



Speare Memorial Hospital

Employee Benefits

2020-2021 Enrollment Guide

Your Health | Your Family | Your Life

Welcome To Speare Memorial Hospital



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Our Mission:

To provide
excellent healthcare
for our community
every day.

Enrollment

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. This brochure was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

Eligibility

Full-time employees are eligible for all benefits if scheduled to work 64 or more hours per pay period.

Part-time employees scheduled to work between 48 and 63.99 hours per pay period are eligible for medical, Section 125 (FSA, DECAP), vision, accidental injury, critical illness, and Health Education/Lifestyle benefits only.

You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse.
- Your children who are your natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Required Information

At enrollment, you are required to enter the Social Security Number and Date of Birth for all covered dependents. Health Care Reform law requires the company to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a penalty. This information will be securely submitted to the IRS and will remain confidential.

When Coverage Begins

You must complete the enrollment process within 60 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 60 days. If you fail to enroll on time, you will NOT have benefits coverage (except for Company-paid benefits).

Enrollment or changes made during **Open Enrollment** begin effective 7/1/20.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit of 26 years old
- Death of a spouse or child
- Change in child custody
- Change in coverage election made by your spouse during his/her employer's Open Enrollment period, or you lose coverage under your spouse's plan

To make changes to your benefit elections, you MUST contact Human Resources within 30 days of the Qualifying Event (including newborns).

Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

How to Enroll

To enroll in benefits, go to www.benselect.com and follow the prompts.

Employee ID: your social security number (no dashes, no spaces)

Personal Identification Number (PIN): last four digits of your social security number plus the last two digits of your year of birth (unless you changed your PIN)



Medical Plans



SMH is proud to offer you a choice between two medical plans through Health Plans Inc. Coverage under all plans includes comprehensive medical care and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Effective Date: 7/1/20, or 1st of the month following 60 days of employment.
Find a Network Provider: Go to www.HealthPlansInc.com. Click on Provider Network, select top network of HPHC and UnitedHealthCare Options PPO Network.

Health 1			
	SMH	Dartmouth Hitchcock & Affiliates	Harvard Pilgrim Providers
OOP Max (EE/Fam)	\$3,000 / \$6,000	\$4,500 / \$9,000	\$5,500 / \$11,000
Deductible (EE/Fam)	\$1,500 / \$3,000	\$2,250 / \$4,500	\$2,750 / \$5,500
Preventive Care	\$0	\$0	\$0
Coinsurance	10% after ded.	20% after ded.	30% after ded.

Prescription Drugs	
Generic	10% after tier 2 ded.
Brand	20% after tier 2 ded.
Non-Formulary	30% after tier 2 ded.

Health 2			
	SMH	Dartmouth Hitchcock & Affiliates	Harvard Pilgrim Providers
OOP Max (EE/Fam)	\$4,250 / \$8,500	\$6,250 / \$12,500	\$6,750 / \$13,500
Deductible (EE/Fam)	\$2,250 / \$4,500	\$3,250 / \$6,500	\$4,250 / \$8,500
Preventive Care	\$0	\$0	\$0
Coinsurance	10% after ded.	20% after ded.	30% after ded.

Health Savings Account (HSA)			
	Single	2 Person	Family
Employer Contribution	\$1,000	\$2,000	\$2,000
Max. Employee Contribution	\$2,550	\$5,100	\$5,100
Max. Combined Annual Contribution	\$3,550	\$7,100	\$7,100

(HSA can be used to pay qualified medical expenses, i.e. deductible)

***The hospital's HSA contribution will be deposited quarterly (July, October, January and April). For a Single plan, \$250 will be deposited quarterly and for 2 person or Family

Medical Plan Opt Off Benefit

If you decline SMH-provided medical insurance, and can certify that you have coverage elsewhere, SMH will make a contribution into a Health Reimbursement Account (HRA) on your behalf. You and your covered dependents can be reimbursed for eligible healthcare related expenses, including deductibles and co-pays, medical, dental and vision expenses. The fund is owned by SMH so you cannot contribute to the HRA. The Opt Off Benefit is prorated based on your eligibility date. Funds are deposited at the beginning of the plan year.

Opt Off Benefit Amount : \$2,000/year

You will receive a debit card in the mail for access to the HRA funds.

