spouse are Tobacco Users in the medical section of your profile. Once completed click on "Save & Continue" at the bottom of the screen.

County

Zip Code

Phone Number

Email Address

Step 5 – Add dependent information

In this section you will need to add your dependents who will be covered on your benefits as well as beneficiary information. Don't forget you will need SSN and dates of birth to complete. Be sure to click Save & Continue!

Dependent Information

No dependents were found.

Step 6 – Review and confirm benefit selection

The next few steps will walk you through all of the benefit options available to you and your family. You can compare plans, view the benefits summaries and use links provided to find in-network providers. You will also find videos and other resources to help you with your decisions.

Who am I enrolling?

Me

Spouse Cooper (Spouse)

Child Cooper (Child)

Which plan do I want?

AUP - HSA \$3000/90%

Effective on 09/01/2015

Employee

\$69.36

Cost per pay period

AV9 - \$5,000/100%

Effective on 09/01/2015

Employee

\$109.38

Cost per pay period

Make sure you follow all the steps to select plans, indicate who you are enrolling on your coverage and complete your enrollment by clicking the green button at the top of the page. You will see the cost and total of your selections as well.

Your Premium Costs (Per 24 Bi-Monthly Pay-Period)

For your reference we have listed your premium costs for the following benefit plans listed below:

Blue Cross Blue Shield of Arizona - Medical			
Per Pay Period Employee Rates	Base HDHP Plan \$4,000 70/50	Buy-Up HDHP Plan \$3,000 90/50	PPO Copay Plan \$1,500 90/50
Employee Only	\$25.00	\$68.20	\$108.70
Employee + Spouse	\$253.81	\$338.89	\$424.45
Employee + Child(ren)	\$192.37	\$264.94	\$340.49
Employee + Family	\$459.75	\$580.60	\$703.91

Principal Dental				
Per Pay Period Employee Rates	Base Dental Plan Enrolled on Medical	Base Dental Plan Not Enrolled On Medical	Buy Up Dental Plan Enrolled On Medical	Buy Up Dental Plan Enrolled On medical
Employee Only	\$0.00	\$18.38	\$2.11	\$20.49
Employee + Spouse	\$18.36	\$36.74	\$22.57	\$40.95
Employee + Child(ren)	\$22.46	\$40.84	\$35.41	\$53.79
Employee + Family	\$46.50	\$61.88	\$59.84	\$78.22

Principal Vision		
Per Pay Period Employee Rates	Enrolled on Medical	Not Enrolled On Medical
Employee Only	\$0.00	\$2.62
Employee + Spouse	\$2.94	\$5.56
Employee + Child(ren)	\$3.25	\$5.87
Employee + Family	\$6.84	\$9.46

Healthiest You	
Per Pay Period Employee Rates	
Employee Only	\$4.50
Employee + Spouse	\$4.50
Employee + Child(ren)	\$4.50
Employee + Family	\$4.50

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Medical Benefits

Medical coverage is one of the most important benefits available to you, as it protects you and your family from large, often unexpected medical expenses. We will continue to offer three different medical plans from which to choose from. All three options allow you to choose your provider of choice, however, by utilizing participating in-network providers and facilities you will have less out of pocket expenses and will not be subject to balance billing. It is always a good idea to confirm that a provider or facility is contracted in the Blue Cross Blue Shield of Arizona Statewide network, or the BlueCard if you are out of the state of Arizona prior to making an appointment.

To determine if your provider is a participating provider please visit: www.azblue.com or, you can call 602-864-4400 or 1-800-232-2345.

