

2024-2025

Employee Benefit Guide



SPENCER

ENTERPRISES INC.

Welcome to your Employee Benefits

Your employer has been diligent in searching for a benefits package that helps you achieve the best fit for your family's insurance needs.

While you review this packet, please remember that the health choices you make affect your health and financial well-being. As a smart consumer, you should speak with your physician about generic drugs and treatment options.

You and your dependents are eligible for the benefits package if you meet the definition of an eligible full-time employee and if you have satisfied the required waiting period. Please speak with your Human Resources Department if you're unsure about your eligibility. Eligible dependents are your spouse, children that meet the required age limit, and disabled dependents of any age that satisfy the plan requirements.

Any elections and/or changes made now will remain in effect until the next open enrollment period unless you or your family experience a special enrollment event. If you experience a special enrollment event, contact your Human Resources Department within 30 days of the event. For more information about what constitutes a special enrollment event and the timeframes involved, please see the notice section within this guide.

In summation, we ask that you please choose the coverage that is best for you and your family and be sure to complete the entire enrollment process by the date your employer specifies.

IMPORTANT

See below if you are a
Medicare eligible
individual.

If you (and your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal Law gives you more choices about your prescription drug coverage.

Contacts

If you should have any questions during the plan year, there are many resources at your disposal. The carrier contacts listed can assist you with many types of issues. Please see below for a synopsis of day-to-day services they can provide.

- ◆ Helping you understand the benefits
- ◆ Providing assistance with claim problems
- ◆ Helping you understand your EOB's (Explanation of Benefits)
- ◆ Providing assistance with ordering ID cards
- ◆ Helping you locate in-network providers

If the carrier contacts are unable to assist you, please feel free to reach out to the broker resource listed below.



Benefit	Carrier	Phone	Website/Email
Medical	BCBSOK	1-800-942-5837	WWW.BCBSOK.COM
Dental	Delta Dental	1-800-522-0188	WWW.DELTADENTAL.COM
Vision	VSP	1-800-877-7195	WWW.VSP.COM
Life AD&D	Dearborn National	1-800-348-4512	WWW.DEARBORNNATIONAL.COM
Broker Information			
Gallagher Benefit Services	Pete Towne	405-471-5041	Pete_towne@ajg.com

BCBS OK

Medical Benefits



**BlueCross BlueShield
of Oklahoma**

SPENCER ENTERPRISES 2024-2025 BCBS of OK Medical Plan Options

	OPTION PLATINUM ADVANTAGE	OPTION GOLD ADVANTAGE	OPTION SILVER ADVANTAGE
Carrier	BCBS	BCBS	BCBS
Network	ADVANTAGE	ADVANTAGE	ADVANTAGE
Plan	P8E1ADT	G744ADT	S730ADT
	IN NETWORK	IN NETWORK	IN NETWORK
Annual Deductible : Individual	\$750	\$1,500	\$4,250
Family	\$2,250	\$4,500	\$12,750
Out-Of-Pocket Limit : Individual	\$2,000	\$7,000	\$9,100
Family	\$6,000	\$14,000	\$18,200
Coinsurance (plan pays)	90%	80%	60%
Lab/X-Ray/MRI	ded. & coins	ded. & coins	ded. & coins
Primary Care Physician	\$25	\$35	\$45
Specialist	\$45	\$55	\$65
Urgent Care	\$50	\$50	\$50
Preventative	Paid at 100%	Paid at 100%	Paid at 100%
Emergency Room Copay/ Deductible	\$300 + ded. & coins.	\$300 + ded. & coins.	\$500 + ded. & coins.
Inpatient Hospital	\$150 + ded. & coins.	\$200 + ded. & coins.	\$250 + ded. & coins.
Outpatient Hospital	\$100 + ded. & coins.	\$150 + ded. & coins.	\$200 + ded. & coins.
Prescription Drugs	Preferred Pharmacy	Preferred Pharmacy	Preferred Pharmacy
Generic	\$0 / \$10	\$10 / \$20	\$10 / \$20
Preferred Brand	\$35	\$50	\$50
Non-Preferred Brand	\$75	\$100	\$100
Specility	Pref. \$150 / Non Pref. \$250	Pref. \$150 / Non Pref. \$250	Pref. \$150 / Non Pref. \$250
	OPTION PLATINUM ADVANTAGE	OPTION GOLD ADVANTAGE	OPTION SILVER ADVANTAGE



BlueCross BlueShield of Oklahoma

Get Statewide Coverage with Blue Advantage PPOSM

Our Blue Advantage PPO offers affordable, flexible benefit plans and a secure, statewide network of trusted doctors and hospitals. The advantages add up: You don't need to choose a Primary Care Physician (PCP) or get a referral for specialist care. And, whether you're staying close to home or traveling, we have you covered.

