



# Employee Benefits Enrollment Guide **2021**



**Legacy Health Services**  
Our Family Caring for Yours



# Legacy Health Services

Our Family Caring for Yours

As employees of the Legacy Health Services family of companies, we care for others every day, regardless of what department we work in. Our residents' health and well-being are at the forefront of our minds in all we do. In order to be engaged and effective caregivers, we must take care of our own health and well-being, as well as that of our families. Legacy Health Services has developed a comprehensive benefit package that encourages our staff to focus on all facets of wellness- health, financial and emotional. The enhanced benefit choices available to you allow you to customize your coverage based on your unique needs.

We understand that healthcare costs can be a stressor as the cost of healthcare continues to rise across the nation. There are three medical insurance plans available to our employees – the Value Plan, Medflex Plan and a Qualified High Deductible Health Plan with a pre-tax HSA account. We also offer telemedicine services for employees. These services give our employees convenient, 24/7 access to physicians that can save you copay costs from office or urgent care visits. We continue to offer discounted premiums for employees who are tobacco free. For those who are smokers, we offer a QuitLine Smoking Cessation program to help you take steps towards better health and reduced healthcare costs.

Please read this benefit guide carefully so that you understand the options available to you. If you have any questions about these benefits, or your eligibility, please contact your Human Resources Coordinator.

Thank you for being a valued part of our team and for your continued dedication to our residents.

Bruce Daskal  
PRESIDENT

Eliav Sharvit  
CHIEF EXECUTIVE OFFICER and GENERAL COUNSEL

# Employee Benefits Enrollment Guide 2021



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This booklet is intended as a high level overview and is for informational purposes only. The plan documents, insurance certificates and policies will serve as the governing documents to determine plan eligibility, benefits and payments. In the case of conflict between the information in this booklet and the official plan documents, the plan will always govern.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice.

# Employee Benefits Enrollment Guide 2021



## Eligibility

This guide provides a summary of benefits you may choose to elect as an eligible employee. Employees must work 30 hours per week to be eligible for benefits.

Eligible dependents include:

- Your lawful spouse, as determined by the state in which you reside.
- You or your spouse's children and stepchildren, adopted children or children placed for adoption with the eligible employee or eligible employee's spouse and any children whom you have legal custody. Any dependent children, which by court order must be provided healthcare coverage by the eligible employee or the eligible employee's spouse. Court or government approval of guardianship is required.

## Spousal Medical Coverage

If you are married and your spouse is employed and eligible for healthcare coverage from his/her employer, then he/she is not eligible for the Legacy Health Services health plan, unless the cost to obtain the other employer's single coverage is more than \$160 per month. If your spouse is self-employed and does not have access to group health coverage, or if your spouse is not working or is not eligible for coverage through their employer, then he or she is eligible to participate in the Legacy Health Services health plan. If your spouse has a change in his or her employment status and becomes eligible for group health coverage, he/she must enroll in that coverage as soon as he/she is eligible. For additional information, see your HR Coordinator.

## Qualified Life Events

Generally, you may only change your benefit elections during the annual enrollment period. However, you can change your benefit elections during the year if you experience a Qualified Life Event. If you have a Qualified Life Event during the year, you have 30 days to report it by contacting your HR Coordinator. Qualified Life Events must be communicated with proper supporting documentation. Qualified Life Events include:

- Marriage
- Divorce or legal separation
- Death of spouse
- Birth/adoption/legal guardianship of a child
- Covered dependent status change
- Loss of other insurance coverage
- Dependent child reaches limiting age (26 years)
- Retirement
- Spouse loss of coverage

Important: If you miss the 30 day deadline to make a change to your life event, you cannot enroll a new dependent or make a change to your benefits until the next open enrollment period.

# Employee Benefits Enrollment Guide

## Medical



Health insurance does more than just pay for medical expenses. It limits out of pocket expenses, grants you access to preventive care, reduces the need to delay necessary medical care, all of which combines to offer you peace of mind. That is why we are offering the following medical plans from Medical Mutual of Ohio:

	Value Plan <i>In-Network</i>	Value Plan <i>Out-of-Network</i>	MedFlex Plan <i>In-Network only</i>	QHDHP w/HSA <i>In-Network</i>	QHDHP w/HSA <i>Out-of-Network</i>
<b>Deductible</b>					
Individual	\$3,000	\$3,000	\$5,000	\$3,000	\$3,000
Family	\$6,000	\$6,000	\$10,000	\$6,000	\$6,000
<b>Out-of-Pocket Maximum <i>includes deductible</i></b>					
Individual	\$6,600	Unlimited	\$7,500	\$3,000	\$10,000
Family	\$13,200	Unlimited	\$15,000	\$6,000	\$20,000
PCP Visit	\$35	50%	\$35	Deduct. then \$0	Deduct. then 40%
Specialist Visit	\$50	50%	\$50	Deduct. then \$0	Deduct. then 40%
Hospitalization	Deduct. then 20%	Deduct. then 50%	Deduct. then 20%	Deduct. then \$0	Deduct. then 40%
Coinsurance	Deduct. then 20%	Deduct. then 50%	Deduct. then 20%	Deduct. then \$0	40%
Preventive Care*	Covered at 100%	Covered at 50%	Covered at 100%	Covered at \$0	Deduct. then 40%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Emergency Room Use	\$250 copay/visit 20% coinsurance	\$250 copay/visit 20% coinsurance	\$250 copay/visit deduct., 20% coins.	Deduct. then \$0	Deduct. then \$0
Non-Emergency Room Use†	Not covered	Not covered	Not covered	Not covered	Not covered
Urgent Care	\$35	50%	\$35	Deduct. then \$0	Deduct. then 40%
Inpatient Hospital Care	20%	50%	20%	Deduct. then \$0	Deduct. then 40%
Outpatient Hospital Care	20%	50%	20%	Deduct. then \$0	Deduct. then 40%
<b>Prescription Drugs, 30 day supply <i>Retail</i></b>					
Generic	30%, \$10 min.	N/A	30%, \$10 min.	Deduct. then \$0	Deduct. then 40%
Preferred Brand	30%, \$35 min.	N/A	30%, \$35 min.	Deduct. then \$0	Deduct. then 40%
Non-Preferred Brand	30%, \$50 min.	N/A	30%, \$50 min.	Deduct. then \$0	Deduct. then 40%
<b>Prescription Drugs, 90 day supply <i>Mail Order</i></b>					
Generic	25%, \$25 min.	N/A	25%, \$35 min.	Deduct. then \$0	Deduct. then 40%
Preferred Brand	25%, \$75 min.	N/A	25%, \$75 min.	Deduct. then \$0	Deduct. then 40%
Non-Preferred Brand	25%, \$112.50 min.	N/A	25%, \$112.50 min.	Deduct. then \$0	Deductible

\* Preventive Care examples include: Blood pressure, diabetes, and cholesterol tests; many cancer screenings, including mammograms and colonoscopies; counseling on such topics as quitting smoking, losing weight, eating healthfully, treating depression, and reducing alcohol use; regular well-baby and well-child visits, from birth to age 21.

† Non-Emergency Room Use examples include: A cold or the flu; earache; sore throat; using the emergency room for your convenience; using the emergency room during normal physician office hours for medical conditions treatable in a physician's office.

This is not a comprehensive list of benefits. Please refer to your Certificate of Coverage for additional details. Certificate of Coverage information supersedes this booklet.



# Employee Benefits Enrollment Guide

## Medical



### Value Plan (PPO Plan)

The Value Plan provides you with access to the SuperMed PPO Network. This is Medical Mutual's broadest network with over 32,000 practicing providers and 202 hospitals, including The Cleveland Clinic, University Hospitals, and MetroHealth. The Value plan includes competitive office visit and RX copays. No referrals are required. This option provides the most network flexibility but has the highest per pay cost to you.

### MedFlex Plan (HMO Plan)

MedFlex provides a narrower network of hospitals and physicians. MedFlex is an HMO plan, so there are generally no out-of-network benefits. Employees choose their own primary care physician in the network, but do not need a referral for specialist care. This option is for employees who want to have office visit and RX copays but are willing to utilize a narrower network. This option comes with a lower per-pay cost to you.

### Health Systems, Hospitals and Providers in the MedFlex Network:

#### Northeast Ohio

- Akron Children's Hospital
- Lake Health
- Mercy Health
- Mercy Health Physicians (formerly Prima Health)
- Mercy Medical Center

- Salem Regional Medical Center
- Southwest General Health Center
- Summa Health System
- University Hospitals
- Western Reserve Hospital

#### Northwest Ohio

- Mercy Health
- St. Luke's Hospital
- Toledo Clinic

### Qualified High Deductible Health Plan (HSA Plan)

The Health Savings Account (HSA) plan provides you with access to the same larger SuperMed PPO Network as the Value Plan. With this plan, there are no office visit or RX co-pays – all services are subject to the deductible and coinsurance. The one exception is preventive care which is covered at 100%. This insurance plan can be coupled with an HSA which allows you to put money aside on a pre-tax basis. You can use the funds in this account to pay for qualified medical, dental and vision expenses.

### Disease Management

Disease Management plans if you are diagnosed with one or more of the following conditions: asthma, COPD, congestive heart failure, coronary artery disease and diabetes. Offers support coach, in-home monitoring device, tobacco cessation assistance and diabetes testing supplies. In addition, offers pregnancy programs to assist throughout pregnancy and afterwards for six weeks.

Call 1-800-861-4826 and select option 2 to check eligibility and enroll.



MEDICAL MUTUAL®

# Employee Benefits Enrollment Guide

## Medical



### Smoking Cessation

For the 2021 plan year, the employee cost for health benefits is based on whether the employee uses tobacco products. Those who are tobacco-free will pay lower premiums than tobacco users. Legacy Health Services requires employees who have stated that they are tobacco-free to sign a “Tobacco Attestation” form at the time of enrollment in our health plan. Legacy Health Services may also require annual testing to confirm tobacco-free status. Failure to submit an attestation form at the time of enrollment means you will pay the larger contribution rate, regardless of your actual tobacco status.

If you are interested in quitting tobacco, we want you to have the tools you need to start on a path to better health. Legacy Health Services is offering our employees the opportunity to participate in the online program, at no cost to you. By completing the online program, you can earn the tobacco-free discount.

The program gives you the motivation and information you need to change your everyday habits and reduce the risks of serious health conditions that can result from smoking.