Blue Cross Blue Shield of Arizona	HSA Plus \$4,000 70/50 Statewide BASE HSA	
	<i>In-Network</i> (individual / family)	<i>Out-of-Network</i> (individual / family)
Calendar Year Deductible	\$4,000 / \$8,000	\$8,000 / \$16,000
Co-insurance	Plan pays 70% You pay 30%	Plan pays 50% You pay 50%
Out-of-Pocket Maximum	\$6,000 / \$12,000 Includes deductible	\$12,000 / \$24,000 Includes deductible
Primary Care Office Visit	You pay 30% after deductible	You pay 50% after deductible
Preventive Care	Covered at 100%	You pay 50% after deductible
Specialist Office Visit	You pay 30% after deductible	You pay 50% after deductible
Inpatient Hospital	You pay 30% after deductible	You pay 50% after deductible
Outpatient Surgery	You pay 30% after deductible	You pay 50% after deductible
Advanced Imaging (MRI, CAT, PET)	You pay 30% after deductible	You pay 50% after deductible
Independent Lab and X-Ray	You pay 30% after deductible	You pay 50% after deductible
Emergency Room	You pay 30% after deductible	You pay 30% after deductible
Urgent Care	You pay 30% after deductible	You pay 50% after deductible
Retail Prescriptions Retail (30 Day)	You pay 30% after deductible	You pay 50% after deductible and balance bill
Mail Order (90 Day)	You pay 30% after deductible	Not Covered
Specialty RX	You pay 30% after deductible	Not Covered

*Preventive Care Services are covered at no cost to you when you visit a in-network provider for annual covered preventive care. However; if in the course of a test or screening, your provider diagnoses you with a condition requiring treatment, the service you receive may no longer be considered “preventive.” Diagnostic procedures and services may then be subject to copays, deductible and/or co-insurance.

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Blue Cross Blue Shield of Arizona	HSA Plus \$3,000 90/50 Statewide BUY UP HSA	
	In-Network (individual / family)	Out-of-Network (individual / family)
Calendar Year Deductible	\$3,000 / \$6,000	\$6,000 / \$12,000
Co-insurance	Plan pays 90% You pay 10%	Plan pays 50% You pay 50%
Out-of-Pocket Maximum	\$5,500 / \$11,000 Includes deductible	\$11,000 / \$22,000 Includes deductible
Primary Care Office Visit	You pay 10% after deductible	You pay 50% after deductible
Preventive Care	Covered at 100%	You pay 50% after deductible
Specialist Office Visit	You pay 10% after deductible	You pay 50% after deductible
Inpatient Hospital	You pay 10% after deductible	You pay 50% after deductible
Outpatient Surgery	You pay 10% after deductible	You pay 50% after deductible
Advanced Imaging (MRI, CAT, PET)	You pay 10% after deductible	You pay 50% after deductible
Independent Lab and X-Ray	You pay 10% after deductible	You pay 50% after deductible
Emergency Room	You pay 10% after deductible	You pay 10% after deductible
Urgent Care	You pay 10% after deductible	You pay 50% after deductible
Retail Prescriptions Retail (30 Day)	You pay 10% after deductible	You pay 50% after deductible and balance bill
Mail Order (90 Day)	You pay 10% after deductible	Not Covered
Specialty RX	You pay 10% after deductible	Not Covered

*Preventive Care Services are covered at no cost to you when you visit a in-network provider for annual covered preventive care. However; if in the course of a test or screening, your provider diagnoses you with a condition requiring treatment, the service you receive may no longer be considered “preventive.” Diagnostic procedures and services may then be subject to copays, deductible and/or co-insurance.

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Blue Cross Blue Shield of Arizona	PPO \$1,500 90/50 Statewide	
	In-Network (individual / family)	Out-of-Network (individual / family)
Calendar Year Deductible	\$1,500 / \$3,000	\$3,000 / \$6,000
Co-insurance	Plan pays 90% You pay 10%	Plan pays 50% You pay 50%
Out-of-Pocket Maximum	\$4,500 / \$9,000 Includes deductible	\$9,000 / \$18,000 Includes deductible
Primary Care Office Visit	\$25 copay	You pay 50% after deductible
Preventive Care	Covered at 100%	You pay 50% after deductible
Specialist Office Visit	\$50 copay	You pay 50% after deductible
Inpatient Hospital	You pay 10% after deductible	You pay 50% after deductible
Outpatient Surgery	You pay 10% after deductible	You pay 50% after deductible
Advanced Imaging (MRI, CAT, PET)	You pay 10% after deductible	You pay 50% after deductible
Independent Lab and X-Ray	Office Visit Copay or You pay 10% after deductible	You pay 50% after deductible
Emergency Room	\$350 copay	\$350 copay
Urgent Care	\$60 copay	You pay 50% after deductible
Retail Prescriptions Retail (30 Day)	\$15 / \$55 / \$85 / \$150	You pay 50% after deductible and balance bill
Mail Order (90 Day)	\$30 / \$110 / \$170 / \$300	Not Covered
Specialty RX	\$60 / \$110 / \$160 / \$210	Not Covered

