

# Reference Terms

**Annual enrollment:** The time period (once a year) when all Associates can review/change benefit elections for the upcoming calendar year.

**Beneficiary:** The person who you name to receive the policy benefit in the event of your death.

**Coinsurance:** The percentage paid by the Associate and the plan after the deductible has been met.

**Copayment:** The dollar amount that the Associate pays for covered services rendered at the time of service.

**Deductible:** An amount paid up front by the Associate for any services rendered before the insurance begins to pay.

**Dependent:** A person for whom the Associate has legal obligation, the Associate's spouse and/or children.

**Domestic partner:** Two individuals who have entered into a relationship which is the functional equivalent of a marriage who have lived together for at least 6 months, are 18 years of age or older, have joint responsibility of each other's welfare, and necessities of life.

**Explanation of Benefits (EOB):** The insurance company's written explanation to a claim, showing what they paid and what the Associate must pay.

**GAAAP:** Grande Associates Asset Accumulation Plan, 401(k) and Profit Sharing Plan.

**Insured:** The Grande Associate who qualifies or is eligible for the insurance benefits.

**Network:** A group of doctors, hospitals, and other health-care providers contracting with a health plan, usually to provide care at special rates and to handle paperwork with the health plan.

**Out-of-pocket maximum:** The dollar amount set by the plan which puts a cap on the amount of money the Associate must pay out of his or her own pocket for covered expenses.

**PPO (Preferred Provider Organization):** Where providers are under contract to an insurance company or health plan to provide care at a discounted or negotiated price.

**Premium:** A specified amount of money that the insurer receives in exchange for its promise to provide health insurance to an individual or group.

**Qualifying life event:** A change in your life situation that can make you eligible to change your coverage outside of the regular open enrollment period (change in marital status, birth of a child, death of dependent, gain or loss of coverage, dependent child change in eligibility).

**Usual, customary and reasonable charges:** The charges that an insurance carrier determines are normal for a particular medical procedure within a specific geographical area.

## 2024 Carrier Contact List:

Provider/Plan Name	Group Numbers	Customer Service Numbers	Website Address
UMR	#76-411544	800-826-9781	www.umar.com
CVS Caremark	#4932	866-818-6911	www.caremark.com
Care Plus	#PPD-021	800-318-7007 or 414-771-1711	www.careplusdentalplans.com
Delta Dental	#90214	800-236-3712	www.deltadentalwi.com
National Vision Administrators, L.L.C.	Option 1: 8955 0001 01 Option 2: 8955 0002 01	800-672-7723	www.e-nva.com
WEX Health Inc.	FSA and HRA	866-451-3399	www.wexinc.com/discovery-benefits
Empower	GAAAP	800-345-2345	www.empowermyretirement.com
Grande Health & Wellness Center		920-907-3922 or 855-289-7517	www.grandehealth.com
Unum	Accident Protection #918044 Critical Illness #918045 Life Insurance, AD&D & LTD #918041 STD #918042 & 918043	800-635-5597	www.Unum.com
CuraLinc	Username: grandecheese	1-888-881-LINC(5462)	www.supportlinc.com
Health Navigator		888-352-4969	www.pinnaclecare.com/health-navigator-support
Teladoc	#76-411544	800-835-2362	www.teladoc.com
ARAG	#18968	800-621-3313	www.araglegal.com
Allstate Identity Protection	#9009	800-789-2720	www.myaip.com