MESSIAH Lifeways

Life. Embraced.℠

2023-24 Plan Year

# Employee Benefits Guide









*Your Wellness is our Focus*

MESSIAH Lifeways®

## Questions, Problems or Concerns

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. If you require assistance, have your ID number or Social Security Number available and follow these steps:

- **For claims assistance** call the applicable insurance carrier. Have your ID number, date of service, and provider name available.
- If you require further assistance contact Human Resources at 717-790-8228 or at HumanResources@messiahlifeways.org.
- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.

# Important Contact Information

| Carrier | Group # | Web / Email | Phone |
|---|---|---|---|
| **Medical and Prescription**<br>Highmark | see ID card | www.highmarkblueshield.com | 1-800-485-2889 |
| **Health Savings Account**<br>HealthEquity | | www.healthequity.com | 1-866-346-5800 |
| **Flexible Spending Accounts**<br>AssuredPartners | | fsa@AssuredPartners.com | 1-800-657-6265 |
| **Patient Advocate & Wellness Services**<br>ConnectCare3 | | www.ConnectCare3.com | 1-877-223-2350 |
| **Dental**<br>Delta Dental | 11415 | www.deltadentalins.com | 1-800-932-0783 |
| **Vision**<br>Davis Vision | 02871500 | www.davisvision.com | 1-800-999-5431 |
| **Basic Life and AD&D Insurance**<br>Transamerica | L000050835 | www.transamerica.com | 1-855-244-8318 |
| **Long-Term Disability**<br>Transamerica | L000050836 | www.transamerica.com | 1-855-604-5205 |
| **403(b) Retirement Account**<br>Lincoln Financial Group | MHV-001 | www.lincolnfinancial.com | 1-800-234-3500 (CST) |
| **ComPsych EAP**<br>Transamerica | | www.GuidanceResources.com<br>App: GuidanceNow<br>Website ID: EAP Core | 1-866-569-0326 |
| **Meridio Benefits** | | | 1-833-518-8450 |
| **Messiah Lifeways Human Resources** | | HumanResources@messiahlifeways.org | 1-717-790-8228 (phone) |

# Welcome to your 2023-24 Team Member Benefits!

Messiah Lifeways is pleased to offer a wide range of benefits to its team members and their families. These company sponsored benefits are an important part of a total compensation package. They represent both a valuable asset to our team members and to their families, and demonstrate an investment by Messiah Lifeways in our team members. We are proud of our compensation benefits program and are committed to continuously improving the plans that make up our benefits offerings.

This guide was created to answer some of the questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

If you have any benefits related questions or concerns, please do not hesitate to call Human Resources.


**Human Resources Department**

**717-790-8228**

**LBlack@MessiahLifeways.org**


PLEASE NOTE: This booklet provides a summary of the benefits available, but is not your Summary Plan Description (SPD). Messiah Lifeways reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.

## What's New

- ConnectCare3 will be providing a wellness portal for employees to participate in challenges, track progress and much more, see page 6.
- Two additional plans are being added for Medical, see page 8.
- Basic Life | AD&D, LTD and EAP are moving to Transamerica, see pages 14, 15 and 19.

## What's Inside

# How to Enroll

## Open Enrollment Period

Messiah Lifeways' annual enrollment period will be held **May 16 through May 31, 2023.**

The 2023-24 open enrollment will be completed in Paycom. All team members must login to the Paycom portal to complete their enrollment elections for 2023-24. Even if you want to continue with your current benefits you need to elect for the 2023-24 plan year. You will be able to update dependents and/or beneficiary information using the Paycom system. Failure to complete your enrollment in Paycom will result in no medical, dental, vision, or FSA benefits for 2023-24.

## Newly Hired / Eligible Team Members

New hires and newly eligible team members **MUST** complete the enrollment/change in Paycom even if choosing to waive coverage in order to provide beneficiary information for company-paid life insurance. Coverage, if elected, is effective the 1st of the month after completing one full month of employment, provided you enroll online within **30 days of your date of hire.**

Social security numbers and birth dates for all dependents and beneficiaries will need to be included at enrollment/change.

**ALL BENEFIT ELIGIBLE TEAM MEMBERS MUST LOGIN TO PAYCOM TO ENROLL, MAKE A CHANGE OR DECLINE BENEFITS FOR 2023-24.**

### What is the first step in completing my enrollment for 2023-24?

You should review this guide to gain a full understanding of the plans being offered.

### How will I enroll in Messiah Lifeways benefits for 2023-24?

**STEP 1** **Log into the Paycom app.** From the Notification Center or from the Benefits section, click the current year's Benefits Enrollment.

**STEP 2** Review initial instructions and click "Start Enrollment." Then, enter your personal information and any dependents or beneficiaries.

**STEP 3** After determining which plan will work for you, choose your coverage level, then select either to enroll or decline.

**STEP 4** To complete enrollment, click "Finalize," then "Sign and Submit"

### Do I need to complete enrollment via Paycom if I do not want to enroll in any of Messiah Lifeways' benefits?

All benefit eligible team members must complete the enrollment process in Paycom. If you do not want Messiah Lifeways' benefits, you will select the "DECLINE" button next to each benefit. You will need to designate a beneficiary in Paycom for your company-paid life insurance if you are eligible for this benefit, if you have not done so already.

### Do I need to complete my enrollment in Paycom if I do not want to make any changes to my current benefits?

Yes you will need to log into Paycom and complete your enrollment elections. Any employee who does complete their enrollment elections in Paycom will have no medical, dental, vision, or FSA coverage.

### If I have a spouse enrolled or will be enrolling a spouse in the medical plan will I need to verify their eligibility to participate?

If you are enrolling your spouse in medical benefits, a spousal eligibility form will be assigned to you in Paycom. Failure to complete and submit this form may result in your spouse not being approved for coverage.

### What do I do if my tobacco status has changed?

You will indicate this when you confirm your demographic information in Paycom during the open enrollment process.

### When should I complete my enrollment elections in Paycom so that my requested changes will be processed?

Your Paycom enrollment should be completed between May 16th and May 31st, or within 30 days of becoming eligible for benefits.

# Eligibility

Full-time team members with a schedule of **30 hours per week** are eligible for the benefits described in this guide, unless otherwise stated.

## When Benefits Become Effective

Benefits for most benefit plans are effective the first day of the month after completing their first full month of employment. Part-time, seasonal, temporary, internship, and contracted team members are not eligible to participate.

## Eligible Dependents

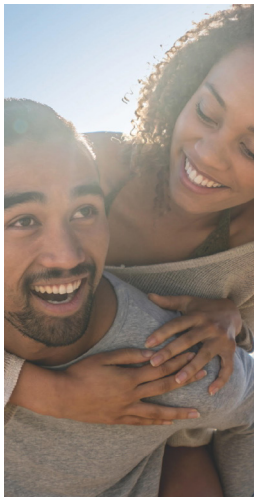
Your dependents are eligible to participate in Messiah Lifeways' benefit plans. Your eligible dependents include*:

- A spouse to whom you are legally married.
- A dependent child under age 26. Coverage will terminate at the end of the month of the dependent's 26th birthday. Coverage may be extended past the age of 26 for disabled dependents. Dependent children include natural, adopted children, and stepchildren.

Coverage for eligible dependents generally begins on the same day your coverage is effective. Completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

**Additional carrier conditions may apply and may vary by state.*

**For all benefits you must enroll within 30 days from your date of hire.**



## Working Spouse Coverage

The Messiah Lifeways medical plan will continue to provide primary coverage for your spouse providing:

- Your spouse is not employed.
- Your spouse's employer does not provide a group health plan. You will be asked to provide information on your spouse's employer during the open enrollment process.
- Your spouse is self-employed.

If your spouse is eligible for medical plan coverage under a group plan provided by his or her employer, the Messiah Lifeways' medical plans will not provide medical benefit coverage.

## Pre-Tax Benefits: Section 125

Messiah Lifeways' benefit plans utilize Section 125. This enables you to elect to pay premiums for health, dental, vision and flexible spending account coverage on a pre-tax basis. When you use pretax dollars, you will reduce your taxable income and have fewer taxes taken out of your paycheck. Under Section 125, you can actually have more spendable income than if the same deductions were taken on an after tax basis.

**Pre-tax Note:** When you pay for your dependent's benefits on a pre-tax basis you are certifying that the dependent meets the IRS' definition of a dependent. [IRC §§ 152, 21 (b)(1) and 105(b)]. Children/spouses that do not satisfy the IRS' definition will result in a tax liability to you, such as changing that dependent's election to a post-tax election, or receiving imputed income on your W-2 for the dependent's coverage that should not have been taken on a pre-tax basis.

You must notify Human Resources at 717-790-8228 within 30 days from the life event status change in order to make a change in your benefit selections.

# Benefit Changes

The benefit elections you make during open enrollment or as a new hire will remain in effect for the entire plan year. You will not be able to change or revoke your elections once they have been made unless a life event status change occurs.

