

2022 BENEFITS AT A GLANCE



Eligibility

New hires are eligible for benefits on the first day following 90 days of consecutive employment (or, in case of annual Open Enrollment, on March 1st of each year). To be eligible for benefits, you must be a full-time employee working at least 30 hours per week. When eligible, you may enroll yourself and your eligible dependents prior to your effective date.

Medical (BOON-CHAPMAN)

Daytona Beverage offers you a PPO medical plan managed by BevCap Management and administered by Boon-Chapman, using the Aetna Signature Administrators Network. The medical plans allow access to both In-Network and Out-of-Network providers, but you will get better discounts and pay less money by remaining In-Network. All Out-of-Network services are subject to the amount determined to be eligible by the health plan and you are responsible for all charges over this allowance. When you use providers from within the Aetna Signature Administrators network, you receive benefits at the discounted network cost.

Plan Feature	In-Network	Out-of-Network
Network Required	Aetna Signature Administrators	None
Deductible (calendar year)	\$500 per individual \$1,500 max per family	\$1,500 per individual \$4,500 max per family
Coinsurance (most services)	You pay 10%	You pay 50%
Out-of-Pocket Maximum (calendar year—includes Deductible, Coinsurance, and copays)	\$3,000 per individual \$6,000 max per family	\$9,000 per individual \$18,000 max per family
Physician Office Visit Specialist Office Visit	\$20 copay \$45 copay	You pay 50% after deductible
Telemedicine	FREE-98point6	N/A
Preventive Care	Covered 100%	You pay 50% after deductible
Preventative Care—Colonoscopies	Covered 100% - 2 per year (if medically necessary)	You pay 50% after deductible
Diagnostic Lab & x-ray	No charge	You pay 50% after deductible
MRI, CAT, PET & Other High-Tech Services	Deductible/Coinsurance FREE/USIN Provider	You pay 50% after deductible
Inpatient Hospital	You pay 10% after deductible	You pay 50% after deductible
Outpatient Hospital/Facility	You pay 10% after deductible	You pay 50% after deductible
Outpatient Mental Health/Substance Abuse	Covered at 100%	You pay 50% after deductible
Emergency Services	\$500 copay, then you pay 10% after deductible Copay waived if True Emergency	
Urgent Care	\$50 copay per visit	You pay 50% after deductible
Prescription Drugs - Retail & Specialty Drugs Retail - up to 30-day supply Mail Order - up to 90-day supply	<i>Note: Elixir is the Pharmacy Benefit Manager</i>	
Tier 1	\$5 copay (Mail Order: \$12.50 copay)	Not Covered
Tier 2	\$30 copay (Mail Order: \$75 copay)	Not Covered
Tier 3	\$50 copay (Mail Order: \$125 copay)	Not Covered
Specialty Medication	\$250 copay	Not Covered

Medical (Per Pay Period Cost)

Bi-Weekly Rates	Wellness Rate	Non Rate	Standard Rate
Employee Only	\$18.01	\$32.12	\$46.23
Employee & spouse	\$224.29	\$253.55	\$282.80
Employee and Child(ren)	\$174.01	\$199.65	\$225.29
Employee & Family	\$295.10	\$329.27	\$363.43

Dental (Guardian)

The following are your benefits when you receive care from an In-Network dental provider.

Benefit	Coverage
Annual Deductible (Individual/Family)	\$50 / \$150
Preventive Care	Covered at 100%, deductible waived
Basic Care	Covered at 80% after deductible
Major Care	Covered at 50% after deductible
Orthodontia	50% up to lifetime max
Annual Benefit Maximum	\$2,000 per person

Dental (Per Pay Period Cost)

Coverage Level	Bi-Weekly Rates
Employee Only	\$2.36
Employee & Spouse	\$16.67
Employee & Child(ren)	\$20.91
Employee & Family	\$29.27

***Please note that if you do not use in-network providers, you may be subject to balance billing for any amounts over the usual and customary fee.**

Vision (Guardian - Davis Vision)

The following are your benefits when you receive care from an In-Network vision provider.

Benefit	Coverage	Frequency
Routine Vision Exam	\$10 Copay	Once every rolling 12 months
Lenses (see plan document for additional information)	\$25 Copay	Once every rolling 12 months
Frames	\$130 allowance + 20% off balance	Once every rolling 24 months
Elective Contact Lenses (in lieu of glasses)	\$130 allowance; 15% off balance	Once every rolling 12 months

Vision (Per Pay Period Cost)

Coverage Level	Bi-Weekly
Employee Only	\$0.00
Employee & Spouse	\$1.94
Employee & Child(ren)	\$2.05
Employee & Family	\$4.34

* Premiums are deducted from your paycheck on a pre-tax basis through a Premium-Only Section 125 Plan. Due to IRS Regulations, the premiums you pay for non-tax dependent domestic partner coverage are not eligible for Section 125 savings.

Life/AD&D Insurance (Guardian)

Daytona Beverage provides Life and AD&D benefits for every eligible employee. You are also able to purchase additional coverage for you and your dependents at your own cost. You become eligible for the employer paid life of \$20,000 in coverage after 60 days of active employment.