### Medical Mutual QuitLine Program

Medical Mutual offers a smoking cessation program called QuitLine. The QuitLine program includes five live calls to you from a QuitCoach. You are always able to call in on an unlimited basis, regardless of whether you have completed the five required calls. Once you have completed the five required calls and are no longer engaging with your QuitCoach, you will no longer be active with the program as you will have hopefully met your goal. Please remember, you can call and talk to a QuitCoach at any time throughout the year. You can also obtain FREE Nicotine Replacement Therapy for a maximum of 8 weeks through QuitLine. After you complete the five required calls, you may request a Certificate of Completion from your QuitCoach, which you can then provide to your HR Coordinator. By submitting the Certificate of Completion, you will qualify for a lower premium.

To enroll, please call 866-845-7702 so a call with a QuitCoach can be scheduled based on your availability.



# Employee Benefits Enrollment Guide

## TeleMedicine



If you are enrolled in any of the three Medical Mutual health plans, you and your qualified dependents can utilize MDLIVE Telemedicine as a company paid benefit- no cost to you! You must be enrolled in a health plan to be eligible to use the benefits. For employees not enrolled in a health plan, this service is still available for a small fee.

### How It Works

MDLIVE treats routine medical conditions by connecting patients to doctor 24/7, saving valuable time and offering unparalleled convenience. While the typical doctor's visit – from scheduling to prescription pick-up takes an estimated four hours, an MDLIVE doctor's visit takes approximately 16 minutes.

Employees carry peace of mind knowing doctors are available to see them anytime, anywhere. MDLIVE patients can choose the most convenient way to connect with a doctor – either by phone, secure video or through the MDLIVE App.

**The MDLIVE Experience:** Based on lifestyle and meets and needs of the moment, MDLIVE patients can choose to speak with a doctor over the phone, online or through the MDLIVE app – more choices than any other telehealth provider.

**Clinical Capabilities:** Employing a vast nationwide network of Board Certified doctors who consult, treat and prescribe, MDLIVE is positioned to provide high quality care for routine medical conditions.

### Benefit:

- Routine medical care connecting patient to a physician 24/7
- Speak with a physician over the phone, online or MDLIVE app
- \$0 – Co-pay
- Unlimited visits
- Up to eight (8) dependents included
- Behavioral health includes three (3) visits

### Non-emergency conditions treated

- |                |                        |
|----------------|------------------------|
| ▪ Acne         | ▪ Insect bites         |
| ▪ Allergies    | ▪ Nausea/vomiting      |
| ▪ Cold/flu     | ▪ Pink eye             |
| ▪ Constipation | ▪ Rash                 |
| ▪ Cough        | ▪ Respiratory problems |
| ▪ Diarrhea     | ▪ Sore throats         |
| ▪ Ear problems | ▪ and more             |

### How to use your service - three options:

1. Phone 888-674-2490
2. Use the MDLIVE app
3. Online at: [members.mdlive.com/247doctor](https://members.mdlive.com/247doctor)





# Employee Benefits Enrollment Guide

## Flexible Spending Accounts



Flexible Spending Accounts (FSA) allows you to pay for certain medical and/or dependent care expenses with pre-tax dollars. By contributing pre-tax, you will lower your taxable income and increase your spendable income. We are offering you two options: a Medical FSA and a Dependent Care FSA.

- The maximum annual contribution to your medical FSA is \$2,750 per year.
- The maximum annual contribution to your dependent care FSA is \$5,000 per year.

Flexible spending accounts provide you with the following advantages:

- They reduce your federal and state income taxes.
- They reduce your Social Security taxes.
- They allow you to increase your net spendable income.
- They allow you to budget your known out-of-pocket expenses over a 12-month period.

### Medical FSA

The Medical FSA helps you pay for healthcare expenses not covered or only partially covered by your health, dental or vision insurance. The Medical FSA can be used to pay expenses for you or any of your qualified dependents, and the funds in the account are available on the first day of the plan year or your effective date.

OTC drugs and medicines will continue to be eligible for reimbursement from these benefits plans as long as the reimbursement request is accompanied by a doctor's prescription.

### Dependent Care FSA

The Dependent Care FSA will save you money on the cost of dependent care expenses, while you and your spouse (if applicable) work. Childcare expenses like daycare centers or babysitters are eligible for children through age 12. Disabled or elder daycare expenses are eligible, regardless of age.

### How FSAs will Save you Money

When you elect to participate in a FSA, you will designate a specific amount of dollars to be deducted from your gross earnings (before tax) each pay period. By contributing pre-tax, you will lower your taxable income and increase your spendable income! In fact, you are using dollars you would have paid in taxes to help pay for your medical and/or dependent care costs.

# Employee Benefits Enrollment Guide

## Flexible Spending Accounts



### How Does It Work? Planning your Election

Here are just a few strategies you can use to be sure that you are making every penny count!

- Plan ahead. Base your election on anticipated predictable expenses not covered by other insurance or benefit plans.
- Look back to last year. One way to estimate those expenses is to look back at the healthcare and dependent care expenses you paid during the past plan year. This can be the starting point for your annual contribution, adjusted of course for any past or future extraordinary expenses.
- Look outside your health plan. There are many FSA eligible expenses not covered by your health plan such as over-the-counter (OTC) medicines, laser eye surgery, out-of-pocket orthodontic expenses, etc.
- Evaluate your home pharmacy. Throw away all expired OTC medications and the next time you visit your healthcare provider, ask for a prescription for OTC medications that you may use on a regular basis including aspirin, allergy medications, antacids, etc. Contact lens solution, bandages and other OTC item (non-medication) can be reimbursed without a prescription.
- Be conservative. Any unused funds cannot carry forward to the next plan year and are forfeited.