For purposes of health, dental, vision and flexible spending accounts, you will be deemed to have a life event status change if:

- your marital status changes through marriage, the death of your spouse, divorce, legal separation, or annulment;
- your number of dependents changes through birth, adoption, placement for adoption, or death of a dependent;
- you, your spouse or dependents terminate or begin employment;
- your dependent is no longer eligible due to attainment of age;
- you, your spouse or dependents experience an increase or reduction in hours of employment (including a switch between part-time and full-time employment, or commencement of or return from an unpaid leave of absence);
- gain or loss of eligibility under a plan offered by your employer or your spouse's employer;
- a change in residence for you, your spouse or your dependent resulting in a gain or loss of eligibility.

In order to be permitted to make a change of election relating to your health, dental or vision coverage due to a life event status change, the change must result in you, your spouse or dependent gaining or losing eligibility for health, dental or vision coverage under this Plan or a plan sponsored by another employer by whom you, your spouse or dependent are employed. The election change must correspond with that gain or loss of eligibility.

You may also be permitted to change your elections for health coverage under the following circumstances:

- a court order requires that your child receive accident or health coverage under this plan or a former spouse's plan;
- you, your spouse or dependent become entitled to Medicare or Medicaid;
- you have a Special Enrollment Right;
- there is a significant change in the cost or coverage for you or your spouse attributable to your spouse's employment.

For purposes of all other benefits under the plan, you will be deemed to have a life event status change if the change is on account of and consistent with a change in status, as determined by the plan administrator, in its discretion, under applicable law and the plan provisions.

# Benefit Changes continued...

| Event | Action Required | Results If Action Not Taken |
|---|---|---|
| **New Hire:** | Make elections within 30 days of hire date. Documentation is required. | You and your dependents are not eligible until the next annual Open Enrollment. |
| **Marriage:** | Your new spouse must be added to your elections within 30 days of the marriage date. A copy of the marriage certificate must be presented. | Your spouse is not eligible until the next annual Open Enrollment period. |
| **Divorce:** | The former spouse must be removed within 30 days of the divorce. Proof of the divorce will be required. A copy of the divorce decree must be presented. | Benefits are not available for the divorced spouse and will be recouped if paid erroneously. |
| **Birth or adoption of a child:** | The new dependent must be enrolled in your elections within 30 days of the birth and adoption, even if you already have family coverage. A copy of the birth certificate, footprints, or hospital discharge papers must be presented. Once you receive the child's Social Security Number, be sure to contact Human Resources to update your child's insurance information record. | The new dependent will not be covered on your health insurance until the next annual Open Enrollment period. |
| **Death of a spouse or dependent:** | Remove the dependent from your elections within 30 days from the date of death. Death certificate must be presented. | You could pay a higher premium than required and you may be overpaying for coverage. |
| **Your spouse gains or loses employment that provides health benefits:** | Add or drop health benefits from your elections within 30 days of the event date. A letter from the employer or insurance company must be presented. | You need to wait until the next annual Open Enrollment period to make any change. |
| **Loss of coverage with a spouse:** | Change your elections within 30 days from the loss of coverage. A letter from the employer must be provided. | You will be unable to enroll in the benefits until the next annual Open Enrollment period. |
| **Changing from full-time to part-time employment (without benefits) or from part-time to full-time (with benefits):** | Change your elections within 30 days from the employment status change in order to receive COBRA information or to enroll in benefits as a full-time team member. Documentation from the employer must be provided. | Benefits may not be available to you or your dependents if you wait to enroll in COBRA. Full-time team members will have to wait until the annual Open Enrollment period. |

## If you Experience a Life Event Status Change

You will need to add your qualifying event in Paycom's Employee Self Service under the Benefits Section. Contact Human Resources if you have any questions at 717-790-8228 or at HumanResources@messiahlifeways.org.

**You must update your elections within 30 days** of your life event status change or you will not be able to make changes until the next annual open enrollment. If adding or removing dependents, you are required to submit specific documents to Human Resources. The change will be inactive until proper documentation is received and approved. For assistance processing life event status changes, you can contact Human Resources at 717-790-8228 or at HumanResouces@MessiahLifeways.org.

# Our Wellness Initiative

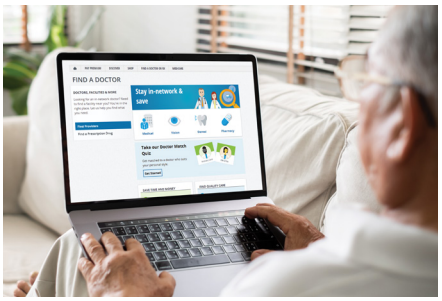
Messiah Lifeways recognizes that you, a member of a high-quality team dedicated to providing outstanding service to customers, are the organization's most valuable asset. The Wellness program is part of Messiah Lifeways' competitive benefits package.

## Messiah Lifeways' Wellness Committee

The **Messiah Lifeways' Wellness Committee** is our team member wellness committee. The mission of the Messiah Lifeways wellness committee is to energize team members and their families with fun and relevant resources that empower them to live a healthy and balanced lifestyle. Most of the committee programs are available to all team members and many are open to spouses.

For team members who participate in Messiah Lifeway's health benefits, we're excited to offer you some great wellness perks through our partnership with Highmark. To get started, register for your secure member website at www.highmarkblueshield.com. Your member website can help you find ways to improve your overall health, get answers to your health care questions and store discounts.

## Highmark's ShareCare Personalized Health & Wellness Program




Sharecare is an online and wellness assistance that provides extra support toward reaching your wellness goals. Receive personalized guidance on eating right, exercising, getting key healthy screenings, and more. You can visit mycare.sharecare.com and setup your online profile.

**Sharecare features include the following:**

- RealAge program - Discover the real age of your body, receive personalized tips to lower your RealAge. The program also allows you to track lifestyle behaviors to ensure health is on the right track and start a consultation through AskMD to assess symptoms or manage a health condition.
- Sharecare challenges – You will find several challenges that fit your wellness journey and allow you to make reaching your health goals a bit more fun.

## ConnectCare3

ConnectCare3 provides member support, nutrition education, tobacco cessation and member wellness education information including member tools, quizzes and webinars on pertinent health & wellness topics.

Effective July 1st ConnectCare is adding an employee wellness platform to their offering. Team members will be able to complete the Wellness Checkpoint HRA, find useful information/tools/webinars on various health & wellness topics, participate in Wellbeing challenges, and track progress of various wellness goals.

Visit **connectcare3.com** for more information and to enroll in the program. Although ConnectCare will be offering the employee wellness portal, team members will still be able to visit the ConnectCare3 website to sign up for their mailing list to get resources sent directly to your inbox.

# Medical Coverage

Messiah Lifeways is proud to offer you a choice between four different medical plans. Coverage under all plans includes comprehensive medical care and prescription drug coverage. These plans also offer many resources and tools to help you maintain a healthy lifestyle. Below is a brief description of each plan.

## Highmark PPO Blue Sharing $1,500

The Highmark PPO Blue Sharing $1,500 plan is a Preferred Provider Organization, or PPO for short. With the PPO plan, both you and your family can see any health care provider that participates with in the Highmark network, including specialists, without a referral. You are not required to choose a primary care physician.

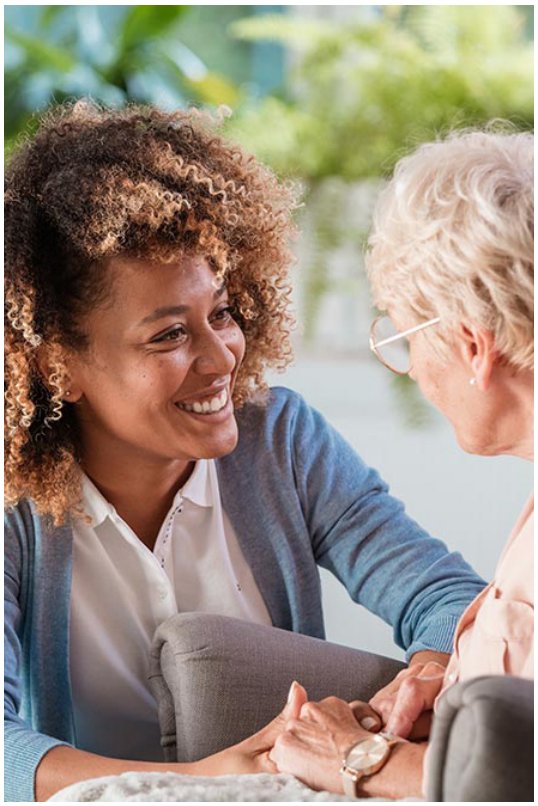
While you have the freedom to seek care from any provider in or out-of-network, we encourage you to seek care from Highmark providers. Highmark providers have agreed to pre-negotiated rates and the plan pays a higher percentage of the cost of network providers. If you choose to seek care from a provider that is out-of-network, you will pay a greater percentage of the costs, plus you will be responsible for any charges that exceed the reasonable and customary amount as determined by Highmark.

## Highmark PPO Blue Healthy Savings $2,000

The Highmark PPO Blue Healthy Savings $2,000 Plan is a High Deductible Health Plan, or a HDHP for short. This plan functions like a Preferred Provider Organization (PPO), but features a lower monthly premium in exchange for a higher deductible. Another 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.

As with a PPO, both you and your family can see any health care provider in the Highmark network, including specialists, without a referral. You are not required to choose a primary care physician.


