

Benefits Annual Open Enrollment 2025–2026

We will begin shortly.
*Questions can be entered
in the chat function*





Important Notes for 2025–2026



- American Exchange is renewing with all current carriers
- All elections will roll over
- Employees must have coverage to cover their dependents



Annual Open Enrollment



Who:

All Employees are encouraged to review their coverage. If no action is taken, your current coverages will “Roll Over” as it is now. Newly eligible employees must make elections or waive.



How:

Call 866-824-3572 or online at www.AmericanExchangeBenefits.com.



When:

Open Enrollment begins Monday March 24 and ends Friday March 28 at 5pm EST (up to 11:59pm EST when enrolling online).

AE Benefits Service Center Hours: Mon-Thurs: 8am -6pm EST and Friday 8am-5pm EST
Please note the Benefits Service Center will close early on Wednesday, March 26th.



Available Benefits:

- Medical
 - Includes the Garner Quality Concierge Program
 - up to \$6,000 (Ind.) / \$12,000 (EE+Dep) in OOP reimbursements
- Dental
- Vision
- Basic Term Life Insurance – 100% Paid for by AE
- LTD is 100% Paid for by AE
- STD – Voluntary
- Voluntary / Supplemental Life
- 401K
- EAP



Important!

Annual Open Enrollment is your chance to make changes to your coverage elections. No changes can be made during the year without a Qualifying Life Event.



Covering Dependents

Dependent Eligibility Verification - Only for Newly Covered Dependents

American Exchange takes pride in offering a benefit plan that ensures employees and their families have the best quality care, while keeping your premiums and out of pocket costs as low as possible. This process helps ensure that your premiums aren't inadvertently spent on an ineligible member.

- Only **legal spouses** are eligible for coverage.
- **To be eligible, your spouse must not be eligible for coverage through their employer.** If medical coverage is available for your spouse through their employer, your spouse must obtain coverage on that plan. If you enroll for family coverage, medical costs for your spouse may be denied if it is determined that your spouse has coverage available to them through their employer.
- Child(ren) are eligible until their 26th birthday.

- **Following enrollment, you will receive an email request from the Benefits Service Center requesting the verification documents**
- **Documentation due within 30 days of your enrollment deadline**



2025-2026 Medical Plan Summary

Preferred Provider Network



Medical Claims Administrator



Pharmacy Claims Administrator



Cigna Network	
Individual / Family Deductible	\$6,000 / \$12,000
Individual / Family OOP Max	\$7,500 / \$15,000
Coinsurance	Plan Pays 70%
PCP OV Copay	\$65
Specialist OV Copay	\$125
Urgent Care Copay	\$125
ER Copay	\$1,000
IP Hospital (waived if admitted)	70% AD
OP Surgery (waived if admitted)	70% AD
X-ray / Labs (waived if admitted)	70% AD
RX Retail Copays	
Generic	\$5
Formulary	\$25
Non-Formulary	\$150

**Please refer to the Benefit Summary for complete plan details.*

! Important!

- Specialty Drugs are not covered under the American Exchange Health plan
- The AE Medical Plan only provides in-network coverage
- Spousal Exclusion
 - To be eligible, your spouse must not be eligible for coverage through their employer



Call the Garner Medical Concierge service before you seek care, and you can save on Free Top-Quality Care up to \$6,000 (Individual) / \$12,000 (EE+Dep) per year utilizing top-quality providers.





Medical Rates

Bi-Weekly Payroll Deduction	
Tier	PPO
Employee Only	\$30.55
Employee + Spouse	\$430.27
Employee + Child(ren)	\$363.14
Family	\$732.36



- ! Your Bywater ID card contains all the information you, your doctor's office, and pharmacist will need to access your health insurance information.
- ! You will only receive a new ID card if you are making changes to your coverage. If you need a new copy of your ID card, please reach out to the Benefits Service Center.
- ! Your provider will need to call Bywater at (800) 337-0792 to verify your eligibility and benefits.