#### Some qualified expenses include:

- Co-pays
- Prescription drugs
- Diabetic supplies
- Prescribed over-the-counter medicines
- Doctor fees
- Deductibles

For a complete list of eligible medical expenses, visit [www.IRS.gov](http://www.IRS.gov).

#### Key takeaways about HSAs and FSAs.

- Both accounts offer tax benefits and have annual contribution limits.
- You must have a high-deductible health plan (HDHP) to qualify for an HSA.
- Funds from your HSA roll over year after year.
- Some HSAs offer investment options.
- HSA holders cannot spend more than the funds that have been deducted from their paycheck. However, they can file for reimbursement later in the year.
- You can't contribute to an HSA and a traditional FSA in the same year.
- FSAs work on a "use it or lose it" basis, meaning any funds not spent by the end of your plan year will be lost, unless the plan has a grace period or rollover feature.
- You can use your FSA to cover eligible health care expenses early in the year, as long as you plan to contribute what's necessary to cover those expenses by the year's end.



# Employee Benefits Enrollment Guide

## Health Savings Account (HSA)



### HSA Plan (Qualified High Deductible Health Plan)

An HSA is a personal savings account owned by the individuals covered under a High Deductible Health Plan (HDHP) to help them save and pay for their health care. When you contribute to an HSA, the funds in the account become your sole property and can be used for current and future qualified medical, dental, vision and pharmacy expenses for you, your spouse, and all dependents you claim on your tax return.

#### An HSA offers a triple tax advantage:

Contributions are excluded from federal income tax, state income tax and social security and any interest earnings are tax deferred. In addition, withdrawals for eligible expenses are exempt from federal income tax.

If you contribute to the account with after tax dollars (outside of payroll) you will receive the tax credit when you file your taxes the following year.

If you enroll in the HDHP, you will be eligible to open an HSA with Discovery. Through Discovery, account owners can do their HSA banking on the website and will be issued a debit card tied to the HSA to make it more convenient to pay at the point of service.

#### Who can enroll in the HSA?

You are eligible to open and contribute to an HSA if you are not covered by any other health plan that is not a high deductible plan; you are not enrolled in Medicare; you are not claimed as a dependent on someone else's tax return; you are not covered by a Health Care FSA.

#### Important HSA Tips

You are in charge of managing your HSA- it is your money. There is no "use it or lose it" rule- funds roll over year to year (unlike an FSA). You get to keep it even if you change plans, change employers or retire. You control and manage your health care expenses. You choose when to use your HSA dollars to pay your health care expenses.

Know the penalty. Under IRS HSA rules, if an HSA is used to pay for care or services that are not qualified expenses you will have to pay a 20% penalty to the IRS, plus applicable taxes on the money spent. This penalty does not apply if you are age 65 or older; however, you are still responsible for the applicable taxes.

#### HSA contributions

You can set up regular, pretax deposits through payroll deduction. You can even change your payroll deduction amount throughout the year or make a regular deposit directly through Discovery Benefits, HSA administrator.

#### 2021 HSA Contribution Limits

Employee Only	\$3,600
Family	\$7,200
Age 55+	An additional \$1,000



# Employee Benefits Enrollment Guide

## Dental



A glowing smile will enlighten anyone’s day. That is why we are providing a dental plan, offered by Delta Dental, to eligible employees. Taking care of your teeth will help you maintain your dental health and prevent periodontal or gum disease from developing. Proper dental care at home, combined with seeing your dentist regularly, is your ticket to good dental health. However, when a dental problem arises, our comprehensive dental benefits help you receive the treatment you need.

Deductible (per year)	
Individual	\$50
Family	\$150
Annual Maximum	\$1,000
Preventative Services Coverage	
Oral Exams	100%
Bitewing X-rays	100%
Cleanings	100%
Fluoride Treatment	100%
Sealants	100%
Basic Services Coverage	
All Other X-Rays	80%
Fillings	80%
Simple Extractions	80%
Major Services Coverage	
Endodontic Services	50%
Periodontal Services	50%
Crowns	50%
Prosthodontics	50%
Orthodontia	
Deductible	\$50
Orthodontic Treatment – Lifetime maximum	\$1000

Late Entrants: There is a 12-month waiting period for certain services. Endodontic Services, Periodontic Services, Occlusal Guards/Adjustments, Other Oral Surgery, Major Restorative Services, and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months. Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 24 consecutive months.



# Employee Benefits Enrollment Guide

## Vision



Whether you are driving down the highway or reading a book, seeing clearly is important, which is why we are offering you a vision plan through EyeMed. From keeping an eyewear Rx up-to-date to preventing vision loss due to glaucoma, diabetes or macular degeneration, regular visits to a quality eye care professional are a must.