Access Across Oklahoma

The Blue Advantage PPO network is in all 77 Oklahoma Counties. This means you have access to 84% of hospitals and 92% of all practicing primary care doctors in your home state:

- 142 Hospitals*
- 2,900 PCPs
- 5,249 Specialists

Blue Access for MembersSM Helps You Get the Most from Your Coverage

Blue Access for Members (BAMSM) lets you take an active role in managing your health care.

Use BAM to:

- Search for in-network doctors, hospitals and other health care providers.
- Access self-service tools that help you stay on top of your claims and coverage.
- View and order new or replacement ID cards.

*Hospital count includes 90 acute care hospitals plus: long-term acute care, rehabilitation, psychiatric and specialty hospitals, and tribally operated facilities. See Provider Finder for the most current and complete provider lists.

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

It's Easy to Find In-Network Providers

1. Go to **bcbsook.com**.
2. Click **Find Care**.
3. Select **Find a Doctor or Hospital**.
4. Choose the **Blue Advantage PPO** network.
5. Search for specific names or specialties.

Traveling? No Problem. Staying in? No Problem. We Have You Covered.

Whether you're traveling or staying home, we offer options to help you get care when and where you need it.

- **Talk about telemedicine:** Find out if your doctor offers telemedicine visits by phone or online video. This can be helpful when you're traveling or when you just want to skip the waiting room.
- **Virtual Visits is your 24/7 Care Option:** Virtual Visits, provided by Blue Cross and Blue Shield of Oklahoma and powered by MDLIVE®, is a great option for non-emergency care if you're traveling or if your doctor's office is closed. With Virtual Visits, you can speak with a doctor within minutes.
- **Stay Home with DispatchHealth:** If you live within the Oklahoma City metro area, you have access to DispatchHealth providers. Visit dispatchhealth.com to learn how to skip the waiting room and let DispatchHealth come to you.
- **BlueCard® covers in-office visits:** If you need in-person care while traveling outside of Oklahoma, our BlueCard program can help. Call the customer service number on the back of your member ID to find an in-network doctor in the area where you're traveling.

Tulsa & Oklahoma City Hospitals at a Glance	Blue Choice PPO SM	Blue Preferred PPO SM	Blue Advantage PPO SM
Tulsa Hospitals			
Bailey Medical Center	•	•	•
Bristow Medical Center (and CORE Division)	•	•	•
Hillcrest Hospital South	•	•	•
Hillcrest Medical Center	•	•	•
Oklahoma Surgical Hospital	•	•	•
OSU Medical Center	•	•	•
Saint Francis Hospital	•	•	•
Saint Francis Hospital South	•	•	•
St. John (Tulsa, Sapulpa, Broken Arrow, Owasso)	•	•	•
Tulsa Spine and Specialty Hospital	•	•	•
Oklahoma City Hospitals			
Community Hospital	•	•	•
Integris	•	•	•
Lakeside Women's Hospital	•	•	•
McBride Clinic Orthopedic Hospital	•	•	•
Mercy Hospital	•	•	•
Moore Medical Center	•	•	•
Norman Regional HealthPlex	•	•	•
Norman Regional Hospital	•	•	•
Northwest Surgical Hospital	•	•	•
Oklahoma Center for Orthopedic & Multi-Specialty Surgery	•	•	•
Oklahoma Heart Hospital	•	•	•
Oklahoma Heart Hospital South	•	•	•
Oklahoma Spine Hospital	•	•	•
OneCore Health	•	•	•
OU Medical Center	•	•	•
SSM Health Bone & Joint Hospital at St. Anthony	•	•	•
SSM Health St. Anthony Hospital – Midwest	•	•	•
St. Anthony Hospital	•	•	•
Summit Medical	•	•	•

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



BlueCross BlueShield of Oklahoma



Virtual Visits: **Speak with a doctor or therapist — anytime, anywhere**

With your Virtual Visits benefit, provided by Blue Cross and Blue Shield of Oklahoma (BCBSOK) and powered by MDLIVE, the doctor is in 24/7/365. You can see a doctor or behavioral health specialist without leaving the comfort of your own home.

