



Re: Explanation of Health Benefits

Welcome to Russell Landscape; we are excited to have you onboard. We care about your wellbeing and want to make sure you understand the benefits available to you and how to enroll in these benefits. Attached you will find instructions explaining the steps needed to enroll in health insurance and the cost per pay check.

Below are a few points to pay special attention to.

- You only have **60 days** to enroll in benefits.
 - If you do not enroll within the first 60 days of your employment, you will not have another opportunity until open enrollment. (in November of each year)
- If you enroll in benefits, they will be effective the first month after 60 days.
 - Ex.- If your 60th day falls on May 23rd, your benefits will be effective June 1st.
- If you enroll and choose one of the HDHP (High Deductible Health Plan) you will receive an HSA (Health Savings Account).
 - \$5000 HDHP- Russell contributes \$120.00/month into your HSA account
 - \$2800 HDHP- Russell contributes \$60.00/month into your HSA account

Go to snellingswalters.mybenefitchoice.com and click on Get Answers to access all Legal Notices

If you should need assistance or have any questions please reach out to HR at 770-446-3552 ext. 1150



EMPLOYEE BENEFITS GUIDE

2020

- ✓ Medical
- ✓ Vision
- ✓ Critical Illness
- ✓ Accident Insurance
- ✓ Dental
- ✓ Voluntary Life
- ✓ Hospital Indemnity
- ✓ Health Savings Account (HSA)

The most important asset is our people. That's why we offer you an exceptional benefits program with many options designed to meet your needs and the needs of your family. In this booklet, you will find summaries of Medical, Dental, Vision, Vol Life, Accident, Critical Illness, Hospital Indemnity and HSA.

Enrollment Procedures

- 1. Carefully review the plan information in this booklet. The insurance carriers’ web sites also provide important information and tools that can help you make enrollment decisions.
- 2. Consider the needs of any dependents you may have. If you are married, review the coverage currently offered through your spouse’s employer to avoid costly duplicate coverage.
- 3. Enroll at **snellingswalters.mybenefitchoice.com** once you have made your benefit choices. Use company code: GeorgiaAG.

You may also call
877-265-7699
(Week days)
(Spanish assistance is available)

Changing your Coverage

Make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual open enrollment period unless you experience an IRS approved qualifying change in status.

- Qualifying change in status events include, but are not limited to:
- ✓ Marriage, divorce, or legal separation
 - ✓ Death of spouse or other dependent
 - ✓ Birth or adoption of a child
 - ✓ A spouse loses coverage under another employer group medical plan
 - ✓ A spouse becomes eligible for coverage under another employer group medical health plan
 - ✓ A dependent’s eligibility status changes due to age
 - ✓ You or your spouse are covered under a group health plan and experience a change in work hours

Dental Benefits | Guardian

You and your family have the opportunity to enroll in the dental insurance plan provided by Guardian. You can maximize your benefits by using an in network dentist since these providers charge a discounted rate for services. In addition, in network providers will file claims on behalf of members.

Dental Plan Options	Plan \$3,000	Plan \$1,000	Plan \$750
ANNUAL DEDUCTIBLE	\$50 per individual/3 family limit		
ANNUAL MAXIMUM BENEFIT	\$3,000/individual	\$1,000/individual	750/individual
PREVENTIVE AND DIAGNOSTIC	100% (deductible does not apply)	100% (deductible does not apply)	100% (deductible does not apply)
BASIC RESTORATIVE	80% after deductible	80% after deductible	50% after deductible
MAJOR RESTORATIVE	50% after deductible	50% after deductible	40% after deductible
ORTHODONTIA (FOR CHILDREN UP TO AGE 19)	50% (\$2,500/individual lifetime maximum benefit)	50% (\$1,000/individual lifetime maximum benefit)	Not covered

Vision Benefits | Guardian

This plan provides employees with the option of enrolling in a vision plan through Guardian. Vision care offers you and your family a benefit that covers all routine eye care, including eye exams and eyeglasses (lenses & frames) or contacts. (in-Network with VSP)