Bi- Weekly Contributions *				
	Health 1		Health 2	
	FT Employee	PT Employee	FT Employee	PT Employee
Employee	\$69.80	\$94.23	\$43.84	\$59.18
Employee + Spouse	\$150.12	\$202.66	\$92.99	\$125.54
Employee + Child(ren)	\$125.67	\$169.66	\$78.94	\$106.56
Employee + Family	\$216.76	\$292.63	\$138.87	\$187.47

* Employees must participate in the wellness program and certify they are a nonsmoker in order to qualify for the Wellness Program discount.

Medical Benefits Tips & Tricks

One way to keep costs down is to obtain your services from an SMH provider. Allowing you to pay the lowest out of pocket costs, including **preventive services at no cost to you** and your covered family members.

When your service cannot be done by an SMH provider, those providers who are part of Dartmouth Hitchcock Medical Center and Affiliates will be your next lowest cost option, then those providers who are part of the Harvard Pilgrim Network.

Preventive Benefit Services:

All Members—a yearly preventive wellness visit, all standard immunizations

All Members of a certain age/risk level—screening for colorectal cancer, elevated cholesterol and lipids, certain STDs and HIB, high blood pressure, diabetes, depression and other risks

Women’s Health—screening for mammograms, cervical cancer/pap smears, pregnancy screening, breast pumps, certain contraceptives

Men’s Health—screening for prostate cancer (over 40)

Prescriptions—contact Human Resources to inquire about what drugs are covered under preventive OR log onto the Human Resources Portal on the Intranet, search the Health Plans – HSA Preventive Generic Drug List to confirm if a drug is covered under the preventive list at a \$0 copay.

Disease Management:

Diabetes Health—*Living Connected* is a diabetes care program offered by HPI and provided with CCS Medical. It includes diabetes testing supplies shipped to you with no cost, 24/7 Live monitoring & coaching.

Pregnancy—*Healthy Pregnancy* is a free program for moms and babies. For questions or to enroll, call 888-975-8185 and press 2. Or you can email HealthyPregnancy@healthplansinc.com



Your guide for where to go when you need medical care.

Lower		Cost and Time		Greater
Dr. On Demand	Doctor’s Office	Urgent Care Center	Emergency Room	
Access telehealth services to treat minor medical conditions. Connect with a board-certified doctor via video or phone when, where, and how it works best for you. Visit the website or call to register.	The best place to go for routine or preventive care, to keep track of medications, or for a referral to see a specialist.	The best choice for conditions that aren’t life threatening. Staffed by nurses and doctors and usually have extended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to the nearest emergency room. When you receive care at an ER, you’re billed at a much higher cost than at other health care facilities.	

TREATMENT COST ESTIMATOR TOOL

Now you can make informed choices and better manage your health care budget at healthplansinc.com.

1. Go to healthplansinc.com/members
2. Log in to My Plan
3. Select **Know Before You Go** Treatment Cost Estimator



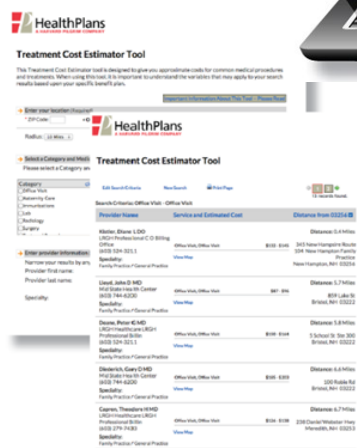
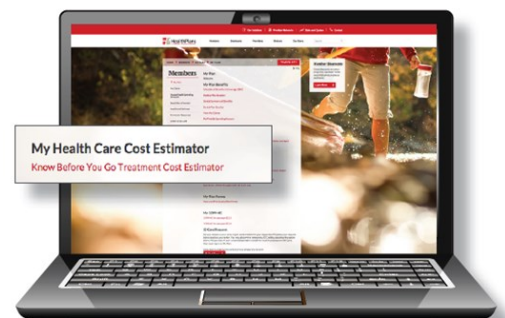
Evaluate estimated cost for many common medical services, treatments and doctor visits



Provides estimates based on relevant claims data for New England providers



Helps you proactively budget and plan for the health care needs for yourself and your family



Provider/Service search and results pages

Have questions?
Call HPI Customer Service at the phone number or website listed on the back of your member ID card.

Health Savings Account (HSAs)

The HSA is only available to those enrolled in either of our HDHP Medical Plans.

The highlight of these plans is that it allows you to open a Health Savings Account (HSA) which is a special savings account that allows you to save pre-tax dollars to pay for any “qualified health-related expenses” permitted under federal tax law.

