



BENEFIT **GUIDEBOOK**

Welcome

Dear Valued Staff Member,

Liberty Healthcare is committed to providing you a comprehensive variety of benefits. These benefits are significant and an important part of your total compensation package.

We are pleased to provide this Benefits Guidebook to highlight the array of benefits available to full-time staff members for the Plan Year - **June 1, 2023 - May 31, 2024.**

We encourage you to take advantage of these great benefits. Whether it is the health insurance, dental, vision, disability, or the life plan, all are created to provide you with choices, so you can decide what is best for you and your family.

This Benefits Guidebook details the benefit plans and provisions. The Human Resources Team is available to provide clarification and respond to questions that are not addressed in the Guidebook. If you have a question or concern, please let us know. We want to hear from you!

Please Note: The Flexible Spending Accounts (FSA/DCA) have a plan year of July 1, 2023 - June 30, 2024.

With thanks for all you do,
The Human Resources Team

Please Note

This Employee Benefits Guidebook describes the highlights of Liberty Healthcare's benefits program. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this Guidebook. If there is any discrepancy between the descriptions of the program's elements as contained in this Guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of Liberty Healthcare's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Liberty Healthcare.



Table of Contents

Welcome.....	2
Table of Contents.....	3
Plan Rules & Eligibility	4
Medical Benefits.....	5
Dental Benefits	13
Vision Benefits	14
Life Insurance/Disability	15
Additional Benefits.....	17
Flexible Spending Account.....	19
Health Savings Account	20
Notices	22
Contacts.....	Back Cover





Plan Rules & Eligibility

Plan Year

Liberty Healthcare's benefit plan year begins on June 1st and ends on May 31st, with the exception of the Flexible Spending Accounts which are a July 1st through June 30th plan year.

Eligibility

Regular full-time employees working 30 or more hours per week are eligible for company-offered benefit plans on the first day of the month following a 60 day waiting period; date from hire to enrollment will not exceed 90 days.

For staff members transitioning from part-time to full-time, benefits take effect, the first of the month following 60 days after your transition to a full-time position.

Dependent Eligibility

Employees who are eligible to participate in Liberty Healthcare's benefit programs may also enroll their dependents. For the purpose of our benefit plans, your dependents are defined as follows:

- ▶ Your legal spouse
- ▶ Your domestic partner (verification is required)
- ▶ Your child(ren) up until age 26*
- ▶ Your domestic partner's child(ren)*
- ▶ Disabled children of any age as long as they became disabled prior to age 26 (medical certification is required)

*Eligible dependent children are defined as children by birth or adoption and children of eligible staff member's spouse/domestic partner where there is legal responsibility.

Benefits Eligible for Section 125 Cafeteria Plan

You are eligible to participate in the Liberty Healthcare Section 125 Cafeteria Plan, which allows you to pay your premiums for qualified insurance plans on a pre-tax basis. This can reduce your total taxable income and possibly increase your take-home income. You are automatically enrolled in Section 125 for medical, dental, vision and Flexible Spending premiums when you enroll in one of these plans.

Changing Your Benefits

Per Internal Revenue Service (IRS) rules, employees may only enroll in pre-tax benefit plans once per year. As such, your benefit choices for Medical, Dental, and Vision are binding through May 31st. The Flexible Spending Account plan is binding through June 30th. The following Qualifying Life Events are circumstances that enable you to change your benefits during the plan year:

- ▶ Marriage, divorce or annulment of marriage
- ▶ Birth, adoption or placement for adoption of an eligible child
- ▶ Loss of spouse's job or change in work status (when coverage is maintained through spouse's plan)
- ▶ A significant change in you or your spouse's health coverage due to your spouse's employment
- ▶ Death of spouse or dependent
- ▶ Loss of dependent status
- ▶ Becoming eligible for Medicare or Medicaid during the plan year
- ▶ Receiving a Qualified Medical Child Support Order
- ▶ Reduction in work hours to less than 30 hours
- ▶ Enrollment under a qualified health plan offered by a state health insurance exchange due to:
 - ▶ An employee becoming eligible for a special enrollment period (SEP) to obtain coverage under a qualified health plan offered by a state health insurance exchange; or
 - ▶ An employee obtaining coverage under a qualified health plan during the open enrollment period for the exchange

For any qualifying life events, you must inform Human Resources within 30 calendar days (60 calendar days for changes related to Medicaid or CHIP eligibility) and provide proof of the event. For additional information, please contact the Human Resources Team.



Medical Benefits

Medical and Prescription Drug Plans

Liberty Healthcare offers comprehensive medical and prescription drug coverage through United Healthcare (UHC). You may choose between three plan options. A summary of each plan is on the following pages.

United Healthcare HSA Value Plan (CH6A Mod)

The UHC HSA Value Plan offers members medical and prescription drug coverage by applying a deductible and then copays. This plan is a high deductible qualified medical plan and is designed for you to have the ability to open a Health Savings Account (HSA).

Care received by an out-of-network provider will not be covered, unless there is an emergency situation.

United Healthcare HSA 85 Plan (CQU8 Mod)

The UHC HSA 85 Plan offers members medical and prescription drug coverage by applying a deductible and then coinsurance or copays. This plan is a high deductible qualified medical plan and is designed for you to have the ability to open a Health Savings Account (HSA).

This plan does offer out-of-network benefits.

United Healthcare Premier Plan (CQSK Mod)

The UHC Premier Plan offers staff members a comprehensive medical and prescription drug coverage. Although this plan does have a deductible, the deductible only applies to certain services. Most services do not require the deductible be met, and only apply a copay or coinsurance.

This plan does offer out-of-network benefits.