Vision Plan	In-Network	Out -Network
ROUTINE EYE EXAM	Once every 12 months (after \$20 copay)	
	100%	Up to \$39
LENSES	Once every 12 months (after \$20 eyewear copay)	
Single Vision	100%	Up to \$23
Bifocal	100%	Up to \$37
Trifocal	100%	Up to \$49
Lenticular	100%	Up to \$64
FRAMES	One pair every 24 months (after \$20 copay)	
	100% (up to \$130 + 20% balance) Additional information about Retail Chain Providers is available.	Up to \$46
CONTACT LENSES INSTEAD OF GLASSES	One pair every 12 months (after \$20 copay)	
Fitting and evaluation	Member pays up to \$60.	Included in the Contact Lens Allowance Up to \$100
Elective lenses	Up to \$130 (Copoly may be waived)	
Necessary lenses	100% (after \$20 copay)	

Medical Benefits | AmeriBen-Anthem

Effective **January 1st, 2020** your medical benefits will renew with AmeriBen-Anthem. You will be offered three plans to choose from. A summary of each of these plans is included here for your review.

Medical - ANTHEM	Copoly Plan \$1000		HDHP \$2,800 Plan - HSA		HDHP \$5,000 Plan - HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
CO-INSURANCE* (Plan pays)	80%	60%	0%	60%	0%	60%
CALENDAR YEAR DEDUCTIBLE						
Individual	\$1,000	\$3,000	\$2,800	\$8,400	\$5,000	\$15,000
Family	\$2,000	\$6,000	\$5,600	\$16,800	\$10,000	\$30,000
OUT OF POCKET MAX (Deductible Included)						
Individual	\$6,750	\$12,000	\$6,750	\$18,000	\$6,750	\$18,000
Family	\$13,500	\$24,000	\$13,500	\$36,000	\$13,500	\$36,000
OFFICE VISIT COPAY						
Primary	\$25 copay	60% after deductible	Deductible then \$25	60% after deductible	Deductible then \$25	60% after deductible
Specialist	\$60 copay	60% after deductible	Deductible then \$60	60% after deductible	Deductible then \$60	60% after deductible
PREVENTIVE VISITS	100% covered	60% after deductible	100% covered	60% after deductible	100% covered	60% after deductible
IMAGING: CT/PET SCANS, MRIS	80% after deductible	60% after deductible	100% covered after deductible	60% covered after deductible	100% covered after deductible	60% covered after deductible
INPATIENT SERVICES (Plan %)						
Primary	80% after deductible	60% after deductible	100% after deductible	60% after deductible	100% after deductible	60% after deductible
Specialist	80% after deductible	60% after deductible	100% after deductible	60% after deductible	100% after deductible	60% after deductible
OUTPATIENT SERVICES						
Primary	80% after deductible	60% after deductible	100% after deductible	60% after deductible	100% after deductible	60% after deductible
Specialist	80% after deductible	60% after deductible	100% after deductible	60% after deductible	100% after deductible	60% after deductible
EMERGENCY ROOM SERVICES (Waived if admitted)	\$250 copay then 80%	\$250 copay then 80%	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then \$250 copay
URGENT CARE	\$100 copay	60% after deductible	Ded. then \$100 copay	60% after deductible	Ded. then \$100 copay	60% after deductible
Prescription Coverage (30 day supply)	Copoly Plan \$1000		HDHP \$2,800 Plan		HDHP \$5,000 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
GENERIC	\$15 copay	Not covered	Deductible then \$15 copay	N/A	Deductible then \$15 copay	N/A
PREFERRED BRAND	\$35 copay	Not covered	Deductible then \$35 copay	N/A	Deductible then \$35 copay	N/A
NON-PREFERRED BRAND	\$55 copay	Not covered	Deductible then \$55 copay	N/A	Deductible then \$55 copay	N/A
SPECIALTY	25% coinsurance	Not covered	Deductible then 25%	N/A	Deductible then 25%	N/A

*Coinsurance applies after deductible is satisfied.

-The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.

-For detail about each plan you may request to the appropriate summary plan description (SPD) or Summary of Benefit Coverage (SBC)



Health Savings Account (HSA): Rptum'D^nj

The HSA is only available to employees electing an HDHP-HSA Medical Plan.

