

Our Little Haven

2020 EMPLOYEE

BENEFIT GUIDE



YOUR GUIDE FOR CHOOSING BENEFITS



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WELCOME TO OUR LITTLE HAVEN



To support you during moments that matter the most, we offer a wide range of benefits, programs and resources that are competitive, diverse and flexible to meet your needs. It's one of the most important things we do as a company and is part of our commitment in making Our Little Haven a great place to work.

We have partnered with The Meyer Group and together we have worked hard to increase benefit offerings and manage costs for 2020-2021. Below are the highlights:

- ✓ United Healthcare
- ✓ Major medical expenses beyond the deductible and co-insurance amounts are paid 100% by the plan
- ✓ Option to purchase additional life insurance



GENERAL INFORMATION

HEALTH INSURANCE

Coverage for you, the employee, is free (\$0)

- Coverage to add only spouse will cost you \$400 a month.
- Coverage to add only one child will cost you \$250 a month and \$50 for each additional child you enroll.
- Coverage to add one child and your spouse will cost you \$550 a month plus \$50 for each additional child you enroll.

DEDUCTIBLES –EMPLOYEE ONLY

The plan NETWORK deductible is \$3,200.00. You are responsible for the first \$1,250.00 of deductible expenses. Our Little Haven pays the remaining \$1,950.00 for employees only.

The plan co-insurance/out of pocket is an additional \$1,800. Our Little Haven pays the full \$1,800 in co-insurance payments for the employee only.

Bottom Line: For employee's, your monthly premium costs you \$0. Your out of pocket for the \$5,000 in deductible and co-insurance is only \$1,250. The balance is paid by OLH. All major medical costs beyond the \$5,000 are covered 100% by the plan. STAY IN NETWORK.

DEDUCTIBLES -DEPENDENTS

If you have kid(s), a spouse or family on the plan you have a family deductible of \$6,400. The employee is responsible for the first \$3,000 of deductible expenses. Our Little Haven will pay the balance of the deductible (\$3,400.00).

The plan co-insurance/out of pocket for your kids(s) or spouse is \$3,600. The Employee is responsible for \$1,500 of the \$3,600 in co-insurance/out of pocket. OLH will pay the remaining co-insurance/out of pocket of amount of \$2,100.00.

Bottom Line: Your maximum out of pocket exposure for major medical expenses for your spouse, kid(s) or family is \$4,500.00. OLH exposure is \$5,500.



403(B) RETIREMENT PLAN

All employees are eligible to make voluntary pre-tax contributions to our qualified 403 (B) retirement plan. This is your money being deducted from your paycheck and going into your retirement account.

- All employees who have at least one year of service at June 30th are eligible for an Employer Sponsored Contribution into their retirement account. This contribution is discretionary but is historically 3% - 4% of an employee's wages for that fiscal year. You are immediately 100% vested.

PAID TIME OFF (PTO)

Paid Time Off combines vacation, sick and personal days into one "bank" of hours that the employee may use as he or she wishes:

Length of Employment	PTO Hours
• 0-6 months	16 hours
• 6 months - 1 year	72 hours
• 1 year – 5 years	136 hours
• 5 years and up	176 hours

HOLIDAY SCHEDULE

- New Year's Day
- 1/2 day on New Year's Eve
- 1/2 day on Good Friday
- Memorial Day
- July 4th
- Labor Day
- Thanksgiving Day & Day after,
- Christmas Eve & Christmas Day

2020 CONTRIBUTIONS – our little haven

Medical				
Plan	Single	Employee + Spouse	Employee + Child(ren)	Family
UHC	\$0	\$400	\$250 + \$50 for each additional child	\$550.00
Dental				
Plan	Single	Employee + Spouse	Employee + Child(ren)	Family
Dental	\$0	\$35	\$35	\$35
Vision				
Plan	Single	Employee + Spouse	Employee + Child(ren)	Family
Vision Designer	\$3.41	\$5.73	\$5.85	\$9.26
Vision -Full	\$5.25	\$8.84	\$9.01	\$14.26
*Total Deductions Per Month				

MEDICAL/RX INSURANCE



medical		current	
		united healthcare	choice plus gold 3200
network		in-network	out-of-network
deductible	individual	\$3,200	\$6,400
	family	\$6,400	\$12,800
max out-of-pocket (includes deductible)	individual	\$5,000	\$10,000
	family	\$10,000	\$20,000
coinsurance		80%	
copay	primary	\$35	N/A
	specialist	\$70	N/A
rx	tier I	\$15	
	tier II	\$45	
	tier III	\$75	
	tier IV	\$200	

HEALTH REIMBURSEMENT ARRANGEMENT

Our Little Haven will reimburse **up to \$250 per employee for each fiscal year** the following out of pocket expenses:

- Prescription medicines
- Co-pays for primary care or specialist physicians
- PT
- OT
- Chiropractic services
- PLUS: \$35 COPAY Reimbursement for all Mental Health Visits –exclusive of HRA
- Acupuncture
- Premiums for spouses/children not already paid by the Agency
- Health plan deductibles and co-insurance amounts

DENTAL INSURANCE



The Guardian is the carrier for our dental insurance plan.