Medical Benefits

Benefit	United Healthcare HSA Value Plan	United Healthcare HSA 85 Plan	United Healthcare Premier Plan
	In-Network	In-Network	In-Network
Deductible - June through May (Individual / Family)	**Aggregate \$3,000 / \$6,000	*Embedded \$3,000 / \$6,000	*Embedded \$3,000 / \$9,000
Out of Pocket Max - June through May (Individual / Family)	\$6,750 / \$8,100	\$7,000 / \$14,000	\$8,550 / \$17,100
Preventive Services	No Charge	No Charge	No Charge
Office Visit (PCP / Specialist)	\$40 copay after deductible / \$60 copay after deductible	15% after deductible	\$40 copay, no deductible / \$60 copay, no deductible
Urgent Care	\$150 copay after deductible	15% after deductible	\$100 copay, no deductible
Virtual Visit	No charge after deductible	15% after deductible	No charge
Emergency Room	\$300 copay after deductible	15% after deductible	\$500 copay, no deductible
Diagnostic X-Ray / Lab Services (Freestanding / Hospital Based)	\$80 copay after deductible	Freestanding: Covered in full after deductible Hospital Based: 20% after deductible	\$100 copay, no deductible
Specialty Imaging (CT, MRI, PET) (Freestanding / Hospital Based)	\$200 copay after deductible	15% after deductible	\$250 copay, no deductible
Hospital Inpatient (Including Maternity)	\$500/day, maximum of \$2,500 after deductible per admission	15% after deductible	\$300/day, maximum of \$1,500 after deductible per admission
Outpatient Surgery (Freestanding / Hospital Based)	\$500 copay after deductible	15% after deductible	\$400 copay after deductible
Inpatient Mental Illness and Substance Abuse	\$500/day, maximum of \$2,500 after deductible per admission	15% after deductible	\$300/day, maximum of \$1,500 after deductible per admission
Outpatient Mental Illness and Substance Abuse	\$60 copay after deductible	15% after deductible	\$60 copay, no deductible
Outpatient Rehab Services	\$40 copay after deductible	15% after deductible	\$40 copay, no deductible
Prescription Drug			
Prescription Drug Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	N/A
Prescription Formulary	Advantage	Advantage	Advantage
Retail (up to a 30 day supply)	\$20 / \$40 / \$70	\$20 / \$40 / \$70	\$20 / \$40 / \$70
Mail Order (up to a 90 day supply)	\$40 / \$80 / \$140	\$40 / \$80 / \$140	\$40 / \$80 / \$140

This chart is a summary of select benefit options offered under Liberty Healthcare's medical plans. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.

*Embedded - no one member can meet more than their individual deductible

**Aggregate - family deductible must be met, any member can meet the full family deductible



Medical Benefits

Medical Plan Option 1 - HSA Value Plan

The following chart provides a high-level summary of the benefits offering for the UHC HSA Value Plan effective June 1, 2023.

Benefit	United Healthcare HSA Value Plan	
	In-Network	Out-of-Network
Aggregate Deductible* (Individual / Family)	\$3,000 / \$6,000	Not Covered
Coinsurance	0%	Not Covered
Out of Pocket Max (Individual / Family)	\$6,750 / \$8,100	Not Covered
Preventive Services	No Charge	Not Covered
Office Visit (PCP / Specialist)	\$40 copay after deductible / \$60 copay after deductible	Not Covered
Urgent Care	\$150 copay after deductible	Not Covered
Virtual Visit	No charge after deductible	Not Covered
Emergency Room	\$300 copay after deductible	\$300 copay after in-network deductible
Diagnostic X-Ray / Lab Services (Freestanding / Hospital Based)	\$80 copay after deductible	Not Covered
Specialty Imaging (CT, MRI, PET) (Freestanding / Hospital Based)	\$200 copay after deductible	Not Covered
Hospital Inpatient (Including Maternity)	\$500/day, maximum of \$2,500 after deductible per admission	Not Covered
Outpatient Surgery (Freestanding / Hospital Based)	\$500 copay after deductible	Not Covered
Inpatient Mental Illness and Substance Abuse	\$500/day, maximum of \$2,500 after deductible per admission	Not Covered
Outpatient Mental Illness and Substance Abuse	\$60 copay after deductible	Not Covered
Outpatient Rehab Services	\$40 copay after deductible	Not Covered
Prescription Drug		
Prescription Drug Deductible	Integrated with Medical Deductible	Not Covered
Prescription Formulary	Advantage	Not Covered
Retail (up to a 30 day supply)	\$20 / \$40 / \$70	Not Covered
Mail Order (up to a 90 day supply)	\$40 /\$80 / \$140	Not Covered

*Aggregate – family deductible must be met, any member can meet the full family deductible

This chart is a summary of select benefit options offered under Liberty Healthcare's medical plans. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.



Medical Benefits

Medical Plan Option 2 - HSA 85 Plan

The following chart provides a high-level summary of the benefits offering for the UHC HSA 85 Plan effective June 1, 2023.