Virtual Visits allows you to consult an independently contracted, board-certified doctor or therapist for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

Powered by
MDLIVE

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified MDLIVE doctor
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes

MDLIVE doctors can treat a variety of non-emergency conditions, including:

- Allergies
- Anxiety
- Asthma
- Cold/flu
- Depression
- Ear infections (age 12+)
- Fever (age 3+)
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Sinus Infections
- Stress management
- And more



Prepare for the Unexpected— Activate Your MDLIVE Account Now!

There is no charge to set up your account, but you may have a charge for your visit depending on your benefit plan.

Activate your account - pick the way that is easiest for you:

- Call MDLIVE at 888-970-4081
- Go to MDLIVE.com/bcbsok
- Text BCBSOK to 635-483
- Download the MDLIVE app

Virtual Visits doctors may also send an e-prescription to your local pharmacy if necessary.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

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Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an independent Licensee of the Blue Cross and Blue Shield Association

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BlueCross BlueShield of Oklahoma



Blue365[®]
Because health is a big dealSM

Blue365[®]

A Discount Program for Your Employees



Blue365 is just one more advantage your employees have by being a Blue Cross and Blue Shield of Oklahoma (BCBSOK) member. With this program, your employees may save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once employees sign up for Blue365 at blue365deals.com/bcbsok, weekly “Featured Deals” will be emailed to them. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered to Blue365 members.

EyeMed | Davis Vision

Members can save on eye exams, eyeglasses, contact lenses and accessories. They have access to national and regional retail stores and local eye doctors. Members may also qualify for savings on laser vision correction.

TruHearing[®] | Beltone[™] | American Hearing Benefits

Members (and possibly their immediate family members) could get savings on hearing tests, evaluations and hearing aids.

Dental SolutionsSM

Members may get dental savings with Dental Solutions. They may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Jenny Craig[®] | Sun Basket | Nutrisystem[®]

Members can work toward reaching their weight loss goals with savings from leading programs. They may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at blue365deals.com/bcbsok.



BlueCross BlueShield of Oklahoma



Fitbit®

Your employees can customize their workout routines with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. Members receive a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Your employees get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. Your employees can get 30% off plus free shipping on their online orders.

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of healthcare experts for guidance to select the correct product at the best value. Members get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a \$25 purchase.

Livekick

Livekick is the future of private fitness. Your employees can choose from training or yoga over live video with a private coach. They can get fit and feel healthier with action-packed 30-minute sessions that they can do from home, their gym or hotel while traveling. They'll also get a free two-week trial and 20% off a monthly plan on any Live Online Personal Training.



eMindful

A 25% discount is available on any of eMindful's live streaming or recorded premium courses. Members can apply mindfulness into their lives including Stress Reduction, Mindful Eating, Chronic Pain Management, Yoga, Qigong Movement and more.

For more great deals or to learn more about Blue365, visit blue365deals.com/bcbsok.

The relationship between these vendors and Blue Cross and Blue Shield of Oklahoma (BCBSOK) is that of independent contractors. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a \$9.95 sign up and \$6 monthly fee.

Blue365 is a discount program only for BCBSOK members. This is NOT insurance. Some of the services offered through this program may be covered under the health plan you choose to offer. Employees should check their benefit booklet or call the customer service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program and may be subject to change. BCBSOK does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSOK reserves the right to stop or change this program at any time without notice.

Delta Dental

Dental Benefits



Delta Dental Program Highlights

Delta Dental of Oklahoma – Select PPO

Your Program Highlights provides a brief description of the most important features of your group's dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma's Customer Service Department at **405-607-2100 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

Percent Payable for Covered and Allowable Dental Services

Class I: Diagnostic and Preventive Services	100%
Class II: Basic Services such as amalgam and composite fillings	80%
Class III: Major Services such as crowns, dentures and implants	50%
Class IV: Orthodontic Services are available to dependent children under age 26	50%

Deductible and Maximum Amounts

Annual Maximum Benefit and Deductible Accumulation Period	January 1 - December 31
Annual Deductible Per Person – applies to Classes II and III	\$50
Annual Maximum Benefit Per Person – applies to Classes I, II and III combined	\$1,500*
Lifetime Maximum Benefit Payment Per Child – applies to Class IV only	\$1,500

*Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I, II and III combined services.