We encourage you to download the Highmark mobile app and put all your plan information in the palm of your hand. The app will allow you to access your virtual ID card, locate in network providers, compare cost for procedures, view recent claim information and much more. The app is free and available for iOS and Android.



### FREE Patient Advocate Services through ConnectCare3

ConnectCare3 is a **FREE** and confidential service provided by Messiah Lifeways. They offer independent, third-party patient advocate services for simple to severe illnesses and wellness culture change to help prevent chronic health conditions.

Here are just a few of the things they can do for you or your family member:

- Help you understand your diagnosis and treatment options
- Locate expert physicians and hospitals for your specific illness
- Identify multiple options for what you need most, including Centers of Excellence and specialized treatments to help you make the most informed decisions
- Assist with any medical or behavioral health conditions, not just critical ones
- Attend physician and hospital appointments with you as needed

Contact a Patient Advocate at 1-877-223-2350 who will put you in direct contact with a Nurse Navigator. The Nurse Navigator will help you and your family develop an appropriate healthcare strategy for your health problem.

# Medical Coverage continued...

## Even more plan options

In addition to the current Highmark Plans, beginning in 2023-24 Messiah Lifeways will be offering two Highmark Performance Flex Blue plans, these plans have a three-tier network (Enhanced, Standard and Out-of-Network). The Enhanced Network tier is a specific list of Highmark In-network providers where you and your family will see the most savings. All other In-Network Highmark providers are considered the Standard Network tier, while you will still receive the benefit of in-network care, costs for these providers will be higher than the Enhanced Network tier. Enhanced Network providers include but are not limited to, Wellspan, Penn State Health, Penn Medicine Lancaster General, Allegheny Health Network, Conemaugh Health System. For a full list of Enhanced providers please visit **www.highmarkblueshield.com**.

It is important to note that preventative care, emergency room, mental health/substance abuse care and BlueCard services are all covered at the Enhanced Network level.

While the Performance Flex Blue plan will still allow you the freedom to seek care from any provider in or out-of-network, we encourage you to seek care from Highmark providers. Whenever possible you are encouraged to use Enhanced Network Highmark providers as they have agreed to pre-negotiated rates allowing the plan to pay the highest percentage of cost of network providers. If you choose to seek care from a provider that is out-of-network, you will pay a greater percentage of costs, plus you will be responsible for any charges that exceed the reasonable and customary amount as determined by Highmark.

### Performance Flex Blue PPO $1,500 Sharing

The Performance Flex Blue PPO Sharing $1,500 is a Preferred Provider Organization, or PPO for short. The Enhanced Network tier is identical to the in-network tier under the traditional PPO Sharing $1,500. The Standard network tier has a higher deductible and includes a small amount of coinsurance, the Out-of-Network tier is the same as the traditional PPO Sharing $1,500

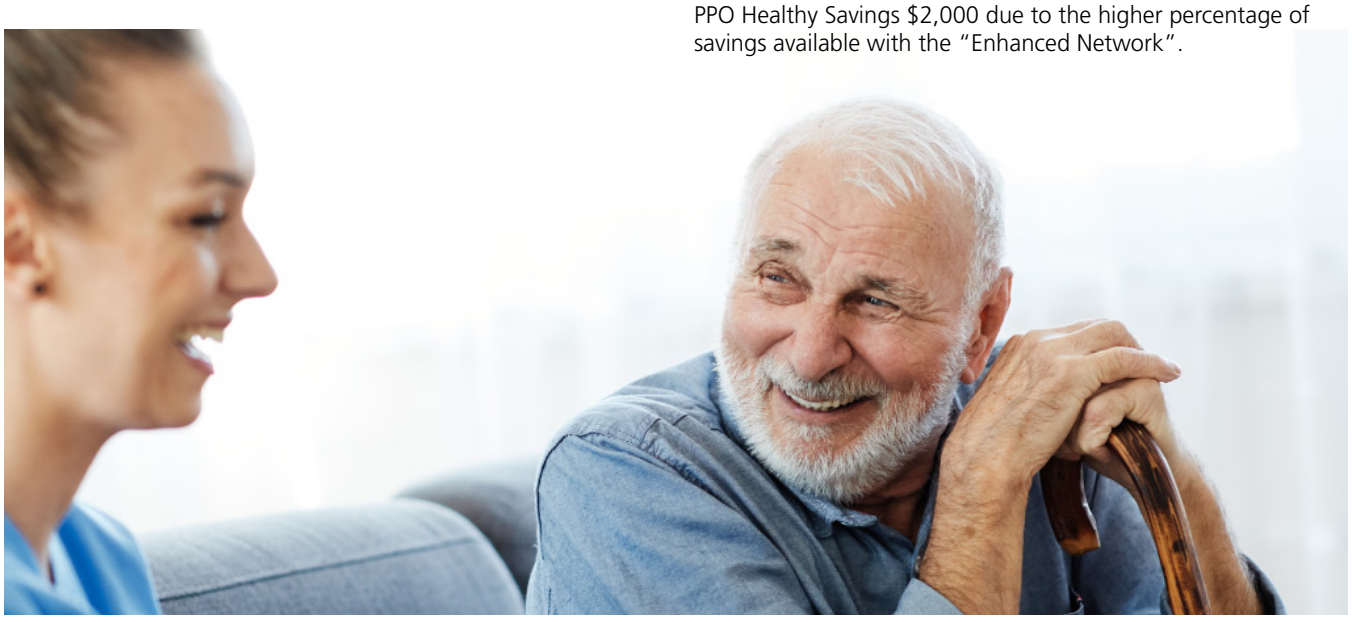
This plan features a lower monthly premium that the current PPO Sharing $1,500 due to the higher percentage of savings available with the "Enhanced Network".

### Performance Flex Blue PPO Healthy Savings $2,000

The Performance Flex Blue PPO Healthy Savings $2,000 is a High Deductible Health Plan, or HDHP for short. When enrolling in this plan you will also be eligible to enroll and contribute to a Health Savings Account (HSA) just as with the traditional PPO Healthy Savings $2,000.

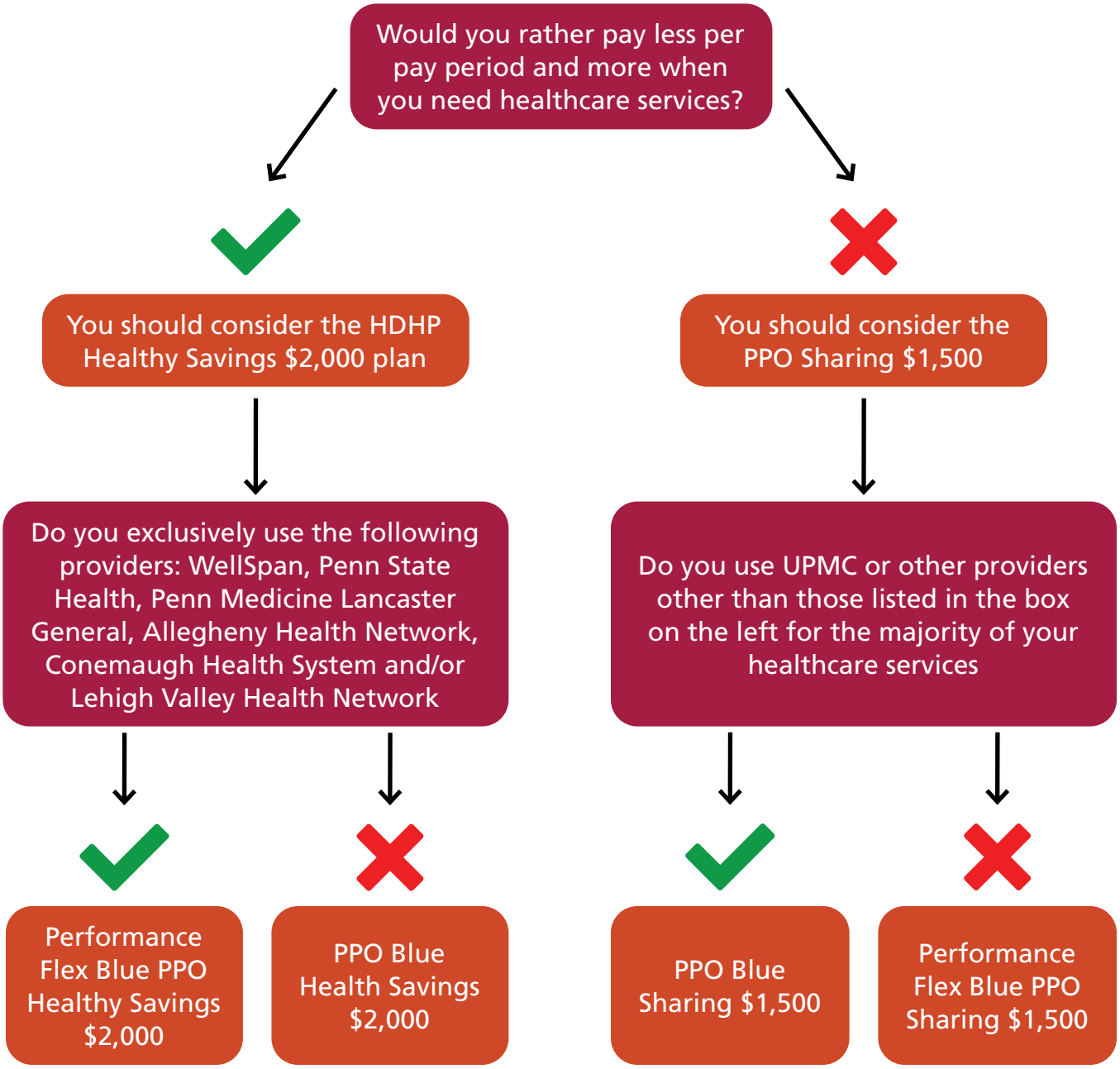
The Enhanced Network tier is identical to the in-network tier under the traditional PPO Healthy Savings $2,000. The Standard network tier has a higher deductible and includes a small amount of coinsurance, the Out-of-Network tier is the same as the traditional PPO Healthy Savings $2,000.