- A Health Savings Account (HSA) is a tax-advantaged medical savings account available to taxpayers who are enrolled in a high-deductible health plan (HDHP). The funds contributed to an HSA account are not subject to federal income tax at the time of deposit.
- Funds roll over and accumulate year to year if not spent. HSAs are owned by the individual.
- HSA funds may be used by the employees and their dependents to pay for qualified medical, dental, vision and prescription expenses at any time without federal tax liability or penalty.

2020 IRS Contribution Limits

Individual: \$3,550

Family/Household: \$7,100

**IRS contribution limits are inclusive of any employer contributions

Russell Landscape Contributions to your HSA

***For the HDHP \$2,800 Plan:
contribution of \$720 per year**

***For the HDHP \$5,000 Plan:
contribution of \$1,440 per year**



Voluntary Life | Guardian

This plan offers eligible employees the option of purchasing life insurance on themselves and/or their dependents.

Employee: \$10,000 Increments up to \$500,000

Guarantee Issue: \$200,000 without evidence of insurability (EOI) (Less than age 65)

Spouse: \$10,000 Increments to a max of the lesser of \$100,000

Children: \$2,000 Increments to a max of the lesser of \$10,000

For more information, log in to: snellingswalters.mybenefitchoice.com



Critical Illness Insurance | Guardian

A critical illness can be expensive – even if you have good medical coverage. On top of your medical plan deductible and copays, you may lose income from missing work, need to pay someone to care for your children...the list goes on. Critical illness insurance pays you a lump sum, to use as you see fit, if you're diagnosed with covered critical illnesses (such as cancer, heart attack, stroke, and more).

You can buy a lump sum benefit of \$5,000 to \$20,000 in increments of \$5,000 of coverage for you. For your Spouse you can also buy a lump sum benefit of \$2,500 to \$10,000 in increments of \$2,500 up to 50% of the employee benefit. Your child(ren) will be automatically enrolled in the plan with a 25% of your lump sum benefit. For more information, log in to: snellingswalters.mybenefitchoice.com



Hospital Indemnity Insurance | Guardian

Even with good medical insurance, a stay in the hospital will cost you a lot. Whether you are hospitalized for a covered accident or illness, hospital indemnity insurance provides you with needed cash. For example, if you have a covered hospital stay, the plan pays you \$500 for your admission and \$200 per day that you remain in the hospital (up to 15 days per year). You can use this money as you see fit; for out-of-pocket medical expenses such as your deductible and copays, or to cover other expenses.

Coverage is available at group rates for you, or you and your spouse and/or children under age 26. For more information, log in to snellingswalters.mybenefitchoice.com



Accident Insurance | Guardian

This plan pays you based on every procedure you receive as a result of a covered accident. Whether it is a minor injury like a twisted ankle or a major fracture, there will be set amounts paid out for each treatment. For example, if you injure your leg in a covered accident, go to the hospital, and the emergency room doctor diagnoses a fracture, you would leave the hospital on crutches and the plan would pay up to \$5,500.

Coverage is available at group rates for you, or you and your spouse and/or children under age 26. For more information, log in to snellingswalters.mybenefitchoice.com



Medical | Ameriben

Member Services:

855-258-2658

www.myameriben.com

Prescription Drugs | Magellan

Member Services:

800-711-4550

www.magellanrx.com

Dental, Vision, Voluntary Life & AD&D , Accident, Critical Illness, Hospital Indemnity | Guardian

Member Services:

800-627-4200

www.GuardianAnytime.com

Health Savings Account (HSA) | Optum Bank

Effective January 2020

HSA customer care:

866-234-8913

www.OptumBank.com



MONTHLY

RUSSELL LANDSCAPE

2020 BENEFIT OPTIONS AND MONTHLY PREMIUM RATES

Premiums shown are **monthly** rates. To calculate your per paycheck amount:

If you are paid every other week:

Monthly rate X 12
divided by 26

If you are paid twice a month:

Monthly rate X 12
divided by 24

If you are paid weekly:

Monthly rate X 12
divided by 52

Medical- Anthem-AmeriBen			
Plan	PPO \$1,000	HDHP \$2,800	HDHP \$5,000
Employee Only	\$134.00	\$100.00	\$75.00
Employee + Spouse	\$915.00	\$792.00	\$563.00
Employee + Child(ren)	\$826.00	\$706.00	\$507.00
Employee + Family	\$1,516.00	\$1,310.00	\$796.00

Dental - Guardian			
Plan Benefit	Up to \$3000	Up to \$1000	Up to \$750
Employee Only	\$45.06	\$35.97	\$21.36
Employee + Spouse	\$92.86	\$74.32	\$44.23
Employee + Child(ren)	\$110.07	\$89.36	\$51.59
Employee + Family	\$169.94	\$137.70	\$80.08

Vision - Guardian	
Vision Plan	
Employee Only	\$8.43
Employee + Spouse	\$14.18
Employee + Child(ren)	\$14.46
Employee + Family	\$22.88

Critical Illness - Guardian						
Child Cost is included with Employee election						
Amount/Employee Issue Age	< 30	30-39	40-49	50-59	60-69	70+†
\$5,000	\$4.27	\$5.62	\$10.12	\$18.27	\$27.97	\$53.72
\$10,000	\$7.52	\$10.22	\$19.22	\$35.52	\$54.92	\$106.42
\$15,000	\$10.77	\$14.82	\$28.32	\$52.77	\$81.87	\$159.12
\$20,000	\$14.02	\$19.42	\$37.42	\$70.02	\$108.82	\$211.82

Accident - Guardian	
Accident Plan	
Employee Only	\$18.63
Employee + Spouse	\$26.02
Employee + Child(ren)	\$26.35
Employee + Family	\$33.74

Benefit Amount Up To 50% of Employee Amount to a Maximum of \$10,000						
Amount/Spouse	< 30	30-39	40-49	50-59	60-69	70+†
\$2,500	\$2.55	\$3.22	\$5.47	\$9.55	\$14.40	\$27.27
\$5,000	\$4.17	\$5.52	\$10.02	\$18.17	\$27.87	\$53.62
\$7,500	\$5.80	\$7.82	\$14.57	\$26.80	\$41.34	\$79.97
\$10,000	\$7.42	\$10.12	\$19.12	\$35.42	\$54.82	\$106.32

Hospital Indemnity	
With Guardian	
Employee Only	\$11.90
Employee + Spouse	\$27.57
Employee + Child(ren)	\$20.83
Employee + Family	\$36.50

†Benefit reductions may apply. See plan details.