Benefit	United Healthcare HSA 85 Plan	
	In-Network	Out-of-Network
Embedded Deductible* (Individual / Family)	\$3,000 / \$6,000	\$5,000/\$10,000
Coinsurance	15%	50%
Out of Pocket Max (Individual / Family)	\$7,000 / \$14,000	\$10,000/\$20,000
Preventive Services	No Charge	50% after deductible
Office Visit (PCP / Specialist)	15% after deductible	50% after deductible
Urgent Care	15% after deductible	50% after deductible
Virtual Visit	15% after deductible	Not Covered
Emergency Room	15% after deductible	15% after in-network deductible
Diagnostic X-Ray / Lab Services (Freestanding / Hospital Based)	Freestanding: Covered in full after deductible Hospital Based: 20% after deductible	Labs: Not Covered X-Ray: 50% after deductible
Specialty Imaging (CT, MRI, PET) (Freestanding / Hospital Based)	15% after deductible	50% after deductible
Hospital Inpatient (Including Maternity)	15% after deductible	50% after deductible
Outpatient Surgery (Freestanding / Hospital Based)	15% after deductible	50% after deductible
Inpatient Mental Illness and Substance Abuse	15% after deductible	50% after deductible
Outpatient Mental Illness and Substance Abuse	15% after deductible	50% after deductible
Outpatient Rehab Services	15% after deductible	50% after deductible
Prescription Drug		
Prescription Drug Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Prescription Formulary	Advantage	Advantage
Retail (up to a 30 day supply)	\$20 / \$40 / \$70	\$20 / \$40 / \$70
Mail Order (up to a 90 day supply)	\$40 /\$80 / \$140	Not covered

*Embedded - no one member can meet more than their individual deductible

This chart is a summary of select benefit options offered under Liberty Healthcare's medical plans. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.



Medical Benefits

Medical Plan Option 3 - Premier Plan

The following chart provides a high-level summary of the benefits offering for the UHC Premier Plan effective June 1, 2023.

Benefit	United Healthcare Premier Plan	
	In-Network	Out-of-Network
Embedded Deductible* (Individual / Family)	\$3,000 / \$9,000	\$5,500/\$16,500
Coinsurance	0%	50%
Out of Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$10,000/\$20,000
Preventive Services	No Charge	50% after deductible
Office Visit (PCP / Specialist)	\$40 copay, no deductible / \$60 copay, no deductible	50% after deductible
Urgent Care	\$100 copay, no deductible	50% after deductible
Virtual Visit	No charge	Not Covered
Emergency Room	\$500 copay, no deductible	\$500 copay, no deductible
Diagnostic X-Ray / Lab Services (Freestanding / Hospital Based)	\$100 copay, no deductible	Labs; Not Covered X-Ray: 50% after deductible
Specialty Imaging (CT, MRI, PET) (Freestanding / Hospital Based)	\$250 copay, no deductible	50% after deductible
Hospital Inpatient (Including Maternity)	\$300/day, maximum of \$1,500 after deductible per admission	50% after deductible
Outpatient Surgery (Freestanding / Hospital Based)	\$400 copay after deductible	50% after deductible
Inpatient Mental Illness and Substance Abuse	\$300/day, maximum of \$1,500 after deductible per admission	50% after deductible
Outpatient Mental Illness and Substance Abuse	\$60 copay, no deductible	50% after deductible
Outpatient Rehab Services	\$40 copay, no deductible	50% after deductible
Prescription Drug		
Prescription Drug Deductible	N/A	N/A
Prescription Formulary	Advantage	Advantage
Retail (up to a 30 day supply)	\$20 / \$40 / \$70	\$20 / \$40 / \$70
Mail Order (up to a 90 day supply)	\$40 / \$80 / \$140	None

*Embedded - no one member can meet more than their individual deductible

This chart is a summary of select benefit options offered under Liberty Healthcare's medical plans. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.



Medical Benefits

Getting Started with United Healthcare

Register online! To register go to myuhc.com and click Register Now and use the information on your member ID card to complete your registration. If you do not yet have your member ID card you can use personal information to finish the registration (DOB, SSN, Zip). For assistance with registering please call UHC web assistance at 1-877-844-4999.

- ▶ Find and estimate costs
- ▶ View claim detail
- ▶ Find in network providers
- ▶ Sign up for prescription home delivery
- ▶ Connect to a doctor or nurse online 24/7

Download the UnitedHealthcare app by scanning the QR code below with your smartphone. Get on the go access on your smartphone. The UnitedHealthcare app puts your health plan at your fingertips.

Google Play Store



Apple App Store



Searching for an In-Network Provider

Through myuhc.com and the UnitedHealthcare app you can find an in-network provider.

To search for a provider before you are an enrolled, registered member:

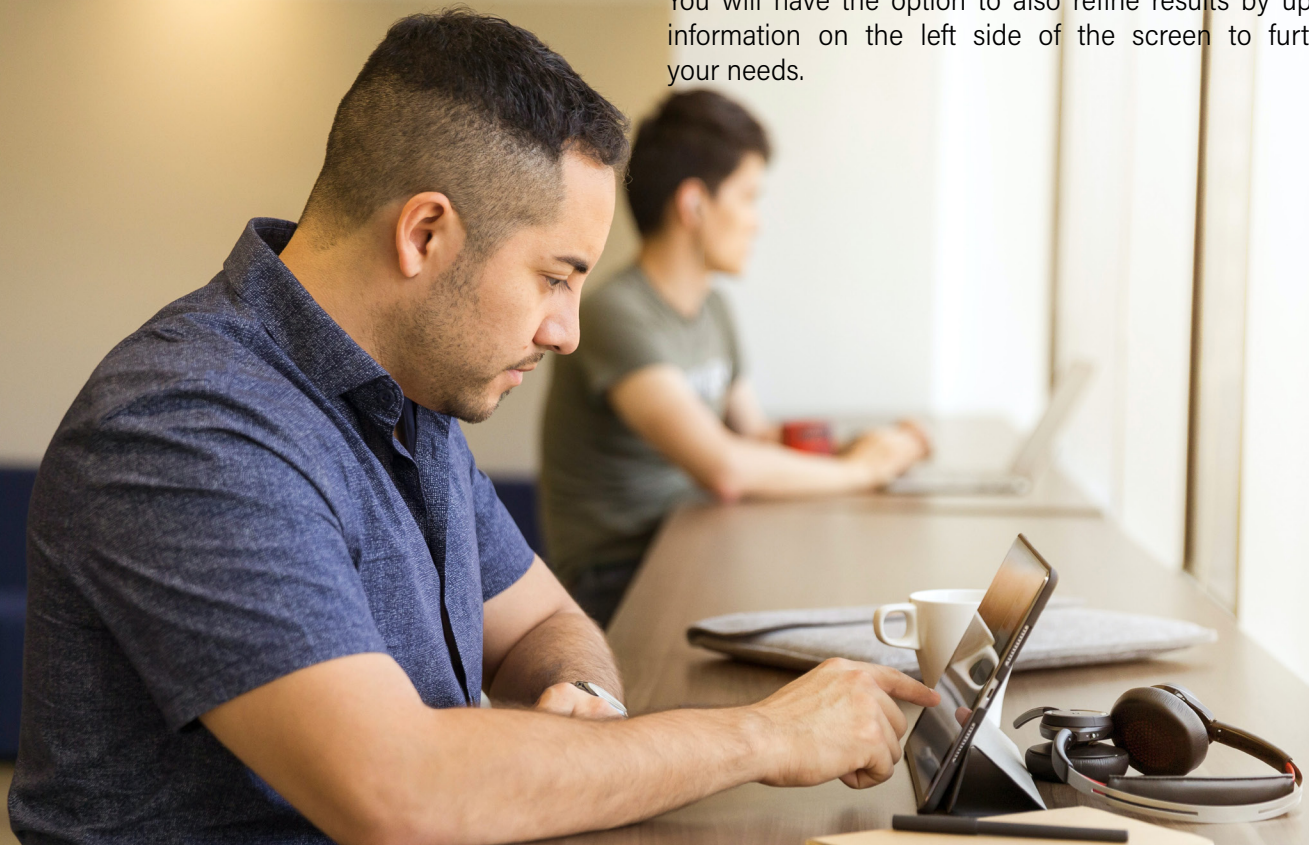
- ▶ Go to myuhc.com
- ▶ Go to the Find a Doctor square and click on Find a Provider
- ▶ If looking for a medical doctor you will click on Medical Directory and All United Healthcare Plans
- ▶ Click on the network of the plan you have enrolled in ("Choice" or "Choice Plus")

The UHC Medical Plan Networks:

- ▶ UHC Value HSA Plan – Choice Network
- ▶ UHC HSA 85 Plan – Choice Plus Network
- ▶ UHC Premier Plan – Choice Plus Network

After selecting the network plan, you will change the location you are searching by clicking *Change Location* and updating the city, state, zip under the "What type of medical care can we help you find" at the top of the page. You will then have the ability to search health care by category.

You will have the option to also refine results by updating information on the left side of the screen to further fit your needs.





Medical Benefits

United Healthcare Optum Rx Prescription Coverage

What you need to know about Prescription Drug coverage?

Optum Rx is the pharmacy care service manager for the prescription plan. The UHC Prescription Drug List (PDL) is a list of commonly prescribed medications. Medications are listed by category or classes and then placed into a tier that represents the cost to you out of pocket.

Using the PDL can help you and your doctor make informed decisions about your medications and may help save you money.

Prescription Tiers:

- ▶ **Tier 1** – medications are mainly generic, lower costing drugs with high efficacy results
- ▶ **Tier 2** – medications are usually a mixture of generic and preferred brand name medications
- ▶ **Tier 3** – medications are usually a mixture of preferred brand and non-preferred medications with some possible generics at the highest cost

Some medications may require step-therapy and/or a prior authorization.

Step Therapy – Some medications may have lower cost equivalents available. Step Therapy requires that you first try a more cost effective medication before your plan will cover a more expensive option.

Prior Authorization (PA) – Prior Authorization means you must obtain approval for certain medications to be covered. The process is used to determine if a medication is covered by the plan. Before coverage can be obtained, the medication must be approved by OptumRx.

Your doctor will need to work with OptumRx to provide the necessary information in order to have the Prior Authorization and any Step Therapy approved which may be required.

How do you know if a medication is covered, what tier it is, or if it requires Prior-Authorization or Step Therapy?

Review the PDL on myuhc.com (if a registered member), go to welcometouhc.com (if not currently enrolled and registered), or call the number on your ID card to speak with customer service.

Liberty Healthcare uses the **Advantage 3 Tier PDL** for all of the United Healthcare medical plans.

OptumRx Home Delivery

Using home delivery offers cost savings, convenience, and 24/7 access and reminders. Medication is delivered right to your door, which means fewer trips to the pharmacy and standard shipping is free.

Signing up for home delivery is simple using one of the below options:

- ▶ **ePrescribe** – your doctor can send an electronic prescription to OptumRx
- ▶ **Online** – use myuhc.com or the Health4Me app
- ▶ **Phone** – call the number on your member ID card



Medical Benefits

United Healthcare Health and Wellness

Once your health plan becomes active, you can choose to participate in the following programs. There is no cost to you, just the opportunity to get guidance and support for your health care needs. Find out more by logging onto myuhc.com or calling the phone number on your ID card.

Rally – a program to help you move more and eat better. It even rewards you for your progress. Take a health survey and receive personalized activities and recommendations based on your results. As you complete certain activities, you will receive coins which you can use for changes to earn prizes, get discounts, support charities, or bid in auctions. To learn more, [click here](#) and sign up at myuhc.com.