	In-Network	Out-of-Network
Eye Exam	\$10	\$35
Frames	\$0 Co-pay; \$140 allowance, 20% off balance over \$140	\$56
<b>Lenses*</b>		
Single	\$10	\$25
Bifocal	\$10	\$40
Trifocal	\$10	\$60
Polycarbonate - Children to age 19	\$0	\$28
Polycarbonate - Adult	\$0	\$28
Progressive Standard Lenses	\$10	\$85
Solid or Gradient Tint	\$12	N/A
Scratch Coating	\$12	N/A
<b>Contact Lenses</b>		
Contact Lens Evaluation & Fitting	Up to \$40	N/A
Contact Lenses (Disposable, Conventional, Specialty)	\$0 Co-pay; \$150 allowance, 15% off balance over \$155	\$109 co-pay
Medically Necessary (per pair)	\$0 Co-pay; Paid in full	\$200 co-pay
<b>Frequency:</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	

\* multiple options on lenses for additional cost, i.e. \$10



# Employee Benefits Enrollment Guide

## Disability Coverage



### Short Term Disability

Short term disability benefits are available for employees who work more than 30 hours per week as a company paid benefit, so there is no cost to you! Protecting yourself is important especially if others depend on you. That is why we are offering Short Term Disability insurance to eligible employees. In the event that you are unable to work due to serious illness or injury, Lincoln Financial Short Term Disability insurance pays cash benefits that can help to compensate for lost income. Benefits and features include:

Weekly Benefit Amount	60% of weekly salary up to \$500 per week
Benefit Duration (Injury, Illness)	11 weeks
Elimination Period	Benefits begin on day 15 of an injury or illness
Waiting period for coverage to begin	12 months of employment

### Long Term Disability

Lincoln Financial's optional Long Term Disability insurance can pay you a percentage of your gross monthly earnings (up to the maximum allowed by your plan) if you become ill or injured and can't work for an extended period. It can help you pay your bills and protect your finances at a time when you have extra medical costs but don't get a paycheck. The length of time you can receive benefits is based on your age when you become disabled. Benefits include:

Long Term Disability Benefit	60% of monthly salary
Maximum Monthly Benefit	\$7,500
Minimum Monthly Benefit	Greater of \$100 or 10% of Benefit
Elimination Period	90 days
Specified Illness/Injury Limits	Mental/Nervous & Substance Abuse: 24 Months Other Limits (Specified Illnesses): 24 Months
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.

#### Additional features include:

- Portability
- Vocational Rehabilitation
- Family Care – The Family Care Expense benefit provides disabled employees a way to help offset these costs during a period of disability. The benefit amount will be the lesser of the actual employee contribution toward dependent care, or \$250. The maximum benefit period is 12 months.

# Employee Benefits Enrollment Guide

## Life Insurance



Life can be tricky and unpredictable events can happen at any time, which is why we want to make sure that you are covered in the event of a tragedy. For employees who work 30+ hours per week, Legacy Health Services provides a basic life insurance policy at no cost to you. We are also offering additional optional life insurance. Both offerings are through Lincoln Financial Group. If you have family or others who depend on you for financial support, securing or increasing life insurance coverage is among the most important steps you will ever take. Life insurance is one of easiest and most affordable ways to protect your loved ones should something happen to you.

### Current Eligible Employees:

You and your spouse may elect or increase insurance coverage up to 2 increments on a guaranteed acceptance basis during the defined open enrollment period, provided that you and your spouse have not been previously declined for coverage. See your HR coordinator for specific pricing.

Optional Employee Life	
Minimum Benefit	\$10,000
Maximum Benefit	\$300,000 (Not to exceed 3 times your annual salary)
Guaranteed Issue Amount	\$150,000 for timely enrollees
Accelerated Life Benefit	Yes
Waiver of Premium	Yes
Conversion	Yes
Portability	Yes
Optional Spousal Life	
Minimum Benefit	\$5,000
Maximum Benefit	\$50,000 (Not to exceed 50% of employee elected amount)
Guaranteed Issue Amount	\$20,000 for timely enrollees
Optional Child Life	
Minimum Benefit	\$5,000
Maximum Benefit	\$10,000
Guaranteed Issue Amount	\$10,000

### Additional benefits include:

- BeneficiaryConnect: Support services for beneficiaries who have experienced a loss.
- TravelConnect: Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

# Employee Benefits Enrollment Guide

## Critical Illness Insurance



Surviving a critical illness is becoming more common today thanks to advances in medicine. With Critical Illness Insurance benefits from Lincoln Financial Group, you and your family can face your financial future with confidence and concentrate on getting better when a critical illness strikes.

### Important features include:

- Our Lincoln CareCompass<sup>SM</sup> feature provides benefits for health screenings, and offers services for the unmet, often emotional needs of you and your family members.
  - Support services include health care advocacy services, a care manager to help you navigate the health care system, access to emotional counseling services for claimants and their caregivers, financial specialists and legal specialists.
- Critical Illness benefits are paid directly to you and may be used according to your wishes.
- You may keep your Critical Illness coverage should you leave the company.
- Pre-existing condition period: 12/12.
- Guaranteed Issue: Employee: \$20,000; Spouse: \$10,000; Child: All guaranteed issue.

