



EMPLOYEE BENEFITS

2022 PLAN YEAR



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BENEFITS DIRECTORY

BENEFIT ADVISORS CuatroBenefits LLC	☎	✉
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Account Executive: Kayla Fanning		Kayla@cuatrobenefits.com
MEDICAL CIGNA	☎	✉
1-800-997-1654	www.Cigna.com	
Policy #TBD Network:		Claims Address: PO BOX 182223 Chattanooga, TN 37422-7223
Open Access Plus		
Express Scripts Pharmacy Benefits	☎	✉
1-877-860-0982	PO BOX 188053 Chattanooga, TN 37422-8053	
Home Delivery: 1-800-835-3784		
DENTAL Principal	☎	✉
1-800-986-3343	711 High St. Des Moines, IA 50392	
Policy #: 1103033		www.Principal.com
Network: Principal Plan Dental Network		
VISION Principal	☎	✉
1-800-986-3343	www.vsp.com	
Policy #: 1103033		
Network: VSP		
LIFE Principal	☎	✉
1-800-986-3343	711 High St. Des Moines, IA 50392	
Policy #: 1103033	www.Principal.com	

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This summary is not an insurance contract. This summary was compiled by employees of CuatroBenefits LLC. Changes, omissions, or oversights are possible. Please refer to the actual carrier policy for a full description of benefits.

WELCOME

The Neos Consulting Group benefit program you receive while you are an employee of our company is administered by CuatroBenefits LLC. Our dedicated Account Executive is Kayla Fanning. Please contact our Account Executive for any escalated or urgent issues.

Your benefit enrollment is very important. We utilize Ease as our benefits portal. Please review the following guidelines to assist you in submitting the appropriate enrollment and documentation to enroll in the benefit plans offered. Timely submission will ensure coverage for you and your family members. We urge you to keep this handbook and refer to it when you have questions about your benefits. Should you have any questions or need assistance, please contact your HR Department. Benefit information is stored year-round in Ease both on the web and via the smartphone app.

Obtaining Services before you get your Benefit ID Cards

If you change medical plans/carriers during open enrollment or you are a new hire who does not submit their enrollment in a timely manner, you may not receive your ID card prior to the effective date of your benefits. Until you receive your ID card, you may have to pay for services in full and get reimbursed by the carriers after you have your enrollment information. Be sure to save all your receipts and contact your HR Department for more information on how to file carrier claims manually for reimbursement.

PLAN ELIGIBILITY

All full-time employees working at least 30 hours per week are eligible to enroll in the insurance benefits provided by Neos Consulting Group. Employees regarded as part-time or temporary are not eligible for benefits.

Benefits are effective on the first of the month following your full-time date of hire.

Enrollment is not automatic. Participation cannot begin without completion of the required enrollment via Ease online.

IF YOU ARE A NEW EMPLOYEE:

You are required to complete enrollment within 30 days of your date of hire to ensure that you are enrolled in a timely manner and have access to the benefits on the first day they are effective.

IF YOU ARE A CURRENT EMPLOYEE:

You may begin, stop, or change your coverage elections as a result of a qualified life status change as defined by Section 125 of the Internal Revenue Code and allowed by this plan. Medical plan changes are **NOT** allowed until the next open enrollment period without a qualifying life status change. See the “Qualifying Life Events” section for a complete list.

DEPENDENT ELIGIBILITY

You can enroll dependents on applicable benefit plans. Eligible dependents include:

- Your legal spouse
- Your domestic partner (must complete notarized Affidavit of Domestic Partnership)
- A child under the plan limiting age (26 for medical)
 - *Child* means a natural child, a stepchild, an adopted child, regardless of presence or absence of a child's financial dependency, residency, student status, employment status, marital status, or any combination of those factors.
- Any child of any age who is medically certified as Disabled and dependent on the parent
- A child of your child who is your Dependent for federal income tax purposes at the time application for coverage is made
- A child not listed above whose primary residence is your household and to whom you are legal guardian or related by blood or marriage, and who is dependent upon you for more than one-half of their support as defined by the US Internal Revenue Code.