Endodontics, Periodontics and Oral Surgery are covered benefits under Class II Services.

Eligible dependent children can be covered to age twenty-six (26).

The information contained herein is not intended as a Summary Plan Description nor is it designed to serve as Evidence of Coverage for this program. Some benefits are subject to limitations such as age of patient, frequency of procedure, exclusions, etc.

Your dental benefits program allows payment for eligible services performed by any properly licensed dentist. However, maximum savings and lower out-of-pocket expenses are achieved when treatment is provided by a Delta Dental participating dentist. *Below is an illustration of a typical 100/80/50/50 plan, assuming annual deductible has been satisfied.*

Delta Dental PPO participating dentist		Delta Dental Premier participating dentist		Out-of-Network dentist	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of PPO Allowable	\$56
You pay 20% of PPO Allowable	\$14	You pay Difference between PPO Payment and Premier Allowable	\$29	You pay Balance of the dentist charge	\$44

How to use your dental program:

Call the dental office of your choice and make an appointment. During your first appointment be sure to provide your dentist with the following information:

- Your Group name
- Your Group number
- The employee's social security or member ID number

Your dental program allows you to:

- Change dentists and visit a specialist of your choice at any time without preapproval
- Select a different dentist for each member of your family
- Receive dental care anywhere in the world

Find a Delta Dental participating dentist:

Two-thirds of the nation's practicing dentists are Delta Dental participating dentists. To find a participating dentist, refer to our National Dentist Directory at www.DeltaDentalOK.org or call Delta Dental's Customer Service Department at 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free).

Benefit Payment Procedure

Delta Dental pays participating dentists directly. You are responsible for any co-insurance percentages, deductible amounts, charges for non-covered services and amounts in excess of your annual maximum benefit. A Delta Dental participating dentist cannot charge you for amounts payable by Delta Dental. If you obtain treatment from a nonparticipating dentist, you may have to pay the entire bill in advance. Delta Dental will directly reimburse you, or any other participant or beneficiary, if required by law, up to your plan's maximum allowable amount.

The advantage of predetermination

If you are scheduled for dental treatment that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to determine if the proposed treatment is covered under your program, approximately how much the service will cost and your estimated share of the cost.

Filing your claim

A Delta Dental participating dentist will file your claim at no charge. If necessary, a printable claim form may be obtained on our website at www.DeltaDentalOK.org. Completed claim forms should be submitted to the address below:

Delta Dental of Oklahoma - Claims Processing Center
P.O. Box 548809
Oklahoma City, OK 73154-8809

Delta Dental of Oklahoma - Select

2024

PROGRAM OF BENEFITS: DELTA DENTAL PPO

Delta Dental of Oklahoma's benefits consist of Diagnostic and Preventive Services, Basic Services, Major Services and Orthodontic Services. The benefits listed below are not a complete list. Limitations to benefits can be found in the Summary Plan Description.

Diagnostic and Preventive Services (Class I Benefits)

- Oral evaluation
- Routine prophylaxis, including cleaning and polishing
- Bitewing and periapical x-rays
- Full-mouth x-rays
- Space maintainers for eligible dependent children only
- Minor emergency (palliative) treatment for relief of pain
- Topical application of fluoride for eligible dependent children only
- Topical application of sealants for eligible dependent children only, limited to permanent first and second molars free of caries and restorations on the occlusal surface
- Periodontal maintenance

Note: Benefits paid by the Plan for covered oral evaluations and routine prophylaxis will not reduce your Benefit Year Maximum Payment for combined Class I, Class II and Class III covered dental services.