A Health Savings Account (HSA) is tax-advantaged

- Contributions are made pre-tax and funds can grow tax-free

Owned by an individual:

- The account belongs to you, so only you decide how to spend the money
- Money left in your account carries over from year to year
- It remains yours even if you leave your employer or retire

Used to help plan and pay for both current and/or future health care expenses:

- You can withdraw money tax-free for qualified health expenses (non-qualified expenses are subject to taxes and penalties)
- Or you can save funds to pay for future expenses

Eligible Expenses

You may contribute up to the IRS maximum to cover eligible health care expenses incurred by you, your spouse, and your children up to age 26. Eligible expenses include:

- Chiropractic Services
- Prescription Drugs
- Dental Expenses
- Eye Glasses, Contact Lenses, and Solutions
- Eye Surgery (including Lasik)
- Lab Fees
- Office Visits (including deductibles and coinsurance)
- Orthodontia

For a complete list of qualified health-related expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

General Rules

- The advantage of an HSA component to our medical plans is that there is no “use it or lose it” aspect like with an FSA.
- Speare will make contributions to your HSA quarterly. \$1,000 annually (\$250 quarterly) for an individual plan and \$2,000 annually (\$500 quarterly) for 2 person or family coverage.

Catch Up Contributions

- If subscriber’s age is between 55 to 65, \$1,000 for 2020.

Please note: All new hires will receive a prorated fund amount based on the number of pay periods left in the plan year.

2020 Maximum Amount of HSA Contributions

Single	\$3,550
Employee +1	\$7,100
Family	\$7,100

The amounts above are for the 2020 tax year & include SMH and Employee contributions.

Eligibility Criteria

To be HSA-eligible, an individual must:

- Be covered by an HDHP that meets IRS requirements;
- Not be covered by other health coverage that is not an HDHP (with certain exceptions);
- Participation in your spouse’s non-HDHP, FSA, or HRA may disqualify you!
- Not be enrolled in Medicare;
- Not be eligible to be claimed as a dependent on another person’s tax return; and
- Not enrolled in Health Reimbursement Account

Employees 65+ Enrolled in Medicare

If you are 65+ and enrolled in Medicare Part A or B:

- You may not open an HSA.
- Existing HSA’s can remain open.
- No additional contributions can be made.
- If you will become Medicare eligible between January 1 and June 30, you must notify HR. CMS requires you to stop contributing to the HSA within 6 months of becoming covered.

Health Reimbursement Account (HRA):

For employees that are enrolled in the SMH medical plan and are enrolled in Medicare, or will be enrolling within 6 months of July 1st:

- SMH will make a contribution into a Health Reimbursement Account (HRA) on your behalf in the same amount as the HSA (which Medicare enrollees are restricted from) of \$1,000 single or \$2,000 family.
- The fund is owned by SMH so you cannot contribute funds to the HRA.
- You are eligible to also enroll in the FSA based on you and your families personal healthcare needs. If you have both a HRA and FSA the HRA will pay first, then the FSA.



Flexible Spending Accounts (FSAs)

Through HealthEquity, you may elect to defer tax-advantaged money towards a separate spending account that can pay for qualified dental and vision expenses as well as medical or dependent care, if elected. This money will not be subject to payroll taxes and provides a seamless process with customized debit cards.

Medical Flexible Spending Account (General Purpose FSA)

This benefit is only offered for those who do not qualify for an HSA, are Medicare eligible, or elect the medical plan opt off benefit. You are eligible for a “General Purpose” FSA which allows you to pay for expenses such as deductibles, coinsurance, copayments, prescription drugs and vaccinations.

The Health FSA is for out-of-pocket medical, dental, vision and hearing expenses incurred by the employee and the employee’s qualifying eligible dependents.

Limited Purpose FSA

If you enroll in the Medical Plan (with HSA), IRS guidelines state that you are not eligible to have a “General Purpose” FSA. The option available to you is called a “Limited Purpose” FSA that can only be used for dental and vision expenses.

The Limited Purpose FSA is very similar to a Health FSA. The difference is that the Limited Purpose only reimburses for eligible dental and vision expenses. This plan is most frequently used when the employer also offers a Health Savings Account (HSA), as per the IRS, someone enrolled in a full Health FSA is not eligible to make or receive HSA contributions.

