



Below is an overview of the group benefits available to you as an eligible employee. We have partnered with IFS Benefits, LLC to provide you with a comprehensive benefits program. You are encouraged to educate yourself about your options and choose the coverage that is best for you and your family. Below is a brief description of your benefit options for the **2021** plan year. *Elections you make during open enrollment will become effective **June 1, 2021**.*

MEDICAL

Aetna will continue to be our medical insurance carrier. Highlights of your plans include:

	<u>DE OAMC 2500 100/50 HSA T</u>	<u>DE OAMC 2500 100/50 \$20/40</u>
IN-NETWORK	Non-Embedded	Embedded
Deductible Individual	\$2,500	\$2,500
Deductible Family	\$5,000	\$5,000
Out of Pocket Max	\$6,750 / \$6,750	\$7,900 / \$15,800
Primary Care	\$0 After Deductible	\$20
Specialist	\$0 After Deductible	\$40
Inpatient Hospital	\$0 After Deductible	\$0 After Deductible
Outpatient Surgery	\$0 After Deductible	\$0 After Deductible
Emergency Room	\$0 After Deductible	\$200
Urgent Care	\$0 After Deductible	\$50
Independent Lab	\$0 After Deductible	\$0 After Deductible
Independent X-Ray	\$0 After Deductible	\$0 After Deductible
Specialized Radiology	\$0 After Deductible	\$0 After Deductible
Retail Rx	\$3 / \$10 / \$50 / \$90 after Deductible	\$3 / \$10 / \$50 / \$90
Specialty Rx	\$150 after Deductible	\$150

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HSA plans allows you to deposit tax free funds into a savings account to pay for qualified expenses.

- For 2021, the annual HSA Contribution limits are \$3,600(single) and \$7,200(family).
- These limits are \$1,000 higher for individuals age 55 or older at any time during the year.
- Payflex is the HSA Administrator.

HSA REMINDERS

- You may not contribute to an HSA if you are also covered under another medical plan (such as spousal or military, enrolled in Medicare A and/or B benefits or eligible to be claimed on another person's tax return).
- You may not participate in an HSA and an FSA, unless the FSA is a limited purpose plan (dental/vision only).
- If you enroll in the QHDHP mid-year, and you contribute more than the pro-rated IRS annual maximums shown above, you need to remain enrolled through December of the following year or you may face taxes and penalties.

DENTAL

Delta will continue to be our dental carrier. Highlights of your plans include:

	<u>High Option Plan</u>	<u>Low Option Plan</u>
Calendar year deductible	\$50/\$150	\$50/\$150
Preventive (deductible waived)	100%	100%
Basic	80%	50%
Major	50%	50%
Endodontics / Periodontics	50%	50%
Calendar Year Max Benefit	\$1,250	\$1,000
Orthodontics	50% up to \$750 Lifetime Max	50% up to \$750 Lifetime Max

Please refer to your packet for a more detailed benefit description

VISION

VSP will continue to be our vision carrier. Highlights of your plan include:

Vision Exam	\$10 copay
Frames	\$25 copay, then covered up to \$130
Frame Frequency	24 months
Single Lenses	\$25 copay; then covered in full
Bifocal Lenses	\$25 copay, then covered in full
Trifocal Lenses	\$25 copay, then covered in full
Lenticular Lenses	\$25 copay, then covered in full
Contacts in lieu of glasses	covered up to \$130
Laser Vision Correction	Discounts Available

Please refer to your packet for a more detailed benefit description

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LIFE

People's Place, Inc. will continue to pay for a flat \$20,000 life and accidental death and dismemberment policy for every full time benefits eligible employee. This coverage is through **Boston Mutual**. You may update your beneficiary at any time.

VOLUNTARY LIFE

When first eligible, all full time employees have the option to purchase extra Life & AD&D insurance from **Boston Mutual**. You may elect in \$10,000 increments up to a maximum of 5 times your salary or \$500,000. If you enroll, your spouse may elect in increments of \$5,000 not to exceed 50% of your amount. You may also elect \$10,000 for your children. If you want to increase your coverage or enroll (if you did not enroll when first eligible), you must complete an Enrollment Form and an EOI form.