*Preventive Care Services are covered at no cost to you when you visit a in-network provider for annual covered preventive care. However; if in the course of a test or screening, your provider diagnoses you with a condition requiring treatment, the service you receive may no longer be considered “preventive.” Diagnostic procedures and services may then be subject to copays, deductible and/or co-insurance.

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Health Savings Accounts – HSA (Available only if you elect a HDHP)

Health Savings Accounts

A health savings account (HSA) is an account funded to help you save for future medical expenses. There are certain advantages to putting money into these accounts, including favorable tax treatment. WorldWide Jet Charter has an HSA banking arrangement through Health Equity.

Who Can Have an HSA?

Any adult can have an HSA if you:

- Have coverage under an HSA-qualified, high-deductible health plan (HDHP)
- Have no other first-dollar medical coverage (other types of insurance, such as specific injury or accident, disability, dental care, vision care, or long-term care, are permitted)
- Are not enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return



Contributions to your HSA can be made by you. However, the total contributions are limited annually. If you make a contribution, you can deduct the contributions (even if you do not itemize deductions) when completing your federal income tax return. Contributions to the account must stop once you are enrolled in Medicare. However, you still use your HSA funds to pay for medical expenses tax-free.

Advantages of HSAs

Security – Your HSA can provide a buffer for unexpected medical bills.

Affordability – In most cases, you can lower your health insurance premiums by switching to health insurance coverage with a higher deductible.

Flexibility – You can use your HSA to pay for current medical expenses, including expenses that your insurance may not cover, or save your funds for future needs, such as:

- Health insurance or medical expenses if unemployed
- Medical expenses after retirement (before Medicare)
- Out-of-pocket expenses when covered by Medicare
- Long-term care expenses and insurance

Savings – You can save the money in your HSA for future medical expenses and grow your account through investment earnings.

Control – You make the decisions regarding:

- How much money you will put in the account
- Whether to save the account for future expenses or pay current medical expenses
- Which medical expenses to pay from the account
- Which financial institution will hold the account
- Whether to invest any of the money in the account
- Which investments to make

Portability – Accounts are completely portable, meaning you can keep your HSA even if you:

- Change jobs
- Change your medical coverage
- Become unemployed
- Move to another state
- Change your marital status

Ownership – Funds remain in the account from year to year, just like an IRA. There are no “use it or lose it” rules for HSAs.

How much may be put in my HSA each year?

When you participate in a HDHP and open an HSA, you can contribute up to the IRS-calendar year contribution maximums. HSA **Contributions from all sources are limited to the IRS Maximum:**

2023 Contribution Limits

Individual:	\$3,850
Family:	\$7,750
If you are age 55+:	\$1,000 catch-up

2024 Contribution Limits

Individual:	\$4,150
Family:	\$8,300
If you are age 55+:	\$1,000 catch-up

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Medical GAP Benefits *(Available only if you elect the PPO \$1,500 Plan)*

Worldwide Jet is pleased to provide those of you electing the **Buy-Up PPO \$1,500 Plan** with additional first dollar coverage that pays toward your portion of the deductible. This coverage results in lowering your deductible and out of pocket maximum. You will receive a Transamerica Transconnect GAP card in addition to your Blue Cross Blue Shield of Arizona insurance card. Both your medical and GAP insurance is verifiable and assignable at the point of service. See the diagram below to know when to use just your Medical card or when you will present both your Medical and GAP cards.

Benefit	Transconnect GAP
Annual In-Patient GAP Amount	\$2,000
Annual Out-Patient GAP Amount Includes Surgery Facility and Major Diagnostics & Imaging (MRI, CT, PET, US)	\$1,000

Not covered by the GAP: Inpatient - Anything related to mental health or drug and alcohol treatments. Outpatient - Lab, ER for Illness, sleep apnea studies, physical therapies, observation or medical equipment.

