



Mary Free Bed<sup>®</sup>  
Rehabilitation

## 2023 BENEFITS GUIDE



# Contact Information

The list below highlights who to contact regarding your employee benefits. When contacting a carrier, please have your plan number and I.D. ready, as you may be asked to verify your identity. For answers to any questions regarding your benefits, please contact Benefits Directly.

Coverage	Plan Number	Carrier	Phone Number	Online Resources
<b>Medical &amp; Prescription</b>	000071771 RXBIN610011	Blue Cross Blue Shield of Michigan	877-752-1233	<a href="http://www.bcbsm.com">www.bcbsm.com</a>
<b>Dental</b>	1735	Delta Dental	800-524-0149	<a href="http://www.DeltaDentalMi.com">www.DeltaDentalMi.com</a>
<b>Vision</b>	30001227	VSP	800-877-7195	<a href="http://www.VSP.com">www.VSP.com</a>
<b>Diabetes Management</b>		Livongo	800-945-4355	<a href="http://www.Join.livongo.com/bcbsm/hi">www.Join.livongo.com/bcbsm/hi</a> Registration Code: BCBSM
<b>Health Savings Account</b>	1003	Lake Michigan Credit Union		<a href="https://go.lmccu.org/hsa-maxadvantage">https://go.lmccu.org/hsa-maxadvantage</a>
<b>Flexible Spending Account</b>	33350	Wex	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
<b>Life &amp; ADD</b>	4746738	Unum	866-679-3054	<a href="http://www.unum.com">www.unum.com</a>
<b>Leave of Absence (Disability)</b>	476738	Unum	866-779-1054	<a href="http://www.unum.com">www.unum.com</a>
<b>403b</b>	95900	Empower	866-467-7756 Rollovers: 888-737-4480	<a href="http://www.empowermyretirement.com">www.empowermyretirement.com</a>
<b>Identity Protection</b>		Allstate	800-789-2720	<a href="http://www.myaip.com">www.myaip.com</a>
<b>Employee Assistance Program</b>		Pine Rest EAC	800-442-0809	<a href="https://pinerest.personaladvantage.com/">https://pinerest.personaladvantage.com/</a> Password: MaryfreebedEAP
<b>Employee Discount</b>		Benefit Hub		<a href="http://www.Maryfreebed.benefithub.com">www.Maryfreebed.benefithub.com</a> Code: N1WU31
<b>Employment Verification</b>	27434	The Work Number	866-604-6572	<a href="http://www.theworknumber.com">www.theworknumber.com</a>
<b>COBRA</b>		Wex	866-451-3399	<a href="http://www.Discoverybenefits.com">www.Discoverybenefits.com</a>
<b>General Benefit Questions</b>		Benefits – HR	616-840-8846	Email: <a href="mailto:benefits@maryfreebed.com">benefits@maryfreebed.com</a>
<b>General Leave of Absence Questions</b>		Leave of Absence - HR		Email: <a href="mailto:employeeLOA@maryfreebed.com">employeeLOA@maryfreebed.com</a>
<b>Internal Website</b>		Mary Free Bed		Sharepoint> Service Sites> Human Resources





## 2023 Employee Benefits Overview

Your needs, and those of your family, are unique to you. That’s why Mary Free Bed provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for by Mary Free Bed. For others, it is a shared contribution between you and the Company. Other benefits are also available to you at reasonable group rates. Your benefits are an important part of your total compensation at Mary Free Bed. Please take the time to review and evaluate all the options available to you and your family.

### Inside this guide:

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# Eligibility

## Who is Eligible?

**Different benefits have different eligibility criteria. Generally,** you are eligible for Mary Free Bed benefits if you are an employee in eligible status who works 20 or more hours per week.