Real Appeal – designed to help with simple steps and support along the way for lasting weight loss whether you want to lose a lot of weight or just a few pounds. Members will work with a transformation coach to customize a program that fits their needs, personal preference, medical history, and goals. Once enrolled and participating in the program a success kit is mailed featuring program guides, exercise DVD's, digital food scale, and more. To learn more, [click here](#) and sign up at enroll.realappeal.com.

Healthy Discount Program – save 10%-50% on numerous health and wellness products and services that may not be covered by your medical plan. Review discounts on myuhc.com.

Registered Nurse Line 24/7 – when a question comes up, you can talk with a registered nurse any time, day or night. They can discuss care options, identify network providers, as well as help understand a diagnosis and explore different treatment options and outcomes. Call the number on the back of your ID card for help.

Maternity Support Program – provides expectant mothers with support before, during, and after pregnancy. Members will work with a maternity nurse who is available to answer questions and provide information. To enroll call 877-201-5328 or visit myuhc.phs.com/maternitysupport.

Emotional Support – your behavioral health benefit provides confidential support 24/7 for things like alcohol/drug use recovery, coping with grief and loss, depression, anxiety, stress, and relationship difficulties. Visit liveandworkwell.com or call the number on your ID card for help.

Quit For Life Program – a program to help members start living tobacco-free. Sign up through myuhc.com.

Cancer Support Program – dedicated cancer nurses will help find information and emotional support for members and their family throughout the cancer journey. Visit myuhc.phs.com/cancerprograms to learn more.



Dental Benefits

Dental

Liberty Healthcare offers a dental plan through United Healthcare (UHC).

You have access to a network of providers under the **National PPO 30 Plan**.

With the PPO dental plan, you can go to any dentist you choose, but you will save money when you use in-network dentists. In addition, a network dentist will file claims for you. If you use an out-of-network dentist, the benefits are subject to reasonable and customary reimbursement. That means you may be balance billed additional charges. If you are having extensive dental work done, we suggest you have your dentist request a pre-treatment estimate. A good rule of thumb is to request a pre-treatment estimate for charges over \$300.

The UHC dental plan provides three main types of dental benefits:

- ▶ Type 1 – Diagnostic / Preventive Services (routine exams and cleanings, fluoride treatments, sealants, X-rays)
- ▶ Type 2 - Basic Services (simple extractions, fillings, periodontics, endodontics)
- ▶ Type 3 - Major Services (bridges, crowns, dentures)

To find a dentist or determine if your dentist participates in the network:

- ▶ Go to myuhc.com
- ▶ Click "Find a Dentist"
- ▶ Load the state you are looking in and select the National Options PPO 30 Network
- ▶ Search for a dentist by location, name, or practice

Register online at www.myuhc.com



Benefit	United Healthcare PPO 30 Dental Plan	
	In-Network	Out-of-Network
Deductible ¹ – Jan. Through Dec.	\$50 individual / \$150 family	
Benefit Maximum – Jan. Through Dec. (Per Person Per Plan Year)	\$1,500	\$1,000
Child Dependents	Covered up to age 26	Covered up to age 26
Type 1 – Diagnostic / Preventive Services	Plan Pays 100%	Plan Pays 100%
Type 2 - Basic Services	Plan Pays 100%	Plan Pays 80%
Type 3 - Major Services	Plan Pays 60%	Plan Pays 50%
Orthodontia (Adults & Children)	Not Covered	Not Covered

¹The annual deductible does not apply to Diagnostic / Preventive Services (Type 1)

Vision Benefits

Vision

Liberty Healthcare offers a vision plan through United Healthcare (UHC).

The United Health Vision Network is also known as Spectera.

The vision plan has both in and out-of-network benefits. If you use an out-of-network provider, you will need to pay for your services out-of-pocket and submit a claim for reimbursement.

To find a vision provider or determine if your provider participates in the network:

- ▶ Go to myuhc.com
- ▶ Click "Find a Vision Provider"
- ▶ Load the zip or city and state for your search criteria or use the advanced search feature
- ▶ Be sure to click the "view" box to the right of the provider to verify what services they are contracted with UHC for. Using providers which show as a Full Service Provider is best.
- ▶ Register online at www.myuhcvision.com

Benefit	United Healthcare Spectera Vision Plan	
	In-Network	Out-of-Network
Frequency: Exam Lenses Frames	Based on Date of Service (DOS) Every 12 Months Every 12 Months Every 12 Months	
Annual Eye Exam	Covered in full after \$10 copay	Up to \$40
Frames Allowance	\$130 allowance and additional discount of 30% may apply towards overage	Up to \$45
Contacts: Elective Medically Necessary	Up to \$130 allowance Covered in full after \$25 copay	Up to \$105 Up to \$210
Fitting & Follow-Up Exam	Up to \$60 allowance	Not Covered
Lenses: Single Bifocal Trifocal	Covered in full after \$25 copay	Up to \$40 Up to \$60 Up to \$80

Laser Vision discount up to 35% is available. For more information visit myuhc.com

Members can save on custom programmed hearing aids when bought from UnitedHealthcare Hearing. To find out more go to UHChearing.com. When placing an order use promo code MYVISION to utilize the special price discount.

To use in-network benefits to purchase eyewear material online:

- ▶ GlassesUSA.com at www.glassesusa.com/vision-insurance
- ▶ Warby Parker at www.warbyparker.com/insurance
- ▶ 1-800-Contacts at www.1800contacts.com

No vision ID cards are generated. To print an ID card, members must do so from their myuhcvision.com site.



Life Insurance/Disability

Life and Accidental Death and Dismemberment Insurance

Liberty Healthcare provides full-time staff members with life and accidental death and dismemberment (AD&D) insurance through The Hartford, at no cost.