Basic Services (Class II Benefits)

- Amalgam and composite fillings
- Stainless steel crowns for eligible dependent children only when the natural teeth cannot be restored with another filling material
- General Anesthesia/IV Sedation – when administered by a properly licensed dentist, in the dental office, in conjunction with covered oral surgery or when necessary due to concurrent medical conditions
- Endodontics – includes pulpal therapy and root canal treatment
- Oral Surgery – extractions and other covered oral surgery procedures
- Periodontics – procedures performed for the treatment of diseases of the gums and supporting structures of the teeth, excluding periodontal maintenance procedures which is payable as a Diagnostic/Preventive Service (Class I)

Major Services (Class III Benefits)

- Provides porcelain or cast restorations (other than stainless steel) when teeth cannot be restored with another filling material
- Prosthodontics – procedures for construction of fixed bridges, partial dentures and complete dentures
- Implants – procedures for implant placement, maintenance and repair of implants, and implant-supported prosthetics

Orthodontics (Class IV Benefits)

- The necessary treatment and procedures required for the correction of malposed teeth for dependent children only under age 26.

SPOTLIGHT

Time to Focus on Your Smile

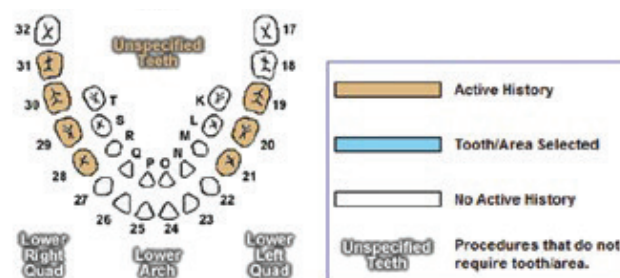
SPOTLIGHT

is **Delta Dental of Oklahoma's** online health services site where subscribers can securely access real-time information regarding their benefits plan.

Maximize your dental benefits:

- Find a dentist
- View benefits
- Track claim status
- Access Explanation of Benefits

My Mouth Chart



An individual tooth-by-tooth illustration of recent dental treatment.

Electronic ID Card

DELTA DENTAL

Delta Dental of Oklahoma
Delta Dental PPO — Plus Premier

When you bring your own ID Card, you will have the peace of mind that your claims will be paid appropriately.

Visit **DeltaDentalOK.org/Spotlight** to register and to opt out of receiving paper statements today!

VSP

Vision Benefits



A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM SPENCER ENTERPRISES, INC. AND VSP.

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to eyeconic.com and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

10/01/2024

Contact us:

800.877.7195 or vsp.com

BENEFIT	DESCRIPTION	COPAY
YOUR COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	<ul style="list-style-type: none">Focuses on your eyes and overall wellnessEvery 12 months	\$20
PRESCRIPTION GLASSES		\$20
FRAME	<ul style="list-style-type: none">\$130 allowance for a wide selection of frames\$150 allowance for featured frame brands20% savings on the amount over your allowanceEvery 12 months	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery 12 months	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none">Progressive lensesAnti-glare coatingTints/Light-reactive lensesScratch-resistant coatingAverage savings of 40% on other lens enhancementsEvery 12 months	\$0 \$0 \$0 \$0
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$130 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)Every 12 months	Up to \$60
PRIMARY EYECARESM	<ul style="list-style-type: none">Retinal screening for members with diabetesAdditional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.As needed	\$0 \$20 per exam
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none">Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening <ul style="list-style-type: none">No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction <ul style="list-style-type: none">Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilitiesAfter surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.



See better for life.

Welcome to VSP®!

Life is better in focus,[™] and we make your overall eye health and wellness our top priorities. As a VSP member, you have access to the best care and cutting-edge technologies at the lowest out-of-pocket costs.



Get started at vsp.com:



Check your VSP vision coverage and find a VSP network doctor to get the most out of your vision benefit.



Take advantage of Exclusive Member Extras, like an extra \$20 to spend on featured frame brands and savings of up to 40% on lens enhancements, to save even more on your eyewear.¹ Visit a doctor who participates in the Premier Program for additional bonus offers.



Print a Member Vision Card—if you'd like one. There's no ID card necessary—just tell your provider you have VSP.

You deserve access to personalized and affordable vision care. That's why we're committed to ensuring that you experience a lifetime of good vision.

**YOUR VISION
& HEALTH
COME FIRST
WITH VSP**

Create an account,
find a VSP network
doctor, and see
your benefit at
vsp.com today!