Major Medical still provides coverage for these items subject to the deductible, coinsurance and out of pocket maximums.

Doctor Visits (PCP/ SPC) Pharmacy

You will present only your Medical card for Doctor Visits and Pharmacy. GAP is not used for those Copays



Emergency Room Urgent Care



Out Patient - Surgery Facility Advanced Radiology (MRI,CT,PS,US)



In Patient - Hospital



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Blue Cross Blue Shield BlueCard Program

In many cases, when you travel or live in a state other than Arizona, you can take advantage of savings the local Blue Plan has negotiated with area doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates when you use providers in the local Blue Plan's PPO network. Also, you should not have to complete a claim form or pay up front for your health care services, except for those out-of-pocket expenses you would normally pay anyway (e.g., noncovered services, deductibles, copayments and coinsurance).

Steps to Follow When Using PPO Benefits Outside Arizona.

Within the United States

PPO members should be sure to use a BlueCard PPO doctor or hospital to stay in-network and receive the highest level of benefits for covered services.

1. Always carry your current Blue Cross Blue Shield of Arizona (BCBSAZ) ID card for easy reference and access to service.
2. In an emergency, go directly to the nearest hospital.
3. To find names and addresses of nearby doctors and hospitals, visit the Provider Directory at azblue.com, choose "National Doctor / Hospital Finder" and enter the alpha prefix from your ID card. Or call BlueCard Access at (800) 810-BLUE.
4. Call BCBSAZ for precertification or prior authorization, if necessary. (Refer to the phone number on your BCBSAZ ID card—it's different from the BlueCard Access number listed in the previous step.)
5. When you arrive at the hospital or the office of a provider in the local Blue Plan's PPO network, simply present your BCBSAZ ID card. If you are a PPO member, the provider can use the  logo to identify your benefits.

After you receive care from an in-network PPO provider, you should not have to complete any claim forms. Nor should you have to pay up front for medical services (other than the usual out-of-pocket expenses such as noncovered services, deductibles, copays and coinsurance). BCBSAZ will send you an explanation of benefits.

Outside the United States

1. Call BCBSAZ to review your benefits and access to care before leaving the United States.
2. Always carry your current BCBSAZ ID card.
3. In an emergency, go directly to the nearest hospital.
4. If you need to locate a doctor or hospital, or need medical assistance services, call the BlueCard Worldwide Service Center at (800) 810-BLUE (2583) or call collect at 1 (804) 673-1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

It is very important to obtain care through the service center because some in-network providers may be contracted only for services within the United States. Services received from these providers outside the United States will be considered out-of-network. Your assistance coordinator can help you understand your options when choosing a provider.

5. In most cases, when you make arrangements for hospitalization through BlueCard Worldwide, you should not need to pay upfront for inpatient care at participating BlueCard Worldwide hospitals except for the out-of-pocket expenses (noncovered services, deductible, copays and coinsurance) you normally pay. The hospital should submit your claim on your behalf. In addition to contacting the BlueCard Worldwide Service Center, call BCBSAZ for precertification. You can find the Customer Service phone number on your BCBSAZ ID card. Note: this number is different than the phone number listed above.
6. You will need to pay upfront for care received from a doctor and from an out-of-network hospital. Complete a BlueCard Worldwide claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). The claim form is available from BCBSAZ, the BlueCard Worldwide Service Center, or online at bcbs.com/bluecardworldwide.
7. Unless prescribed for an urgent or emergency situation, prescription medication is only eligible for coverage when dispensed by a pharmacy located in the U.S. and by a pharmacist licensed in the U.S.

Find a Doctor Tool



Use this online tool to search for in-network healthcare providers covered under your medical benefit plan.