	403(b)	Health	Dental	Vision	STD & LTD	Life	FSA & HSA	Identity Protection
Management	X*	X	X	X	X**	X*	X	X
Physicians	X*	X	X	X	X*	X*	X	X
Physician Residents	X*	X	X	X	X*	X*	X	
Full-time Regular Employees (.75+ FTE)	X*	X	X	X	X	X*	X	X
Part-time Regular Employees (.5-.74 FTE)	X*	X	X	X			X	X
Part-time Regular Employees (less than .5 FTE)	X*							
Resource Employees	X*							

\*Denotes auto-enrollment upon hire

\*\*Management: See Salary Continuation Plan Document for more information

**Your dependents** are eligible and include:

- Your legal spouse, as defined by Federal Law
- Dependent Child – a dependent child includes a natural child, stepchild, legally adopted child, or child for whom you have legal guardianship.
- Your child(ren) up to the day they turn 23 for dental coverage and up to the end of the month in which they turn 26 for medical or vision coverage.
- Your disabled child(ren) up to any age (if disabled prior to age 26); includes natural, stepchildren who live with you, legally adopted/or a child placed for adoption, or a child under your legal guardianship

**Spouse Coverage:** You can enroll your spouse in the Mary Free Bed Medical Plan as primary only if they are not offered coverage through an employer. A spousal verification form is required with new enrollments. Spouses can enroll in dental and vision coverage regardless of coverage offered elsewhere.

## Auto Exclusion

Mary Free Bed excludes auto-related injuries from our medical plan for all Michigan residents. This means you must ensure your auto insurance policy covers medical expenses as primary. Be careful what level of Personal Injury Protection coverage you select and refer to your auto insurance provider for guidance.

# Cost of Coverage

## MEDICAL: HDHP 2000 PLAN

Coverage Type (Bi- weekly)	Full – Time	Part – Time
Employee Only	\$0	\$0
Employee + Spouse	\$23.89	\$31.05
Employee + Child(ren)	\$17.91	\$23.29
Employee + Family	\$49.32	\$64.11

## MEDICAL: STANDARD PPO PLAN

Coverage Type (Bi- weekly)	Full – Time	Part – Time
Employee Only	\$85.00	\$115.00
Employee + Spouse	\$185.00	\$280.00
Employee + Child(ren)	\$155.00	\$220.00
Employee + Family	\$235.00	\$350.00

## DENTAL: DELTA DENTAL

Coverage Type (Bi- weekly)	Full – Time	Part – Time
Employee Only	\$7.80	\$11.70
Employee + Spouse	\$14.85	\$22.27
Employee + Child(ren)	\$20.84	\$31.26
Employee + Family	\$28.36	\$42.54

## VISION: VSP

Coverage Type (Bi- weekly)	Full – Time	Part – Time
Employee Only	\$4.72	\$4.72
Employee + Spouse	\$7.95	\$7.95
Employee + Child(ren)	\$8.11	\$8.11
Employee + Family	\$13.08	\$13.08

## IDENTITY THEFT PROTECTION: ALLSTATE

Coverage Type (Bi- weekly)	Full – Time	Part – Time
Employee Only	\$4.59	\$4.59
Employee + Family	\$8.28	\$8.28

## VOLUNTARY LIFE AND DISABILITY:

Voluntary Life and Voluntary Long-Term Disability is based on coverage level and age. See the enrollment system for more information.

# Enrollment

## When Can I Enroll in Benefits?

You can enroll for benefits:

- Within **30** days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

## When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the **first of the month following 30 days**.

**How to Enroll:** Please visit <https://api.maryfreebed.com> to access your benefits and make your elections for 2023! Use your MFB# and password to access the enrollment system.

## Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through December 31. If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Benefits within **30** days of the event. Proof of life events is subject to approval by Mary Free Bed. Documentation is required to be submitted timely. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption. Qualifying life events include, but are not limited to:

- Your marriage or divorce
- Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)
- Death of your spouse or covered dependent
- Change in you or your spouse’s work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse’s Open Enrollment differs from yours
- A change in your child’s eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation if the move impacts access to coverage

Other qualifying events may also apply. Please contact Benefits at [benefits@maryfreebed.com](mailto:benefits@maryfreebed.com).

## Please Note:

Federal regulations require Mary Free Bed to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents



## Medical & Prescription Coverage

Mary Free Bed offers two medical plans through **Blue Cross Blue Shield of Michigan (BCBSM)** with the following features:

- The plans offered to you are a Preferred Provider Organization (PPO). With this plan you have the option to receive care from in-network or out-of-network providers; higher benefits are paid when using in-network **PPO** providers.
- Preventive care is covered at 100% when using an in-network provider, with some exceptions related to COVID-19.
- Includes prescription drug coverage.
- Access to Blue Cross Online Medical and Behavioral Health Visits
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs **January 1 – December 31**.
- If you enroll in the HDHP 2000, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to HSA for more information).
- Employees share in the cost of medical/prescription benefits depending on the plan you choose.
- For a comparison of the plans, please refer to the Medical Plans Comparison Chart. Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC).