INELIGIBLE DEPENDENTS:

Please review the eligibility requirements described above. Any ineligible dependents must be removed from your coverage as soon as they become ineligible. Here are examples of some ineligible dependents:

- Anyone who is not your legal spouse or child as defined above
- Dependents no longer covered by a court order
- Dependent child(ren) with coverage available through another employer group

QUALIFYING LIFE EVENTS

You have **30 days** from the date of any qualified life status change to notify your HR Department and complete any applicable changes via Maxwell Health. If you do not make your eligible changes during the 30-day change period, your changes **CANNOT** be made until the next Annual Open Enrollment period. The list below includes some common examples of qualified life events:

- Marriage
- New baby – coverage will be effective as of the date of birth
- Divorce
- Employment status change – part-time to full-time
- Loss or gain of other coverage – coverage will be effective on the first of the month following the last day of your previous coverage
- Child turns age 26



MEDICAL INSURANCE

When visiting a facility or physician that is in-network you will have significantly lower costs than an out of network facility or physician. The explanation of medical benefits below is meant to cover the more common uses of the insurance and how the plan would pay at in-network providers. For a more detailed explanation of your benefits; including out of network benefits, refer to the additional carrier information found online via the Cigna portal.

Plan Type	Cigna Premium		Cigna Base		Cigna Value	
Network Name	Open Access Plus		Open Access Plus		Open Access Plus	
	In	Out	In	Out	In	Out
Individual Deductible	\$1,000	\$4,000	\$2,000	\$8,000	\$3,000	\$12,000
Family Deductible	\$2,000	\$8,000	\$4,000	\$16,000	\$6,000	\$24,000
Coinsurance	80%	50%	80%	50%	70%	50%
Individual Out of Pocket Maximum	\$5,000	\$20,000	\$6,500	\$26,000	\$8,550	\$34,200
Family Out of Pocket Maximum	\$10,000	\$40,000	\$13,000	\$52,000	\$17,100	\$68,400
PCP Copay	\$45	50% after ded	\$30	50% after ded	\$45	50% after ded
Specialist Copay	\$90	50% after ded	\$60	50% after ded	\$90	50% after ded
Lab work	0%	50% after ded	0%	50% after ded	0%	50% after ded
Imaging Services	20% after ded	50% after ded	20% after ded	50% after ded	30% after ded	50% after ded
Rx Copays	15/75/150/800 for specialty		15/75/150/800 for specialty		15/75/150/800 for specialty	
Urgent Care Copay	\$100	50% after ded	\$100	50% after ded	\$100	50% after ded
Emergency Room Copay	\$500 + 20% after ded	\$500 + 20% after ded	\$500 + 20% after ded	\$500 + 20% after ded	\$600 + 0% after ded	\$600 + 0% after ded
Inpatient Hospitalization	20% after ded	50% after ded	20% after ded	50% after ded	30% after ded	50% after ded
TELEMEDICINE MD Live	PCP COPAY		PCP COPAY		PCP COPAY	
Outpatient Surgery	20% after ded	50% after ded	20% after ded	50% after ded	30% after ded	50% after ded

WAIVING MEDICAL COVERAGE

You may decide that you do not want medical coverage with us. In the event that you waive coverage, you cannot enroll in this health plan unless you experience a qualifying life status change or during the next open enrollment period

TRANSITIONING TO THE PLAN

If you are moving from another carrier, you will need to notify your doctors and pharmacy of your new carrier as well as policy and ID number. Please ensure that your doctors are in the new carrier network and that your prescriptions are on the formulary list. See the carrier website for more information. You will receive an ID card in the mail in 7-10 business days after implementation is complete. Please look out for that via mail as they come in a small, easy to miss envelope!

PAYING FOR YOUR MEDICAL BENEFITS

Your employer makes a significant investment in your medical benefits by paying a defined contribution per month regardless of which plan you select. Medical deductions are based on your effective date and any retroactive changes will be collected from the next available paycheck. Please see Ease for plan pricing. Please be sure to regularly review your payroll deductions to ensure accuracy.

Registration on carrier website:

We highly recommend that you register as a member with all carriers to gain access to additional benefit information as well as perks for being a member. You will need to have your ID card handy when registering.

1. Visit www.Cigna.com
2. Select "Login to Cigna"
3. Select "Register"
4. Flow through each screen to register

PRESCRIPTION DRUG INFORMATION

For more information on how prescription drugs are covered, please visit Cigna.com and navigate as a member to the Cigna Rx info and Cigna Specialty Pharmacy. You can also obtain information about prescription coverage through logging in once you're registered. Reach out to Kayla Fanning if you need a pdf list of approved prescriptions. Please keep in mind that every carrier changes their Rx allowable list on an annual or semi-annual basis to keep up with the ever-changing market for drugs. Talk to your provider and reach out to Kayla with any issues or questions.