SHORT TERM DISABILITY

Boston Mutual will continue to be our Disability Insurance carrier. In the event that you become disabled, the Short Term policy will replace 67% of your weekly income (max. of \$500/week) for 24 weeks after a 14 day wait. This policy is provided to full time benefits eligible employees working 40 hours a week at no cost by People's Place. If an employee is eligible for benefits from other income sources such as social security disability or retirement benefits Boston Mutual may reduce the disability benefits paid by the amount of the other income benefits. Please see policy for complete details.

LONG TERM DISABILITY

Boston Mutual will continue to be our Disability Insurance carrier. In the event that you become disabled, the Long Term policy will replace 60% of your monthly income (max. of \$5,000/month) after a 180 day wait. This policy is provided to full time benefits eligible employees working 40 hours a week at no cost by People's Place. If an employee is eligible for benefits from other income sources such as social security disability or retirement benefits Boston Mutual may reduce the disability benefits paid by the amount of the other income benefits. Please see policy for complete details.

FLEXIBLE SPENDING ACCOUNT

Ameriflex will continue to be our FSA administrator. This benefit allows employees to set aside money from their paycheck on a PRE-TAX basis to pay for medical, dental, vision, and dependent care - saving you approximately 25% to 40% on these expenses! Those enrolling in the HSA are not eligible to participate in the Medical FSA. The maximum election available for dependent care is \$5,000 and the maximum amount available for medical care is \$2,750. In addition, you will be able to rollover \$500 in unused funds from your medical FSA into the next plan year. Everyone must complete a form to re-enroll or decline participation.

HEALTH ADVOCATE

Health Advocate, Inc. is an advocacy and assistance service company founded to specifically address many of the issues Americans encounter while accessing the healthcare and health insurance systems. Their expertise and relationships in the healthcare industry combined with their in-depth knowledge of health and related insurance

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policies and procedures, give them the know-how to act on your behalf. This benefit is being provided at no cost to the employees, spouses, dependent children, parents and parents-in-law.

CUSTOMER SERVICE CONTACTS

For Customer Service questions concerning enrollment, claims or benefit information:

Aetna:	866-529-2517
AmeriFlex:	888-868-3539
Boston Mutual:	877-624-2249
Delta Dental:	800-521-2651
Health Advocate:	866-695-8622
PayFlex HSA:	855-384-8249
VSP:	800-877-7195

What do you need to do during the OPEN ENROLLMENT period?

Please join one of the meetings from your computer, tablet or smartphone or you can also dial in using your phone:

Virtual open enrollment # 1

Mon, Apr 12, 2021 9:00 AM - 10:00 AM

<https://global.gotomeeting.com/join/712317973>

Call # (408) 650-3123

Access Code: 712-317-973

Virtual open enrollment #2

Tue, Apr 13, 2021 2:00 PM - 3:00 PM

<https://global.gotomeeting.com/join/590726853>

Call # (408) 650-3123

Access Code: 590-726-853

Virtual open enrollment # 3

Fri, Apr 16, 2021 10:00 AM - 11:00 AM

<https://global.gotomeeting.com/join/197698181>

Call # (872) 240-3311

Access Code: 197-698-181

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Forms to be completed:

- ◆ Attached **Benefit Election Form** is required for all employees
- ◆ **Medical, Dental & Vision** Enrollment Forms are only required if you are enrolling for the first time or making a change to your coverage. *Please note that you may be subject to a late entrant waiting period for basic and major services if you are enrolling for the first time with Dental IF you did not elect coverage during your initial eligibility period*
- ◆ **FSA** Election Forms are required for all employees whether enrolling or waiving.
- ◆ **Voluntary Life and AD&D** Enrollment and/or Medical Underwriting Forms are only required if you are enrolling for the first time or making a change to your coverage.

All forms are due to Karen Guyer or Ashley Parker by April 23, 2021.

After your enrollment period, you **cannot** make changes to your coverage during the year unless you experience a qualifying event. You normally have **30** days from a qualifying event to make changes to your current coverage. Due to COVID-19 the DOL extends this to the **earlier** of (1) 1 year from the date of the qualifying event, or (2) 60 days after the announced end of the National Emergency (the end of the Outbreak Period).