### Finding In-Network Providers

To search for in-network medical providers, log onto [bcbsm.com](https://bcbsm.com).

### Access to Your Healthcare

After you are enrolled in a Mary Free Bed medical plan, log onto [bcbsm.com](https://bcbsm.com) and register to access self-service tools and resources to help manage your medical benefits.

### A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Mary Free Bed's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at [www.healthcare.gov](https://www.healthcare.gov).

# Medical Plan Options

BCBSM	Standard Plan	HDHP 2000
2023 Company HSA Contribution (Employee/Spouse or Child/Family)	N/A	\$500/\$750/\$1,000 (Prorated on FTE & Medical Plan Effective Date)
Medical	You Pay / Plan Pays	You Pay / Plan Pays
	<u>In-Network</u>	<u>In-Network</u>
2023 Year Deductible (Individual / Family)	\$1,000 / \$2,000	\$2,000 / \$4,000
Preventive Care	100% Covered	100% Covered
Office Visit	\$25 Copay	20% After Deductible
Specialist Visit	\$40 Copay	20% After Deductible
Hospitalization	20% After Deductible	20% After Deductible
Lab & X-Ray	20% After Deductible	20% After Deductible
Advanced Imaging	\$150 Copay - (Then deductible applies with a copay maximum of: \$1,500 / \$3,000)	20% After Deductible
Urgent Care	\$75 Copay	20% After Deductible
Emergency Room Care	\$250 Copay After Deductible	20% After Deductible
Fertility Treatment	20% After Deductible, \$5,000 lifetime max applies	20% After Deductible, \$5,000 lifetime max applies
Therapy Services: Physical, Occupational, Speech, Behavioral Health	Tier 1: \$15 Copay After Deductible Tier 2: \$25 Copay After Deductible	20% After Deductible
Coinsurance Maximum	20% to a maximum of: \$2,000 / \$4,000	N / A
Out-of-Pocket Maximum	\$6,350 / \$12,700	\$3,275 / \$6,550

Limitations and maximums may apply. Please refer to the Summary Plan Description or contact BCBS to discuss specific coverage needs.





## Prescription Drugs

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through **BCBSM**.

Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage. For a list of approved drugs, please visit [bcbsm.com](http://bcbsm.com)

Prescription Mary Free Bed	STANDARD PLAN	HDHP 2000
<b>Pharmacy Deductible</b>	<b>\$500 / \$750</b>	<b>Included</b>
Generic	\$15 Copay after pharmacy deductible	\$20 Copay After Medical Deductible
Preferred Brand Drugs	\$50 Copay After Pharmacy Deductible	\$60 Copay After Medical Deductible
Non-Preferred Brand Drugs	\$75 Copay After Pharmacy Deductible	\$80 Copay After Medical Deductible
Generic & Preferred Specialty Drugs	20% Coinsurance After Pharmacy Deductible Maximum: \$100	20% Coinsurance After Medical Deductible Maximum: \$200
Non-Preferred Specialty Drugs	20% Coinsurance After Pharmacy Deductible Maximum: \$200	20% Coinsurance After Medical Deductible Maximum: \$400

*\* Please note, any retail or mail order copays listed for the HDHP 2000 plan apply only after the medical plan deductible is met. The deductible will not apply to certain medications classified as preventive in accordance with the approved prescription drug list.*



## Where to Seek Care

### Virtual Visits

Each medical plan includes **Blue Cross Online** visits, which provides 24-7-365 access to board-certified primary care doctors and pediatricians by secure video chat or phone. **For an illness or injury that is not an emergency**, the **Blue Cross Virtual Care** program offers a **convenient, cost-effective alternative** to hospital emergency rooms and urgent care clinics.

**Blue Cross Online Visits** is not intended to replace your relationship with your doctor, but rather provides access to healthcare when reaching the doctor is difficult or inconvenient.

Doctors on **Blue Cross Online Visits** can diagnose, recommend treatment and write short-term prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Acne
- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu Symptoms
- Ear Infections
- Headaches/Migraines
- Insect Bites
- Sinus Infections
- Nausea/Stomach Aches
- Pink Eye
- Skin Infections
- Sore Throat
- Upper Respiratory Infections

### How to Use Blue Cross Online Visits

1. Download the **BCBSM Online Visits** app or go online to **bcbsmonlinevisits.com** to learn more.
2. Register and complete your account profile, including a brief medical history, for you and your enrolled family members.
3. Video chat or talk with a doctor from home, work or when traveling.