HOW TO FIND A HEALTHCARE PROVIDER

- 1** Go to azblue.com and click **"Find a Doctor."**
- 2** Choose **"I am NOT yet a member,"** then click on the box that reads **"But might get a BCBSAZ health plan through my employer."**
- 3** Click on the arrow next to **"Choose a Network."**
- 4** Choose a network then click **"Search."**
- 5** You are now ready to search for a provider.
- 6**
 - Type your city and state, or zip code in the box under **"Choose Search/Location."**
 - In the last box, type the doctor's name, specialty, or hospital.
 - Click **"Search."**

The Network you would select is the **"Statewide/National PPO" Network**

Added Search Features

Results are displayed in a list and on a map

Re-order results based on distance or alphabetically

Filter results based on quality certifications, specialties and other categories

Quick Tips

The BlueCare Anywhere telehealth app puts you face to face with a board-certified doctor any time, night or day. These tips can help you start a visit in minutes using your computer, tablet, or smartphone.



1 Sign up to get started. It's easy!

(It's a good idea to do this *before* you need to see a doctor.)

- Download the BlueCare Anywhere mobile app or visit BlueCareAnywhereAZ.com.
- Fill in your contact information.
- Set up your username and password.
- Add your insurance, doctor, health, and payment information.
- Test your connection to make sure it works.
- You're ready to use BlueCare Anywhere!



2 Know when to use it

Visit with a doctor, counselor, or psychiatrist for help with:

- Cold, flu, fever
- Cough, bronchitis
- Diarrhea, vomiting
- Headache
- Pink eye
- Rashes
- Insomnia
- Anxiety
- Depression, and more



This is not a complete list. BlueCare Anywhere should not be used for burns, wounds, broken bones, or life-threatening conditions. In an identified or probable emergency, the virtual visit provider will direct you to seek emergency care. For more information, visit BlueCareAnywhereAZ.com.

3 See a doctor or make an appointment



- Open the app or go to BlueCareAnywhereAZ.com and sign in.
- Follow the steps to choose a doctor or make an appointment. Some doctors are available right away. Others might have a short wait time.
- You can see the fees and add or change your payment information.

If you are traveling out of state, you'll need to change your profile setting to show the state you're visiting. That way, you can choose a doctor who is licensed to practice in that state.

4 Get treated



You will see when the doctor dials into the video chat session.



You will talk with the doctor about your health concern just like during a regular office visit.



You can use the camera on your computer or mobile device to provide close-up views.



The doctor will give you treatment options and may send a prescription to the pharmacy you've selected, if needed.



Need a "sick slip" or other document to go back to work or school? The doctor can provide one as appropriate.

After your visit

You'll receive a report that you can share with your PCP or other healthcare provider. A satisfaction survey will be sent to your email. Your answers will help us make the BlueCare Anywhere app the very best it can be.



CARE IS AVAILABLE NOW.
DOWNLOAD THE APP TODAY
OR VISIT BlueCareAnywhereAZ.com.



**BlueCross
BlueShield
of Arizona**

Introducing...



Now it's easier and costs you nothing to consult with a Doctor!



**CONNECT WITH
A DOCTOR = \$0
CONSULT FEE**

When you get sick, our network of licensed doctors are standing by 24x7 waiting to help you. They can diagnose, treat, and often prescribe for an array of medical issues.



