



# 2018 Open Enrollment Guide

## DELTA Resources, Inc.

Every year, in evaluating planned benefits, DELTA strives to offer benefits that are the BEST in the industry while also ensuring we remain competitive. Though market pressures continue, DELTA has made the strategic decision to maintain our high quality benefits with the same standard of care and minimal changes to plan design. As in previous years, we will offer two healthcare plans and employees will continue to have the ability to select from the Blue Cross Blue Shield PPO Health Reimbursement Arrangement (HRA), Blue Choice Advantage or medical opt-out options. Employees will also continue to receive a DELTA contribution to assist in meeting the PPO HRA deductible. **DELTA is confident its benefits remain among the best when compared to our competitors.**

Annual Open Enrollment is the time for you to re-evaluate your current benefit elections and make new selections and/or adjustments to your coverage. It is important to take the time to review all of the plan options available to you. Consider each benefit and the associated cost carefully, and choose the benefits package that best meets your needs throughout the year. Plan Year dates for benefits run January 1, 2018 – December 31, 2018.

### **Open Enrollment: November 1 - 15, 2017**

**ALL ELIGIBLE EMPLOYEES MUST RE-ENROLL IN ALL BENEFITS even if no changes are being made. If you do not sign up for benefits within this period, you will not be covered by our benefit plans and will not have the option to enroll again until the next Open Enrollment, unless you experience a qualifying life event.**

In January 2018 you will be able to view your 2018 benefits information online, including your Total Benefits and Compensation statement showing plan elections. This information is available through the Employee Self Service (ESS) function of Time and Expense (T&E). You MUST re-enroll in all benefits and make your benefit elections via ESS. To get started, during November 1-15, go to <https://timecollection.deltaresources.com/DeltekTC/welcome.msv> and click "Self-Service > Payroll and Benefits > Benefits Enrollment" and follow the instructions. By making these elections, you have authorized DELTA to take deductions from your earnings to cover premium payments for the plans you have chosen for yourself and eligible dependents.

### **Learn More: Onsite Meetings and Webinars**

This year's open enrollment meetings will be sponsored by our broker team, CBIZ. CBIZ will provide an online access platform via GAN Conferencing to support remote attendance. A calendar invitation will be sent out via Outlook including the call-in information.

- 📅 **Monday, October 23** - Alexandria Headquarters Conference Room, 12:00-1:00pm Eastern
- 📅 **Thursday, October 26** - New Jersey Avenue, Suite 700 Conference Room, 12:00-1:00pm Eastern
- 📅 **Wednesday, November 8** - New Jersey Avenue, Suite 700 Conference Room, 1:00-2:00 Eastern  
(second half of the CEO-Employee Roundtable)

**The Affordable Care Act (ACA) and other required benefit notices are posted on the HR site of the DELTA portal.**

This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in these materials and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. The 401(k) benefits (if applicable) may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by DELTA Resources, Inc.



# 2018 Medical Plans

DELTA continues to provide you with comprehensive and affordable plan options. Compliance regulations of note:

- The health care reform law (also called The Affordable Care Act (ACA)) requires that most Americans have health insurance by January 1, 2014. Employers with 50 or more employees must provide benefits at an affordable rate beginning in 2015. The ACA is in place to make sure Americans have access to health insurance they can afford whether they get it from an employer, an insurance company or from the government. People who are not covered by health insurance beginning in 2014 may have to pay a tax penalty. DELTA's plan is in full compliance with ACA requirements.
- Due to ACA compliance, part-time employees must work a minimum average of *30 hours per week over 12 consecutive months* in order to be eligible for benefits.

## PPO with Health Reimbursement Account (HRA) Plan

**DELTA will cover, on average, 83% of the premium cost for the BluePreferred PPO with HRA Plan.** The plan design will remain the same. DELTA will continue to contribute to a participant's health fund account as follows:

Employee Only	\$ 750 per year
Employee and Spouse	\$1,100 per year
Employee and Child(ren)	\$1,100 per year
Employee and Family	\$1,500 per year

**The health fund provided by DELTA effectively decreases the plan deductible**, limiting your out-of-pocket cost exposure until you have been able to satisfy the plan deductible and benefits begin to be covered at 90% coinsurance (10% member responsibility).