This plan features a lower monthly premium than the current PPO Healthy Savings $2,000 due to the higher percentage of savings available with the "Enhanced Network".



# Decision Tree

**What Plan is Right for me?**



# Medical Plan Comparison

| | Highmark PPO Blue Sharing $1,500 | Highmark PPO Blue Healthy Savings $2,000 |
|---|---|---|
| **Team Member Deductible**<br>(Individual / Family)<br>In-Network<br>Out-of-Network | **$1,500 / $3,000**<br>$10,000 / $20,000 | **$2,000 / $4,000**<br>$10,000 / $20,000 |
| **HSA Eligible?** | No | Yes |
| **Messiah Lifeways Contribution to HSA**<br>(Individual / Family) | N/A | $15 / $30<br>contributed on a biweekly basis |
| **Out-of-Pocket Maximum**<br>(Individual / Family)<br>In-Network<br>Out-of-Network | $6,350 / $12,700<br>$13,000 / $26,000 | $4,350 / $8,700<br>$13,000 / $26,000 |
| **Preventive Services**<br>Well-Child Care<br>Adult Physical Examination<br>Breast Cancer Screening<br>Pap Test | No charge | No charge |
| **Office Visits**<br>Primary Care Physician<br>Specialist | $20 copay<br>$30 copay | Deductible, then no charge<br>Deductible, then no charge |
| **Emergency Room Co-pay** | $100 copay | Deductible, then no charge |
| **Walk In Clinic Co-pay** | $20 copay | Deductible, then no charge |
| **Mental Health Co-pay** | $30 copay | Deductible, then no charge |
| **Lifetime Maximum** | Unlimited | Unlimited |

*This summary is for informational purposes only. For specific benefit information, please refer to the applicable Insurance Contract.*

| Plan Cost Per Pay | Highmark PPO Blue Sharing $1,500 | | Highmark PPO Blue Healthy Savings $2,000 | |
|---|---|---|---|---|
| | Non-Tobacco User Cost Per Pay: | Tobacco User Cost Per Pay: | Non-Tobacco User Cost Per Pay: | Tobacco User Cost Per Pay: |
| **Team Member Only** | $61.53 | $101.32 | $38.23 | $75.30 |
| **Team Member + Spouse** | $198.52 | $278.07 | $114.68 | $188.81 |
| **Team Member + Child** | $174.23 | $223.93 | $95.51 | $141.83 |
| **Team Member + Children** | $190.28 | $253.91 | $107.01 | $166.31 |
| **Family** | $220.42 | $319.84 | $124.21 | $216.86 |

*Tobacco Users: Certain medications to help you quit tobacco are 100% covered. For information contact Aetna or speak with your physician.*

# Medical Plan Comparison continued...

| **Enhanced Providers include:** Allegheny Health Network, Conemaugh Health System, Lehigh Valley Health Network, Penn Medicine Lancaster General, Penn State Health and WellSpan<br>**Standard Providers include:** All other Highmark network providers | **Performance Flex Blue PPO Sharing $1,500** In-Network, You Pay | | **Performance Flex Blue PPO Healthy Savings $2,000** In-Network, You Pay | |
|---|---|---|---|---|
| | **Enhanced Network** | **Standard Network** | **Enhanced Network** | **Standard Network** |
| **Team Member Deductible** (Individual / Family) | **$1,500 / $3,000** | **$2,250 / $4,500** | **$2,000 / $4,000** | **$3,000 / $6,000** |
| **HSA Eligible?** | No | | Yes | |
| **Messiah Lifeways Contribution to HSA** (Individual / Family) | N/A | | $15 / $30 contributed on a biweekly basis | |
| **Team Member Coinsurance*** (Individual / Family) | None | 80% after deductible to $100 /$200 max | 100% after deductible | 80% after deductible to Out of Pocket Limit |
| **Out-of-Pocket Limit** *(includes Rx, coinsurance & Co-pay)* | Not applicable | Not applicable | $2,350 / $4,700 | $2,450 / $4,900 |
| **Out-of-Pocket Maximum** (Individual / Family) | $6,350 / $12,700 | | $5,450 / $10,900 | |
| **Preventive Services** | No charge | | No charge | |
| **Office Visits**<br>Primary Care Physician<br>Specialist | <br>$20 copay<br>$30 copay | <br>80% after $20 co-pay<br>80% after $30 co-pay | <br>Ded, then no charge<br>Ded, then no charge | <br>Ded, then 20%<br>Ded, then 20% |
| **Emergency Room Co-pay** | $100 copay | | Covered 100% after Enhanced deductible | |
| **Walk In Clinic Co-pay** | $20 copay | 80% after $20 co-pay | Ded, then no charge | Ded, then 20% |
| **Mental Health Co-pay** | $30 copay | | Covered 100% after Enhanced deductible | |
| **Lifetime Maximum** | Unlimited | | Unlimited | |

***All in-network services are credited to both the enhanced and standard levels.***

*This summary is for informational purposes only. For specific benefit information, please refer to the applicable Insurance Contract.*

| **Plan Cost Per Pay** | **Performance Flex Blue PPO Sharing $1,500** | | **Performance Flex Blue PPO Healthy Savings $2,000** | |
|---|---|---|---|---|
| | **Non-Tobacco User Cost Per Pay:** | **Tobacco User Cost Per Pay:** | **Non-Tobacco User Cost Per Pay:** | **Tobacco User Cost Per Pay:** |
| **Team Member Only** | $56.77 | $95.39 | $35.27 | $71.24 |
| **Team Member + Spouse** | $183.14 | $260.38 | $105.79 | $177.72 |
| **Team Member + Child** | $160.73 | $208.98 | $88.11 | $133.05 |
| **Team Member + Children** | $175.53 | $237.32 | $98.72 | $156.25 |
| **Family** | $203.34 | $299.87 | $114.58 | $204.48 |

*Tobacco Users: Certain medications to help you quit tobacco are 100% covered. For information contact Aetna or speak with your physician.*

# Prescription Coverage

Your prescription drug benefit is part of your Medical plan and is based on a three-tier drug system. Copayment and/or coinsurance is determined by the tier to which the **Highmark Comprehensive Formulary** has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned as one of the three tiers. Find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging on to www.highmarkblueshield.com or by calling 1-800-485-2889.


## Medicare Part D

The prescription drug benefit is creditable coverage. Medicare-eligible participants need not enroll in a separate Medicare D drug plan.

| | Highmark PPO Blue Sharing $1,500 | Highmark PPO Blue Healthy Savings $2,000 | Performance Flex Blue PPO Sharing $1,500 | Performance Flex Blue PPO Healthy Savings $2,000 |
|---|---|---|---|---|
| **Prescription Deductible** | **None** | **Combined with Medical** | **None** | **Combined with Medical** |
| **Retail** - 34-day supply | | | | |
| Preventive Drugs | No charge | No charge | No charge | No charge |
| Generic / Brand | 30% coinsurance | Ded, then 30% coins | 30% coinsurance | Ded, then 30% coins |
| Non Formulary | 50% coinsurance | Ded, then 50% coins | 50% coinsurance | Ded, then 50% coins |
| **Mail Order** - 90-day supply | | | | |
| Generic / Brand | 30% coinsurance | Ded, then 30% coins | 30% coinsurance | Ded, then 30% coins |
| Non Formulary | 50% coinsurance | Ded, then 50% coins | 50% coinsurance | Ded, then 50% coins |

*This summary is for informational purposes only. For specific benefit information, please refer to the applicable Insurance Contract.*

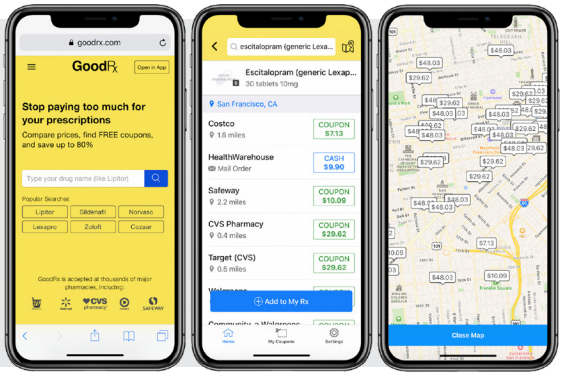
## Save money with Generic Drugs

Generic drugs are made with the same active ingredients and produce the same effects in the body as their brand-name equivalents. That's because they're held to the same federal standards for safety and performance as the brand names. Because they're not branded, generics can sell for 30 percent to 80 percent less than their brand-name equivalents.