### Benefit (paid as % of elected benefit amount):

- Heart category:
  - Heart attack, heart transplant, stroke: 100%
  - Arteriosclerosis, aneurysm: 10%
- Cancer category:
  - Invasive cancer: 100%
  - Cancer In situ, Benign brain tumor, bone marrow transplant: 25%
- Organ category:
  - End stage renal failure, major organ transplant: 100%
  - Acute respiratory distress syndrome (ARDS): 25%
- Quality of Life coverage:
  - ALS/Lou Gehrig's disease, advanced Alzheimer's disease, advanced Parkinson's disease: 100%
  - Advanced MS, loss of sight, hearing, or speech: 25%

### Other benefits and services include:

- Critical Illness Assessment Benefit: Pays \$50 for one covered assessment test per year.
- Family Care Benefit: Pays a \$25 per day for up to 30 days for child care expenses while a covered person is confined for a covered event/illness.

If there is any discrepancy between this benefit summary and the policy, the policy shall control. This summary is not intended to contain a complete description of the coverage offered. This summary does not modify the policy. This is not a binding contract.



# Employee Benefits Enrollment Guide

## Accident Insurance



Lincoln Financial accident insurance helps protect your savings from unexpected expenses related to an accident. The plan can pay you a lump-sum cash benefit – you decide the best way to use it.

Accident insurance is great for all lifestyles – families with active children, weekend warriors, or even those that like taking it easy. The cash benefit can help fill in the gaps and can be used for deductibles and co-pays and any other living expenses you have.

Accident insurance pays you for covered injuries. Benefits for more than 70 covered injury expenses and treatments include:

Accident Follow-Up Treatment	\$50 per visit up to 6 visits
Emergency room treatment or urgent care facility	\$150
Hospital admissions and confinement	\$1,000/accident \$200/day (365 days) \$400/day ICU (15 days)
Fractures	\$100 to \$2,800/fracture – non-surgical \$200 to \$5,600/fracture – surgical
Ambulance	Air ambulance - \$600; Ground ambulance - \$150
Major diagnostic exam	\$100
Family care benefit	\$20 per day per child (up to 30 days)
Emergency dental work	Crown - \$150; Extraction - \$50

For a complete list of benefits, refer to the benefit summary.

You'll receive cash for covered injuries. You'll even get benefits for multiple covered injuries resulting from the same accident. If you undergo a defined health assessment benefit, an additional \$50 will be paid.

You will also have access to LifeKeys Services – see page 18 for additional details.

If there is any discrepancy between this benefit summary and the policy, the policy shall control. This summary is not intended to contain a complete description of the coverage offered. This summary does not modify the policy. This is not a binding contract.

# Employee Benefits Enrollment Guide

## LifeKeys® Services



No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. When they do, it's reassuring to know that help and support are close at hand — thanks to LifeKeys® services from Lincoln Financial Group. If you are enrolled in life and/or AD&D insurance, this program provides access to a wide array of services to help you and your loved ones through life's ups and downs — and prepare you for whatever lies ahead.

### LifeKeys® services include:

#### Online will preparation

Having a will is important because it allows you to designate who will receive your property and assets when you die. Without one, your state determines how your estate is distributed. EstateGuidance® will preparation is a quick and easy way to create and execute a will.

#### Information on important life matters

You have access to GuidanceResources® Online, where you'll find articles, tutorials, videos, and "Ask the Expert" advice on a wide range of topics — including legal, financial, family, and career. It's a way to stay "in the know" on important matters that impact both your personal and professional life.

#### Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. LifeKeys includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.

#### Guidance and support for your beneficiaries

Identity theft is widespread, and everyone is vulnerable. LifeKeys includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.

#### For your beneficiaries...

The LifeKeys comprehensive program offers resources to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters, and help coping with the occasional challenges of day-to-day life.

To access LifeKeys beneficiary services: Call 1-855-891-3684 or visit [guidanceresources.com](http://guidanceresources.com) (First-time user: Web ID = LifeKeys).

# Employee Benefits Enrollment Guide

## Employee Assistance Program (EAP)



### What is an EAP?

An EAP is a program through which an employee dealing with personal or workplace issues, that may affect work performance, may access services to receive help. My Life Expert is a confidential third party, where services may be accessed at no cost to you. The program is in place to improve the well-being of employees and dependent family members by addressing work-life issues including, but not limited to:

- Stress/grief
- Chemical dependency
- Marital issues
- Depression/anxiety
- Legal/financial Issues
- Child/eldercare questions
- Nutritional questions

### Additional components of the EAP:

- Medical advocacy
- On-line work/life web resources
- Life coaching
- Work/life resource and referral
- Video counseling

My Life Expert utilizes the expertise of licensed, credentialed providers. All voluntary requests for assistance are confidential. Employees and their dependent family members may contact My Life Expert by dialing 1-800-521-3273.

Employees who make the decision to voluntarily request assistance via the EASE@Work program will receive treatment in confidentiality. There is no cost to employees, household members or dependents for use of our EAP services.

Referrals to the EAP may be:

- 1) Voluntary – Employee Initiated
- 2) Management Encouraged (Soft)
- 3) Management Referral (Required) – As a result of a performance issue

Employees being referred to the program via a Management Referral will be required to sign a release. Only those parties directly involved in a Management Referral will be notified of recommendations related to treatment.

For positive drug and alcohol tests, the employee will be required to undergo an assessment via the Management Referral Process and follow the recommendations of EASE@Work.