You can use your HRA debit card to pay medical and pharmacy claims costs. This should alleviate the need to pay medical bills out-of-pocket before you are reimbursed.

**The HRA premium costs, the costs that are deducted per pay check, are lower than the BCA option.** When evaluating this plan, consider your premium savings and your out-of-pocket exposure based on your expected medical and prescription drug utilization. If you end the year with money left in your HRA fund, it will roll-over for your use in the next plan year. 2017 Plan Year roll-over amounts will be available mid-April 2018.

**Since the PPO with HRA is supported by a national PPO network, this plan offers the broadest access to participating providers in-network.** You also have the flexibility to choose a non-participating provider if the need should arise. In this case, out-of-network rates would apply.

## BlueChoice Advantage (BCA) Plan

**The BlueChoice Advantage Plan design includes an in-network deductible of \$250 for single coverage and \$500 family coverage and an out-of-pocket limit for pharmacy benefits. The BCA plan is supported by a national network.** In addition, there is an out-of-network benefit available to those who would like to access care through a non-participating provider.

**Members are not required to select a Primary Care Physician (PCP) or obtain referrals to see Specialists.**

### For Mid-Atlantic Residents (MD, DC, and Northern VA):

In-network care will be provided through the BlueChoice HMO network. Out-of-network care will be provided through the national PPO network (called the BlueCard PPO). There will be no coverage for services for non-participating physicians.

### For Residents outside of the Mid-Atlantic:

In-network care will be provided through the national BlueCard PPO network. Out-of-network care can be accessed through non-participating physicians.

**Please note that regardless of where you reside, your expenses will be lower when you stay within the network.**

## Medical Opt-Out

DELTA offers \$2,500 to waive medical coverage prior to the start of the Plan Year; or a pro-rated portion, determined by DELTA. **Participants must re-enroll each year in this program by making the appropriate selections in Delttek ESS AND submitting the Medical Opt-Out Form, along with their proof of coverage outside of DELTA's medical plan, via the Forms Module on Sharepoint. This proof of other coverage could include a military ID, Tricare ID, or other healthcare insurance card. The form and proof of insurance must be submitted via the Forms Module within 30 days of the end of Open Enrollment, or by December 15. CY17 Opt-Out payment will be made with the January 22, 2018 pay period.**

# Medical and Prescription Benefits



Medical Benefits Description	PPO with HRA		BlueChoice Advantage (BCA)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>				
Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000	\$250/\$500	\$1,000/\$2,000
<b>Annual Out-of-Pocket Maximum</b>				
Individual/Family	\$3,000/\$6,000	\$3,000/\$6,000	\$1,300/\$2,600	\$3,000/\$6,000
<b>HRA Fund Amount</b>				
Employee Only		\$750	Not applicable	Not applicable
Employee + Spouse		\$1,100		
Employee + Child(ren)		\$1,100		
Employee + Family		\$1,500		
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Visits (Illness)</b>				
Primary Care Physician	Deductible, then 10%	No charge after deductible	\$20 copay	Deductible, then 40% of Allowed Benefit*
Specialist	Deductible, then 10%	No charge after deductible	\$30 copay	Deductible, then 40% of Allowed Benefit*
<b>Office Visits (Preventive)</b>				
Routine Exams	No Charge	*You pay 20% of Allowed Benefit	No Charge	*You pay 40% of Allowed Benefit
Routine GYN Visit	No Charge	*You pay 20% of Allowed Benefit	No Charge	*You pay 40% of Allowed Benefit
<b>Urgent Care Center</b>	Deductible, then 10%	Paid as in-network	\$30 copay	\$30 copay
<b>Hospital Emergency Room</b>	Deductible, then \$100 copay (copay waived if admitted)	No charge after deductible	Deductible, then \$50 copay (copay waived if admitted)	Deductible, then \$50 copay (copay waived if admitted)
<b>Inpatient Hospital</b>	Deductible, then 10%	No charge after deductible	Deductible, then \$300 copay	Deductible, then 40% of Allowed Benefit*
<b>Outpatient Hospital</b>	Deductible, then 10%	No charge after deductible	Deductible, then \$150 copay	Deductible, then 40%
<b>Routine Eye Exam (once every 12 months)</b>	\$10 copay	Total charge minus \$33	\$10 copay	Total charge minus \$33
<b>Retail Pharmacy (34 day supply)</b>				
<b>Annual Out-of-Pocket Maximum</b>				
Individual/Family	Refer to above out-of-pocket maximum		\$4,500/\$9,000	Not covered
<b>Retail</b>	<b>PPO with HRA</b>		<b>BlueChoice Advantage</b>	
	<b>Deductible, then:</b>			
Generic	\$10 copay	Not covered	\$10 copay	Not covered
Preferred Brand (Tier 2)	30% coinsurance	Not covered	\$25 copay	Not covered
Non-Preferred Brand (Tier 3)	50% coinsurance	Not covered	\$45 copay	Not covered
<b>Mail Order Pharmacy (90-day supply)</b>	<b>Deductible, then:</b>			
Generic	\$20 copay	Not covered	\$20 copay	Not covered
Preferred Brand (Tier 2)	30% coinsurance	Not covered	\$50 copay	Not covered
Non-Preferred Brand (Tier 3)	50% coinsurance	Not covered	\$90 copay	Not covered
<b>Employee Contributions (per pay period)</b>				
Employee		\$42.00		\$60.50
Employee & Child(ren)		\$106.00		\$139.00
Employee & Spouse		\$165.50		\$197.50
Employee & Family		\$219.50		\$277.00