Dependent Care Assistance Account (Dependent Care FSA)

The Dependent Care FSA is for employee expenses related to the cost of dependent care while the employee is at work (if married, the spouse must be employed or attending school full time). Eligible dependents must be under the age of 13. Tax dependents age 13 and older are also eligible if they are physically or mentally incapable of self-care and reside in the employee’s home at least half the year.

Anyone may choose to contribute towards a Dependent Care Account. Money in this account can only be used to pay for eligible child or adult dependent care expenses.

Which Spending Account is Right for You?			
Account Features	HSA	HRA	FSA
You can use it to pay your deductibles or copays.	X	X	X
You can use the money in the account before it’s fully funded.			X
You own the account.	X		
Your employer owns the account		X	X
Money put into the account that’s already been taxed (for example, money that was a gift) is tax deductible.	X		
It could be deposited as an untaxed payroll deduction or it could also be after tax.	X		X
You can invest the money.	X		
A debit card is available.	X	X	X

Eligible Contributions

You may contribute up to \$2,750 to cover eligible health care expenses incurred by you, your spouse, and your children up to age 26. Eligible expenses include:

- Chiropractic Services
- Prescription Drugs
- Dental Expenses
- Eye Glasses, Contact Lenses, and Solutions
- Eye Surgery (including Lasik)
- Lab Fees
- Office Visits (including deductibles and coinsurance)
- Orthodontia

For a complete list of qualified health-related expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Special Rules for FSA

- If you do not use all of the money in your account during your plan year, it WILL NOT roll over. You need to “use it or lose it”.
- Dependent Care FSA maximum contribution is \$5,000 or \$2,500 if married filing separately.

Health Reimbursement Account (HRA)

- If you choose to decline SMH-provided medical insurance, SMH will make a contribution into a Health Reimbursement Account (HRA) on your behalf.
- The fund is owned by SMH, so you cannot contribute to the HRA.
- SMH will contribute \$2,000 per year to the HRA.

Dental Plans

Speare is proud to offer you a choice between three different dental plans through Delta Dental.

Effective Date: 7/1/20, or 1st of the month following 60 days of employment for full time employees.

Find a Network Provider: Go to www.nedelta.com/LocalDentistSearch. Then search by Location or Provider named under the Delta Dental PPO Network.

The chart below provides a high-level overview of your dental plan options.

Key Dental Benefits	Buy-Down Plan	Basic Plan	Enhanced Plan	Bi- Weekly Contributions			
				Buy-Down Plan	Basic Plan	Enhanced Plan	
Preventive - Coverage A	100%	100%	100%	Employee	\$2.95	\$5.90	\$8.86
Basic Services - Coverage B	50%	80%	80%	Employee + Spouse	\$12.87	\$20.03	\$33.42
Major Services - Coverage C	N/A	50%	50%	Employee + Child(ren)	\$13.46	\$20.94	\$34.94
Orthodontia - Coverage D (age 19 or younger)	N/A	N/A	50%	Employee + Family	\$20.89	\$33.67	\$55.39
Deductible (Single/Family)	N/A	\$25/\$75	\$25/\$75				
Maximum Benefit per person per Year	\$750	\$1,000	\$1,500				
Orthodontia Maximum	N/A	N/A	\$2,000 Lifetime per child				

Vision Plan

You have an opportunity to enroll in the EyeMed vision plan.

Effective Date: 7/1/20, or 1st of the month following 60 days of employment.

Find a Network Provider: Go to www.eyemedvisioncare.com/locator. Search by Location or Provider under the Access Network.

The chart below provides a high-level overview of the vision plan.

Benefits will cover materials OR contacts. You cannot utilize both benefits within the 12/24 month period.

Key Vision Benefits	In-Network	Non-Network	Bi- Weekly Contributions	
Exam (once every 12 months)	\$10	Up to \$40		
Lenses (once every 12 months)			Employee	\$2.44
Single Vision	\$25	Up to \$30	Employee + Spouse	\$4.64
Bifocal	\$25	Up to \$50	Employee + Child(ren)	\$4.76
Trifocal / Lenticular	\$25	Up to \$70	Employee + Family	\$6.90
Frames (once every 24 months)	\$0 Copay \$100 Allowance	Up to \$70		
Contact Lenses (once every 12 months)	Up to \$210 if Medically Necessary, \$100 Elective Allowance	Up to \$200		



Earned Time Off

Earned Time Cash-in Option

Employees may elect to cash in up to 120 hours of ET. The election period is held during Benefits Open Enrollment for the plan year beginning July 1st. Employees can then make an irrevocable election to cash out ET hours that are scheduled to accrue over the course of the plan year.