### Benefits of Virtual Care Visits

- Less time away from work
- No travel expenses or time
- Less interference with child or elder care responsibilities
- No exposure to other potentially contagious patients

## Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. Of course, when it's a **life-threatening problem, you should call 911 or go straight to the nearest hospital emergency room (ER).**

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, access **Blue Cross** virtual care services or go to an urgent care center.



### Go to Emergency Room

Heart attack or stroke

Chest pain or intense pain

Shortness of breath

Severe abdominal pain

Head injury or other major trauma

Loss of consciousness

Major burns or severe bleeding

One-sided weakness or numbness

Open fractures

Poisoning or suspected overdose

or



### Go to Urgent Care

Moderate fever

Colds, cough or flu

Bruises and abrasions

Cuts and minor lacerations

Minor burns and skin irritations

Eye, ear, or skin infections

Sprains or strains

Possible fractures

Urinary tract infections

Respiratory infections



## Health Savings Account (HSA)

*Only available for those enrolled in the **HDHP 2000** medical plan*

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by a High Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay amount.

Mary Free Bed will also make contributions to your HSA if you enroll in the **HDHP 2000**. This is "free money" for you to use to pay for eligible healthcare expenses.

HSA funds can only be used for yourself, your spouse and your taxable dependents. Expenses for dependents who do not qualify as tax dependents are not reimbursable under the HSA.

**IMPORTANT!** If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than age 65.

### Advantages of an HSA

- Balance rolls over each year so you won't lose your contributions
- Triple tax savings – you do not pay federal tax\* on:
  - Contributions to the account
  - Spending on qualified expenses
  - Interest that accrues
- Account is portable, so the funds are yours even if you change medical plans next year or leave the Company
- Use the funds (now or in the future) for eligible medical, dental, or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia, and more
- Money left in the savings account earns tax-free interest\*

*\*Tax treatment of HSAs for state tax purposes may vary by state.*



## Opening and Contributing to an H.S.A.

Mary Free Bed partners with Lake Michigan Credit Union to provide the ability to open a Health Savings Account (HSA) when you enroll in the HDHP 2000 medical option. You must open a HSA through LMCU to receive the company contribution. You can open the account by visiting <https://go.lmcu.org/hsa-maxadvantage> and use company code 1003. The process will also allow you to designate a beneficiary for your account.

There are annual limits for the amount of funds you can contribute to an HSA each year. This includes any deposit made by the company, pre-tax deductions from your paycheck, and any after tax deposits you make. This amount may not exceed the IRS contribution limit. Once your account is open with LMCU, you can elect to have pre-tax deductions deposited from your paycheck. You can change the amount you contribute to your account at any time during the plan year.

You can choose to open an account through another financial institution. However, you would not receive the company contribution or the convenience of pre-tax payroll.

### Who can open an HSA?

You are eligible to contribute to an H.S.A. if you:

- Are covered under an HSA-qualified high deductible health plan (HDHP 2000).
- Are not enrolled in Medicare\*, TRICARE or TRICARE for Life.
- You are not covered by another major medical plan, including the plan of your spouse or parent.
- Cannot be claimed as a dependent on someone else's tax return.
- Have not received Veterans Affairs (VA) benefits within the past 3 months
- You (or your spouse) do not contribute to a Health Care FSA.

*\* Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.*

Other restrictions and exceptions may also apply. For more information, visit [www.irs.gov/publications/p969/](http://www.irs.gov/publications/p969/)

## 2023 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs (which includes the employee **and** Mary Free Bed's contributions. Mary Free Bed will contribute to your HSA on a per pay basis up to the annual amounts listed below.

	2023 IRS Contribution Limit	MFB HDHP 2000 Contribution	Employee Maximum Contribution
Employee Only	\$3,850	\$500	\$3,350
Employee + Spouse or Children	\$7,750	\$750	\$7,000
Employee + Family	\$7,750	\$1,000	\$6,750

\* If you are age 55 or older, you may contribute an additional \$1,000 in catchup contributions.





## Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) allow you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pre-tax, reducing your taxable income.