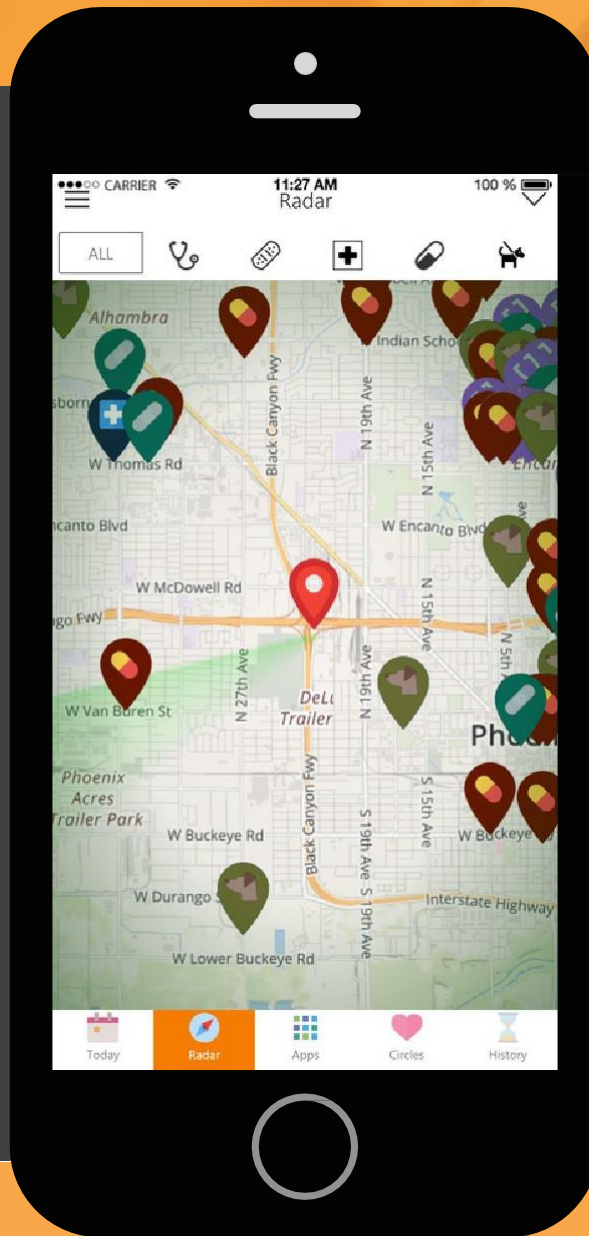
RADAR

This exclusive tool continuously scans for doctors, pharmacies, hospitals, urgent care centers and even vets in your direct area, helping you quickly and easily select the best providers for your plan and needs.



CIRCLES

Our intelligent bookmarking tool helps you keep track of everyone in your circle of care, from your PCP to your favorite pharmacy.



FIND A PROVIDER

Need to search for a doctor, dentist, or other provider? Our app knows best and will easily lead you through the process. You can even research your doctor first!



COST COMPARE

Arm yourself with our awesome price comparison engine giving you access to special deals on more than 5,000 drugs at more than 100,000 pharmacies.



**SYNC YOUR
INSURANCE**

Connect your medical insurance plan and track your deductibles to make sure you're minimizing your out of pocket expenses.

For only **\$4.50 per pay period** you and your whole family can have unlimited access to a 24x7x365 network of board-certified doctors that can diagnose, treat and even prescribe Rx via smart phone, tablet or computer.

No smartphone or internet?

No problem, simply call toll free on any phone to talk to a doctor. **866-703-1259**



Dental Benefits

Dental benefits provide you and your family with comprehensive coverage to keep your smile shining bright! The chart below provides you a brief summary of the key benefits of the two dental insurance plans available from Principal. For a complete list of all your dental insurance benefits and restrictions, please refer to your booklet or contact your plan administrator.



Voluntary Pre-Authorization

In the event you need to have dental work estimated to cost \$250 or more, we recommend you have your dentist submit the charges to Principal for pre-authorization. They will then review the intended treatment plan and let your dentist know how much of the bill they will cover. We recommend this to avoid any billing issues.

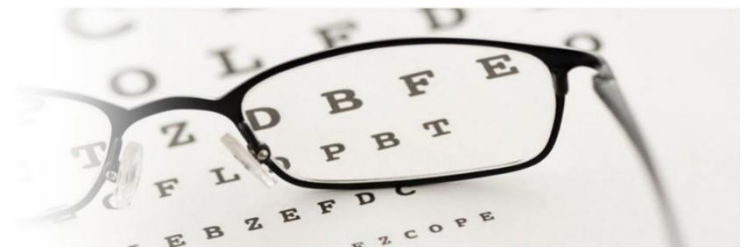
	BASE PPO Dental Plan		BUY-UP PPO Dental Plan	
	In-Network	Out-of-Network	In-Network	Out-of Network
Calendar Year Deductible	Yes		Yes	
▪ Individual	\$50		\$50	
▪ Family	\$150		\$150	
Calendar Year Maximum				
	\$2,000		\$2,500	
Preventive Care Services				
Cleanings, X-rays	100% no deductible		100% no deductible	
Basic Services				
Fillings, Periodontics, Endodontics	80% after deductible		80% after deductible	
Major Services				
Crowns, Implants, Dentures	50% after deductible		50% after deductible	
Orthodontia (Child Only)				
	Not covered		50% no deductible	
Orthodontia Lifetime Maximum				
	N/A		\$1,500	

If you use a non-participating PPO provider, you will pay more out-of-pocket since those providers do not have negotiated rates with your dental carrier. You will also be responsible for any amount over reasonable and customary charges (R&C) that the Out-of-Network provider chooses to balance bill.

