



Welcome to your Benefits.

Enroll on LCG360 within 90 days of your date of hire!

Aetna Medical Plans

We offer you three plans: the Basic Plan, Enhanced Plan, and Savers Plan.

Basic Plan

- ✓ \$2,000 (I) / \$6,000 (F) deductible
- ✓ \$25 office visit

Enhanced Plan

- ✓ \$500 (I) / \$1,000 (F) deductible
- ✓ \$50 office visit, 1st three free

Savers Plan

- ✓ \$1,400 (I) / \$2,800 (F) deductible
- ✓ 20% after deductible/office visit
- ✓ Health Savings Account eligible

I=Individual | F=Family



Dental Plans

We offer you two plans: the Basic Plan and the Enhanced Plan.

Basic Plan

- ✓ \$50 (I) / \$100 (F) deductible
- ✓ 30% after deductible for basic services
- ✓ Major and Orthodontic services not covered

Enhanced Plan

- ✓ \$50 (I) / \$100 (F) deductible
- ✓ 20% after deductible for basic services
- ✓ 50% after deductible for major services
- ✓ 50% for orthodontic services



Limited Medical Plan

The Minimum Essential Coverage (MEC) plan provides you with 100% coverage for ACA-required preventive screenings. There are no copays, deductibles or lifetime maximums for the part-time medical plan.



Vision Plans

We offer you two plans: the Basic Plan and the Enhanced Plan. Both plans feature allowances for frames, coverage for contacts, and more!



Full-Time Benefit



Part-Time Benefit

Aetna Medical Plans ^F

	Basic Plan	Enhanced Plan	Savers Plan
What's the deductible?	\$2,000 Individual \$6,000 Family	\$500 Individual \$1,500 Family	\$1,400 Individual \$2,800 Family
What's the most I will have to pay in a year?	\$5,000 Individual \$12,000 Family	\$4,000 Individual \$8,000 Family	\$4,200 Individual \$8,400 Family
What will a doctor/specialist visit cost?	\$25 copay / \$50 copay	No charge 1st three visits, then \$50 copay / \$50 copay	20% coinsurance*
What will virtual care cost with CirrusMD?	No Charge	No Charge	\$5 consult fee**
What will inpatient services cost?	20% coinsurance*	\$500 copay	20% coinsurance*
What will a trip to the emergency room cost?	True: \$350 copay Not True: \$500 copay	True: \$250 copay Not True: \$500 copay	20% coinsurance*
Pharmacy			
Preventive	Based on RX Tiers	Based on RX Tiers	Deductible Waived
Generic	\$15 copay	\$10 copay	\$15 copay after deductible
Preferred Brand	\$45 copay	30% coinsurance up to \$50	\$45 copay after deductible
Non-Preferred Brand	\$80 copay	50% coinsurance up to \$100	\$80 copay after deductible
Specialty	25% coinsurance up to \$250	25% coinsurance up to \$250	25% coinsurance after deductible up to \$250

*After deductible | Please note: Your dental and vision plans are also being renamed to Basic and Enhanced.

**A Consult Fee is charged for unlimited Encounters for up to 7 days measured from the time a user first initiates a chat for medical care with a physician, regardless of if the Encounter is for the same issue or a new issue within the 7 day period (multiple Encounters for separate medical issues may be under one Fee.)



Need to find an Aetna doctor or hospital?



Go to www.aetnadocfind.com/lcg



What You'll Pay

Medical Plans

Tier	Basic Plan	Enhanced Plan	Savers Plan
Employee-Only	Hourly rate:		
	Under \$8.00	\$42.23	
	Between \$8.00 - \$8.49	\$46.35	
	Between \$8.50 - \$8.99	\$49.44	
	Between \$9.00 - \$9.49	\$52.53	
	Between \$9.50 - \$9.99	\$55.62	\$95.48
	Between \$10.00 - \$10.49	\$57.68	
	Between \$10.50 - \$10.99	\$60.77	
Between \$11.00 - \$11.49	\$63.86		
\$11.50 or greater	\$66.95		
Employee + Child(ren)	\$150.38	\$199.45	\$231.46
Employee + Spouse/Partner	\$177.16	\$234.46	\$304.61
Employee + Family	\$265.74	\$351.16	\$441.09

Dental Plans

Tier	Basic Plan	Enhanced Plan
Employee	\$7.27	\$9.84
Employee + Child(ren)	\$18.12	\$24.51
Employee + Spouse/Partner	\$13.71	\$18.54
Employee + Family	\$28.27	\$38.23

Vision Plans

Tier	Basic Plan	Enhanced Plan
Employee	\$3.27	\$5.53
Employee + Child(ren)	\$5.82	\$9.86
Employee + Spouse/Partner	\$5.71	\$9.66
Employee + Family	\$9.68	\$16.39

All about your **TOTAL REWARDS**

Wellness Benefits

Cleo, ReThink and Livongo

These benefits are all about nurturing your holistic wellbeing and supporting the dynamic needs of you and your family:

- ✓ Cleo
- ✓ ReThink
- ✓ EAP
- ✓ Livongo

F

Health Savings Account

PayFlex

A health savings account is an account that's funded with pre-tax contributions from your paycheck and used to cover health-related expenses.

F

Flexible Spending Account

PayFlex

A Flexible Spending Account can be used to pay for qualified healthcare or dependent care expenses.

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Life and Disability

MetLife & The Hartford

We provide Basic Life coverage for all our benefits-eligible employees at no cost to you!

The optional Supplemental Life plan is 100% employee-paid and may cover you, your spouse, and/or your child(ren) depending on the level of coverage you choose.

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Voluntary Benefits

These programs offer you and your family even more flexibility and added perks to enhance your overall benefits package:

- ✓ Identity Theft Protection
- ✓ Accident & Critical Illness
- ✓ Voluntary Term Life
- ✓ Pet Benefits
- ✓ And more!

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Prescription Drug

OptumRx

OptumRx Prescription Drug is included with each Aetna medical plan.

View covered drug lists and copayments on the Benefits Website at www.mylcgbenefits.com.

F

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Full-Time Benefit

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Part-Time Benefit

Resources for Living

Employee Assistance Program



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Virtual Care

CirrusMD

A text first platform that connects you directly to a live, licensed doctor in less than 1 minute. And, virtual visits can seamlessly shift to include video, voice and images when needed.

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View All Benefits

www.mylcgbenefits.com



F

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Ready to enroll? **Click or Call.**

Login to LCG360, under Benefits click on "Your Benefits" to check on your current enrollments or view all plan details directly via MyLCGBenefits.com

Click on the 'Make Changes' button in Benefits when you are ready to begin the enrollment process.

You may also enroll over the phone through Pay & Benefits at 877-767-5241, select Benefits Option. The hours of the call center are 8-5pm local time, M-F.

TALK TO ALEX!

Use ALEX to assist you in finding the best plans to suit you and your family.



Important!

A Summary of Benefits and Coverage (SBC) has been designed to assist you with better understanding the coverage being offered to you, and to allow you to compare coverage options. The SBC is available on www.mylcgbenefits.com. A paper copy is also available, free of charge, by calling 877-767-5241.

View your Summary Plan Description (SPD) and other important ERISA and HIPAA documents! Copies of these documents can be found at mylcgbenefits.com. These documents contain important details regarding your benefit programs – for example, your SPD explains terms and conditions of your Health Plan, including eligibility, coverage amounts and exclusions. If you want a paper copy, free of charge, call us at 877-767-5241.