Rate of Accrual				
Non-Exempt Employees				
Years of Service	Accrual Factor	*Annual Days	*Annual Hours	*Maximum ET
1-4 years	.096150 per hour	25 days	200 hours	300 hours
5-10 years	.115375 per hour	30 days	240 hours	360 hours
Over 10 years	.134613 per hour	35 days	280 hours	420 hours
Exempt Employees				
Years of Service	Accrual Factor	*Annual Days	*Annual Hours	*Maximum ET
1-4 years	.115375 per hour	30 days	240 hours	360 hours
5 plus years	.134613 per hour	35 days	280 hours	420 hours

*Note: the above is based on a full-time 40 hour workweek. Earned Time is accrued based on hours worked.

403(b) Retirement Plan

Speare Memorial Hospital offers a 403(b) retirement plan through AIG. Because the plan is qualified by the IRS, special tax exclusions allow employees to contribute funds on a pre-tax basis through payroll deduction. There is no waiting period to begin employee contributions and all employees can contribute. However, Speare will not begin making contributions until the first quarter following 60 days of employment. Even if you choose not to contribute, as long as you work 20 hours per pay period (1000 hours per year) the hospital will contribute an amount equal to 4% of your bi-weekly paycheck to your account. If you contribute, the hospital will then match your contribution up to an additional 4.5% of your base pay. All contributions are subject to IRS determined maximums.

Wellness

For the 2020/2021 plan year, Speare Memorial Hospital will be partnering with a new company called Navigate Wellbeing Solutions. The Navigate solution provides a wide variety of resources that allows each participant to create their own unique wellbeing roadmap. Their *Power of 8* philosophy goes beyond biometrics and simple challenges to encompass Purpose, Physical Wellbeing, Mindfulness, Nutrition, Social Connection, Personal Balance, Financial and Community Wellbeing.

We are excited to introduce the online resources of this new vendor and a refreshed approach to personal wellbeing!



Lifestyle Benefits

SMH offers the following health lifestyle benefits to employees enrolled in our medical coverage:

- Reimbursement of up to \$300 per family per calendar year for membership dues at a fitness center or other regular exercise program or for Weight Watchers or other weight loss program dues. Employees who are regularly scheduled to work 24 hours/week or more and/or are not enrolled in our medical coverage are eligible for reimbursement of up to \$200 per family per calendar year for the fitness benefit only. Employees and/or their family members must attend 4 times per month for each month for which expenses are submitted for reimbursement.
- Reimbursement for smoking cessation programs and reimbursements of up to \$100 per calendar year for nicotine replacement (patch, gum or Zyban). We will also offer this benefit for Chantix subscriptions.
- Reimbursement for childbirth education programs.
- Reimbursement (authorized in advance) for any other nutrition education/weight management programs and/or physical activity programs (one-time only reimbursement per class). Reimbursement for any of these classes must be pre-authorized by the Human Resources Office.

The Human Resources Office will handle these reimbursements internally. No claim should be submitted to Health Plans Inc. for any of the benefits mentioned above. All necessary reimbursement forms can be obtained from the Human Resources Office or on the SMH Intranet/Employee Portal/Forms/HR Forms.

Basic Life and AD&D Insurance

Company Paid

SMH provides company paid group term life insurance and Accidental Death and Dismemberment coverage that is equal to 1x your base salary (rounded to the next \$1,000) up to a maximum of \$300,000.

See plan summary for more details.

Optional Life Insurance

Employee Paid

You, the employee, may purchase additional life insurance for yourself, up to 1, 2, or 3 times your salary to a maximum of \$500,000. Separate dependent coverage is also available for your spouse (50% of employee amount, up to \$250,000) and/or children (up to \$10,000).

The guarantee issue for optional life is \$200,000, and optional spousal life is \$25,000. Anything greater will require Evidence of Insurability (EOI).

See plan summary for more details.



Short Term Disability (STD)

Company Paid

The company will pay 70% of salary (max of \$2,000/week) for up to 24 weeks per eligible disability. Coverage begins after a 14 day waiting period.

See plan summary for more details.

Long-Term Disability (LTD)

Employee Paid

You, the employee, may choose to pay for a long-term disability benefit that pays 60% of your monthly salary (up to \$7,500 per month). If you qualify for this disability benefit, it will begin after you have been unable to work for six continuous months.

See plan summary for more details.