Disclaimer: This enrollment guide is only a summary and contains only the highlights of the major provisions of the benefit programs offered by your employer. Legal documents describe the plans in complete detail and govern their operation. Every effort has been made to ensure the information contained in the guide is accurate, however it is possible for errors to occur. Please be aware; if there is a disagreement between this guide and the legal document, the terms of the legal document will always govern.

Vision Benefits

Worldwide Jet offers a vision plan through Principal that includes coverage for both an annual vision exam as well as vision hardware benefits. You should always use an in-network provider whenever possible to receive the highest benefit level.



Reimbursement are provided up to the out-of-networks amounts.

Vision Exams	In-Network (VSP)	Out-of-Network (up to)
<ul style="list-style-type: none"> Vision Exam with Dilation (as necessary) 	\$10 copay	\$45
<ul style="list-style-type: none"> Frequency 	Every 12 months	Every 12 months
Vision Materials		
<ul style="list-style-type: none"> Materials Copay 		N/A
<ul style="list-style-type: none"> Lenses <ul style="list-style-type: none"> Single Bifocal Trifocal Lenticular 	Every 12 months <ul style="list-style-type: none"> \$25 Copay \$25 Copay \$25 Copay \$25 Copay 	<ul style="list-style-type: none"> \$30 \$50 \$65 \$100
<ul style="list-style-type: none"> Fitting and Evaluation Elective Contacts (in lieu of frames and lenses) Medically Necessary Contacts 	<ul style="list-style-type: none"> Up to \$60 copay \$150 allowance \$25 Copay; Paid in full Every 12 months 	<ul style="list-style-type: none"> N/A Up to \$105 Up to \$210
<ul style="list-style-type: none"> Frames 	\$150 allowance plus 20% off balance Every 12 months	Up to \$70

Principal provides in network benefits through the VSP which is the largest national vision network. If you go out of network, you will pay out of pocket and then submit your receipt to principal for reimbursement up to the Out-of-Network amounts.

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Life Insurance & Accidental Death and Dismemberment

Worldwide Jet is pleased to provide a Life Insurance policy through MetLife. In the event of your death, your designated beneficiary will receive an amount of \$50,000. Additionally, the coverage includes an Accidental Death and Dismemberment rider. If you were to lose your life as a result of an accident, an additional amount of \$50,000 will be paid to your designated beneficiary. In the event of losing an eye, arm or leg that does not result in your death, you would receive a percentage of the benefit.



Employer Paid	- Life Insurance	\$50,000
	- AD&D	\$50,000

Additional Voluntary Life Insurance

You have the option to buy additional life insurance through MetLife if you choose to. The rates will be listed on the Employer Navigator Portal per the age of each insured and the desired amount of coverage.

Please be sure to update your beneficiary information for the employer paid life insurance as well as any additional voluntary life insurance that you elect.

Voluntary Life for you and your family	
Employee	Increments of \$10,000 to the lesser of 5x your basic annual earnings or \$500,000
Maximum Amount	\$500,000 or the lesser of 5x your basic annual earnings
Minimum Amount	\$10,000
Employee Guaranteed Issue Amount (Subject to this being your first Enrollment with MetLife)	\$50,000
Spouse	Increments of \$5,000 up to 50% of employee amount maximum of \$100,000
Spouse Guaranteed Issue Amount (Subject to this being your first Enrollment with MetLife)	\$25,000
Child(ren)	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000

Worksite Benefits

Worldwide Jet is pleased to offer you voluntary plans provided by AFLAC. These Voluntary Insurance products can provide financial protection for you and your family when the unexpected happens.

These plans provide a variety of customizable benefit options that allow you to be prepared in the event of an accident, a critical illness diagnosis or the short-term loss of income due to an injury or illness.