### Services may also be accessed online:

- [www.mylifeexpert.com](http://www.mylifeexpert.com)
- Company Code: legacy



# Employee Benefits Enrollment Guide

## Investments



Retirement planning can be an important part of a person's financial wellbeing. Legacy Health Services offers pre and post-tax investment options for qualified employees who have completed three months of service. This is an overview of the products available to you through Fidelity Investments. Copies of the 401(k) and Roth 401(k) Summary Plan Descriptions (SPD) provide additional information and can be obtained from your HR Coordinator.

### 401(k) Plan

#### When can I enroll in the plan?

You are eligible to participate in the Plan if you complete three (3) months of service and you are not weekend only, PRN or a student. The plan does not cover employees who are residents of Puerto Rico.

Once you satisfy this requirement you will become eligible to participate in the Plan on the first day of the following month.

#### How do I enroll?

To enroll in the Plan, log on to Fidelity NetBenefits at [netbenefits.com](https://netbenefits.com), and click on "Register Now." Follow the easy instructions to enroll online.

#### What are the IRS contribution limits?

If you are under age 50, the IRS contribution limit for 2021 is \$19,500, which is an aggregation of pre and post-tax deferrals. Employees over age 50 can contribute an additional \$6,500.

#### Does the company contribute to my account?

Legacy Health Services will make matching contributions in an amount equal to 25% of up to 4% of your eligible compensation. The match will be split between both plans if you elect to participate in both the 401(k) plan and Roth 401(k) plan. To be eligible for matching contributions you are required to make employee deferral contributions.

#### When am I vested?

The money your employer contributes to your account in the form of a match or profit sharing contribution and any earnings become yours after a certain period of time. This is known as vesting. The vesting schedule for employer contributions is detailed in your Plan's Summary Plan Description.

But remember, the money you contribute to the Plan and any earnings on those contributions are always yours. However, the value of your account may fluctuate depending on market conditions.

#### Can I make withdrawals from my account?

Withdrawals from the Plan are generally permitted in the event of termination of employment, hardship, retirement, disability, or death. Penalties may apply based on age and circumstances.

To learn more about and/or to request a withdrawal, log in to Fidelity NetBenefits at [netbenefits.com](https://netbenefits.com) or call the Retirement Benefits line at 800-294-4015.



# Employee Benefits Enrollment Guide

## Investments



### Roth 401(k)

You have the option on selecting a Roth 401(k) for your retirement needs.

#### How do Roth 401(k) contributions differ from traditional 401(k) contributions?

With a Roth 401(k) feature, you can designate all or a portion of your future deferral contributions as Roth contributions. Traditional 401(k) contributions are made on a pretax basis and are not included in current taxable income. The pretax contributions and any earnings will be subject to income taxes when withdrawn. In contrast, Roth 401(k) contributions are made on an after-tax basis and are included in current taxable income. Earnings are tax-free if they are part of a qualified distribution—a distribution that is taken at least five tax years from the year of your first Roth 401(k) contribution and after you have attained age 59½, or become disabled or deceased.

#### How might Roth 401(k) contributions affect your paycheck?

You elect a percentage of your salary that you wish to contribute to the Roth source within your existing Plan account, just like a traditional 401(k) contribution. However, unlike your traditional 401(k) contribution, you pay taxes up front on the Roth contribution. Therefore, your take-home pay will be less if you are making Roth contributions than it would be if you were making traditional pretax contributions.

#### What are the IRS contribution limits?

If you are under age 50, the IRS contribution limit for 2021 is \$19,500, which is an aggregation of pre and post-tax deferrals. Employees over age 50 can contribute an additional \$6,500.

#### Does the company contribute to my account?

Legacy Health Services will make matching contributions in an amount equal to 25% of up to 4% of your eligible compensation. The match will be split between both plans if you elect to participate in both the 401(k) plan and Roth 401(k) plan. To be eligible for matching contributions you are required to make employee deferral contributions.

# Employee Benefits Enrollment Guide

## Required Notices



### HIPAA Special Enrollment Rights

If you are declining or have declined enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan cover-age, you may in the future be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards you or your dependent's coverage. To be eligible for this special enrollment opportunity, you must re-quest enrollment within 31 days after your other coverage ends or after the employer stops contributing towards the other non-COBRA coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption — 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/or your dependents.

To be eligible for this special enrollment opportunity, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Medicaid Coverage— The Plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to en-roll for coverage if either of the following events occur:

#### 1. Termination of Medicaid or Chip Coverage

If the employee or dependent is covered under a Medicaid plan or under a State child health plan and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.

#### 2. Eligibility for Premium Assistance Under Medicaid or CHIP

If the employee or dependent becomes eligible for premium assistance under Medicaid or CHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than provide direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or CHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

### Mental Health Parity Act

According to the Mental Health Parity Act of 1996, the lifetime maximum and annual maximum dollar limits for mental benefits under the MUM medical plan are equal to the lifetime maximum and annual maximum dollar limits for medical and surgical benefits under this plan.

### Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. This law also re-quires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the healthcare provider, or assess penalties against the provider in an attempt to interfere with the requirements of the law. However, the plan may apply deductibles, coinsurance, and copays consistent with other coverage provided by the Plan.

# Employee Benefits Enrollment Guide

## Required Notices



### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 877-KIDS-NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2020. You should contact your State for further information on eligibility.