Group Life and AD&D Insurance	
Employer Paid Life and AD&D Benefit	
Amount	1 times base annual salary
Maximum Amount	\$50,000
Guarantee Issue	\$50,000
Age Reduction	65% at age 70
Additional Benefits	Beneficiary Assist, Estate Guidance, Funeral Concierge, Travel Assistance, ID Theft Protection

Employees can port or convert the group term life coverage into an individual life insurance policy if coverage is lost due to no longer being employed with Liberty Healthcare. Employees must contact The Hartford within 30 days of the group termination in order to port or convert. They can be contacted at 877-320-0484.

Liberty Healthcare provides full-time staff members with the option to purchase additional life and AD&D insurance for themselves, their spouses, as well as children through The Hartford. This is a voluntary benefit offering and is paid for 100% by the employee.

Group Life and AD&D Insurance	
Voluntary Life and AD&D Benefit	
Amount	Employee: 5 times base annual salary Spouse: Not to exceed 50% of the employee enrolled amount Child: Not to exceed employee enrolled amount
Maximum Amount	Employee: \$500,000 Spouse: \$100,000 Child: \$10,000
Increments	Employee: \$10,000 Spouse: \$5,000 Child: \$1,000
Guarantee Issue ¹	Employee: \$100,000 Spouse: \$25,000 Child: \$10,000
Age Reduction	65% at age 70

¹ Full elected amount subject to Evidence of Insurability (EOI) and medical underwriting approval if elected outside of your initial new hire enrollment period.



Life Insurance/Disability

Short-Term Disability (STD)

Short-Term Disability provides additional income if you are unable to work due to a covered accident or sickness. Benefit protection is for non-work-related injuries or illnesses and is provided through The Hartford. Full-time staff members are eligible to participate in the STD benefit. The benefit is voluntary and is 100% employee paid.

Voluntary Group Short-Term Disability	
Maximum Weekly Benefit ¹	60% of your weekly income up to a maximum of \$1,200 per week
Maximum Benefit Duration	26 weeks
Guaranteed Issue	Subject to Evidence of Insurability (EOI) and medical underwriting approval if elected outside of your initial new hire enrollment period
Elimination Period	Benefits begin on the 15th consecutive day of disability due to an injury/accident
Pre-existing Condition	3/12 ²

¹Your weekly STD benefit may be reduced by other income you receive or are eligible to receive.

²If you become disabled as a result of an injury or sickness for which you receive medical treatment during the 3 months before you are first covered for STD, a maximum of 4 weeks of benefits may be paid for that condition until you have been covered under the plan for 12 months.

Long-Term Disability Insurance (LTD)

Liberty Healthcare provides full-time staff members with a Long-Term Disability plan, through The Hartford, at no cost.

Employer Paid Group Long-Term Disability	
Maximum Monthly Benefit ¹	60% of your annual base salary up to a maximum of \$5,000 per month
Elimination Period	180 days (The number of days you must be disabled prior to collecting LTD benefits)
Maximum Benefit Duration	ADEA 1 with Social Security Normal Retirement Age (SSNRA)
Pre-existing Condition	3/12 ²
Own Occupation Period	24 months, after 24 months any occupation applies
Benefit Limitations	Mental illness: 24 months (lifetime maximum) Substance abuse: 24 months (lifetime maximum)
Additional Benefits	All employees have access to The Hartford's EAP service, Ability Assist.

¹Your monthly LTD benefit may be reduced by other income you receive or are eligible to receive.

²If you become disabled as a result of an injury or sickness for which you receive medical treatment during the 3 months before you are first covered for LTD, no benefits will be paid for that condition until you have been covered under the plan for 12 months.

Critical Illness

Liberty Healthcare provides Critical Illness Insurance through The Hartford. This insurance is designed to help employees offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness, such as cancer, heart attack, kidney failure, Alzheimer's disease, coronary artery bypass graft, major organ transplant or stroke. Members can use this money for unexpected medical as well as non-medical expenses of a covered illness. The Critical Illness benefit is based on the amount of coverage in effect on the date of diagnosis or the date treatment is received according to the terms and provisions of the policy. Employees can elect amounts of \$15,000 or \$30,000 and can elect coverage for themselves, their spouse, as well as their child.



Additional Benefits

Travel Assistance & Identity Theft Protection

Travel Assistance

If you are covered under the Employer Paid Hartford Group Policy (Basic Life/AD&D and Long Term Disability plans), you and your family have access to Travel Assistance Services provided by Generali Global Assistance, Inc. With a local presence in 200 countries and territories around the world, and numerous 24/7 assistance centers, they are available to help you anytime, anywhere.

Multilingual Assistance 24/7

Whether you're traveling for business or pleasure, Travel Assistance services are available when you're more than 100 miles from home for 90 days or less. As long as you contact Generali Global Assistance, Inc. at the time of need, you could be approved for up to \$1 million in covered services. Travel Assistance begins even before your embark, with pre-trip information, and continues throughout your trip.

Identity Theft Assistance

Generali Global Assistance, Inc. helps protect you and your family from its consequences 24/7, at home and when you travel. In addition to prevention education, this service provides advice and help with administrative tasks resulting from identity theft.

Call Generali Global Assistance at 1-800-243-6108 and note your Travel Assistance Identification Number: GLD-09012.

Beneficiary Assist Counseling Services

If you're covered under the Hartford's Group Life/AD&D policy, you have access to Beneficiary Assist counseling services provided by ComPsych. Beneficiary Assist provides you, your eligible beneficiaries, and immediate family members with unlimited 24/7 phone access to help related to the death of yourself or a loved one. This includes:

- Legal advice, financial planning, and emotional counseling for up to one year from the date the claim is filed.
- Up to 5 face-to-face sessions or equivalent professional time for one service or a combination.