Questions? vsp.com | 800.877.7195

1. Check your frame coverage to see if this offer applies. Brands and promotions are subject to change.

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VSP and VSP Vision care for life are registered trademarks, and "Life is better in focus" is a trademark of Vision Service Plan. 11044

Dearborn National

Supplemental Life Benefits





**BlueCross BlueShield
of Oklahoma**

Group Benefit Program Summary for

SPENCER ENTERPRISES, INC. -

F020035

Term Life/Accidental Death & Dismemberment (AD&D)

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Our Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All eligible, active full time employees
Group Term Life/AD&D Benefit: Employee	\$30,000
Guarantee Issue Amount	\$30,000
Age Reduction Schedule	Life and AD&D benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of nine months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege (Life Coverage)	Included

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Oklahoma, is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*

Principal Sum

Loss of life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of same hand	25%
Uniplegia	25%

*Loss must occur within 365 days of accident.

AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt and Airbag Benefits
- ▲ Repatriation Benefit
- ▲ Education Benefit

EXCLUSIONS

Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof
2. infections, except those from an accidental cut or wound
3. suicide or attempted suicide
4. intentionally self-inflicted injury
5. war or act of war
6. travel or flight in any aircraft while a member of the crew
7. commission of, or participation in a felony
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician or
9. intoxication as defined in the jurisdiction where the accident occurred
10. participation in a riot

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage.



**BlueCross BlueShield
of Oklahoma**

Group Benefit Program Summary for

SPENCER ENTERPRISES, INC. -

F020035

Voluntary Term Life/Accidental Death & Dismemberment (AD&D)

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Our Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All eligible, active full time employees
Group Term Life/AD&D Benefit - Employee	\$10,000 - \$500,000 in increments of \$10,000
Guarantee Issue Amount Employee	none - all elections are fully underwritten and require Evidence of Insurability
Group Term Life Benefit Spouse (Includes Domestic Partner)	\$10,000 - \$500,000 in increments of \$10,000,
Guarantee Issue Amount - Spouse	none - all elections are fully underwritten and require Evidence of Insurability
Group Term Life Benefit Child(ren)	Birth to 15 days: \$0 15 days to 6 months: \$100 6 months to 21 years (or 23 if full time student): \$5,000 or \$10,000
Group AD&D Benefit: Dependent(s)	Spouse: 50% of the Employee Coverage Amount Dependent Children: 10% of the Employee Coverage Amount
Age Reduction Schedule	Life - none AD&D benefits reduce by 35% of the original amount at age 70 and further reduce to 45% of the original amount at age 75, 30% of the original amount at age 80 and 15% of the original amount at age 85.
Employee Contribution	100 percent
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of nine months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life Coverage)	Included (employee & spouse)
Conversion Privilege (Life Coverage)	Included
Exclusions	One-year suicide exclusion applies to Voluntary Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Oklahoma, is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*

Principal Sum

Loss of life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of same hand	25%
Uniplegia	25%

*Loss must occur within 365 days of accident.

AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt and Airbag Benefits
- ▲ Repatriation Benefit
- ▲ Education Benefit

EXCLUSIONS

Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof
2. infections, except those from an accidental cut or wound
3. suicide or attempted suicide
4. intentionally self-inflicted injury
5. war or act of war
6. travel or flight in any aircraft while a member of the crew
7. commission of, or participation in a felony
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician or
9. intoxication as defined in the jurisdiction where the accident occurred
10. participation in a riot

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage.



SPENCER ENTERPRISES, INC. - F020035

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Voluntary Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue*

Employee	\$0
Spouse	\$0

*all elections are fully underwritten and require Evidence of insurability

Child Coverage

Birth to 15 days:	\$0
15 days to 6 months:	\$100
6 months to age 21:	\$5,000 to \$10,000 in increments of \$5,000
(Student Maximum Age:23)	

Life - none

AD&D benefits reduce by 35% of the original amount at age 70 and further reduce to 45% of the original amount at age 75, 30% of the original amount at age 80 and 15% of the original amount at age 85.

