



# I.K. HOFMANN USA, Inc.

Global Experience. Local Talent.

## Benefits Overview for BMW Employees

EFFECTIVE 12/1/2021-11/30/2022



## Welcome!

At I.K. Hofmann USA, Inc. we truly value the dedication that goes into your work every day. That's why as an I.K. Hofmann USA, Inc. employee, you have access to a quality benefits package that offers flexibility and security. Please take the time to read and understand this overview so you can gain a better understanding of your options.

## Eligibility

Full-time employees (working a minimum of 30 hours per week) and their eligible dependents can participate in IK Hofmann USA, Inc. benefits. All full-time employees are eligible the first day of the month following 60 calendar days from date of hire.

Eligible dependents include:

- Your lawful spouse
- Child(ren) up to age 26 (terminate on the last day of the month)
- Child(ren) of any age if you support the child and he or she is incapable of self support due to disability

**If you wish to enroll eligible dependents, you MUST provide their complete name, date of birth, and social security number on the enrollment form AND a copy of the marriage certificate for spouse and/or a copy of the original long form birth certificate for children.**

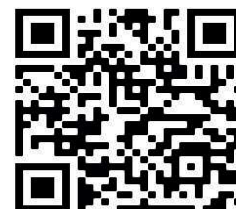
## We're Making Enrollment Easy

We believe the financial protection provided by the associate benefit program is important — but we also know how busy you are. That's why we have arranged a simple process for you to be **automatically enrolled in the standard medical plan (employee only), the premium dental plan (employee only), the short-term disability insurance (option 1), the basic life and AD&D coverage, the critical illness and accident policies (employee only)**. Here's how it works:

- If you want these coverage elections, you do not need to do anything. You will be enrolled in the plans, and your payroll deductions will begin when your coverage takes effect.
- If you do not want coverage or choose a different plan option or add spouses or dependents, you can log into the enrollment portal or setup a call with the enrollment team within 45-days of your start date to make these changes, elections, or declinations. Keep in mind that the elections made during your new hire enrollment period will remain in-place until the next open enrollment period, unless you make changes within 45-days of your start date, have a qualified life event (marriage, divorce, birth of new dependent, etc.)

To log into the portal go to <https://www2.benefitelect.com/be/ikhofmann> and follow the instructions to complete your elections.

If you would like to speak to an enrollment counselor you can call 855.520.6769 or schedule an appointment by scanning the QR code below.



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## Medical Benefits

Blue Cross Blue Shield of South Carolina	Standard Plan		Premium Plan	
<i>Deductibles &amp; Out-of-Pocket Maximums run on a Benefit Year basis</i>	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Benefit Year Deductible</b> Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$1,500 / \$3,000	\$3,000 / \$6,000
<b>Out-of-Pocket Maximum</b> (includes deductible) Individual / Family	\$6,000 / \$12,000	\$12,000 / \$24,000	\$4,000 / \$8,000	\$8,000 / \$16,000
<b>Coinsurance</b> (portion you pay)	20%	50%	20%	50%
<b>Preventive Care</b>	Covered 100%	N/A	Covered 100%	N/A
<b>Physician Services</b> Office Visit / Specialist Visit	\$25 copay / \$50 copay	50% after deductible	\$25 copay / \$50 copay	50% after deductible
<b>Urgent Care Copay</b>	\$50 copay	50% after deductible	\$50 copay	50% after deductible
<b>Emergency Room Copay</b> (waived if admitted)	\$250 copay + 20% after deductible		20% after in-network deductible	
<b>Inpatient Hospital</b> (per admission)	\$250 copay + 20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>BCBS SC Pharmacy Benefits Manager</b> □ OptumRx	<b>Retail Prescriptions (30-Day Supply)</b>	<b>Mail-Order Prescriptions (90-Day Supply)</b>	<b>Retail Prescriptions (30-Day Supply)</b>	<b>Mail-Order Prescriptions (90-Day Supply)</b>
<b>Tier 1 - Generic</b>	\$15 copay	\$20 copay	\$10 copay	\$20 copay
<b>Tier 2 - Preferred Brand</b>	\$40 copay	\$80 copay	\$35 copay	\$80 copay
<b>Tier 3 - Non-preferred Brand</b>	\$70 copay	\$140 copay	\$65 copay	\$140 copay
<b>Tier 4 - Specialty Drugs</b>	\$100 copay	N/A	\$100 copay	N/A