Voluntary Benefits *Provided through Cigna Group Insurance*

Critical Illness Insurance

Being diagnosed with a critical illness can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why having Cigna Critical Illness insurance is important.

Cigna Critical Illness insurance pays you (or whoever you designate) a lump-sum benefit for diagnosis of a covered critical illness or specified event like a heart attack or stroke. It can help you pay for expenses such as travel, room and board, transportation, child care or treatment options not covered by traditional insurance. What you do with the money is up to you.

Accidental Injury Insurance

An accident can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why having Cigna Accidental Injury insurance is important.

Cigna Accidental Injury insurance pays you (or whoever you designate) for treatments or injuries resulting from a covered accident. It can help you pay for expenses such as rehabilitation, transportation, child care, travel or other out-of-pocket expenses. What you do with the money is all up to you. Coverage continues after your first covered accident and can help provide protection for future covered accidents.

Value Added Programs and Services:

We want you and your family to be healthier and more secure. That's why we provide a suite of programs and services available to use at any time. With coverage in either of the above services, you also get access to:

- [CignaWillCenter.com](#). Online tools for you (and your spouse) to create state-specific legal documents for wills and powers of attorney, and valuable resources for estate and funeral planning. Support for will preparation, estate planning, power of attorney and medical authorization for minors.
- [Cigna Identity Theft](#). Identity theft prevention and resolution services, including personal assistance and guidance, plus education and tools to help prevent identity theft in the future.
- [Cigna Healthy Rewards®](#). Discounts on health and wellness services, including vision and hearing care, diet programs, fitness centers, massage, chiropractic care and acupuncture.

Life Assistance Program

Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Call us anytime, any day.

We're just a phone call away whenever you need us at no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools. Call Cigna at 1-800-362-4462.

Visit a specialist.

You have three face-to-face sessions with a behavioral counselor available to you - and your household members. Call us to request a referral.

Reward yourself.

Access our Healthy Rewards® discount program. You can get discounts on health and wellness products and services.

Achieve Work/Life Balance.

Get extra support for handling life's demands. Call for a referral to a service in your community.

Or get guidance on topics such as:

- **Legal consultation.** Receive a free 30-minute consultation. And up to a 25% discount on select fees.
- **Parenting.** Guidance on child development, sibling rivalry, separation anxiety and much more.
- **Senior care.** Learn how to solve the challenges of caring for an aging loved one.
- **Child care.** Whether you need care all day or just after school, find a place that's right for your family.
- **Pet Care.** From grooming to boarding to veterinary services, find what you need to care for your pet.
- **Financial Services & Referral.** Receive a free 30-minute consultation and 25% discount on select fees with network providers.

Required Notices

Information regarding these notices may be found on the Human Resources Portal on the Intranet or by contacting Human Resources.

[ACA 1557 Nondiscrimination](#)

[CHIPRA Information](#)

[COBRA Information](#)

[EEOC Notice Regarding Wellness Program](#)

[HIPAA Information](#)

[Marketplace Notice](#)

[Medicare Part D](#)

[Newborns' and Mothers' Health Protection Act Summary Plan Document](#)

[SBC \(Summary of Benefit Coverages\)](#)

[Women's Health & Cancer Rights Act of 1998 \(WHCRA\)](#)

Contact Information

Coverage	Carrier	Phone #	Website/Email
Online Enrollment	Selerix		www.benselect.com
Medical	Health Plans Inc.	1-888-335-9400	www.healthplansinc.com
Dental	Northeast Delta Dental	1-800-832-5700	www.nedelta.com
Vision	EyeMed	1-866-939-3633 1-866-800-5457	www.eyemed.com
Health Savings Account (HSA)	HealthEquity	1-866-346-5800	www.myhealthequity.com
Section 125 Plans (FSA, DCA)	HealthEquity	1-866-346-5800	www.myhealthequity.com
Health Reimbursement Account (HRA)	HealthEquity	1-866-346-5800	www.myhealthequity.com
Retirement	AIG	1-800-448-2542	www.valic.com
Life/AD&D and Disability	Cigna	1-800-362-4462	www.cigna.com
Voluntary Benefits (Critical Illness, Accidental Injury, Life Assistance)	Cigna	1-800-362-4462	www.cigna.com

Benefits Website

Our benefits website, www.benselect.com, can be accessed anytime you want additional information on our benefits programs.

Questions

If you have additional questions, please contact Human Resources.



Important Note: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.