

# EMPLOYEE BENEFITS PROGRAM



Plan year  
February 1, 2023 – January 31, 2024



# Welcome to your Employee Benefit Program

**We believe employees  
are the foundation of our success.**

We are pleased to offer you a selection of comprehensive, high quality employee benefits for eligible employees and their dependents. This enrollment guide is designed to help you understand the options available.

## **Who is Eligible?**

If you are a full-time employee, you are eligible to enroll in the benefits described in this guide. The following family members are eligible for coverage

- Your natural born children, current stepchildren, or legally adopted children up to age 26;
- Your spouse or domestic partner
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

## **When Does Coverage Begin for New Hires?**

Coverage begins on the first day of the month following 60 days from your date of hire. You must be actively at work for your coverage to become effective.



## **How to Enroll?**

If you are newly eligible, no paperwork will be required. You will visit Employee Navigator, where you will be prompted to log in or create an account (instructions below). Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

## **When to Enroll**

You will have an initial enrollment period when you first become eligible. Future enrollments may be done during the open enrollment period.

## **How to Make Changes...**

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you. **Remember, changes must be submitted through Employee Navigator within 30 days or you will need to wait until open enrollment.** No exceptions can be made.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. This is not a guarantee of coverage. The text contained in this Summary was taken from various summary plan descriptions and benefit information. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

# Medical Benefits – Hometown Health

Please be sure that your doctors are contracted in network to obtain the highest level of benefits. Full benefit summaries are enclosed, below are highlights of your in-network benefits.

## Use Network Providers

- ◆ Rates are lower than those charged by non-network providers.
- ◆ Your benefits are paid at a higher rate and your benefit dollars go much further.

## Did You Know?

The ER should ONLY be used for true emergencies. Emergency care provided by a non-network hospital or a non-network health care practitioner will be covered at the in-network provider benefit percentage. As of January 1, 2022, consumers have new billing protections when getting emergency care, non-emergency care from out-of-network providers at in-network facilities, and air ambulance services from out-of-network providers. Through new rules aimed to protect consumers, excessive out-of-pocket costs are restricted, and emergency services must continue to be covered without any prior authorization, and regardless of whether or not a provider or facility is in-network. However, if you go to an ER in a non-emergent situation, then you could possibly be balanced billed for additional charges.

	\$0 Deductible PPO
<b>Deductible</b>	
Individual	\$0
Family	\$0
<b>Out-of-pocket Maximum</b>	
Individual	\$4,500
Family	\$9,000
<b>Physician Visit Copay</b>	
Primary Care	\$40 copay
Specialist	\$70 copay
<b>Preventive Care</b>	100% covered
<b>Lab/X-ray (freestanding facility)</b>	\$0 copay / \$70 copay
<b>Advanced Imaging (MRI, CT at a freestanding facility)</b>	\$100 copay
<b>Hospitalization</b>	\$2,000 copay
<b>Outpatient Surgery</b>	\$400 copay
<b>Emergency Room</b>	\$100 copay
<b>Urgent Care</b>	\$50 copay
<b>Prescription Drug coverage</b>	
Tier 1 / Tier 2	\$15 / \$40
Tier 3 / Tier 4	\$60 (+ the ancillary charge) / 20%

Take advantage of these services and resources offered with Hometown Health:

- MyChart App provides access to member’s digital ID cards, benefits, claims, referrals, and members medical history
- Teladoc – You can be connected with a licensed physician in minutes, not hours or days like you would at the ER, urgent care, or with your PCP. Download the app today and get access to care wherever you are: home, office, or traveling.

## Dental Benefits – Anthem

Your plan allows you to seek treatment from the dentist of your choice, but please be aware that your benefit dollars will go much further if you use a contracted dentist.

	Amount You Pay To In Network Dentists
<b>Network</b>	Anthem DPPO
<b>Deductible</b>	\$50 (max of three per family)
<b>Plan Maximum Benefit</b>	\$1,750
<b>Orthodontic Maximum</b>	\$1,500
<b>Preventative Care</b> (routine oral exams, cleanings, fluoride treatments, etc.)	You pay 0% / Anthem pays 100%
<b>Basic Services</b> (fillings, composites, anesthesia, etc.)	You pay 20% / Anthem pays 80%
<b>Major Services</b> (crowns, inlays, onlays, etc.)	You pay 50% / Anthem pays 50%
<b>Orthodontic Services</b>	You pay 50% / Anthem pays 50%
<b>Non-Network Benefits</b>	Available

**\*All non-network reimbursements based on usual and customary charges. Balance billing may apply.**

Dental Pre-Estimate: In order to help member better understand the cost of their dental care, there may be a dental pre estimate available please contact the carrier for more details.