front of card	back of card
<div>Subscriber Company Name GROUP #: XXXXXX SUBSCRIBER: John Doe SUBSCRIBER ID: XXXXXXXXX A</div> <div>DEDUCTIBLE In-Network: \$1000 Out-Of-Network: \$1000 B</div> <div>OUT OF POCKET MAX In-Network: \$1000 Out-Of-Network: \$1000</div>	<div>D Claims Submission This plan is administered by Bywater. EDI #: XXXXX Mail: 15422 Detroit Avenue Lakewood, OH 44107 Group #: XXXXXX To find a provider, please visit E www.myCigna.com AWAY FROM HOME CARE</div> <div>F Eligibility Call Bywater at 1-800-337-0792 to verify eligibility. Possession of this card or obtaining pre-certification does not guarantee coverage or payment for the service or procedure reviewed. Benefits are not insured by network or affiliates.</div> <div>G Pre-Certification Contact Bywater for all other questions: 1-800-377-0792. See plan description for details. Penalty may apply for failure to pre-certify according to requirements.</div>
<div> Medical Plan COVERAGE: Employee + Child(ren) Contact Bywater: 1-800-337-0792 For 24/7 Portal Access: Bywater.VbaGateway.com</div> <div>Pharmacy Plan RXBIN: 020958 RXPCN: 07960000 C RXGRP: XXXXXX Pharmacy Help Desk: 1-866-921-4047 www.TrueRx.com </div>	