Two types of FSAs are available:

- Health Care
- Dependent Care

Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa).

### Health Care FSA

This FSA allows you to submit eligible **medical, prescription, dental and vision** expenses for reimbursement. You must be enrolled in the Standard PPO plan to be eligible to participate in the Health Care FSA. You can deposit up to **\$3,050** to the Health Care FSA for the **2023** calendar year.

### How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into the Health Care and/or the Dependent Care Account for the entire plan year. The plan year for the FSA benefit is **January 1 to December 31**. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s).

As you incur eligible expenses, you file a simple claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. Employees who enroll in the Health Care FSA will receive an FSA debit card to pay for qualified purchases, eliminating the need to submit a paper claim and wait for reimbursement.

The Flexible Spending Account plans are administered by **WEX**. To register and log into your FSA account(s), go to <https://benefitslogin.wexhealth.com>.

### Dependent Care FSA

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under the age of 13 and for older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare. For the **2023** calendar year, you can deposit up to **\$5,000** to a Dependent Care FSA (\$2,500 if you are married and filing separately).

### Important:

- These accounts have a use-it-or-lose-it rule, and the funds do not rollover from year to year
- If you enroll in the HSA plan, you cannot participate in the Medical FSA, but you can participate in the Dependent Care FSA



## How to Save \$\$\$!

### Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

### Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money.

Use freestanding imaging centers for MRIs, CT scans and other imaging.

### Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

### Use OptumRX through BCBS

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

With OptumRx through BCBS, you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

### Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

### Search GoodRx for Cheaper Prices

Drug prices sometimes vary significantly between pharmacies. GoodRx collects and compares prices for every FDA approved prescription drug at more than 70,000 pharmacies.

Access GoodRx at [www.goodrx.com](http://www.goodrx.com) to find the lowest price pharmacy near you and/or print FREE coupons. You can also get coupons on-the-go through Good Rx's mobile app – just show your phone to the pharmacist.\*

### Ask Your Pharmacy for the Cash Price

Call and ask your pharmacy for the cash price\* of a prescription drug. Sometimes these prices are lower than the prescription drug plan copay.



## Dental

Mary Free Bed offers one dental plans through **Delta Dental**. Your choice of dentists can determine the cost savings you receive. In-network providers are paid directly by Delta Dental and agree to accept negotiated fees as “payment in full” for services rendered. When you use out-of-network providers, Delta Dental will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill.

In-network coverage is provided when you use PPO providers. To search for in-network providers, go to [deltadentalmi.com](http://deltadentalmi.com) and select **Find A Dentist**

Biweekly Paycheck deductions for enrollment in this plan:

**Full-Time**

Employee Only: \$7.80, Employee/Spouse: \$14.85, Employee/Child(ren): \$20.84, Employee/Family: \$28.36

**Part-Time**

Employee Only: \$11.70, Employee/Spouse: \$22.27, Employee/Child(ren): \$31.26, Employee/Family: \$42.54

Delta Dental	PPO
	<b><u>In-Network</u></b>
<b>Calendar Year Maximum *</b> (plan pays )	Up to \$1,500
	<b>You Pay / Plan Pays</b>
<b>Calendar Year Deductible *</b> (applies to Basic and Major Services)	\$50 / \$150
Preventive Services (no deductible)	100% Coverage
Basic Services (after deductible) <b>Fillings, root canals, oral surgery</b>	80% Coverage
Major Services (after deductible) <b>Crowns, bridges, implants &amp; dentures</b>	50% Coverage
Orthodontic Services (braces) (No Age limit)	50% Coverage
Orthodontia Lifetime Maximum (per person)	\$1,500

\* Plan deductibles and maximums accumulate on a **calendar year** (January 1 – December 31). These amounts reset on January 1 of each year.





## Vision

With VSP, you have the option of visiting any provider within the VSP Signature network, the nation’s largest vision network. By choosing an in-network provider you will receive the highest level of benefits and save on out-of-pocket expenses. Additional discounts and savings for eyeglass features, contact lenses and laser correction surgery are available through VSP. ID cards will not be provided as they are not necessary, simply give your provider your social security number when seeking services.