Benefit	Employer Paid	Employee Paid – Optional Life & AD&D		
	Employee Only	Employee	Spouse	Child(ren)
Coverage	\$20,000	\$10,000 Increments	\$1,000 Increments	\$1,000 Increments
Maximum Amount- Life		\$400,000	50% of Employee Amount up to \$200,000	\$10,000
Guarantee Issue Amount (<age 65)		\$150,000	\$30,000	\$10,000

Disability Benefits (Guardian)

Daytona Beverage provides Short-Term disability and Long-Term Disability to each eligible employee.

Benefit	Short-Term Disability	Long-Term Disability
Benefit Percentage	60% of weekly earnings	60% of monthly earnings
Maximum Benefits	\$500 weekly	\$2,500 monthly
Benefit Waiting Period	15 th Day Accident/Sickness	180 days
Benefit Duration	24 weeks	Social Security Normal Retirement Age
Pre-Existing Conditions	None	3/12

EAP/Employee Assistance Program (Guardian)

Confidential counseling for you and your dependents at no cost to you. Members can login 24/7 for free emotional support & daily life assistance. Visit ibhworklife.com OR call 800-386-7055 – 24 hours/day, 7days/week Username: Matters; Password: wlm70101

Telemedicine (98point6)

You will have access to 98point6 services at no cost to you or your eligible dependents for consults. The only out-of-pocket cost you would incur would be if the physician called in a prescription for you or your dependents. Be sure to download the app & register at www.98point6.com/bevcap.

Member Advocate (BOON-CHAPMAN)

Every employee has access to a dedicated member advocate. They can assist with Explanation of Benefits (EOB), Claims or billing questions, provider network questions, ID cards, etc. Call 855-516-8531 or email advocate@boonchapman.com.

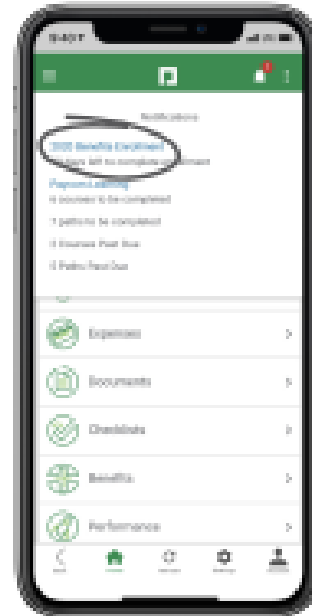
SHOW ME HOW

to Enroll in Benefits
Benefits



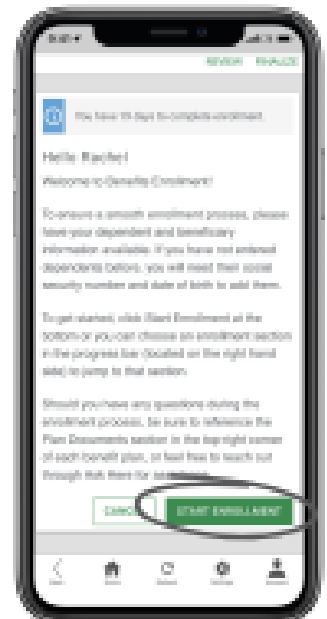
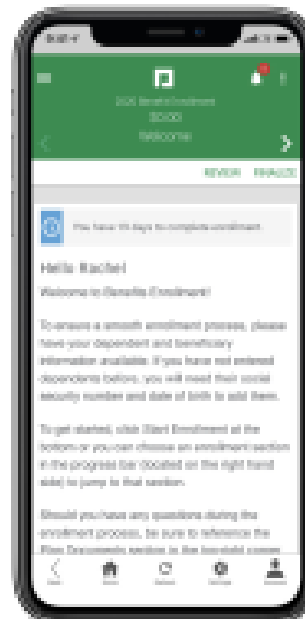
STEP 1

Log into the Paycom app. From the Notification Center or from the Benefits section, click the current year's Benefits Enrollment.



STEP 2

Review initial instructions and click "Start Enrollment." Then, enter your personal information and any dependents or beneficiaries.



EMPLOYEES

Visit the Help Menu for the most up-to-date version of this guide.



SHOW ME HOW

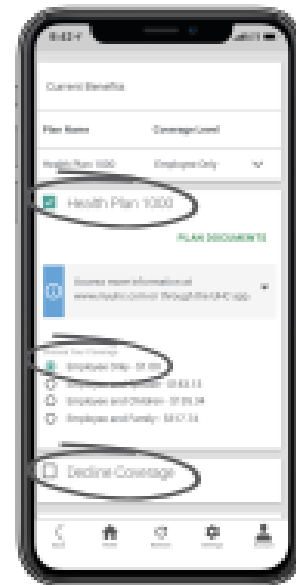
to Enroll in Benefits

Benefits



STEP 3

After determining which plan will work for you, choose your coverage level, then select either to enroll or decline.



STEP 4

To complete enrollment, click "Finalize," then "Sign and Submit."



HELPFUL TIPS

- Have your dependent/beneficiary information ready, such as Social Security numbers, before beginning the enrollment process.

EMPLOYEES

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This summary highlights the main features of Daytona Beverage. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents including insurance contracts. Should there be any inconsistency between this summary and the legal plan documents, the plan documents are the final authority.