Voluntary Life - Guardian									
Amount/Employee Age	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$10,000	\$0.82	\$0.89	\$1.06	\$1.46	\$2.13	\$3.14	\$4.95	\$7.07	\$10.57
\$20,000	\$1.64	\$1.78	\$2.12	\$2.92	\$4.26	\$6.28	\$9.90	\$14.14	\$21.14
\$30,000	\$2.46	\$2.67	\$3.18	\$4.38	\$6.39	\$9.42	\$14.85	\$21.21	\$31.71
\$40,000	\$3.28	\$3.56	\$4.24	\$5.84	\$8.52	\$12.56	\$19.80	\$28.28	\$42.28
\$50,000	\$4.10	\$4.45	\$5.30	\$7.30	\$10.65	\$15.70	\$24.75	\$35.35	\$52.85
\$60,000	\$4.92	\$5.34	\$6.36	\$8.76	\$12.78	\$18.84	\$29.70	\$42.42	\$63.42
\$70,000	\$5.74	\$6.23	\$7.42	\$10.22	\$14.91	\$21.98	\$34.65	\$49.49	\$73.99
\$80,000	\$6.56	\$7.12	\$8.48	\$11.68	\$17.04	\$25.12	\$39.60	\$56.56	\$84.56
\$90,000	\$7.38	\$8.01	\$9.54	\$13.14	\$19.17	\$28.26	\$44.55	\$63.63	\$95.13
\$100,000	\$8.20	\$8.90	\$10.60	\$14.60	\$21.30	\$31.40	\$49.50	\$70.70	\$105.70
\$110,000	\$9.02	\$9.79	\$11.66	\$16.06	\$23.43	\$34.54	\$54.45	\$77.77	\$116.27
\$120,000	\$9.84	\$10.68	\$12.72	\$17.52	\$25.56	\$37.68	\$59.40	\$84.84	\$126.84
\$130,000	\$10.66	\$11.57	\$13.78	\$18.98	\$27.69	\$40.82	\$64.35	\$91.91	\$137.41
\$140,000	\$11.48	\$12.46	\$14.84	\$20.44	\$29.82	\$43.96	\$69.30	\$98.98	\$147.98
\$150,000	\$12.30	\$13.35	\$15.90	\$21.90	\$31.95	\$47.10	\$74.25	\$106.05	\$158.55
\$160,000	\$13.12	\$14.24	\$16.96	\$23.36	\$34.08	\$50.24	\$79.20	\$113.12	\$169.12
\$170,000	\$13.94	\$15.13	\$18.02	\$24.82	\$36.21	\$53.38	\$84.15	\$120.19	\$179.69
\$180,000	\$14.76	\$16.02	\$19.08	\$26.28	\$38.34	\$56.52	\$89.10	\$127.26	\$190.26
\$190,000	\$15.58	\$16.91	\$20.14	\$27.74	\$40.47	\$59.66	\$94.05	\$134.33	\$200.83
\$200,000	\$16.40	\$17.80	\$21.20	\$29.20	\$42.60	\$62.80	\$99.00	\$141.40	\$211.40
\$210,000	\$17.22	\$18.69	\$22.26	\$30.66	\$44.73	\$65.94	\$103.95	\$148.47	\$221.97
\$220,000	\$18.04	\$19.58	\$23.32	\$32.12	\$46.86	\$69.08	\$108.90	\$155.54	\$232.54
\$230,000	\$18.86	\$20.47	\$24.38	\$33.58	\$48.99	\$72.22	\$113.85	\$162.61	\$243.11
\$240,000	\$19.68	\$21.36	\$25.44	\$35.04	\$51.12	\$75.36	\$118.80	\$169.68	\$253.68
\$250,000	\$20.50	\$22.25	\$26.50	\$36.50	\$53.25	\$78.50	\$123.75	\$176.75	\$264.25
\$260,000	\$21.32	\$23.14	\$27.56	\$37.96	\$55.38	\$81.64	\$128.70	\$183.82	\$274.82
\$270,000	\$22.14	\$24.03	\$28.62	\$39.42	\$57.51	\$84.78	\$133.65	\$190.89	\$285.39
\$280,000	\$22.96	\$24.92	\$29.68	\$40.88	\$59.64	\$87.92	\$138.60	\$197.96	\$295.96
\$290,000	\$23.78	\$25.81	\$30.74	\$42.34	\$61.77	\$91.06	\$143.55	\$205.03	\$306.53
\$300,000	\$24.60	\$26.70	\$31.80	\$43.80	\$63.90	\$94.20	\$148.50	\$212.10	\$317.10
\$310,000	\$25.42	\$27.59	\$32.86	\$45.26	\$66.03	\$97.34	\$153.45	\$219.17	\$327.67
\$320,000	\$26.24	\$28.48	\$33.92	\$46.72	\$68.16	\$100.48	\$158.40	\$226.24	\$338.24
\$330,000	\$27.06	\$29.37	\$34.98	\$48.18	\$70.29	\$103.62	\$163.35	\$233.31	\$348.81