Biweekly Paycheck deductions for enrollment in this plan:

**Full-Time**

Employee Only: \$4.72, Employee/Spouse: \$7.95, Employee/Child(ren): \$8.11, Employee/Family: \$13.08

**Part-Time**

Employee Only: \$4.72, Employee/Spouse: \$7.95, Employee/Child(ren): \$8.11, Employee/Family: \$13.08

VSP	Frequency	In-Network
You Pay / Plan Pays		
Eye Exam	Every Calendar Year	\$20 Copay
Frames	Every other Calendar Year	Copay combined with exam \$220 featured frame brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$200 Walmart / Sam’s Club Frame allowance \$110 Costco frame allowance
Lenses (Single vision, lined bifocal, lined trifocal)	Every Calendar Year	Copay combined with exam
Lens Enhancements (Standard or Premium Progressive)	Every Calendar Year	\$0-\$160 Copay
Contacts (instead of glasses)	Every Calendar Year	\$200 allowance for contacts; copay does not apply to contacts Up to \$60 copay for exam

### New Lightcare Program

Even if you don’t wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health. With VSP LightCare™, you can use your frame and lens benefit to get non-prescription eyewear from your VSP network doctor. See your benefit portal for a flyer on this program.



## Life Insurance

### Basic Life/AD&D

Having appropriate life insurance coverage is a critical part of planning for your family’s current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment and children’s education expenses.

Mary Free Bed provides Basic Life insurance coverage. This coverage includes an Accidental Death and Dismemberment (AD&D) provision that also pays in the event of accidental death and certain other conditions. Basic Life and AD&D insurance is administered by **UNUM** and is paid for by Mary Free Bed. Coverage for employees is **1.5x your annual salary to a maximum of \$50,000** and **1.5x the annual salary to a maximum of \$250,000** for Physicians, Management & Armed Security. You are automatically enrolled in these benefits.

*(According to federal law, only the first \$50,000 of employer-paid life insurance is not taxable. Premium paid by Mary Free Bed for coverage levels over \$50,000 will be taxable to you and will be included on your year-end W-2 statement.)*

### Voluntary Life and AD&D

**As a new hire**, you can purchase Voluntary Life and Accidental Death & Dismemberment insurance for you, your legal spouse, and dependent children **without providing medical information up to certain guaranteed issue (GI) amounts** (see benefit summary in your benefit portal). If you leave the Company, this coverage can be taken with you. Employees pay the full cost of Voluntary Life and Voluntary AD&D insurance on an after-tax basis.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by **UNUM**.

Benefit amounts reduce at age 70 and 75. Please refer to the benefit summary for details.

If you elect not to enroll within 30 days of your date of hire, you will still be able to purchase coverage in the future. However, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your EOI is not satisfactory to UNUM, you will not have Voluntary Life coverage.

If you enroll in coverage as a new hire for you and your spouse, you can increase your coverages by one increment at each future open enrollment without EOI up to the guaranteed issue amount.

#### Basic Life and Disability Coverage

Coverage Type:	Benefit Amount:
Employee	Guaranteed issue: <b>\$200,000</b> ; Maximum of <b>\$400,000</b>
Spouse	Guaranteed issue: <b>\$30,000</b> ; Maximum of <b>\$100,000</b>
Children	Maximum of <b>\$10,000</b>





## Disability Insurance

If you were to be out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially “paycheck” insurance, ensuring you will receive a portion of your income if you were out of work due to injury or illness. Short-Term Disability (STD) provides a weekly benefit, while Long-Term Disability (LTD) pays a monthly benefit after STD insurance has been exhausted.

Mary Free Bed offers STD and LTD insurance. Administered by **UNUM**, you are automatically enrolled in the short-term disability since it is paid for by Mary Free Bed, but you pay for the long-term disability and therefore must elect this benefit.

### Short-Term Disability (STD) Insurance

STD benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan’s disability requirements, you will continue to receive a percentage of your weekly earnings until the benefit duration has ended. The benefit pays you 60% of your wages up to a weekly maximum of \$1,500 starting on the 15<sup>th</sup> day of your own personal disability. This maximum duration for this benefit is up to 24 weeks.

\*Management employees may receive different benefits. See the Benefits Team for more information.

STD benefits integrate with state mandated disability plans.

Long Term Disability claims for newly covered employees will be denied if you received medical treatment, medical advice, care or services or took prescribed drugs or medicines in the last **3** months prior to the effective date of this coverage and the disability began in the first **12** months after your effective date of coverage.