## Dental Benefits

Guardian	Standard Plan	Premium Plan
<b>Annual Maximum</b>	\$1,500	\$3,000
<b>Annual Deductible</b>	<b>Basic &amp; Major Only</b>	<b>Basic &amp; Major Only</b>
▫ Individual	\$50	\$50
▫ Family	\$150	\$150
<b>Dental Plan Benefits</b>		
▫ Diagnostic & Preventive	Plan Pays 100%	Plan Pays 100%
▫ Restorative (Basic)	70%	80%
▫ Major	50%	50%
▫ Orthodontics (Child up to Age 19)	50% to a lifetime maximum of \$1,000	50% to a lifetime maximum of \$1,000
<b>Out of Network Coverage</b>	MAC	MAC

## Vision Benefits

Guardian	In-Network
<b>Eye Examinations</b>	
Routine Eye Exam	\$20 Copay
<b>Frames</b>	\$130 allowance
<b>Lenses (Standard uncoated plastic)</b>	
Single Visions	\$20 Copay then plan pays 100%
Bifocals	
Trifocals	
<b>Contact Lenses (In Lieu of Glasses)</b>	
Elective Conventional	Up to \$130 allowance
Medically Necessary	Plan pays 100%
<b>Frequency</b>	
Examinations	Every 12 months
Frames	Every 12 months
Lenses	Every 12 months
Contact Lenses	Every 12 months







## Life and AD&D Insurance

### LIFE AND AD&D

New York Life	
<b>Employee Coverage</b>	\$25,000 Death Benefit
<b>Spouse Coverage</b>	\$10,000 Death Benefit
<b>Child(ren)</b>	\$10,000 Death Benefit

## Disability Insurance

### SHORT-TERM DISABILITY (STD)

New York Life	
<b>Option 1</b>	\$200 weekly income replacement
<b>Option 2</b>	\$350 weekly income replacement

Short-term benefits commence after you have been out of work 7 days due to a medically certified illness or injury. Weekly income replacement benefits are payable for up to 26 weeks of disability, but will cease when you are able to return to work.

## Life Assistance Program

I.K. Hofmann USA, Inc. is proud to offer a Life Assistance Program through New York Lief Group Benefit Solutions. This program is in place to help you and your family find solutions and restore peace of mind. You have access to three face-to-face sessions with a behavioral counselor available to you and your household members. This LAP also provides access to a free 30-minute consultation with a network attorney or financial consult in addition to a 25% discount on select fees for each of these services. The Life Assistance Program provides 24/7 support, so you can call at any time of any day.

## Worksite Benefits

### VOLUNTARY WORKSITE BENEFITS

MetLife	
<b>Accident Coverage</b>	Accident insurance helps offset unexpected medical expenses, which can result from a fracture, dislocation, burn or other covered accidental injury that occurs off the job. Surgical care, hospitalization, transportation and lodging assistance are among the benefits covered.

Critical Illness - With Cancer Benefit Coverage	
<b>Critical Care</b>	coverage helps provide a financial cushion with a lump-sum benefit if you are diagnosed with a covered critical illness: Heart Attack, Stroke, Cancer, Major Organ Transplant, End Stage Renal Failure, Permanent Paralysis due to a Covered Accident, Blindness, Coma, Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D, Carcinoma in Situ (25%) or Coronary Artery Bypass Surgery (25%).