#### **ALABAMA** – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

#### **ALASKA** – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

#### **ARKANSAS** – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

#### **CALIFORNIA** – Medicaid

Website: [https://www.dhcs.ca.gov/services/Pages/TPLRD\\_CAU\\_c\\_ont.aspx](https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_c_ont.aspx)

Phone: 916-440-5676

#### **COLORADO** – Health First Colorado

(Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:

<https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service:

1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI):

<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

#### **FLORIDA** – Medicaid

Website:

<https://www.flmedicaidtplrecovery.com/>

[flmedicaidtplrecovery.com/hipp/index.html](https://www.flmedicaidtplrecovery.com/hipp/index.html)

Phone: 1-877-357-3268

# Employee Benefits Enrollment Guide

## Required Notices



### GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
 Phone: 678-564-1162 ext 2131

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64  
 Website: <http://www.in.gov/fssa/hip/>  
 Phone: 1-877-438-4479  
 All other Medicaid  
 Website: <https://www.in.gov/medicaid/>  
 Phone 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:  
<https://dhs.iowa.gov/ime/members>  
 Medicaid Phone: 1-800-338-8366  
 Hawki Website: <http://dhs.iowa.gov/Hawki> Hawki  
 Phone: 1-800-257-8563

### KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/default.htm>  
 Phone: 1-800-792-4884

### KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
 Phone: 1-855-459-6328  
 Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
 KCHIP Website:  
<https://kidshealth.ky.gov/Pages/index.aspx>  
 Phone: 1-877-524-4718  
 Kentucky Medicaid Website: <https://chfs.ky.gov>

### LOUISIANA – Medicaid

Website:  
[www.medicicaid.la.gov](http://www.medicicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
 Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

### MAINE – Medicaid

Enrollment Website:  
<https://www.maine.gov/dhhs/ofa/applications-forms>  
 Phone: 1-800-442-6003 TTY: Maine relay 711  
 Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofa/applications-forms>  
 Phone: 1-800-977-6740.  
 TTY: Maine relay 711

### MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>  
 Phone: 1-800-862-4840

### MINNESOTA – Medicaid

Website:  
<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
 Phone: 1-800-657-3739

### MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
 Phone: 573-751-2005

### MONTANA – Medicaid

Website:  
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
 Phone: 1-800-694-3084

### NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
 Phone: 1-855-632-7633  
 Lincoln: 402-473-7000  
 Omaha: 402-595-1178

### NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov> Medicaid  
 Phone: 1-800-992-0900

### NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>  
 Phone: 603-271-5218  
 Toll free number for the HIPP program: 1-800-852-3345, ext 5218



# LEGACY HEALTH SERVICES

## Employee Benefits Enrollment Guide

### Required Notices



#### **NEW JERSEY** – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

#### **NEW YORK** – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/) Phone: 1-800-541-2831

#### **NORTH CAROLINA** – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

#### **NORTH DAKOTA** – Medicaid

Website:  
<http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

#### **OKLAHOMA** – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

#### **OREGON** – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx> <http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

#### **PENNSYLVANIA** – Medicaid

Website:  
<https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>  
Phone: 1-800-692-7462

#### **RHODE ISLAND** – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

#### **SOUTH CAROLINA** – Medicaid

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

#### **SOUTH DAKOTA** - Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

#### **TEXAS** – Medicaid

Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

#### **UTAH** – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/> CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

#### **VERMONT** – Medicaid

Website: <http://www.greenmountaincare.org/> Phone: 1-800-250-8427

#### **VIRGINIA** – Medicaid and CHIP

Website: <https://www.coverva.org/hipp/> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282

#### **WASHINGTON** – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

#### **WEST VIRGINIA** – Medicaid

Website: <http://mywvhipp.com/>  
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

#### **WISCONSIN**–Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

#### **WYOMING** – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

#### **U.S. Department of Labor**

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

#### **U.S. Department of Health and Human Services**

Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# Employee Benefits Enrollment Guide

## Contacts



Benefit	Carrier	Phone Number	Website
Medical	Medical Mutual of Ohio	1-800-822-1152	www.medmutual.com
Telemedicine (MDLIVE)	BasiCare Plus	1-888-674-2490	MDLIVE App mdlive.com/247doctor
Flexible Spending Account (FSA)	Discovery Benefits	1-866-987-8477	www.discoverybenefits.com
Dependent Care FSA			
HSA			
Dental	Delta Dental	1-800-524-0149	www.deltadentaloh.com
Vision	EyeMed	1-866-939-3633	www.eyemedvision.com
Short Term Disability	Lincoln Financial Group	1-800-423-2765	www.lfg.com
Long Term Disability			
Critical Illness Insurance			
Accident Insurance			
Life Insurance			
LifeKeys			
Employee Assistance Program (EAP)	My Life Expert	1-800-521-3273	www.mylifeexpert.com
Savings	Carrier	Phone Number	Website
401(k) Program	Fidelity Investments	1-800-294-4015	www.netbenefits.com
Roth 401(k)			

For any other questions, please contact your HR Coordinator.

Notes:



# Legacy Health Services

Our Family Caring for Yours

Broadview Multi-Care Center • Cedarwood Plaza • Franklin Plaza • Hillside Plaza • Maplevue Country Villa  
Orchard Villa • Parkside Villa • Pleasant Lake Villa • Pleasantview Care Center • Wickliffe Country Place  
Continuum Care Hospice • Stafford Services Advanced Practice Nurses