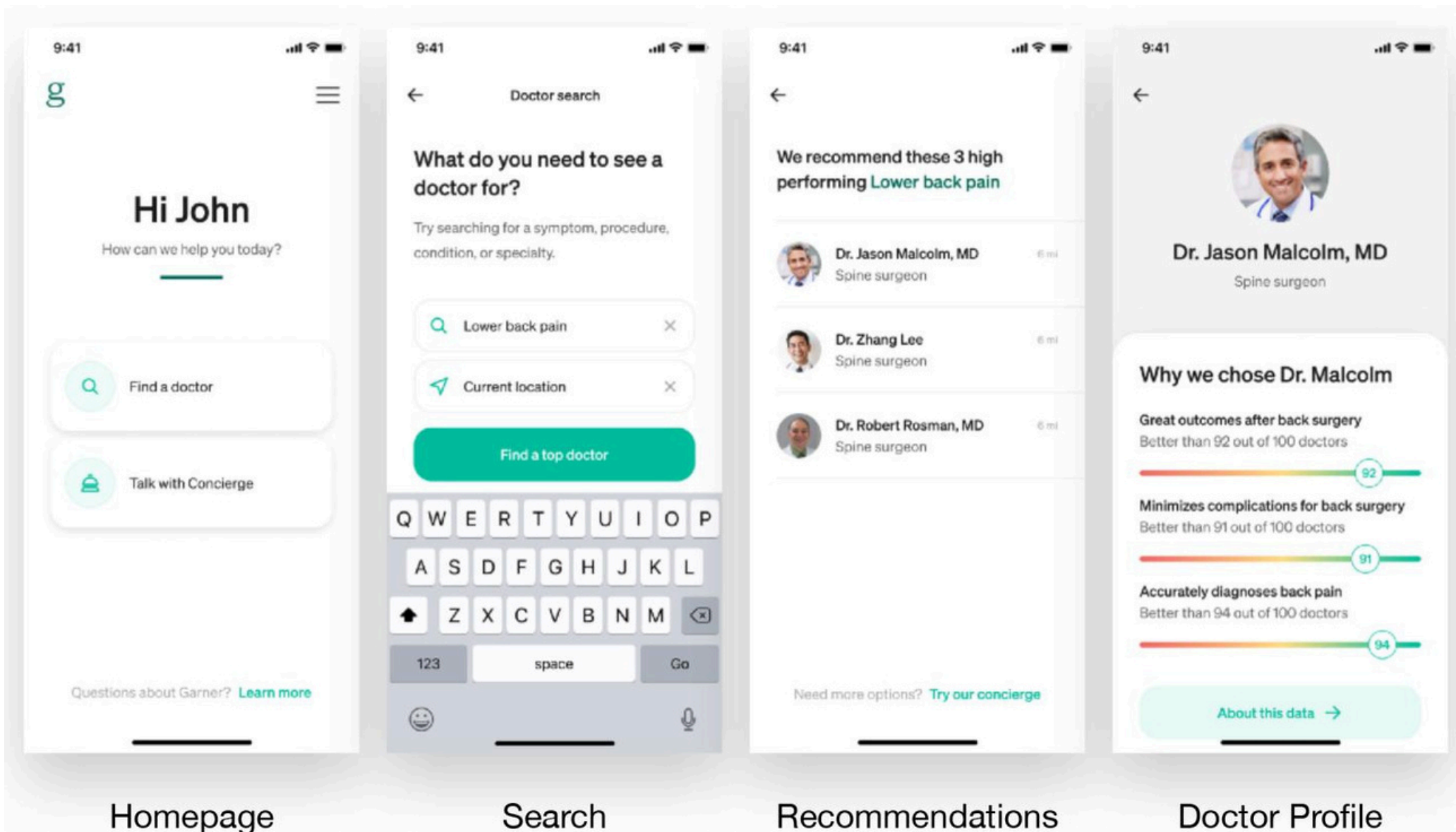
Garner Health –Medical Concierge

Garner Benefit

Up to \$6,000 Individual
\$12,000 EE+Dep

Want to find a Garner recommended provider now?

- Garner can be used for Doctor visits, Mental Health visits, Labs, Prescriptions, Surgeries, etc.
- You can contact Garner via email: concierge@getgarner.com or by phone at: 866-761-9586, to help you with questions or assistance in finding a garner recommended provider!
- The Garner app is available on Apple and Android



garner



Dental Plan

- ! With Principal you can choose a dentist in the Principal PPO network to ensure lower-out-of-pocket costs.
- ! You can locate in-network providers by visiting <https://www.principal.com/find-dentist>

! Select Find a Dentist

Voluntary Dental Scheduled PPO Network Benefit Design (All Members)						
	Calendar Year Deductible		Coinsurance (policy pays)		Calendar Year Max Benefit	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
Preventive	\$0	\$0	100%	100%	\$2,000	\$2,000
Basic	\$50	\$50	80%	80%	\$2,000	\$2,000
Major	\$50	\$50	50%	50%	\$2,000	\$2,000

Family deductible = 3 x per person deductible.

Combined Deductibles: Deductibles for Basic and Major in-network and non-network services are combined.

Combined Maximums: Calendar Year Maximums for Preventive, Basic, and Major services are combined.

We process claims using prevailing fees at the negotiated fee schedule amount.

The maximum accumulation plan was elected. This allows for a portion of unused dollars to roll over to next year's maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold. The threshold is equal to lesser of 50% of the maximum benefit or \$1,000. If qualification is met, 50% of the threshold will be carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. A member can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.

**Please refer to the Benefit Summary for complete plan details.*





Voluntary Dental Rates

Bi-Weekly Payroll Deduction	
Tier	Rate
Employee Only	\$15.87
Employee + Spouse	\$30.90
Employee + Child(ren)	\$33.02
Family	\$50.11



Vision – VSP Network

Frequency Limitations: The plan limits each participant to 1 covered contact lens **or** eyeglass lens benefit in a 12-month period, **and** 1 set of frames every 24 months.

Vision Summary of Benefits	VSP Choice Network
Eye Exam	\$10 copay
Lenses	
Single	\$25 copay
Bifocal	
Trifocal	
Lenticular	
Standard Progressive	\$0 copay
Frames	
Up to \$70 allowance for frames from Costco, Walmart, or Sam's Club	\$130 allowance then 20% off remaining balance
Contacts (in lieu of eyeglass lenses)	
Elective	\$130 allowance
Medically Necessary	\$25 copay

! Vision insurance is offered through the VSP Network. VSP is one the nations largest vision provider networks.

! Using participating VSP providers will help you to maximize your benefits.

! You can find participating providers by visiting:
<https://www.vsp.com/eye-doctor>



*Please refer to the Benefit Summary for complete plan details



Voluntary Vision Rates

Bi-Weekly Payroll Deduction	
Tier	Rate
Employee Only	\$2.85
Employee + Spouse	\$5.35
Employee + Child(ren)	\$5.04
Family	\$7.99



Employer Paid Basic Term Life Insurance and AD&D

American Exchange provides basic life insurance in the amount of 2 times your annual salary, at no employee cost. This employer paid benefit also includes Accidental Death and Dismemberment (AD&D) coverage. Age reduction applies for employees 65 and older.