## GoodRx Mobile App

Regardless of which plan you decide to enroll in, we encourage you to download and use the GoodRx Mobile App to help you save on your prescription drug costs. Prices for prescription drugs vary widely between pharmacies. The cost of a prescription may differ by more than $100 between two pharmacies across the street from each other.

GoodRx doesn't sell the medications, they will tell you where you can get the best deal on them. GoodRx will show you prices, coupons, discounts and savings tips for your prescription at pharmacies near you.



# Health Savings Accounts

If you enroll in the **Highmark PPO Blue Healthy Savings $2,000 Plan** or the **Performance Flex Blue PPO Healthy Savings $2,000**, a Health Savings Account (HSA) **will be opened for you through HealthEquity.** HSA's are financial accounts that you can use to accumulate tax-free funds to pay for qualified health care expenses, as defined by the Internal Revenue Service.

The account acts like a regular savings account with a debit card and accrues interest. The money in the account is owned by you and is fully portable. Funds can accumulate over time and roll over each year. If you use the funds for qualified health care expenses, you will pay no taxes. If you use the money for other expenses, you will pay a tax and a penalty fee.

## How you save with an HSA

As an HSA user, you will save in several ways:

- HSA contributions are not taxed
- You earn tax-free interest on HSA balances
- HSA funds used for qualified medical expenses are not taxed

## HSA funds remain yours to grow

With an HSA, you own the account and all contributions. Unlike flexible spending accounts (FSAs), the entire HSA balance rolls over each year and remains yours even if you change health plans, retire or leave the company.

## Supplement your retirement

Once your HSA balance reaches $2,000, you may invest your funds for increased earning potential that is also tax-free. After age 65, you can use your HSA much like a 401(k) and withdraw funds for any purpose. Qualified medical expenditures remain tax-free even into retirement.

## You can win with an HSA

Regardless of your personal medical situation, an HSA can empower you to maximize savings while building a reserve for the future.

## Messiah Lifeways' Contribution to your HSA:

To help you get started on saving on eligible medical expenses, **Messiah Lifeways will contribute $15 for individuals or $30 for families on a biweekly basis** to your Health Savings Account.

## Use your HSA for qualified medical expenses

HSA funds can be used for a variety of qualified medical, dental and vision expenses; for yourself, your spouse, and your qualified dependents. Eligible expenses include:

- Birth control
- Chiropractor
- Contact lenses
- Dental treatment
- Prescription eyeglasses
- Hearing aids
- Physical exams
- Prescriptions
- Stop-smoking programs
- Surgery (non-cosmetic)
- Therapy
- Over-the-Counter drugs
- Menstrual care products
- Personal Protective Equipment
- and more...

## 2023 HSA Annual Contribution Limits *(Total combined Employee and Employer contribution limit)*

**$3,850 for individual coverage** **$7,750 for all other coverage tiers**

You can choose to contribute to your HSA on a before-tax basis, up to the IRS annual maximums. If you are or will be age 55 or over during the calendar year, you may also make a "catch-up" HSA contribution of an additional $1,000 each year.

*Note: As a taxpayer, it is your responsibility to ensure that your HSA contributions do not exceed the maximum possible for your specific tax situation. Please consult your attorney, CPA or tax adviser about your specific tax situation before deferring monies to your Health Savings Account. The benefits of an HSA, who is qualified to have an HSA, etc. can be found in IRS Publication 969, beginning on page 2. https://www.irs.gov/publirs-pdf/p969.pdf*

# Dental Coverage

## Delta Dental DPPO Buy-Up & Core Options

Messiah Lifeways will again provide voluntary core and buy-up dental benefit plans for the upcoming plan year beginning July 1st. The following chart shows our benefit options. Team members must regularly be scheduled to work at least 30 hours per week to be eligible

| | Delta Dental DPPO | |
|---|---|---|
| | **Core Plan** | **Buy Up Plan** |
| **Diagnostic & Preventive Services** (Deductible does not apply) Oral examinations, routine cleanings, x-rays. Fluoride treatment, space maintainers and sealants. | 100% | 100% |
| **Deductible** (Individual/Family) | $50/$150 | $50/$150 |
| **Basic Services** Fillings, denture and bridge repair, bridge re-cementation, periodontal maintenance | 80% | 80% |
| **Oral Surgery** Surgical extraction of erupted and impacted teeth including simple extractions | 80% | 80% |
| **Major Services** Crowns, inlays, on-lays, cast restorations and implants | None | 50% |
| **Endodontics** - Root canals | 80% | 80% |
| **Periodontics** - Gum treatment | 80% | 80% |
| **Prosthodontics** - Bridges and dentures | None | 50% |
| **Orthodontics** - Child Orthodontia | None | 50%, $1,500 max |
| **Benefit Year Maximum – per person** | $1000 | $1,500 PPO<br>$1000 Premier<br>$500 non Delta |

*This summary is for informational purposes only. For specific benefit information, please refer to the applicable Insurance Contract.*

| | Core Plan | | Buy-Up Plan | |
|---|---|---|---|---|
| **Plan Cost Per Pay** | **Messiah Cost Per Pay:** | **Your Cost Per Pay:** | **Messiah Cost Per Pay:** | **Your Cost Per Pay:** |
| **Team Member Only** | $8.20 | $0.91 | $7.68 | $5.11 |
| **Team Member + Family** | $18.87 | $2.10 | $19.47 | $12.98 |

## Out-of-Network Providers & Balance Billing

Under the Delta Dental PPO, the plan pays the same amount to out-of-network providers as it would for in-network providers. Please note that providers that do not participate with your insurance plan can "balance bill" you for any difference between their charge and what the plan pays. Therefore, using non-participating providers may result in significant patient liability.

# Vision Coverage

## Highmark Blue Shield Vision Plan

Messiah Lifeways will again provide a voluntary core vision benefit plan for the upcoming plan year beginning July 1st. The following chart shows the in-network and out-of-network benefits. Team members must regularly be scheduled to work at least 30 hours per week to be eligible.

| | In-Network | Out-of-Network Reimbursment |
|---|---|---|
| **Frequency** | | |
| Eye examination | Once every 12 mos | |
| Eyeglass lenses | Once every 12 mos <19; 24 mos 19 or older | |
| Frames | Once every 24 months | |
| Contact lenses (in lieu of eyeglass lenses) | Once every 12 mos <19; 24 mos 19 or older | |
| **Eye Examination** | Covered in full | $32 |
| **Frames** | | |
| Fashion Level Frames from The Collection | Covered in full | |
| Designer level frames from The Collection | $20 copayment | Up to $30 allowance |
| Premier level frames from The Collection | $40 copayment | |
| Retail allowances towards a provider's frame | Up to $100 allowance | |
| **Standard Eyeglass Lenses (per pair)** | | |
| Single / Bifocal / Trifocal / Lenticular | Covered in full | $25 / $36 / $46 / $72 |
| **Optional lens** | | |
| Standard progressive | $50 discounted price | Not covered |
| Premium progressive | $90 discounted price | Not covered |
| Glass Gray # 3 prescription sunglasses | $11 discounted price | Not covered |
| Polycarbonate lens | | |
| Adult | $30 discounted price | Not covered |
| Dependent children (in lieu of single vision lens) | Covered in full | Not covered |
| **Contact Lenses** | | |
| (in lieu of glasses or initial supply of disposables) | | |
| Contact lens evaluation and fitting | Covered in full | Up to $20 allowance |
| Daily Wear | Covered in full | Up to $30 allowance |
| Extended Wear | Formulary/Non Formulary | |
| Standard daily wear | Covered in full | Up to $48 allowance |
| Specialty contact lenses | Up to $75 allowance | Up to $48 allowance |
| Disposable contact lenses | Up to $75 allowance | Up to $75 allowance |
| Medically necessary | Covered in full | Up to $225 allowance |

*This summary is for informational purposes only. For specific benefit information, please refer to the applicable Insurance Contract.*

| Plan Cost Per Pay | Highmark Blue Shield Vision Plan | |
|---|---|---|
| | Messiah Cost Per Pay: | Your Cost Per Pay: |
| **Team Member Only** | $1.21 | $1.05 |
| **Team Member + Family** | $4.49 | $2.10 |

# Flexible Spending Accounts

## Eligibility Based on Medical Plan Election

Flexible Spending Accounts (FSA's) offer another way to save money on health care and dependent care expenses. You may submit expenses incurred by any of your dependents, whether or not they are covered by the insurance plans you have through your employer. Team members do not need to be enrolled in any of Messiah Lifeways medical plans to participate in the FSA but they must to be enrolled in a non-qualified medical plan to be eligible for participation.