### Long-Term Disability (LTD) Insurance

LTD insurance offers a monthly benefit to help replace lost income if you experience a disability lasting longer than **180** days. Proof of disability is required. The plan pays you 60% of your wage up to a monthly maximum of \$7,000. The maximum duration for this benefit is up to the normal Social Security retirement age.

\* Management employees may receive different benefits. See the Benefits Team for more information.



## Optional Protection Benefits

### Employee Assistance Program (EAP)

We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

This confidential program is designed to assist you and your family with your well-being, including family conflict, stress, anxiety, depression, grief, substance abuse, or retirement. Mary Free Bed has Partnered with Pine Rest to help you and take the best care for you and your loved ones.

### Identity Theft Protection

Identity theft is when thieves steal your personal information in order to take over or open new accounts, file fake tax returns, rent or buy properties or commit other crimes in your name. **Allstate Identity Protection** can help you avoid identity theft and, in the worst-case scenario, get your life back after a breach of your secure personal information.

### BenefitHub

The BenefitHub website includes discounted offerings to you and your family. Get access to discounts such as accident and hospital indemnity insurance, pet insurance, computers, car rentals, and event tickets.

### PTO Cash-In

PTO cash-ins are only allowed during Open Enrollment. Minimum thresholds must be maintained to be eligible. Cash-ins will be limited to five days (40 hours) maximum, and reduction percentages apply. Please refer to the PTO policy on PolicyTech for more details. Forms are available on SharePoint forms center and are due to HR with Manager Approval by November 15 each year.

### Employee-to-Employee Giving Program

You have the opportunity to donate PTO to the Employee-to-Employee Giving Program. Monies will be used to assist fellow employees during financial hardship. Employees will be able to give to this fund throughout the year, but the annual campaign is during the Open Enrollment period. Forms can be found on the benefit website. Donations are tax deductible!





## 403(b) Retirement Savings Plan

Mary Free Bed provides the opportunity for its employees to save for retirement through pre- and post-tax contributions to a retirement savings plan through our partnership with Empower

### Employee Contributions

- Traditional pre-tax or ROTH post-tax 403(b) Plan Options
- Employees will be auto enrolled in the traditional 403(b) Plan at a 3% pre-tax contribution
- You can opt out, increase, or decrease your contribution at any time through the website
- Rollovers from prior plans are allowed by contacting Empower

### Mary Free Bed Contributions

There are two Mary Free Bed contribution types, non-elective and elective match. Eligibility requirements are the same for both, but have different contribution schedules.

#### Eligibility

- You must be employed on December 31<sup>st</sup> of the plan year
- You are required to have worked 1,000 hours within the year

#### Non-elective Employer Contribution (does not require an employee contribution)

- Eligible at hire
- Deposited every paycheck for employees at a 0.5 FTE or higher
- Contribution percent based on years of service
  - 2% of annual earnings with <5 years of service
  - 3% of annual earnings with 5-10 years of service
  - 4% of annual earnings with 10-15 years of service
  - 5% of annual earnings with 15+ years of service

#### Elective Matching Contribution (requires an employee contribution)

- Annual contribution based on employee contributions, subject to employer discretion
- Deposited in the summer for the prior calendar year
- Match based on your contributions to the plan in the prior calendar year
  - Lesser of 50% of your deferral amount, or 50% of up to 6% of your salary
  - Max matching contribution 3%

### Vesting

Vested years are determined by years you have worked 1,000 hours. You will be 100% vested when you achieve 3 years.



## The Lighthouse Resource Center

### Effortless insurance – all of your needs, all in one place.

As a member of the Lighthouse Network, enjoy the ease of having all of your insurance needs in one place. The Lighthouse Resource Center offers you access to the industry's leading experts in life insurance, Medicare & individual health insurance, and personal insurance including home, auto, and umbrella.

As an independent insurance agency, we compare plans from a variety of competitive carriers to find the best policy, so you can get the best coverage at a rate you can afford.