\* Plus 100% of the amount over the allowed benefit amount

New enrollees and current enrollees making changes will receive ID cards in late December.

# Dental Benefits



DELTA’s Dental PPO plan allows you to seek services from any dentist in the Delta Dental Network. For employees enrolled in the Delta Dental PPO plan, current ID cards, member ID and group numbers remain in effect. If you are a new enrollee for the 2018 plan year, you should expect to receive your ID cards late December. Out-of-pocket costs will be lowest when you select a Delta Dental PPO dentist. If you select an out-of-network provider, you may have to complete a claim form and submit for reimbursement from Delta Dental. Reimbursement for out-of-network providers is based on Delta Dental’s fee schedule.

Dental Benefits Description	In-Network PPO Dentist You Pay	In-Network Premier Dentist You Pay	Out-of-Network Dentist You Pay
Calendar Year Deductible	\$50	\$50	\$50
Calendar Year Benefit Maximum	\$1,500	\$1,500	\$1,500
Preventive	No charge	10%	10%
Basic Services	20% after deductible	30% after deductible	30% after deductible
Major Services	50% after deductible	50% after deductible	50% after deductible
<b>Employee Contributions (per pay period via payroll deduction)</b>			
<b>Employee Only</b>		<b>\$5.00</b>	
<b>Employee + Spouse</b>		<b>\$8.00</b>	
<b>Employee + Child(ren)</b>		<b>\$10.00</b>	
<b>Employee + Family</b>		<b>\$13.00</b>	

# Basic Life and Accidental Death & Dismemberment Insurance



DELTA provides a \$50,000 life insurance benefit in addition to basic Accidental Death and Dismemberment (AD&D) insurance. AD&D pays a benefit that varies with the type of loss or accident, up to \$50,000. The premium is paid in full by DELTA. Be sure to update your beneficiary information during Open Enrollment if needed.

# Disability Benefits



Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. The cost of this insurance is fully paid by DELTA.

**Short-Term Disability (STD):** The core STD benefit equals 60% of your weekly base earnings to a maximum benefit of \$1,000 per week after a 29-day elimination period.

**Long-Term Disability (LTD):** The core LTD benefit equals 60% of your monthly base earnings to a maximum benefit of \$10,000 per month after 90 days of total disability.

# Employee Assistance Plan



DELTA offers an Employee Assistance Plan (EAP), a confidential, free resource which serves to promote balance through work/life services. The program is available to you and your family members for assessment, referral, and short-term counseling services for issues affecting job performance and/or personal life, such as:

- Work / life
- Health and wellness
- Financial resources
- Legal resources and access to a free online Will preparation tool

For more information, please call (877) 595-5284 or visit [www.guidanceresources.com](http://www.guidanceresources.com).

# Identity Theft Protection

Identity theft is a serious crime. Each year, millions of Americans have their personal financial information stolen and must spend a significant amount of time and money to restore their records. If you ever become a victim of identity theft, you don't have to face it alone.