Voluntary Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	ATTAINED AGE												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	
\$10,000	\$0.90	\$0.90	\$0.90	\$0.90	\$1.20	\$2.00	\$2.90	\$5.00	\$8.50	\$13.40	\$21.00	\$33.50	
\$60,000	\$5.40	\$5.40	\$5.40	\$5.40	\$7.20	\$12.00	\$17.40	\$30.00	\$51.00	\$80.40	\$126.00	\$201.00	
\$110,000	\$9.90	\$9.90	\$9.90	\$9.90	\$13.20	\$22.00	\$31.90	\$55.00	\$93.50	\$147.40	\$231.00	\$368.50	
\$160,000	\$14.40	\$14.40	\$14.40	\$14.40	\$19.20	\$32.00	\$46.40	\$80.00	\$136.00	\$214.40	\$336.00	\$536.00	
\$210,000	\$18.90	\$18.90	\$18.90	\$18.90	\$25.20	\$42.00	\$60.90	\$105.00	\$178.50	\$281.40	\$441.00	\$703.50	
\$260,000	\$23.40	\$23.40	\$23.40	\$23.40	\$31.20	\$52.00	\$75.40	\$130.00	\$221.00	\$348.40	\$546.00	\$871.00	
\$310,000	\$27.90	\$27.90	\$27.90	\$27.90	\$37.20	\$62.00	\$89.90	\$155.00	\$263.50	\$415.40	\$651.00	\$1,038.50	
\$360,000	\$32.40	\$32.40	\$32.40	\$32.40	\$43.20	\$72.00	\$104.40	\$180.00	\$306.00	\$482.40	\$756.00	\$1,206.00	
\$410,000	\$36.90	\$36.90	\$36.90	\$36.90	\$49.20	\$82.00	\$118.90	\$205.00	\$348.50	\$549.40	\$861.00	\$1,373.50	
\$460,000	\$41.40	\$41.40	\$41.40	\$41.40	\$55.20	\$92.00	\$133.40	\$230.00	\$391.00	\$616.40	\$966.00	\$1,541.00	
\$500,000	\$45.00	\$45.00	\$45.00	\$45.00	\$60.00	\$100.00	\$145.00	\$250.00	\$425.00	\$670.00	\$1,050.00	\$1,675.00	

Employee

Voluntary Life

Monthly rates per \$1,000

Age	Rates
Under 20	\$0.090
20-24	\$0.090
25-29	\$0.090
30-34	\$0.090
35-39	\$0.120
40-44	\$0.200
45-49	\$0.290
50-54	\$0.500
55-59	\$0.850
60-64	\$1.340
65-69	\$2.100
70-74	\$3.350
75+	\$5.920

Voluntary AD&D

Monthly rates per \$1,000

Individual Plan \$ 0.050

Dependent Life (Children)

Monthly Premium per Family

Life	
\$5,000	\$1.00
\$10,000	\$2.00

SPENCER ENTERPRISES, INC. - F020035

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Voluntary Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue*

Employee	\$0
Spouse	\$0

*all elections are fully underwritten and require Evidence of insurability

Child Coverage

Birth to 15 days:	\$0
15 days to 6 months:	\$100
6 months to age 21:	\$5,000 to \$10,000 in increments of \$5,000
(Student Maximum Age:23)	

Life - none

AD&D benefits reduce by 35% of the original amount at age 70 and further reduce to 45% of the original amount at age 75, 30% of the original amount at age 80 and 15% of the original amount at age 85.