\$340,000	\$27.88	\$30.26	\$36.04	\$49.64	\$72.42	\$106.76	\$168.30	\$240.38	\$359.38
\$350,000	\$28.70	\$31.15	\$37.10	\$51.10	\$74.55	\$109.90	\$173.25	\$247.45	\$369.95
\$360,000	\$29.52	\$32.04	\$38.16	\$52.56	\$76.68	\$113.04	\$178.20	\$254.52	\$380.52
\$370,000	\$30.34	\$32.93	\$39.22	\$54.02	\$78.81	\$116.18	\$183.15	\$261.59	\$391.09
\$380,000	\$31.16	\$33.82	\$40.28	\$55.48	\$80.94	\$119.32	\$188.10	\$268.66	\$401.66
\$390,000	\$31.98	\$34.71	\$41.34	\$56.94	\$83.07	\$122.46	\$193.05	\$275.73	\$412.23
\$400,000	\$32.80	\$35.60	\$42.40	\$58.40	\$85.20	\$125.60	\$198.00	\$282.80	\$422.80
\$410,000	\$33.62	\$36.49	\$43.46	\$59.86	\$87.33	\$128.74	\$202.95	\$289.87	\$433.37
\$420,000	\$34.44	\$37.38	\$44.52	\$61.32	\$89.46	\$131.88	\$207.90	\$296.94	\$443.94
\$430,000	\$35.26	\$38.27	\$45.58	\$62.78	\$91.59	\$135.02	\$212.85	\$304.01	\$454.51
\$440,000	\$36.08	\$39.16	\$46.64	\$64.24	\$93.72	\$138.16	\$217.80	\$311.08	\$465.08
\$450,000	\$36.90	\$40.05	\$47.70	\$65.70	\$95.85	\$141.30	\$222.75	\$318.15	\$475.65
\$460,000	\$37.72	\$40.94	\$48.76	\$67.16	\$97.98	\$144.44	\$227.70	\$325.22	\$486.22
\$470,000	\$38.54	\$41.83	\$49.82	\$68.62	\$100.11	\$147.58	\$232.65	\$332.29	\$496.79
\$480,000	\$39.36	\$42.72	\$50.88	\$70.08	\$102.24	\$150.72	\$237.60	\$339.36	\$507.36
\$490,000	\$40.18	\$43.61	\$51.94	\$71.54	\$104.37	\$153.86	\$242.55	\$346.43	\$517.93
\$500,000	\$41.00	\$44.50	\$53.00	\$73.00	\$106.50	\$157.00	\$247.50	\$353.50	\$528.50
Amount/Spouse									
\$10,000	\$0.84	\$0.86	\$1.04	\$1.46	\$2.42	\$4.31	\$7.52	\$16.78	\$29.69
\$20,000	\$1.68	\$1.72	\$2.08	\$2.92	\$4.84	\$8.62	\$15.04	\$33.56	\$59.38
\$30,000	\$2.52	\$2.58	\$3.12	\$4.38	\$7.26	\$12.93	\$22.56	\$50.34	\$89.07
\$40,000	\$3.36	\$3.44	\$4.16	\$5.84	\$9.68	\$17.24	\$30.08	\$67.12	\$118.76
\$50,000	\$4.20	\$4.30	\$5.20	\$7.30	\$12.10	\$21.55	\$37.60	\$83.90	\$148.45
\$60,000	\$5.04	\$5.16	\$6.24	\$8.76	\$14.52	\$25.86	\$45.12	\$100.68	\$178.14
\$70,000	\$5.88	\$6.02	\$7.28	\$10.22	\$16.94	\$30.17	\$52.64	\$117.46	\$207.83
\$80,000	\$6.72	\$6.88	\$8.32	\$11.68	\$19.36	\$34.48	\$60.16	\$134.24	\$237.52
\$90,000	\$7.56	\$7.74	\$9.36	\$13.14	\$21.78	\$38.79	\$67.68	\$151.02	\$267.21
\$100,000	\$8.40	\$8.60	\$10.40	\$14.60	\$24.20	\$43.10	\$75.20	\$167.80	\$296.90
Amount/Child(ren)									
\$2,000	\$0.52	\$0.52	\$0.52	\$0.52	\$0.52	\$0.52	\$0.52	\$0.52	\$0.52
\$4,000	\$1.03	\$1.03	\$1.03	\$1.03	\$1.03	\$1.03	\$1.03	\$1.03	\$1.03
\$6,000	\$1.55	\$1.55	\$1.55	\$1.55	\$1.55	\$1.55	\$1.55	\$1.55	\$1.55
\$8,000	\$2.06	\$2.06	\$2.06	\$2.06	\$2.06	\$2.06	\$2.06	\$2.06	\$2.06
\$10,000	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58

†Benefit reductions may apply. See plan details.

Spouse coverage premium is based on Employee age. Coverage for the spouse terminates at spouse's age 70.

Questions about your benefits?

Milliman Benefits Center

Phone: 877-265-7699