# Vision Benefits – Anthem

If you utilize the services of a provider listed in the directory, your benefits include routine vision exams, and preferred pricing on a large selection of brand-name, designer frames, lenses, and lens options.

Services	Amount You Pay To In-Network Providers
<b>Network</b>	Blue View Vision
<b>Eye Exam</b> (once per 12 months)	\$15
<b>Standard Lenses</b> (once per 12 months)	\$15
<b>Frames</b> (once per 24 months)	\$130 allowance; 20% off remaining balance
<b>Contacts instead of glasses</b> (once per 12 months) <i>*Contact lens exam separate</i>	\$130 allowance; 15% off remaining balance

## Life/AD&D

All benefit eligible employees are provided \$25,000 of group life insurance and accidental death and dismemberment (AD&D) insurance at no cost to you. Please be sure to contact Human Resources at any time during the year to update your beneficiary.

# Glossary of Terms

This glossary has a few commonly used terms, but it isn't a full list. These are not contract terms. Those can be found in your insurance policy or certificate.

**Premium:** The amount you and your employer pay for insurance coverage. Your premium contributions are deducted each pay period.

**Copayment (Copay):** A fixed dollar amount you may be responsible to pay for certain services.

**Deductible (Ded.) :** The amount of money you pay in a plan year for eligible health care expenses before the plan starts paying. The deductible does not apply to In-Network Preventive Care – this is paid at 100%. Refer to the plan documents to confirm the services in which the deductible applies.

**Coinsurance:** Your share of the cost of covered health care services calculated as a percent of the allowed amount for the service.

**Out-Of-Pocket Maximum (OOPM):** The maximum you should have to pay for your health care during a year. Copays, deductibles, and coinsurance all accumulate toward the OOPM; however, premium contributions do not apply to the OOPM.

**Flexible Spending Account (FSA):** FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. A Health Care Account is used to pay for services not covered by your medical, dental, or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses, and eyeglasses. A Dependent Care Account is used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. The money in the account is subject to the "use it or lose it" rule which means you must spend the money in the account before the end of the plan year.

**Dependent Care Flexible Spending Account (DCFSA)-** Dependent care flexible spending accounts (DCFSA) let employees use tax-exempt funds to pay for childcare expenses they incur while at work. Employees can also use FSAs to cover care expenses for qualifying dependent adults who live in their homes, including spouses and parents

**Health Savings Account (HSA):** A health savings account is a High Deductible Health Plan, or a HDHP for short. This plan features a low monthly premium in exchange for a higher deductible. The benefit of this plan is that you will be eligible to enroll in and contribute to a Health Savings Account (HSA). With an HSA your contributions are pre-tax so any amount you contribute is deducted from your taxable income at the end of the year. The money in your HSA can be spent on eligible healthcare expenses including copays, prescriptions, dental treatment, and more

**Open Enrollment:** A period of time in which companies allow employees to choose their insurance coverage for the coming year.

**Preferred Provider:** A provider who has a contract with your health insurer or plan to provide services to you at a discount. Using preferred providers lowers the cost of services for you.

**Employee Assistance Program (EAP):** An employee assistance program (EAP) is an employee benefit program that assists employees in resolving personal problems that may be impacting their job performance, health or mental and emotional well-being.

# Resources

## **Medical and Prescriptions**

Hometown Health

Group # 0548

Phone: 775.982.3232

Website: [www.hometownhealth.com](http://www.hometownhealth.com)

## **Dental, Vision, & Life/AD&D**

Anthem

Group # 196594

Phone: 800.331.1476

Website: [www.anthem.com](http://www.anthem.com)

### **For general inquiries:**

AssuredPartners Consulting

P: 775.688.4400 | [www.assuredpc.com](http://www.assuredpc.com)

### **Have a question about a claim?**

E: [claims@assuredpc.com](mailto:claims@assuredpc.com)