If you enroll, you fund the accounts via a payroll deduction each pay period. The minimum contribution is $10 per pay. Money that you contribute to your FSAs is not subject to social security taxes, federal, and in most cases, state income taxes.

| Account | HSA Participants | Non-HSA Participants | How it works |
|---|---|---|---|
| **Healthcare FSA** | ✗ | ✓ | **Team member-funded.** Can use funds for all healthcare related expenses. Federal regulations do not allow participation in an HSA and this type of account. |
| **Dependent Care FSA** | ✓ | ✓ | **Team member-funded.** Can use funds for all dependent care related expenses such as day care, nursery school, or elder care. |

**HCFSA Annual Contribution Limit:**
**$3,050**

**DCFSA Annual Contribution Limit:**
**$5,000**
**Or $2,500 if you are married and file a separate tax return.**

### Health Care Flexible Spending Account (HCFSA)

**Federal regulations do not allow participation in an HSA and this type of account.** Eligible health care expenses include many of the out-of-pocket expenses you pay to maintain your health and well-being. These include deductibles and coinsurance expenses not covered by your medical plan, expenses for glasses or contact lenses, and more.

### Dependent Care Flexible Spending Account (DCFSA)

You may use pre-tax dollars from your DCFSA to pay expenses for care when the services enable you and your spouse to work outside of the home. These include expenses for the care of a dependent child, spouse or elderly parent inside your home. Also included are baby-sitters, nursery schools, and day care centers.

Only the portion of expenses which enable you to remain employed are eligible. Educational expenses are not eligible.

The FSA Plan Year is July 1st through June 30.
FSA Open Enrollment is held annually in May.

### "Use it or Lose it"

If your eligible expenses turn out to be less than the amount contributed to your account, federal law requires the unused balance be forfeited (the "Use It of Lose It" rule). We encourage you to consider your expenses carefully before you decide how much to contribute to each Flexible Spending Account. You should not contribute more than you are reasonably certain to use.

## Changing Your Contribution Amount

Federal regulations prohibit you from changing your enrollment or the amount of your election during the plan year. You are only eligible to change your elections during the year if you have a life event status change. Only benefit changes consistent with the change in status are permitted. Life event status changes that may warrant a change in benefit elections are described on page 3 and 4 of this guide.

# Flexible Spending Accounts cont...

## Eligible Dependents

In regards to your Dependent Care FSA, the IRS defines an eligible dependent as:

- A child under the age of 13 and may be claimed as a deduction for personal exemption under Code Section 151(c).
- A spouse who is physically or mentally incapable of selfcare.
- A disabled person who is physically or mentally incapable of self-care who you provide more than 50% support, and who qualifies as your dependent under Code Section 152.

## FSA Debit Card

An FSA debit card is provided to all HCFSA participants and is available for Dependent Care participants upon request. The debit card is similar to a bank account debit card that allows you to remove funds from your FSA at a merchant payment terminal. By using the debit card to purchase eligible expenses, you avoid paying for a purchase with money out of your pocket. Remember, you still must keep your receipts even when you use the debit card. Periodically, the IRS requires proof of purchase.

## How do I setup my new account?

The WEX one-stop online portal will give you 24/7 access to view information and manage your accounts.

1. Visit **https://AssuredPartners.lh1ondemand.com**
2. Register as a New User by clicking on **"Get Started."**
3. You will be prompted for identifying information such as First and Last Name, Zip Code, and SSN.
4. You will then be prompted to select and answer Security Questions.
5. Then you can create your own **Username** and **Password**.
6. On subsequent visits login as an Existing User entering your Username and Password.

**Minimum Browser Requirements:**

- Microsoft Edge
- Mozilla Firefox
- Safari

## Changing Your Contribution Amount

Federal regulations prohibit you from changing your enrollment or the amount of your election during the plan year. You are only eligible to change your elections during the year if you have a life event status change. Only benefit changes consistent with the change in status are permitted. Life event status changes that may warrant a change in benefit elections are described on page 3 and 4 of this guide.

**Be sure to download the AssuredPartners' FSA Mobile App to access your benefits on the go!**

Search for **"AP FSA HRA"** on your mobile device to download!

# Basic Life and AD&D Insurance

## Basic Life Insurance

Life insurance provides financial protection for your family in the event of your death. Messiah Lifeways offers full-time team members life and accidental death and dismemberment insurance through Transamerica with an issue amount of one times your annual salary rounded to the next higher $1,000, up to a maximum of $100,000. Messiah Lifeways covers the cost of this benefit.

Benefits will reduce to 55% at age 70 and terminate upon retirement.

**Plan Cost: 100% Employer Paid**

# Long-Term Disability

Long-Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time. Eligibility for long-term benefits is generally defined as if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.

**Benefits Start After:** 90 days

**Benefit Amount:** 50% of your monthly salary to a maximum of $6,000 per month

**Benefit Duration:** 24 months

**Plan Cost: 100% Employer Paid**

## Pre-Existing Condition Limitations

The carrier will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 3 months before your most recent effective date of insurance.

The Pre-existing Condition Limitation will apply to any added benefits or increases in benefits. This limitation will not apply to a period of Disability that begins after you are covered for at least 12 months after your most recent effective date of insurance, or the effective date of any added or increased benefits.

# Additional Benefits: Colonial Life

### Critical Illness Insurance

Critical Illness coverage from Colonial Life provides a lump-sum cash benefit to help cover the out-of-pocket expenses associated with critical illnesses. With the rising cost of healthcare, getting seriously ill could have a big impact on your finances. Critical illness coverage can help pay for bills and expenses that your health insurance plan doesn't cover.

Benefits are payable for critical illness and specified diseases directly to you unless you choose to sign them over to someone else.

### Accident Insurance

Colonial Life's Accident plan has many features, benefits and advantages that provide payment to you for a covered on- or off-the-job accident. Not every accident is a major event – many accidents can leave you injured with unexpected bills and costs even if you aren't hospitalized. This plan pays whether or not you are hospitalized or miss any work.

### Disability Insurance

Individual Disability coverage from Colonial Life provides a monthly cash benefit when you suffer a sickness or injury that leaves you totally disabled or partially disabled. Flexible design allows you to provide as much or as little protection as you need based upon your personal finances. Coverage is available for working spouses as well.

### Whole Life Insurance

One reason most people own life insurance is to replace income that would be lost with the death of a wage earner. The Colonial Life's Whole Insurance plan allows you to provide a death benefit and also build cash value with coverage that can continue beyond your working years. Coverage is available for immediate family members as well.

### 20 Year Term Insurance

Colonial Life's Term life insurance helps assure you that money won't be your family's major worry when you're gone. Term coverage is perfect for the individual who wants higher amounts of coverage for a set period of time.

### Hospital Indemnity

Cover expenses that your healthcare cannot. Group Medical Bridge, offers a customizable and flexible plan design that will help supplement your major medical plan offering. This coverage provides benefits that your employees can use to offset deductibles, co-pays, and out-of-pocket medical and non-medical expenses related to covered events that cause financial exposure, such as hospital confinement, outpatient surgical procedures, diagnostic procedures, etc.

**If you wish to get more detailed information for each plan and the costs, please contact Meridio at 1-833-518-8450.**

# 403(b) Retirement Account

Messiah Lifeways has established a Retirement Savings Plan, a 403(b) Voluntary Plan with Employer Match. Your contributions are matched by Messiah Lifeways in the 403(b) Voluntary Plan with Employer Match each pay cycle. You are responsible for the investment of these funds which help provide for your retirement.

| 403(b) Voluntary Plan with Employer Match | |
|---|---|
| **Eligibility** | You may join this plan upon date of hire. Part time team members are eligible for the matching contribution, if offered, upon completing one year of employment and working a minimum of 1000 hours. |
| **Vesting** | 3 year cliff vesting:<br>0% vested in first 3 years<br>100% vested after 3 years. Credited with a year of service for vesting for each 12-month period, beginning with anniversary of hire date that team member is credited with 1,000 hours of service. |
| **Employer Contribution** | Messiah Lifeways offers a discretionary match to eligible team members. Contact Human Resources for employer matching information. |
| **Conditions** (to receive employer contributions) | You must contribute in order to receive the employer match. |
| **Contributions** | Contributions sent to record keeper immediately after each pay. |
| **Investment** | Team member directed. Your Retirement Savings Counselor can explain the investment options available and the provisions of any investment contract(s) that you may use for your retirement savings. |

## Retirement Benefit

Vested balances in your retirement savings plans are available for distribution when you permanently leave Messiah Lifeways. Loans can be taken from vested balances subject to plan limitations and investments. Your plans permit a "hardship distribution" from your vested balances if you have an approved financial hardship for primary housing, education or medical needs. Upon eligibility to participate in the pension plan or upon request, team members will receive a summary plan description that describes the plan in more detail. Questions regarding the Messiah Lifeways 403(b) plan should be directed to the Human Resources Department.

## Lincoln Financial

Lincoln Financial offers secure, online access to your retirement account. This site also contains helpful tools and information to assist with retirement planning. To register for your online account:

Go to LincolnFinancial.com/Register and create a username and password. Click Continue, enter your name, date of birth and the last 4 digits of your SSN. Lincoln will text or call you with an authentication code to verify your identity and establish a two-factor authentication.

**There are several ways you can start contributing to the 403(b):**

- Register for an online account at **LincolnFinancial.com**
- Call Lincoln Financial at **1-800-234-3500**.
- Contact Human Resources for an enrollment booklet.