Accident

Accident – Helps offset medical expenses related to an accident as lump sum payments for treatments and services are made directly to you. Optional Wellness Screening and Sickness Hospital Confinement benefit. Spouse/dependent coverage is available as well.



Critical Illness

Critical Illness – Provides a lump-sum benefit, (\$5,000 to \$30,000), upon a critical diagnosis. Benefits are paid for Heart Attack, Stroke, End-Stage Renal Failure and/or Cancer. Subsequent Specified Critical Illnesses. Spouse/dependent coverage is also available.



Disability (Short-Term)

Disability – Provides short-term benefits of up to 60% of your current weekly compensation to be paid out as a benefit to replace a portion of your income if you are unable to work due to a covered disability, such as an accident, sickness, or maternity. There are different elimination periods and durations of benefit that you can choose through the Employee Navigator Enrollment Portal.



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Healthcare Reform Notices

* **Women's Health & Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymph edema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.



* **Making Changes**

When you pay your share on a pre-tax basis, you cannot change your benefits coverage during the year unless you experience a special enrollment event or have a qualifying status change during the year.

* **Notice: Lifetime Limit No Longer Applies and Enrollment Opportunity**

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information please contact the plan administrator at your employer group.

* **Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP):**

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Arizona, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

Website for Arizona: <http://www.azahcccs.gov/applicants/default.aspx> or phone (in state) 1-877-764-5437

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or you can visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it has been determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling 1-866-444-EBSA (3272).

Healthcare Reform Notices

* Grandfathered Status

Your group health plan believes the current Plan coverages are “nongrandfathered health plans” under the Patient Protection and Affordable Care Act.

Notice of Patient Protections

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your group health plan or issuer or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your plan administrator or issuer.

* Summary of Benefits and Coverage

The 2023 Summary of Benefits and Coverage (SBC) is provided to our employees by our medical insurance carrier. The Affordable Care Act (ACA) requires health plans and health insurance issuers to provide applicants and enrollees with a concise document providing simple and consistent information about health plan benefits and coverage. The document, which is called a summary of benefits and coverage (SBC), is intended to help health plan consumers better understand the coverage that they have and to help them make easier comparisons when shopping for new coverage.

* Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information (PHI) from being inappropriately disclosed. They also give you additional rights concerning your healthcare information.

World Wide Jet's HIPAA Privacy Notice explains how the group health plan and your employer handles your PHI. You can request a copy of this Notice from the Risk Management Department.

* HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after the other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents. However, you must request enrollment within 30 days of the event.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
 - If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.
- Note: The 60-day period for requesting enrollment applies only to state CHIP and/or Medicaid. As described above, a 30-day period applies to most special enrollments.

If you have a Qualifying Status change during the year, contact your Employee Benefits Department immediately. Changes becomes effective on the date of the event.

To request special enrollment or obtain more information, contact your Employee Benefits Department.

Contact Information

Carrier	Coverage	Contact Information
Blue Cross Blue Shield of Arizona	Medical Insurance HDHP & PPO	602-864-4400 or 800-232-2345 www.azblue.com
Transamerica	GAP Insurance	866-224-3100 www.transamericaworksite.com
Heathiest You	Telemedicine	866-703-1259 www.healthequity.com/contact
Health Equity	Health Savings Account Bank/Admin.	866-346-5800 www.healthequity.com/contact
Principal	Dental and Vision	800-986-3343 www.Principal.com
MetLife	Life and voluntary life	800-638-5433 www.metlife.com
 WORLDWIDE JET	Genie McGovern Director of Human Resources	602-726-9992 Genie.McGovern@worldwidejet.com
 Brown & Brown INSURANCE*	Sarah Virgil Account Executive	602-277-1129 Sarah.Virgil@bbrown.com
 Brown & Brown INSURANCE*	Jennifer Drake Account Manager	602-664-7087 Jennifer.Drake@bbrown.com

Are you looking for help finding Medicare plans? If so Brown & Brown can help you !! Please contact Lupe Aguilera in our Prescott, AZ office to help with all your Medicare needs
Email: Laguilera@bbprescott.com
Phone: 928-776-2708





Your 2022-2023
Employee Benefits