If additional legal representation is needed beyond the face-to-face visits, you can be referred to a qualified attorney in your area. You may qualify for a 25 percent reduction in the attorney's customary fees by using the ComPsych Network.

Find out more about Beneficiary Assist counseling services by calling 1-800-411-7239.

Estate Guidance Will Services

As a covered employee under the Hartford Group Life/AD&D insurance policy, you have access to EstateGuidance Will Services provided by ComPsych. It helps you create a simple, legally binding will quickly and conveniently online, saving you the time and expense of a private legal consultation. Other advantages include:

- Online assistance from licensed attorneys should you have questions.
- The ability to save drafts for up to six months. During this period, you can revise your will at no cost, as long as you haven't already printed or downloaded it.
- Additional estate planning services are also available for purchase, including the creation of living wills and trusts, guidance about divorce proceedings, and durable power of attorney.

Visit www.estateguidance.com. This the code WILLHLF.



Additional Benefits

Funeral Planning and Concierge Services

If you are covered under The Hartford's Group Life/AD&D policy, you have access to funeral planning and concierge services through Everest. Everest's advisors help families understand all of their options and put them into action while staying within their budget. The following services are available to you, your spouse/partner, and children under the age of 26:

- 24/7 advisor assistance
- PriceFinder Research Reports: database of funeral home prices
- Online planning tools
- At-need family support
- Express claim processing

Find out more about the Hartford's Funeral and Concierge Services by calling 1-866-854-5429 or visit www.everestfuneral.com/Hartford and use this code: HFEVLC.

Ability Assist Counseling Services

If you have an approved claim under The Hartford's Disability Insurance or Voluntary Insurance, you and your family, including spouse and dependents can access Ability Assist. Ability Assist is your resource for professional support for everyday issues like job pressures, relationships, and retirement planning and other highly impactful issues like grief, loss, or disability.

The service includes up to 3 face-to-face emotional or work-life counseling sessions per occurrence per year. This means you and your family members won't have to share visits. You can each get counseling help for your own unique needs. Counseling for your legal, financial, medical, and benefit-related concerns is also available by phone.

For access over the phone, call 1-800-964-3577 or visit www.guidanceresources.com. If you're a first-time user, register online with Organization Web ID: HLF902 and Company Name: ABILL.

Health Care Support Service

If you become disabled, an additional service provided by The Hartford's Ability Assist EAP services is ComPsych's HealthChampion. You have unlimited access to HealthChampion specialists who walk you through all aspects of your health care issue, helping to ensure you're fully supported through employee assistance programs and/or work-life services. HealthChampion helps take some of the burden off your shoulders, no matter what kind of health plan you have. The program can:

- Guide you through health care options
- Connect you with the right resources
- Advocate for timely and fair resolution of issues

You can access help 24/7 at 1-800-964-3577.



Flexible Spending Account

Flexible Spending Accounts

Liberty Healthcare offers staff members the opportunity to redirect a portion of employee's pay, through payroll deductions, into Flexible Spending Accounts. These provide you with the ability to save money on a pre-tax basis to pay for any IRS-allowed health expense or dependent care expense (child care or elder care expenses). This benefit can provide significant cost-savings to staff members. The accounts are handled by CBIZ and the plan year runs from **July 1, 2023 through June 30, 2024**.

How the Health Care Flexible Spending Account (FSA) Works

You can set aside pre-tax dollars up to \$3,050 in the Health Care Flexible Spending Account to pay for eligible expenses you incur during the plan year to include the following:

- ▶ Out of pocket medical costs, such as deductibles, copays, as well as coinsurance
- ▶ Over-the-counter medications (Rx required)
- ▶ Dental, vision and hearing care expenses

How the Dependent Care Flexible Spending Account (DCA) Works

You can set aside pre-tax dollars up to \$5,000 in the Dependent Care Flexible Spending Account to pay dependent day care expenses that allow you and/or your spouse to work, look for work, or attend school full time. Eligible expenses include the following:

- ▶ Preschool, nursery school or day care expenses
- ▶ Before and/or after school care
- ▶ Summer day camp
- ▶ Adult day care center or in-home care for an adult dependent

Care can be for your dependent children through age 12 and/ or any dependents who are physically or mentally unable to care for himself or herself who spends at least eight hours a day in your home and whom you claim as a dependent on your federal income tax return.

Using your Flexible Spending Account Debit Card

Per IRS regulations, your debit card is restricted to use at health care providers (merchants that have a merchant category code that indicates they are a health care provider). These merchants include hospitals, doctors, dentists, chiropractors, etc. You may also use your debit card at merchants that have an Inventory Information Approval System such as pharmacies.

When using your Health Care FSA Debit Card at an approved merchant, you may need to substantiate all of your transactions. If any transactions are not auto-approved, you must provide receipts to CBIZ in order to substantiate the transactions. If the charge is not substantiated, CBIZ must recover the charge and suspend the card until the money is returned.

Reminder

- ▶ The Health Care Flexible Spending Account is a use it or lose it account. Any funds over \$610 left in the account at the end of the plan year will be forfeited. The plan allows up to \$610 to be rolled over into the next plan year.
- ▶ The Dependent Care Flexible Spending Account does not allow any funds to roll over. Any monies left in the account at the end of the plan year will be forfeited.





Health Savings Account

Health Savings Account (HSA)

If you are enrolled in one of the two High Deductible Health Plan's (UHC HSA Value or UHC HSA 85), you are eligible* to set up a Health Savings Account (HSA). Employees would work with their personal bank to set up the account. Once the account has been set up, employees would enter the account information in UKG as a new direct deposit. Funds taken from payroll and directly deposited into the HSA will be on a **POST TAX** basis. Employees will work with their tax consultant to apply the necessary deductions when filing their income taxes to receive the pre-tax savings.