**To change your current contribution:**

Call Lincoln Financial at 1-800-234-3500 or make changes to your current contributions in your online account.

# Team Member Time-Off

Messiah Lifeways recognizes that team members have diverse needs for time off from work and, as such, has established this Paid Time Off (PTO) policy. The benefits of PTO are that it promotes a flexible approach to time off by combining vacation, holiday, and personal leave. In addition, full time team members have access to Short Term Leave (STL) to use when they are unable to work due to personal illness or doctor appointments. Team members are accountable and responsible for managing their own PTO and STL hours to allow for adequate reserves if there is a need to cover vacation, holidays, appointments, emergencies, illness or other situations that require time off from work.

## Paid Time Off (PTO)

### How is PTO Accumulated?

Accumulation of PTO is based on years of service and calculated as a percentage of regular and benefit hours paid. This means that team members accrue time off based on the hours they are paid, including overtime and paid time off. Upon hire, full time team members will receive the equivalent of 6 days PTO in their bank, and part time team members will receive the equivalent of 3 days PTO in their bank, based on their daily hours worked.

Full-time and part-time team members accumulate PTO beginning on the first day of employment. Team members are not eligible to use more PTO hours than are accumulated. PTO can be taken off in full days or partial days, and all available PTO time must be used for any eligible absence before time is taken without pay.

Below is an example of the accumulation schedule based on years of service. PTO hours are used for holiday pay, but the chart below breaks out these days to help team members better understand and plan their PTO use. If a team member works on a holiday, this policy is flexible to allow these hours to be used on another day.

### How much PTO can I accumulate?

Team members may not carry over more than 240 PTO hours into the next fiscal year. Any PTO hours over 240 at the end of the fiscal year will be paid out at 100%.

### What happens to my PTO if I resign?

Accumulated and unused PTO hours will be paid upon resignation, provided proper notice of resignation is given and all scheduled hours are worked. Unscheduled PTO time will not be granted during the period of time between when the notice of resignation is given and the effective date of resignation.

Team members who terminate employment before completing their first 90-days are not eligible for payment of PTO hours. Unused PTO time will not be paid to a team member who abandons his/her job, is terminated for misconduct or who fails to be in good standing, which will be determined at the sole discretion of management.

## Short Term Leave (STL)

Short Term Leave (STL) is a disability program to provide continued income to team members who miss work due to their own illness or disability.

### How is STL Accumulated?

Full-time team members accumulate Short Term Leave (STL) at the rate of .0270 per hour accrued from the first day of full-time employment. This is the equivalent of approximately seven (7) days per year when regularly working full-time. Part time and per diem team members do not accrue STL.

Full-time team members are eligible to use STL after the successful completion of their first 90-days. Absences must be reported according to the guidelines established in the Scheduling/Attendance Policy in order to qualify for use of STL.

You are not eligible to use more STL hours than are accumulated. Time off can be taken in full or partial days. All available STL time must be used for any eligible absence before time is taken without pay.

PTO or accrued STL can be used for personal illness or doctors appointments of a team member. Should the team member not be eligible or have insufficient STL the team member must use PTO for time missed from work due to personal illness. PTO is to be used for absences for the illness or doctors appointments of a family member. STL will be used for personal illness first and once exhausted PTO will be used to cover hours missed due to the team members' illness or doctors appointments.

### How much STL can I accumulate?

Team members may not carry over more than 480 STL hours into the next fiscal year. Any STL hours over 480 at the end of the fiscal year will be paid out at 100%.

### What happens to my STL if I resign?

Accumulated and unused STL hours in excess of 480 hours will be paid only upon resignation, provided proper notice of resignation is given as outlined in your terms of employment. No payment of STL hours of 480 and less will be made upon the termination of employment, regardless of reason.

No STL hours can be used during the period of time between when the notice of resignation is given and the effective date of resignation. Unused STL hours, regardless of the amount of accrual, will not be paid to a team member who abandons his/her job, who fails to give proper notice, or who is involuntarily terminated, or terminates not within good standings.

# Team Member Time-Off continued...

## Holidays

Messiah Lifeways recognizes the following days as holidays.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

We observe the holiday on the nationally recognized day. For team members working a Monday through Friday schedule, holidays that fall on a Saturday will be observed on the preceding Friday, while holidays that fall on a Sunday will be observed on the following Monday.

PTO hours are used for holiday pay for regular full-time and part-time team members. It is your responsibility to be sure there are adequate hours available to cover the holiday pay. If there are not enough hours available for the holiday, the day will be without pay.

All non-exempt team members scheduled to work on the actual date of Messiah Lifeways' six (6) recognized holidays plus Easter Sunday will receive 1½ times the regular rate of pay for actual hours worked on the 24 hours of that holiday.

**Full time example of a team member working 40 hours per week:**

| | | | Annual Days Based on a 40 hour work week | | | | |
|---|---|---|---|---|---|---|---|
| | PTO Accrual | Short Term Leave Accrual | Paid Time Off Accrual | | | Short Term Leave Accrual | TOTAL PTO + STL |
| Years of Service | *Per hour worked* | *Per hour worked* | *Vacation / Personal* | *Holiday* | *Total PTO* | *Short Term Leave* | *Total Days Off Annually* |
| Less than 1 year | .0462 | .0270 | 12 | 6* | 18 | 7 | 25 |
| 1 - 3 years | .0808 | .0270 | 15 | 6 | 21 | 7 | 28 |
| 4 - 8 years | .1000 | .0270 | 20 | 6 | 26 | 7 | 33 |
| 9 - 13 years | .1115 | .0270 | 23 | 6 | 29 | 7 | 36 |
| 14+ years | .1192 | .0270 | 25 | 6 | 31 | 7 | 38 |

*Granted upon hire.

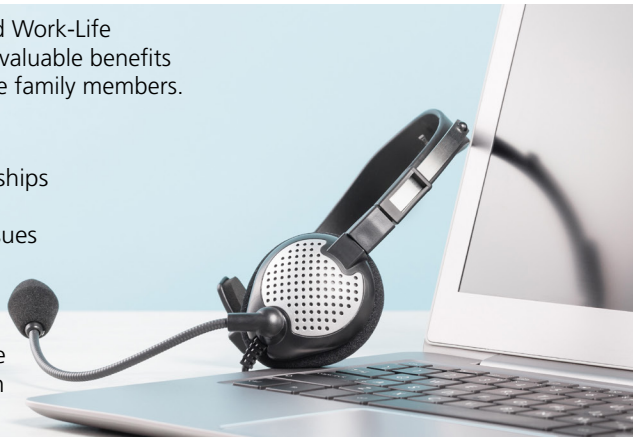
**Part Time Example assuming a team member working 20 hours per week:**

| | | Annual Days Based on a 20 hour work week | | |
|---|---|---|---|---|
| | PTO Accrual | Paid Time Off Accrual | | TOTAL PTO |
| Years of Service | *Per hour worked* | *Vacation / Personal* | *Holiday* | *Total Days Off Annually* |
| Less than 1 year | .0462 | 6.0 | 3* | 9 |
| 1 - 3 years | .0808 | 7.5 | 3 | 10.5 |
| 4 - 8 years | .1000 | 10.0 | 3 | 13.0 |
| 9 - 13 years | .1115 | 11.5 | 3 | 14.5 |
| 14+ years | .1192 | 12.5 | 3 | 15.5 |

*Granted upon hire.

# Team Member Assistance Program

Messiah Lifeways provides a Team Member Assistance Program and Work-Life benefits through Transamerica's partnership with ComPsych. These valuable benefits are available, **at no cost**, to all team members and their immediate family members.



## Team Member Assistance Program

- Marital Relationships
- Stress Management
- Substance Abuse
- Parent/Child Relationships
- Grief and Loss
- Difficult Emotional Issues

## Work-Life Services

- Child Care
- College Planning
- Time/Stress Management
- Elder Care
- Financial Concerns
- Personal Convenience
- Adoption Information
- Relocation

ComPsych GuidanceResources Program offers someone to talk to and resources to consult whenever and wherever you need them. The toll-free number give you direct 24/7 access to a GuidanceConsultant, who will answer your questions and, if needed, refer you to a counselor or other resource. The **GuidanceResources.com** is an extensive web resource containing articles, tutorials, videos, interactive tools including financial calculators, budgeting worksheets and more!