You have the support of a powerful Identity Theft Protection program through Assist America's SecurAssist® Identity Protection program. It provides:

- 24x7 telephone support and step-by-step guidance by anti-fraud experts;
- An expert case worker who is assigned to you and will help you notify your credit bureaus and file paperwork to correct your credit reports;
- Help canceling stolen cards and reissuing new cards; and
- Help notifying police, financial institutions, and government agencies.

You can also help stop identity theft before happens:

- You can securely register up to 10 credit or debit cards for 24x7 surveillance.
- Registered cards are monitored using sophisticated webcrawling technology that watches underground chat rooms where thieves are selling and trading stolen personal information.
- You receive early warning of potential threats and are notified if your identity has been misused.

AllClearID Call Center: 877-263-7995 - To enroll, visit <https://anthem.allclearid.com/>



**Identity Theft Protection**

If you are the victim of financial or medical identity fraud, call:

**877-409-9597**  
Call

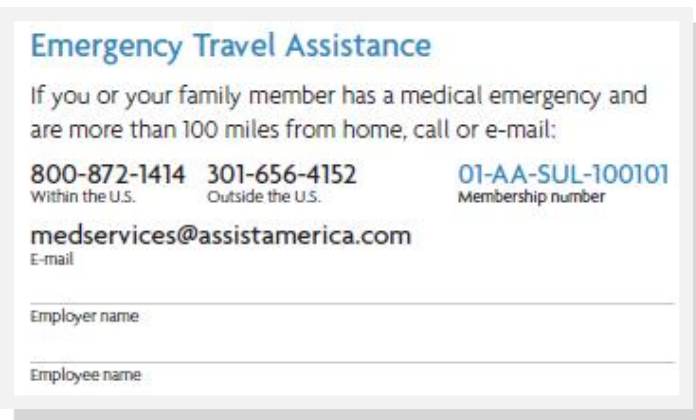
**01-AA-SUL-100101**  
Membership number

Services provided by Assist America's SecurAssist® Identity Protection to active employees enrolled in Sun Life's Life Insurance.

assist america®  Sun Life Financial®

# Emergency Travel Assistance

If you have a medical emergency while you are more than 100 miles away from home, you don't have to face it alone. With one simple phone call, you can be connected to Assist America's staff of medically trained, multilingual professionals who can advise you in a medical emergency, 24x7. You will be immediately connected to:



**Emergency Travel Assistance**

If you or your family member has a medical emergency and are more than 100 miles from home, call or e-mail:

**800-872-1414** **301-656-4152** **01-AA-SUL-100101**  
Within the U.S. Outside the U.S. Membership number

**medservices@assistamerica.com**  
E-mail

Employer name \_\_\_\_\_

Employee name \_\_\_\_\_

- Pre-qualified, English-speaking doctors, hospitals, pharmacies, and dentists anywhere in the world;
- Medical consultation, evaluation, and referral;
- Hospital admission guarantee;
- Emergency medical evacuation;
- Lost prescription assistance; and
- Legal and interpreter services and more.

You or your family (whether traveling together or separately) can activate Assist America's emergency services with one call to the number on your Assist America ID card, whether you are on vacation or on a business trip (spouse business travel excluded).

# Flexible Spending Accounts



DELTA's Flexible Spending Account (FSA) enables you to convert taxable salary dollars into pre-tax benefit dollars for your use in paying for eligible health care and/or dependent care expenses. Contributions are made per pay period via payroll deduction.

**Plan Year:** January 1, 2018 - December 31, 2018

**Grace Period to incur expenses:** March 15, 2018

**Grace Period to submit expenses:** March 31, 2018

**Unused funds remaining after 90 days following the plan year close December 31, 2018 will be forfeited under IRS rules.**

**Health Care FSA:** You may deposit up to **\$2,650** per Plan Year into your Medical FSA to cover you and your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, co-payments and co-insurance payments, uninsured dental expenses, vision care expenses and hearing expenses. **Remember that over-the-counter medications now require a prescription from your doctor for reimbursement through your FSA.**

**Dependent Care FSA:** You may deposit up to **\$5,000** per plan year into Dependent Care FSA. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elderly care.

## Flex Debit Card

**Convenience:** When you visit a doctor or pharmacy, simply swipe your card to pay for the expense. You don't need to submit claims and wait for reimbursements.