Visit <https://www.guardiananytime.com> to see if your dentist is in-network.

OUT-OF-NETWORK COVERAGE

A dentist who is "out-of-network" means the provider hasn't agreed to negotiated rates. The plan pays benefits based on the usual and customary charge for a particular service. To obtain the best pricing and discount an In-network provider is recommended.



		IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE	INDIVIDUAL	\$50	\$50
	FAMILY	3 per family	3 per family
	WAIVED FOR	Preventative	Preventative
CHARGES COVERED FOR YOU	PREVENTATIVE CARE	100%	
	BASIC CARE	80%	
	MAJOR CARE	50%	
	ORTHODONTIA	Not covered	Not covered
ANNUAL MAXIMUM BENEFIT		\$1000	\$1000
MAXIMUM ROLLOVER	ROLLOVER THRESHOLD		\$500
	ROLLOVER AMOUNT		\$250
	ROLLOVER IN-NETWORK AMT		\$350
	ROLLOVER AMOUNT LIMIT		\$1000
LIFETIME ORTHODONTIA MAX		Not Applicable	
DEPENDENT AGE LIMIT (Non-student/Student)		25/26	

SAMPLE OF SERVICES

PREVENTATIVE CARE	BASIC CARE	MAJOR CARE
<ul style="list-style-type: none"> Cleanings (Every 6 months) Fluoride Treatments (Under age 14) Oral Exams Sealants X-rays 	<ul style="list-style-type: none"> Anesthesia Fillings Simple Extractions 	<ul style="list-style-type: none"> Bridges and Dentures Inlays, Onlays, Veneers Perio Surgery Perio Maintenance Repair & Maintenance of Crowns, Bridges, and Dentures Root Canal Scaling and Root Planing Single Crows Surgical Extractions

VISION INSURANCE

Vision services are offered through Guardian. Guardian offers a national network of participating providers. While you have the option to choose any vision provider, you will be responsible for any difference between the amount Guardian allows and the charged amount if you use a non-participating provider. Using a Guardian provider will reduce your costs.

PLAN SUMMARY

	FULL FEATURE		FULL FEATURE -DESIGNER	
COPAY				
Exams Copay		\$ 10		\$ 10
Materials Copay		\$ 25		\$ 25
SAMPLE OF COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Eye Exams	\$0	Amount over \$46	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$47	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$66	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$85	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$125	\$0	Amount over \$126
Frames	80% of amt over \$120	Amount over \$47	80% of amt over \$120	Amount over \$48
Contact Lenses (Elective)	Amount over \$120	Amount over \$120	N/A	N/A
Contact Lenses (Elective and conventional)	N/A	N/A	85% of amt over \$120	Amount over \$105
Contact Lenses (Planned Replacement and Disposable)	N/A	N/A	85% of amt over \$120	Amount over \$105
Contact Lenses (Medically Necessary)	\$0	Amount over \$210	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	15% off UCR	No discounts	No discounts	No discounts
Cosmetic Extras	Avg. 30% off retail	No discounts	Avg 40-60% off retail	No discounts

Visit www.guardian.com for convenient information such as:

- Finding a doctor
- Viewing Coverage & Reviewing Claims
- Accessing your Online Vision Card
- Browsing an Eyewear Gallery

GROUP PAID LIFE INSURANCE

Life Insurance can provide income protection for you and your family.

Some coverage is provided automatically to you at no cost; other supplemental coverage is available to purchase based on your needs.

LIFE INSURANCE



Our Little Haven provides \$15,000 for each employee with a life insurance policy at no charge.

During your benefits enrollment, ensure you've designated a beneficiary for all of your insurance benefits.



Tip

A beneficiary is the recipient of financial benefit from an insurance policy in the event the insured passes away. Beneficiaries are categorized as primary and contingent. If a primary beneficiary cannot receive the benefit after an insured passes away because the primary beneficiary is deceased or refuses the inheritance, the rights are passed to the contingent beneficiary. The benefit payout can be divided between multiple persons or entities so long as the total sum of shares is equal to 100% for each primary and contingent beneficiary sets.

VOLUNTARY LIFE INSURANCE



Financial planners often recommend 5-7 times income as the proper amounts of coverage for those with financial commitments for dependents. It's ideal to cover college costs, a mortgage or to be used as income replacement for your family.