### The Resource Center Offers:



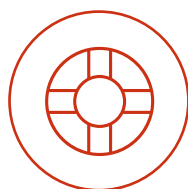
Auto Insurance



Home Insurance



Umbrella Policies



Life Insurance



Medicare & Individual



And More

### To Get Started:



**Individual Insurance or Medicare needs:**

Scan or [click here](#)



**Home, Auto, or Umbrella Insurance:**

Scan or [click here](#)

### Contact the resource center:

- If you are in between jobs or newly hired with a benefits waiting period
- In the event of termination, separation of employment, or reduced hours to discuss alternatives to COBRA
- If you have dependents turning 26
- If you plan to retire before 65
- If you'd like a free personal insurance consultation
- For Medicare education and enrollment support

**Coinsurance:** The percentage of eligible expenses you pay for services, once you have satisfied the plan's deductible.

**Consumerism:** A buzzword promoting the idea that you have greater control over decisions that affect your care—and your spending—when you educate yourself on the cost of services and compare providers and treatment options accordingly.

**Contributions:** The set amount you pay to participate in a benefit plan. For employer-sponsored benefits coverage, contributions are typically deducted from your pay in equal amounts each pay period.

**Copay (or copayment):** A flat dollar amount you pay for certain services when you receive care.

**Cost sharing:** The amount you pay for part of your covered expenses in the form of copays, coinsurance, and/or deductibles.

**Covered expense:** Services, treatment, and equipment that is eligible for reimbursement or coverage under your health plan or insurance policy.

**Deductible:** The amount you must pay each year before the plan pays benefits for most covered expenses.

**Eligible Dependents:** Dependents you can cover under your healthcare benefits, in accordance with state and federal legislation.

**Evidence of Insurability (EOI):** Information about your health and lifestyle that is necessary for underwriting your life insurance policy.

**Explanation of Benefits (EOB):** A statement from your insurance company explaining the services covered by your plan, including the amounts applied to your deductible (if any) and paid on your behalf.

**Flexible Spending Account (FSA):** An account that allows you to set aside pre-tax funds for eligible expenses. There are two main types: Health Care FSA, which covers eligible out-of-pocket healthcare expenses; and, Dependent Care FSA, which covers eligible dependent daycare expenses.

**Formulary:** A list of prescription drugs preferred by your health plan.

**Generic drugs:** Lower-cost alternatives to brand-name drugs, generics meet the requirements for quality, strength, purity, and potency.

**Health plan:** Insurance that covers health issues, including medical, dental, and vision.

**In-network services (IN):** Services you receive from providers in your plan's network who have agreed to charge lower negotiated fees to plan members.

**Open Enrollment (OE):** The one time each year to enroll in your employer-sponsored benefits.

**Out-of-network services (OON):** Services you receive from providers outside your plan's network; they typically cost more out of pocket than in-network services.

**Out-of-pocket expenses (OOP):** What you pay towards the cost of services, including deductibles, copays, and coinsurance.

**Out-of-pocket maximum (OOM):** The most you will pay for out-of-pocket expenses in a plan year. Once you reach this amount, the plan pays 100 percent of covered expenses for the rest of the year.

**Plan year:** The 12-month period during which benefit plan records are kept on file.

**Preventive care:** Routine services (physicals, immunizations, screenings, etc.) typically covered by your medical plan that allow you to catch problems before they become too serious or costly.

**Primary Care Physician (PCP):** A doctor who provides, coordinates, and refers your healthcare services.

**Qualifying Life Event (QLE):** Also called a "qualifying change in status" (e.g., marriage, divorce, birth, adoption, etc.), a QLE allows you to change your benefit elections during the plan year.

**Telehealth (or telemedicine):** The use of electronic information and technology to receive care remotely via phone, mobile device, or computer.

**Voluntary Benefits (VB):** Insurance products offered through the workplace that supplement your medical coverage by paying a cash benefit for certain covered illnesses and injuries. Products can also offer coverage in the areas of disability, life insurance, identity theft, legal services, and pet health.

# Mary Free Bed<sup>®</sup> Rehabilitation



*This benefits guide is a summary and provides an overview of the benefits offered to eligible employees and their dependents. It is not a complete description of the coverage offered nor the varying eligibility that may apply under different benefits. If this guide does not address your specific questions, please refer to the [Resources / Contact Information](#), review the underlying policies or plan documents, or contact Benefits for additional information.*

*Controlling provisions are provided in each benefit plan policy. If there is any discrepancy between this guide and the underlying policies or plan documents, the policies or plan document will control.*

*This benefits guide is not a binding contract or guarantee of coverage. Mary Free Bed reserves the right to end, suspend, or amend any plan or benefit provided, at any time, for any reason, in whole or in part.*