**Where can I use my Flex Debit Card?** The Flex Debit Card will only be accepted at qualified locations including pharmacies, doctor's offices, dentists, vision care centers, hospitals and qualified retailers. Flex Debit cards do not work at ATMs or non-qualified retailers.

**What can I purchase with my Flex Debit Card?** You can purchase items defined by the IRS as qualified expenses. You can find an updated list as of qualified and non-qualified items by visiting the new website at [www.myplans.cbiz.com](http://www.myplans.cbiz.com).

**What if I make a non-qualified purchase on my Flex Debit Card?** If any portion of your purchase is questionable, you will be notified and asked to provide receipts. If you do not provide receipts or the purchase is found to be non-qualified, you must repay the expense from your fund and a \$10.00 non-qualified expense fee will be charged to your fund.

**Can I still file paper claims?** Yes, you may still submit your claim via the paper process.

**Remember:** Always keep your receipts in case you are asked to substantiate your purchases.

If you are re-enrolling for 2018, keep your current card. If you have previously had the Flex account but plan on skipping it this upcoming year, please hold on to your FSA card, you will not be issued a new card if you plan to enroll in a future year.

If you are a new enrollee for the 2018 plan year, you should expect to receive your ID cards late December.

For more information, call (800) 815-3023, Option 4. Employee account reports are available on-line: [www.myplans.cbiz.com](http://www.myplans.cbiz.com).

## Retirement Plan



DELTA provides a 401(k) and eligible employees may contribute to this plan immediately upon hire. You can make pre-tax salary deferral contributions to the Basic plan or post-tax contributions to the Roth Basic plan.

Taxes are not applied to the amount of income you contribute to your account until you "cash out" your retirement savings. By deferring taxes you are able to lower your taxable income. Contributions are made per pay period via payroll deduction.

**Company Match:** DELTA contributes three percent (3%) of salary regardless of employee deferral. Employee contributions are also matched \$0.50 per \$1.00 up to an additional three percent (3%).

The projected Federal limit on elective contribution referrals for tax year 2018 is \$18,500. The extra catch-up contribution for those 50 years or older is \$6,000. These limits apply to employee contributions only. Corporate matching is not included.

If you wish to make changes to your deferred contributions at any point throughout the year, please visit [www.401k.com](http://www.401k.com) or call (800) 890-4015.

During Open Enrollment, please update your beneficiary information via the Fidelity website by visiting [www.401k.com](http://www.401k.com).

The following benefits are considered voluntary and are 100% employee paid.

## Supplemental Voluntary Life Insurance



**Supplemental Voluntary Life Insurance:** You have the option to purchase additional life insurance coverage above the basic life benefit provided by DELTA. If you purchase Supplemental Life Insurance, you may also purchase spouse and/or dependent child Life Insurance. Rates will vary based on age. Coverage is offered at group rates and paid through payroll deductions. If you purchased Voluntary Life coverage for yourself, spouse or children in 2016, you may continue coverage at equal or reduced levels with no Evidence of Insurability (EOI) paperwork, but increases on additional amounts above 2016 levels will require EOI. Contact HR for enrollment. If you wish to keep the same level of coverage, no action is required.

**Employee Supplemental Life Coverage:** Increments of \$10,000, up to \$500,000, not to exceed 5x your annual earnings

**Spouse Supplemental Life Coverage:** Increments of \$5,000, up to \$250,000, not to exceed 50% of the employee elected benefit.

**Dependent Child(ren) Supplemental Life Coverage:** Flat \$10,000

**Accidental Death & Dismemberment Insurance:** May be purchased with or without Supplemental Voluntary Life. If you purchase Supplemental AD&D Insurance, you may also purchase for your spouse and/or child(ren).

## Section 529 College Savings Plan



CollegeAmerica is a 529 college savings plan offered by Virginia College Savings Plan, an independent agency of the Commonwealth of Virginia, and American Funds. CollegeAmerica allows you to save for higher education expenses through a tax-advantaged account invested in the American Funds. Employee contributions are made directly to the agency. For more information, please visit [www.americanfunds.com](http://www.americanfunds.com).

## Vision



EyeMed offers a comprehensive vision plan for you and your covered dependents. Coverage includes eye exams, materials and laser vision corrections. Enrollment cards for current members who elect to continue coverage will remain intact. This is a pre-tax benefit where employee contributions are paid via payroll deduction.