GUARANTEED ISSUE AMOUNTS

Associate Guaranteed Issue: \$50,000

Spouse Guaranteed Issue: \$50,000

Child Guaranteed Issue: \$10,000

MAX COVERAGE AVAILABLE

Associate Coverage up to: \$100,000

Spouse Coverage up to: \$50,000

Child Coverage (Includes all Children) \$10,000

NO Medical Questions or Physicals Required!

*Evidence of insurability required for amount over guaranteed issued amount

EMPLOYEE RATES

Age	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000
0-29	\$0.65	\$1.29	\$1.94	\$2.59	\$3.23
30-34	\$0.79	\$1.57	\$2.35	\$3.14	\$3.92
35-39	\$1.28	\$2.57	\$3.85	\$5.13	\$6.42
40-44	\$2.46	\$4.91	\$7.37	\$9.82	\$12.28
45-49	\$3.73	\$7.46	\$11.19	\$14.92	\$18.65
50-54	\$5.67	\$11.34	\$17.00	\$22.67	\$28.34
55-59	\$8.78	\$17.56	\$26.34	\$35.11	\$43.89
60-64	\$14.68	\$29.35	\$44.03	\$58.71	\$73.39
65-69	\$24.56	\$49.13	\$73.69	\$98.25	\$122.82

SPOUSE RATES

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
0-29	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62
30-34	\$0.39	\$0.79	\$1.18	\$1.57	\$1.96
35-39	\$0.64	\$1.28	\$1.93	\$2.57	\$3.21
40-44	\$1.23	\$2.46	\$3.68	\$4.91	\$6.14
45-49	\$1.87	\$3.73	\$5.59	\$7.46	\$9.32
50-54	\$2.83	\$5.67	\$8.50	\$11.34	\$14.17
55-59	\$4.39	\$8.78	\$13.17	\$17.56	\$21.95
60-64	\$7.34	\$14.68	\$22.02	\$29.35	\$36.69
65-69	\$12.28	\$24.56	\$36.85	\$49.13	\$61.41



1 in 4 people will experience an event that prevents them from working for 2 weeks or longer. A Short-Term Disability policy can protect your income while you are out of work.

HIGHLIGHTS

- ✓ All employees become eligible after 1 year of service
- ✓ Coverage for you is free (\$0)
- ✓ You cannot add family members
- ✓ Benefit is 60% of weekly earnings (\$750 a week maximum benefit) up to 13 weeks.

COVERAGE AMOUNT

60% of salary to maximum \$750/week

MAXIMUM PAYMENT PERIOD

Maximum length of time you can receive disability benefits.

13 weeks

ACCIDENT BENEFITS BEGIN

The length of time you must be disabled before benefits begin.

Day 1

ILLNESS BENEFITS BEGIN

The length of time you must be disabled before benefits begin.

Day 8

EVIDENCE OF INSURABILITY

A health statement requiring you to answer a few medical history questions.

Health Statement may be required

GUARANTEE ISSUE

The guarantee means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.

We Guarantee Issue \$750 in coverage

MINIMUM WORK HOURS/WEEK

Minimum number of hours you must regularly work each week to be eligible for coverage.

Plan holder Determines

PRE-EXISTING CONDITIONS

A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.

Not Applicable



EAP AND HOOPAYZ –EMPLOYEE CONCIERGE

HOOPAYZ

HooPayz is a comprehensive, time saving resource that will aid in finding low cost in-network providers and will review your bills for accuracy.

FIND FAIR PRICES

Lower your out of pocket costs by comparing prices between high quality providers. Your personal advisor will find lower cost options that work for you and your family.

CLAIMS ASSISTANCE AND BILLING ISSUES

HooPayz will explain your benefits and help you with balance billing, out-of-network provider fees, appeals with providers, and ensure your benefits are applied correctly so you don't over-pay.

MEDICAL BILL DISPUTE AND NEGOTIATIONS

If you have a dispute about the amount you owe a provider or are concerned about billing errors, your personal advisor will review your bill and then contact the provider on your behalf. We will negotiate discounts and payment options.

Case 1: Outpatient Surgery

Original bill: \$3,398

Final bill after review: \$751

Savings: \$2,647

Issue: Unbundling, discount negotiation

Case 2: Hospital Inpatient Stay

Original bill: \$14,997

Final bill after review: \$250

Savings: \$14,747

Issue: Diagnostic code error

40% of doctor and hospital bills have an error that could mean more money out of your pocket.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program (EAP) provided by H & H Associates. This confidential service is designed to help employees and families with personal or work/life balance issues.



- Stress or anxiety with work or family
- Financial and legal concerns
- Online will preparation
- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting



Contact EAP 314-845-8302
24 hours a day, seven days a week

CONTACT INFORMATION



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Call The Meyer Group at
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