**Phone:** 1-866-569-0326
**Website:** www.GuidanceResources.com
App: **GuidanceNow**
Website ID: **EAP Core**

**Plan Cost: 100% Employer Paid**

# Team Member Discounts

Messiah Lifeways is pleased to offer the following valuable cost-saving benefits to all team members:

## Cellphone Discounts

- Verizon Wireless

## On-Site Child Care

- U-GRO Learning Centres

## Discount/Consignment Tickets

- Hershey Bears
- Hersheypark
- TicketsAtWork.com

## Discount Programs

- Pharmacy
- Shoe and Uniform
- Zimmerman's Automotive
- Ehrlich
- Salon Services at Messiah Lifeways
- Used Appliances Purchasing

## Additional Miscellaneous Programs

- Wellness Center
- PA Commuter Services

**Go to The Loop and look under Team Member Resources for the most current listing of Discounts and Perks.**

# Annual Notices

## Health Insurance Portability and Accountability Act (HIPAA)

For purposes of the health benefits offered under the Plan, the Plan uses and discloses health information about you and any covered dependents only as needed to administer the Plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options offered under the Plan will comply with the applicable health information privacy requirements of federal Regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's Notice of Health Information Privacy Practices or Privacy Notice. Plan participants in the Company-sponsored health and welfare benefit plan are reminded that the Company's Notice of Privacy Practices may be obtained by submitting a written request to the Human Resources Department. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

## Newborns' and Mothers' Health Protection Act

Group health plans and health issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

## Notice Regarding Special Enrollment

If you are waiving enrollment in the Medical plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Medical plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

## Special Enrollment Rights CHIPRA – Children's Health Insurance Plan

You and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
- You become eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).
- You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

## Genetic Nondiscrimination

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the Company asks Employees not to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## Qualified Medical Child Support Order

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

# Annual Notices continued...

## Notice of Required Coverage Following Mastectomies

In compliance with the Women's Health and Cancer Rights Act of 1998, the plan provides the following benefits to all participants who elect breast reconstruction in connection with a mastectomy, to the extent that the benefits otherwise meet the requirements for coverage under the plan:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- coverage for prostheses and physical complications of all stages of the mastectomy, including lymphedemas. The benefits shall be provided in a manner determined in consultation with the attending physician and the patient. Plan terms such as deductibles or coinsurance apply to these benefits

## Women's Preventive Health Benefits

The following women's health services are considered preventive. These services generally will be covered at no cost share, when provided in network. Refer to healthcare.gov/preventive-care-women for additional information.

**Maternity Services:**

- Breastfeeding support and counseling and access to breastfeeding supplies.
- Birth control. This does not apply to health plans sponsored by certain exempt "religious employers."
- Folic acid supplements.
- Gestational diabetes screening.
- Gonorrhea screening.
- Hepatitis B screening.
- Maternal depression screening.
- Preeclampsia prevention and screening.
- Rh incompatibility screening.
- Syphilis screening.
- Expanded tobacco intervention and counseling.
- Urinary tract or other infection screening.

**Other Preventive Services:**

- Bone density screening.
- Breast cancer genetic test counseling (BRCA).
- Breast cancer mammography screenings.
- Breast cancer chemoprevention counseling.
- Cervical cancer screening.
- Pap test (also called a Pap smear).
- Chlamydia infection screening.
- Diabetes screening.
- Domestic and interpersonal violence screening and counseling.
- Gonorrhea screening.
- HIV screening and counseling.
- PrEP (pre-exposure prophylaxis) HIV prevention medication.
- Sexually transmitted infections counseling.
- Tobacco use screening and interventions.
- Urinary incontinence screening.
- Well-woman visits.

## States with Individual Mandate

Taxpayers in CA, DC, MA, NJ, RI, and VT (this list is neither complete nor exhaustive) are reminded that your state imposes an individual mandate penalty (tax) should you, your spouse, and children choose to not have (and keep) medical/rx coverage for each tax year. Please consult your tax advisor for how a non-election for health coverage may affect your tax situation.

## Mental Health Parity and Addiction Equity Act of 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

## COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules.

If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it to the Plan Administrator with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, Federal law stipulates that your coverage will be canceled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Plan Administrator.

Please note, if the terms of the Plan and any response you receive from the Plan Administrator's representatives conflict, the Plan document will control.

# Annual Notices continued...

## Certificate of Coverage Distribution

To revisit or have an additional copy of a benefit's Certificate of Coverage (COC), the documents are housed either on your company intranet or the benefit administration system (if applicable) or they can be accessed via your Human Resources Department or by contacting your insurance company. If you need assistance accessing any of the COC's please contact:

**Name: Laurie Black, Benefits & Compensation Manager**

**Email Address: lblack@messiahlifeways.org**

## Notice of Nondiscrimination

Messiah Lifeways complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Messiah Lifeways does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**When required by law, Messiah Lifeways.**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters
- Information written in other languages

**If you need these services, contact Sr. Director of Human Resources.**

If you believe that Messiah Lifeways has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Sr. Director of Human Resources
100 Mt. Allen Drive, Mechanicsburg, PA 17055
717-790-8228 ext 6541 • kdougherty@messiahlifeways.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sr. Director of Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

## About Your Prescription Drug Coverage and Medicare

If neither you nor any of your dependents are eligible for Medicare, please disregard this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Messiah Lifeways and new prescription drug information available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Messiah Lifeways has determined that the prescription drug coverage offered by the Messiah Lifeways Prescription Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15 through December 7. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your Messiah Lifeways prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

Your current coverage may pay for other health expenses in addition to prescription drugs. You may still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. Please refer to your Plan's plan document for more information.

You should also know that if you drop or lose your coverage with Messiah Lifeways and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later.

# Annual Notices continued...

If you go 63 days without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premiums will be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following November to enroll.

Contact Laurie Black, Benefits & Compensation Manager for further information at 717-790-8228 ext.6237

**NOTE:** You will receive this notice annually and at other times in the future, such as before the next period to enroll in Medicare prescription drug coverage, and if this coverage through Messiah Lifeways changes.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook every year in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- For personalized help, call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for the telephone number)
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

For people with limited incomes and resources, extra help paying for a Medicare prescription drug plan is available. Information about the extra help is available from the Social Security Administration (SSA). For more information about the extra help, visit SSA online at **www.socialsecurity.gov** or call them at **1-800-772-1212 (TTY 1-800-325-0778)**.

**Remember:** Keep this notice. If you enroll in one of the new plans provided by Medicare that offer you prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

## Your Rights

**Right to Inspect and Copy:** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

**Right to Amend:** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

**Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or healthcare operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

**Right to Request Restrictions:** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or healthcare operations (not for treatment) and the protected health information pertains solely to a healthcare item or service that has been paid for out-of-pocket and in full.

**Right to Request Confidential Communications:** You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

**Right to be Notified of a Breach:** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

**Right to Receive a Paper Copy of this Notice:** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

# Annual Notices continued...

## Our Legal Responsibilities

We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice.

We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices or if you have any questions or complaints, please contact:

Laurie Black

100 Mt. Allen Drive, Mechanicsburg, PA 17055

717-790-8228 ext.6237 • lblack@messiahlifeways.org

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

**What is "balance billing" (sometimes called "surprise billing")?**

When you see a doctor or other healthcare provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a healthcare facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

**"Surprise billing"** is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

## You are protected from balance billing for:

**Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). Y**ou can't be balance billed for these emergency services.** This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

**Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

**When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - ~ Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - ~ Cover emergency services by out-of-network providers.
  - ~ Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
  - ~ Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed, you may contact:**

**Fully Insured Plans:**

Pennsylvania Insurance Department, 1-877-881-6388

www.insurance.pa.gov/coverage/health-insurance/no-surprises-act/ website for more information about your rights under state law.

**Self-Funded, Admin Services Only, and Level-Funded Plans:**

**Federal No Surprises Help Desk Contact Information**

1-800-985-3059

http://www.cms.gov/nosurprises website for more information about your rights under federal law.

# Health Insurance Marketplace

The Patient Protection Affordability Care Act ("PPACA") was signed into law on March 23, 2010. Under PPACA, individuals are required to have creditable health insurance coverage or pay a penalty to the Internal Revenue Service. This is known as the Individual Mandate. For more information on the details of PPACA please visit https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-workers-and-families.

PPACA created a new way to buy health insurance which is called the Health Insurance Marketplace ("Marketplace"), also known as Exchanges. These Marketplaces are established by each individual state, the federal government or as a partnership between the state and the federal government. Through the Marketplaces, individuals can compare and purchase coverage (with a possible premium subsidy for those qualifying as low income; subsidies are made available as a federal tax credit through the Marketplace for individuals that are not eligible for coverage through their employer.

If you are enrolled in the Company's medical plan, then PPACA may have little effect on you. The Company's medical plans meet or exceed the minimum coverage requirements set by PPACA. If you are eligible for our plans, you will not be eligible for federal tax credits. You still have the option to visit the Marketplace to see the coverage options available. If you purchase a health plan through the Marketplace instead of purchasing health coverage offered by the Company, you will lose any contribution your employer makes for your health coverage, and your payments for coverage through the Marketplace will be made on an after-tax basis. (See https://www.healthcare.gov/have-job-based-coverage/).

If you are not eligible to enroll in the Company's medical plan, you may have a few options to purchase medical coverage. These options, if applicable, may include but are not limited to: your spouse's medical plan, your parent's medical insurance plan (if you are under age 26), or from several insurance companies offered though the Marketplace. If you shop for coverage through the Marketplace, you may be eligible for a federal tax credit and/or subsidy if you qualify as low income. (See also: healthcare.gov).

## How Can I Get More Information?

For more information about purchasing medical coverage through the Marketplace please visit healthcare.gov or call 1-800-318-2596.

MESSIAH Lifeways®

**Human Resources:**
717-790-8228
HumanResources@messiahlifeways.org

*Life. Embraced.*