In 2023, members can contribute to the HSA up to \$3,850 for Employee Only coverage and up to \$7,750 for Employee/Dependent coverage. Additionally, an HSA catch-up contribution maximum of \$1,000 is allowed for individuals age 55 or older.

The HSA is a bank account in your name. The bank provides you with a debit card to pay for out-of-pocket expenses associated with covered services. Any unused amounts remaining in the HSA at the end of the plan year will roll over to use for future eligible expenses.

Things to Note:

- ▶ Money must be in the Health Savings Account to pay for healthcare expenses. The account is not frontloaded like a Flexible Healthcare Spending Account.
- ▶ Money in the HSA can only be used for qualified medical/dental/vision expenses. You can view the list of qualified medical expenses at www.irs.gov/pub/irs-pdf/p502.pdf. Funds used for non-qualified expenses are taxed as income and incur a penalty. (For 2023, the penalty is 20%)
- ▶ If the account continues to carry a balance, members could use the funds to pay for retiree medical coverage.
- ▶ The account is portable; you can continue to use your HSA account even if you leave Liberty Healthcare.
- ▶ Deposits are only able to be made into the HSA if enrolled in a High Deductible Health Plan.
- ▶ If you are enrolled in one of the HSA plans with a spouse on your plan, and your spouse is also enrolled in their own HSA, both you and your spouse can only contribute up to the maximum family coverage limit of \$7,750 combined between both of your HSA accounts.

*HSA Accounts do have restrictions so employees should make sure to work with their tax consultant in order to verify that they are eligible to have the HSA account as well as be aware of any IRS guidelines which may need to be followed.



Health Savings Account

Some HSA Eligibility Rules Are:

1. You, the employee, may not be covered by any other health coverage (no dual coverage)
2. You may not be enrolled in Medicare
3. You cannot be claimed as a dependent on someone else's tax return
4. You cannot have an FSA account open

Other eligibility restrictions apply. Please consult your tax advisor for further information.

Visit IRS Publication 969 for further information:

<https://www.irs.gov/publications/p969>

Investment Opportunities

Once your HSA account reaches a designated value, known as the investment threshold, you may set up a separate investment account to invest a portion of your savings in mutual funds. Guidelines for transferring money from your HSA account into an investment account include:

- ▶ You must retain at least the minimum investment threshold balance in your HSA account at the time of a transfer
- ▶ Funds must be invested in increments of \$100 or more
- ▶ You can make trades with your designated bank
- ▶ A monthly investment fee may apply

If you choose to invest, you will have the option to automatically "sweep" contributions to your account that exceed the investment threshold into your investment account. You will choose how investments are allocated when you set up your investment account, and you may change your allocations.

Payments for qualified medical expenses can only be made from your HSA account. If you want to use money in your investment account to pay for qualified medical expenses, you must first liquidate investments and transfer funds into your HSA account.





Notices

Your model notices contain important information regarding your benefits. The different notices that are covered include:

- ▶ Employer's Children's Health Insurance Program (CHIP) Notice
- ▶ Privacy Practices Notice
- ▶ COBRA General Notice
- ▶ General FMLA Notice
- ▶ Genetic Information Nondiscrimination Act (GINA) Disclosure
- ▶ Health Insurance Exchange Notice
- ▶ Medicare Part D Creditable Coverage Notice
- ▶ Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure
- ▶ Newborns' and Mothers' Health Protection Act Notice
- ▶ No Surprise Billing
- ▶ Patient Protections Notice
- ▶ Notice of Special Enrollment Rights
- ▶ Summary of Material Modifications (SMM) - Material Reductions Notice
- ▶ Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice
- ▶ Women's Health and Cancers Rights Act (WHCRA) Notices

TO VIEW THE 2023
MODEL NOTICES IN THEIR
ENTIRETY, PLEASE SCAN OR
CLICK THE QR CODE





Contacts

Contact Information

Company	Benefit	Phone Number	Website/ Email Address
United Healthcare	Medical	(866) 314-0335 (HSA) (866) 633-2446 (Non-HSA)	www.myuhc.com
United Healthcare	Dental	(866) 633-2446	www.myuhc.com
United Healthcare	Vision	(800) 638-3120	www.myuhcvision.com
The Hartford	Group Term Life/AD&D Short Term Disability Long Term Disability	Customer Service: (800) 523-2233 Disability Claims: (800) 289-9140 Life Claims: (888) 563-1124 Medical Underwriting: (800) 331-7234 Tax Services Unit: (800) 293-8607 Port & Conversion: (877) 320-0484	www.thehartford.com
The Hartford	EAP Employee Assistance Program	(800) 964-3577	www.guidanceresources.com Company/Organization: HLF902 Company Name: ABILI
The Hartford	Critical Illness	(866) 547-4205	www.thehartford.com
CBIZ	Flexible Spending Account	(800) 815-3023	www.myplans.cbiz.com
Fidelity	401K	(800) 835-5097	netbenefits.fidelity.com
Camille Tanner	Human Resources, Vice President	(610) 668-8800	camille.tanner@libertyhealth.com
Melissa McNamara	Human Resources Director	(610) 668-8800	melissa.mcnamara@libertyhealth.com
Nicole Cagliola	NFP (Broker Consultant)	(610) 254-8237	nicole.cagliola@nfp.com
Rachel Kulp	NFP (Account Executive)	(484) 290-5764	rachel.kulp@nfp.com