Voluntary Supplemental Life Insurance

	Benefit	Minimum	Guaranteed issue ¹	Maximum	Benefit reduction ²
You	Select a benefit in increments of \$10,000	\$10,000	If you're under 70: \$100,000 If you're 70 or older: \$10,000	\$300,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your spouse ³	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70: \$25,000 If your spouse is 70 or older: \$10,000	\$100,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your child(ren) ³	Options ⁴ : <ul style="list-style-type: none">\$10,000				

! Special Enrollment Opportunity: Employees and their spouses can increase their current coverage by up to two increments without answering health questions. Employees may increase coverage in \$10,000 increments, while spouses may increase coverage in \$5,000 increments.

! You must insure yourself to elect coverage for your spouse and/or child(ren).



Voluntary Short-Term Disability

Eligibility	
Eligible Employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary Weekly Benefit	60% of your earnings, up to \$2,000
Benefit Amount	Your primary weekly benefit minus other income sources
Elimination Period	8th day for accidents and illnesses
Benefit Payment Period	Up to 12 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability
Limitations & Exclusions	
Pre-Existing Conditions	3 months prior / 12 months insured
Other Limitations	A complete list is included in your booklet

! Short-Term disability coverage provides a temporary income replacement benefit in the event that you are unable to work due to a non-job-related illness or accident. This is a **voluntary** benefit offering. **New elections outside of your initial New Hire eligibility period are subject to EOI.**



Employer Paid Long Term Disability

Eligibility	
Eligible Employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary Monthly Benefit	60% of your earnings, up to \$15,000
Benefit Amount	Your primary weekly benefit minus other income sources
Elimination Period	90 days
Own Occupation Period	2 years
Benefit Payment Period	Varies based on your age when you become disabled. See Certificate or Benefit Summary for details.
Limitations & Exclusions	
Pre-Existing Conditions	3 months prior / 12 months insured
Other Limitations	A complete list is included in your booklet

! Benefits / Costs vary between employment classes.
This benefit is 100% employer paid for most employees.



401k Plan

- **Carrier name:** Capital Group | American Funds
- **Enrollment Website (for newly eligible employees):** capitalgroup.com/myplan/x8mdk
- **Member Website (for enrolled participants):** americanfunds.com/retire
- **Participant Servicing Phone Number:** (800) 421-4120
- **Advisor Contact:** Laura Owsley / Aon Miller – (423) 486-1888
- **Participant Mobile App:** Download the “American Funds RK Direct” 401k App



Enroll Online -Easy as 1, 2, 3...



Step 1: Visit www.americanexchangebenefits.com and click on “Enroll Now!” to access your enrollment portal. You can also access the portal and make elections on your smartphone.

Step 2: Click on “Get Started Now” and you will be prompted to enter your e-mail address, last four digits of your Social Security Number, and date of birth. The system will identify you by these credentials and allow you to create a password.

Step 3: Once you have created your password, you will be able to complete your enrollment. You can complete your benefit elections by clicking “Begin Enrollment” and following the prompts.



Enroll By Phone

- Call the American Exchange Benefits Service Center to speak with a Benefits Specialist who will complete your enrollment by phone.
- The Benefits Specialist will confirm your personal information, review your plan options, and submit your elections for you.



866-824-3572





Prepare for Open Enrollment to begin on Monday March 24th



- Review the Benefits Guide that was attached to the Open Enrollment announcement email that was sent on March 24th, 2025
- Obtain SSNs for dependents if you wish to cover them
- Designate your Life Insurance Beneficiary
- All employees are encouraged to complete their benefit elections online or over the phone with a benefits advisor. Current elections will roll over if no change is made. (Online enrollment is mobile optimized)
- Make sure your personal information and email address on file is correct
- After enrollment, review your Confirmation Statement and make sure all elections are accurate
- Retain a copy of your Confirmation Statement, should coverages need to be reviewed during the year



AE Benefit Resources



**benefits
service center**

powered by totem

866-824-3572

**Call for benefits questions, enrollment, claims
assistance, qualifying life events, and more!**

AE Benefits Service Center Hours: Mon-Thurs: 8am-6pm EST, Friday 8am-5pm EST

Email: help@AmericanExchangeBenefits.com

Enrollment Website: www.AmericanExchangeBenefits.com

Q & A