Voluntary Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	Family	ATTAINED AGE											
		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000		\$0.90	\$0.90	\$0.90	\$0.90	\$1.20	\$2.00	\$2.90	\$5.00	\$8.50	\$13.40	\$21.00	\$33.50
\$35,000		\$3.15	\$3.15	\$3.15	\$3.15	\$4.20	\$7.00	\$10.15	\$17.50	\$29.75	\$46.90	\$73.50	\$117.25
\$60,000		\$5.40	\$5.40	\$5.40	\$5.40	\$7.20	\$12.00	\$17.40	\$30.00	\$51.00	\$80.40	\$126.00	\$201.00
\$85,000		\$7.65	\$7.65	\$7.65	\$7.65	\$10.20	\$17.00	\$24.65	\$42.50	\$72.25	\$113.90	\$178.50	\$284.75
\$110,000		\$9.90	\$9.90	\$9.90	\$9.90	\$13.20	\$22.00	\$31.90	\$55.00	\$93.50	\$147.40	\$231.00	\$368.50
\$135,000		\$12.15	\$12.15	\$12.15	\$12.15	\$16.20	\$27.00	\$39.15	\$67.50	\$114.75	\$180.90	\$283.50	\$452.25
\$160,000		\$14.40	\$14.40	\$14.40	\$14.40	\$19.20	\$32.00	\$46.40	\$80.00	\$136.00	\$214.40	\$336.00	\$536.00
\$185,000		\$16.65	\$16.65	\$16.65	\$16.65	\$22.20	\$37.00	\$53.65	\$92.50	\$157.25	\$247.90	\$388.50	\$619.75
\$210,000		\$18.90	\$18.90	\$18.90	\$18.90	\$25.20	\$42.00	\$60.90	\$105.00	\$178.50	\$281.40	\$441.00	\$703.50
\$235,000		\$21.15	\$21.15	\$21.15	\$21.15	\$28.20	\$47.00	\$68.15	\$117.50	\$199.75	\$314.90	\$493.50	\$787.25
\$260,000		\$23.40	\$23.40	\$23.40	\$23.40	\$31.20	\$52.00	\$75.40	\$130.00	\$221.00	\$348.40	\$546.00	\$871.00
\$285,000		\$25.65	\$25.65	\$25.65	\$25.65	\$34.20	\$57.00	\$82.65	\$142.50	\$242.25	\$381.90	\$598.50	\$954.75
\$310,000		\$27.90	\$27.90	\$27.90	\$27.90	\$37.20	\$62.00	\$89.90	\$155.00	\$263.50	\$415.40	\$651.00	\$1,038.50
\$335,000		\$30.15	\$30.15	\$30.15	\$30.15	\$40.20	\$67.00	\$97.15	\$167.50	\$284.75	\$448.90	\$703.50	\$1,122.25
\$360,000		\$32.40	\$32.40	\$32.40	\$32.40	\$43.20	\$72.00	\$104.40	\$180.00	\$306.00	\$482.40	\$756.00	\$1,206.00
\$385,000		\$34.65	\$34.65	\$34.65	\$34.65	\$46.20	\$77.00	\$111.65	\$192.50	\$327.25	\$515.90	\$808.50	\$1,289.75
\$410,000		\$36.90	\$36.90	\$36.90	\$36.90	\$49.20	\$82.00	\$118.90	\$205.00	\$348.50	\$549.40	\$861.00	\$1,373.50
\$435,000		\$39.15	\$39.15	\$39.15	\$39.15	\$52.20	\$87.00	\$126.15	\$217.50	\$369.75	\$582.90	\$913.50	\$1,457.25
\$460,000		\$41.40	\$41.40	\$41.40	\$41.40	\$55.20	\$92.00	\$133.40	\$230.00	\$391.00	\$616.40	\$966.00	\$1,541.00
\$485,000		\$43.65	\$43.65	\$43.65	\$43.65	\$58.20	\$97.00	\$140.65	\$242.50	\$412.25	\$649.90	\$1,018.50	\$1,624.75
\$500,000		\$45.00	\$45.00	\$45.00	\$45.00	\$60.00	\$100.00	\$145.00	\$250.00	\$425.00	\$670.00	\$1,050.00	\$1,675.00

Spouse

Voluntary Life

Monthly rates per \$1,000

Age	Rates
Under 20	\$0.090
20-24	\$0.090
25-29	\$0.090
30-34	\$0.090
35-39	\$0.120
40-44	\$0.200
45-49	\$0.290
50-54	\$0.500
55-59	\$0.850
60-64	\$1.340
65-69	\$2.100
70-74	\$3.350
75+	\$5.920

Voluntary AD&D

Monthly rates per \$1,000

Family Plan	\$ 0.080
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Dependent Life (Children)

Monthly Premium per Family

Life	
\$5,000	\$1.00
\$10,000	\$2.00



Disclaimers

This booklet gives you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. Although we have tried to summarize the provisions of these legal documents clearly and accurately, if any information contained herein conflicts with the legal documents, the legal documents will govern. For more detailed information on the plans and your legal rights under the plans, be sure to read the summary plan descriptions or request a copy of the plan documents. All benefits are subject to change from time to time and Spencer Enterprises reserves the right to amend or cancel any benefits described in this booklet, with or without notice.

This booklet is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

If your plan design has out of network benefits, the amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary

or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This benefit guide prepared by



Insurance | Risk Management | Consulting