VOLUNTARY DENTAL INSURANCE

All eligible employees have the option to enroll in the comprehensive dental plan offered through Principal Financial Group. This benefit is a voluntary benefit and paid 100% by the employee. You are responsible for all employee and dependent cost through payroll deductions.

All members should register with Principal.com to download temporary ID's, search for providers, and verify benefits.

	Dental Plan Your Cost at In-Network Providers
NETWORK	Dental Connect
DEDUCTIBLE (Calendar Year)	
Individual	\$50
Family	\$150
SERVICES	
Preventive Routine exams, cleanings (2 per year), fluoride, x-rays	0% (Deductible Waived)
Basic Fillings, extractions, oral surgery, endodontics, periodontics	20%
Major Crown, bridges, dentures	50%
ORTHODONTIA	
All Members	None
WAITING PERIODS	
	None
MAXIMUMS (Calendar Year)	
Preventive, Basic, Major	\$1,500 per member
Orthodontia:	None
Out of Network Reimbursement	90th



PPO Dental Plan

A PPO plan allows the member to see in and out of network providers. This would be a good plan to choose if you do not want to change your current dentist even if they are not in the carrier network. In-network benefits are paid on a percentage basis and an annual deductible will apply. Once you have reached the stated annual maximum, the dental carrier will not pay out any more for claims for that member.

Registration on carrier website:

We highly recommend that you register as a member with all carriers to gain access to additional benefit information as well as perks for being a member. You will need to have your ID card handy when registering.

1. Visit www.principal.com
2. Select "Log-In/Register"
3. Select "Register"

FILING A CLAIM

If you are using an in-network dentist, they will file all claims on your behalf. Out of network providers may require you to submit claims for processing. See your HR Department for claim forms.

FINDING A PROVIDER

Please visit the Principal website at https://c3.go2dental.com/member/dental_search/provsel.cgi to find a list of providers in your area. You will need to use the network names listed on the Benefits Directory page for the corresponding plan while performing the search to create the most accurate list.



VOLUNTARY VISION INSURANCE

Principal Financial will serve as the vision insurance provider for this plan year. This benefit is a voluntary benefit and paid 100% by the employee. You are responsible for all employee and dependent cost through payroll deductions. This plan will allow you to improve your health through a comprehensive eye exam, while saving you money on your eye care purchases.

	In-Network
Network	Access Vision
Exam	\$10 Copay
Contact Lens Options: <i>Standard fit and follow-up</i>	Covered Up to \$130
Frames	\$130 allowance; 20% off balance
Standard Plastic Lenses: <i>Single Vision</i> <i>Bifocal</i> <i>Trifocal</i>	\$25 Co pay \$25 Co pay \$25 Co pay
Contact Lenses <i>Disposable</i>	*Contacts are in-lieu of glasses* \$130 Allowance
Laser Vision Correction <i>LASIK or PRK</i>	Discounts apply
Frequency <i>Exam</i> <i>Frames</i> <i>Lenses or Contacts</i>	Once every 12 months Once every 12 months Once every 12 months

FINDING A PROVIDER

Please visit the Principal’s VSP network website at www.vsp.com to find a list of providers in your area. You will need to use the network name listed on the Benefits Directory page for the corresponding plan while performing the search to create the most accurate list.



LIFE & AD&D INSURANCE

Neos Consulting Group will provide all full-time employees with a \$50,000 Basic Life and Accidental Death & Dismemberment for the employee at no cost. Members are responsible for updating beneficiary information in Ease and will not be asked to do this if you have a qualifying life event. Please use Ease to access the Beneficiary form.

EMPLOYER PAID TERM LIFE & AD&D	
Term Life Insurance/ Accidental Death & Dismemberment (AD&D) Full-Time Employees	\$50,000
Guarantee Issue Full-Time Employees	\$50,000
Age Reduction Schedule	25% at age 65; additional 25% at age 70

LOW COST GENERICS PROGRAMS

Many pharmacies have established their own discounted generics programs to help individuals save money on generic prescriptions. These programs are not associated with your medical insurance benefits so you would **NOT** show the pharmacy your insurance card when using these programs. Due to the fact that a claim is not being submitted to your medical carrier, you do not get deductible credit for any purchased prescriptions but the lower cost of these drugs is often less than the listed copays on the medical plans.