EyeMed's robust plan includes a yearly eye exam at \$10 co-pay plus broad coverage for frames, lens and other services, while CareFirst Blue Vision offers yearly eye exams at \$10 co-pay, but only discounts the price of frames, lens and other services at participating providers.

**EyeMed includes \$60 discount on Ray Ban sunglasses!**

Vision Benefits Description	In-Network	Out-of-Network
<b>Examinations</b> (every 12 months)	\$10 copay	Reimbursed up-to \$35
<b>Lenses</b> (every 12 months)		
Single Vision	\$25 copay	Reimbursed up to \$25
Bifocal	\$25 copay	Reimbursed up to \$40
Trifocal	\$25 copay	Reimbursed up to \$60
<b>Frames</b> (every 12 months)	\$0 copay; \$120 allowance, 20% off balance over \$120	Reimbursed up to \$48
<b>Contact Lenses</b> (every 12 months)		
Elective	\$135 allowance, 15% off balance over \$135	Reimbursed up to \$95
Medically Necessary	\$0 copay, paid-in-full	Reimbursed up to \$200
<b>Employee Contributions (per pay period via payroll deduction)</b>		
<b>Employee Only</b>		<b>\$3.62</b>
<b>Employee + Spouse</b>		<b>\$6.88</b>
<b>Employee + Children</b>		<b>\$7.24</b>
<b>Employee + Family</b>		<b>\$10.64</b>

## Additional DELTA Benefits

**Employee Physical Fitness:** DELTA recognizes the importance of health and fitness for employees and provides up to \$250 per year towards a physical fitness / activity membership at a fitness-related center / facility of the employee's choice. The service/purchase for CY2018 must occur and request for reimbursement submitted by December 1, 2018. For 2018, the service/purchase must occur and request for reimbursement submitted by December 1, 2018.

**Transportation:** DELTA pays for the cost of parking up to \$165 per month, or provides up to \$150 per month in mass transit benefits.

**Holidays:** Eligible employees receive the following six paid Federal holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas Day. Up to six additional holidays are selected by eligible employees and may be taken at employee discretion. An employee must work two months to support the utilization of each personal holiday.

**Paid Time off (PTO):** All eligible employees start at either 13, 15, or 18 days of PTO. All accrued PTO is accumulated in dollars, then used or sold back to DELTA from a single bank in January and July of each year when the maximum amount is met.

**DELTA Time:** DELTA Time is a component of DELTA's flexible workplace policy which allows salaried employees to adjust their work schedules to a greater than 8-hour work day to accomplish customer requirements. With manager approval, salaried employees may work additional hours in support of the customer. These additional hours are tracked and can be used as compensatory time during periods when there are fewer customer requirements or in lieu of paid leave. DELTA Time not taken as leave will be allotted in the form of a cash payout at the end of the DELTA Time year.

**Bonus:** Employees may receive discretionary bonuses based on merit, performance, professional achievements, company profitability, customer retention or referrals.

**Educational Assistance:** DELTA may, in its discretion, offer tuition assistance up to \$5,000 each calendar year to eligible employees who complete job-related certification-based and for-credit university courses. DELTA also may offer up to \$2,500 each calendar year to employees who enroll in professional certification and or continuing education courses. DELTA also pays for short-term training seminars considered essential to job performance.

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## Benefits Vocabulary

**Deductible**—the amount of out-of-pocket expenses that you must pay for health services before becoming payable by the plan.

**Co-Pay**—the amount you pay at the time of service for each visit to the physician. Includes inpatient, outpatient services and prescription drugs.

**Coinsurance**—the amount you are responsible to pay when your cost-share is represented as a percentage. Generally coinsurance is not collected at the time of service but instead billed by your physician and submitted to your health plan.

**In-Network**—typically refers to physicians, hospitals, or other health care providers who contract with insurance companies to provide services to members. Coverage for services are typically greater when received from in-network providers.

**Out-of-Network**—typically refers to physicians, hospitals, or other health care providers who do not contract with insurance companies to provide services to members. Coverage for services are typically less than what it would be for in-network providers, or not covered at all.