Other Critical Illness Benefits	Amount
<b>Initial Skin Cancer Diagnosis Benefit</b>	5% of Benefit Amount, but not less than \$250
<b>Health Screening Benefit</b>	\$50

Additional Provisions	
<b>Pre-existing</b>	12 month/12 month
<b>Waiting period</b>	30 day waiting on wellness only
<b>Spouse &amp; Children Coverage</b>	Yes - 50% of employee
<b>Portability Option</b>	Yes
<b>Additional Occurrence Benefit</b>	Varies based on covered condition
<b>Recurrence Benefit</b>	Depends on the Condition
<b>Guarantee Issue</b>	\$5,000 and \$10,000

# Summary of Your Contributions

See below for a summary of your contributions for each of the benefits I.K. Hofmann USA, Inc. offers. These deductions are **WEEKLY DEDUCTIONS.**

Medical (Pre-taxed)	Standard Plan	Premium Plan
Employee Only	\$17.27	\$33.91
Employee + One	\$58.58	\$91.85
Employee + Family	\$88.10	\$135.44

Dental (Pre-taxed)	Standard Plan	Premium Plan
Employee Only	\$3.83	\$5.45
Employee + One	\$7.35	\$11.24
Employee + Family	\$12.86	\$18.89

Vision (Pre-taxed)	
Employee Only	\$1.44
Employee + One	\$2.74
Employee + Family	\$4.46

Short-term Disability	
Option 1	\$3.88
Option 2	\$7.73

Accident	
Employee Only	\$2.39
Employee + Spouse	\$4.73
Employee + Child(ren)	\$5.70
Employee + Family	\$6.72

Critical Illness - with Cancer Coverage				
Rates will vary based upon age and coverage level as shown below				
\$5,000 of Coverage				
Attained Age	EE Only	EE/SP	EE/CH	Family
<30	\$0.89	\$1.48	\$1.28	\$1.87
30-39	\$1.08	\$1.77	\$1.47	\$2.15
40-49	\$1.58	\$2.50	\$1.97	\$2.90
50-59	\$2.62	\$4.14	\$3.01	\$4.53
60-69	\$4.27	\$6.74	\$4.66	\$7.13
70+	\$7.62	\$11.91	\$8.01	\$12.30
\$10,000 of Coverage				
Attained Age	EE Only	EE/SP	EE/CH	Family
<30	\$1.78	\$2.95	\$2.56	\$3.74
30-39	\$2.17	\$3.53	\$2.93	\$4.29
40-49	\$3.16	\$5.01	\$3.95	\$5.79
50-59	\$5.24	\$8.28	\$6.02	\$9.07
60-69	\$8.54	\$13.48	\$9.32	\$14.26
70+	\$15.23	\$23.82	\$16.02	\$24.60

## Contact Information

Benefit	Company	Phone	Website
Medical Coverage	Blue Cross Blue Shield SC	855.922.1185	www.southcarolinablues.com
Pharmacy	OptumRx	855.811.2218	www.southcarolinablues.com
Dental	Guardian	888.482.7342	www.guardiananytime.com
Vision	Guardian	888.482.7342	www.guardiananytime.com
Life & Short-term Disability	New York Life (formerly Cigna)	800.225.5695	www.newyorklife.com
Life Assistance Program	New York Life (formerly Cigna)	800.538.3543	www.nylgbs-lap.com
Accident & Critical Illness	MetLife	800.438.6388	www.mybenefits.metlife.com
Claims Contact	Claims Team	877.437.6854	benefitsclaims@ironwoodins.com
Enrollment Call Center		855.520.6769	www2.benefitelect.com/be/ikhofmann
IK Hofmann HR Department		678.382.6355	hr@hofmannusa.com

Only the official plan documents or insurance contracts establish and govern all rights to benefits under the plans. This guide is not a plan document or any insurance contract. If there is a discrepancy between the information provided in this guide and the applicable plan document or insurance contract, the plan document or insurance contract will control and govern.





## NOTES

## I.K. HOFMANN USA, Inc.

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