Below is a brief summary of some of the programs for the major pharmacy providers. Be sure to check with your pharmacy to see what programs they offer if they are not listed below.

 <p>www.heb.com/pharmacy \$4, \$8 or \$12 for 30-day Supply \$10, \$20 or \$30 for 90-day Supply</p>	 <p>www.walmart.com/pharmacy \$4 for 30-day Supply \$10 for 90-day Supply</p>
 <p>www.costco.com Member Prescription Program Offers a discount on all branded and generic prescription medications</p>	 <p>www.target.com/pharmacy/generics \$4 for 30-day Supply \$10 for 90-day Supply</p>
 <p>www.cvs.com/healthsavingspass \$11.99 for 90-day Supply 10% off at MinuteClinic</p>	 <p>AT THE CORNER OF HAPPY & HEALTHY™ www.walgreens.com/pharmacy 30-day Supply: \$5(tier 1) \$10(tier 2) \$15 (tier 3) 90-day Supply: \$10 (tier 1)\$20 (tier 2) \$30 (tier 3) \$20 Individual/\$35 Family Membership Fee</p>



WHEN LEAVING THE HOUSE IS EASIER SAID THAN DONE.

Get care whenever and wherever with minor medical and behavioral/mental health virtual care.

Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to minor medical and behavioral/mental health virtual care.

Whether it's late at night and your doctor or therapist isn't available or you just don't have the time or energy to leave the house, you can:

- › Access care from anywhere via video or phone.
- › Get minor medical virtual care 24/7/365 – even on weekends and holidays.
- › Schedule a behavioral/mental health virtual care appointment online in minutes.
- › Connect with quality board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- › Have a prescription sent directly to your local pharmacy, if appropriate.

**Convenient? Yes.
Costly? No.**

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

Together, all the way.®



Minor medical virtual care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- › Acne
- › Allergies
- › Asthma
- › Bronchitis
- › Cold and flu
- › Constipation
- › Diarrhea
- › Earaches
- › Fever
- › Headaches
- › Infections
- › Insect bites
- › Joint aches
- › Nausea
- › Pink eye
- › Rashes
- › Respiratory infections
- › Shingles
- › Sinus infections
- › Skin infections
- › Sore throats
- › Urinary tract infections

MDLIVE providers can also conduct virtual wellness screenings.

Connect with virtual care your way.

- › Contact your in-network provider or counselor
- › Talk to an MDLIVE medical provider on demand on **myCigna.com**
- › Schedule an appointment with an MDLIVE provider or licensed therapist on **myCigna.com**
- › Call MDLIVE 24/7 at 888.726.3171

Behavioral/Mental health virtual care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

- › Addictions
- › Bipolar disorders
- › Child/Adolescent issues
- › Depression
- › Eating disorders
- › Grief/Loss
- › Life changes
- › Men's issues
- › Panic disorders
- › Parenting issues
- › Postpartum depression
- › Relationship and marriage issues
- › Stress
- › Trauma/PTSD
- › Women's issues

To connect with an MDLIVE virtual provider, visit myCigna.com, locate the "Talk to a doctor or nurse 24/7" callout and click "Connect Now."

To locate a Cigna Behavioral Health provider, visit myCigna.com, go to "Find Care & Costs" and enter "Virtual counselor" under "Doctor by Type," or call the number on the back of your Cigna ID card 24/7.

ENJOY EASIER SERVICE

Now that your Cigna One Guide team is by your side

Ready to answer all your health plan questions. And so much more.

Let's face it, understanding and using your health plan isn't always easy. Well, not to worry. Your Cigna One Guide[®] team is ready and waiting to help. It's our highest level of personal support available.

Simply call us, click-to-chat on **myCigna.com** or use the **myCigna[®] App**. You'll automatically be connected with a One Guide representative who will help guide you where you need to go.

Helping you save money. And stay healthy. Your Cigna One Guide team can help you:

Understand your plan

- › Learn how your coverage works
- › Get answers to your health care or plan questions

Get care

- › Find an in-network health care provider, lab or urgent care center
- › Connect with health coaches, pharmacists and more
- › Connect with dedicated, one-on-one support for complex health situations

Save and earn

- › Earn incentives (if provided by your employer)
- › Get cost estimates to avoid surprises



Click, call or chat. Your personal guide is ready and waiting to help.

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800.Cigna24