**Annual Out-of-Pocket Maximum**—once this amount is satisfied, the plan will pay 100% of covered services.

**Generic Brand**—therapeutic equivalents of brand name drugs (tier 1).

**Preferred Brand**—any brand name prescription drug that is included on the formulary and is covered as a standard item (tier 2).

**Non-Preferred Brand**—brand-name drugs not included on the formulary which tend to be the most expensive prescriptions (tier 3).

**Qualified Status Life Event**- include birth of a child, adoption, marriage, death, divorce, a court order requiring provision of insurance to a dependent, loss of coverage (if you or your spouse/dependents are covered under another plan and then lose that coverage), Medicare eligibility, going from part-time to full-time, move or transfer out of the plan's service area, or a reduction in hours that makes you ineligible for coverage.



## Benefit Contact Information

Benefit	Carrier	Telephone Number	Website
Medical	CareFirst	(877) 691-5856	<a href="http://www.carefirst.com">www.carefirst.com</a>
Pharmacy	CVS Caremark	(800) 241-3371	<a href="http://www.caremark.com">www.caremark.com</a>
Dental	Delta Dental	(800) 237-6060	<a href="http://www.deltadentalva.com">www.deltadentalva.com</a>
Life/AD&D Insurance	Sun Life	(800) 247-6875	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Short Term Disability	Sun Life	(800) 247-6875	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Long Term Disability	Sun Life	(800) 247-6875	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Vision	EyeMed	(866) 723-0513	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Flexible Spending Account	CBIZ	(800) 815-3023	<a href="http://www.myplans.cbiz.com">www.myplans.cbiz.com</a>
Identity Theft	Assist America /Sun Life	(877) 409-9597	<a href="http://www.assistamerica.com">www.assistamerica.com</a>
Travel Assistance	Assist America /Sun Life	Within the US: (800)872-1414 Outside the US: (301)656-4152	<a href="http://www.assistamerica.com">www.assistamerica.com</a>
Employee Assistance Program	Compsych	(877) 595-5284  WebID: EAP Complete	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
401 (k)	Fidelity	(800) 890-4015	<a href="http://www.401k.com">www.401k.com</a>
DELTA Call Center	CBIZ	(800) 820-5090	<a href="mailto:pabenefits@cbiz.com">pabenefits@cbiz.com</a>

## Employee Call Center



The CBIZ Employee Call Center is a free resource for employees who have benefit related questions. The Employee Call Center representatives can help you with general benefit questions, carrier contact information, replacement/temporary ID cards, claims issues and more!

For more information, call the CBIZ call center at (800) 820-5090 Monday through Friday 8:30 a.m.—5:30 p.m. EST or email [pabenefits@cbiz.com](mailto:pabenefits@cbiz.com).



## DELTA Resources, Inc.

### EMPLOYEE BENEFITS REFERENCE CARD

<b>Health Benefits</b>  	<b>Medical &amp; Prescription CareFirst</b>	BlueChoice Advantage Group# 5800498 BluePreferred PPO with HRA Group# 5800496 (877) 691-5856 <a href="http://www.carefirst.com">www.carefirst.com</a>
	<b>Dental Delta Dental</b>	Group# 500105 - (800) 237-6060 <a href="http://www.deltadentalva.com">www.deltadentalva.com</a>
	<b>Vision Eye Med</b>	Group# 9800913 - (866) 723-0513 <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>

## DELTA Resources, Inc.

### EMPLOYEE BENEFITS REFERENCE CARD

<b>Financial Benefits</b>	<b>Basic Life, AD&amp;D, Supplemental, STD, LTD Sun Life Financial</b>	Group# 238432 - (800) 247-6875 <a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
	<b>Flexible Spending Accounts (FSA) CBIZ</b>	Group# B02820 - (800) 815-3023 <a href="https://myplans.cbiz.com">https://myplans.cbiz.com</a>
	<b>401(k) Fidelity Investments</b>	Group# 50474 - (800) 890-4015 <a href="http://www.401k.com">www.401k.com</a>
<b>Personal Benefits</b>	<b>Employee Call Center CBIZ</b>	(800) 820-5090 email: <a href="mailto:pabenefits@cbiz.com">pabenefits@cbiz.com</a>
	<b>Employee Assistance Program ComPsych Guidance Resources</b>	(877) 595-5284 <a href="http://www.guidanceresources.com">www.guidanceresources.com</a> WebID: EAPComplete



