

# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## **Eligibility**

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## **When Coverage Begins**

- New Hires: You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.
  - If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- Open Enrollment: Changes made during
   Open Enrollment are effective January 1 December 31, 2024.

## **Choose Carefully!**

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP or child
- You lose coverage under your spouse's/ RDP's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

### **Making Changes**

To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

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# **Enrollment**

Go to http://www.capital.bswift.com. There, you will find detailed information about the plans available to you and instructions for enrolling.

**Required Information**—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

#### Leading Edge SPP/ PPO Plan

This plan gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. You may also have to pay a fixed dollar amount (copay) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible, copays and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.

#### Leading Edge SPP / HDHP / HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL IN A FAMILY deductible (up to the family limit) before the plan starts to pay expenses for that individual.
- Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL IN A FAMILY out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100% for that individual.



## **Health Savings Account**

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

#### Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- In addition, we will contribute \$1,000 annually to your HSA if you enroll in employee-only coverage and \$2,000 annually if you enroll yourself and one or more family members.
- Your calendar year contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2024
Employee Only	\$4,150
Family (employee + 1 or more)	\$8,300
Catch-up (age 55+)	\$1,000

You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

#### **Important Notes:**

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

# **Medical** (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Leading Edge SPP PPO Plan		Leading Edge SPP HDHP Plan	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,200 / \$6,400	\$6,000 / \$12,000
Out-of-Pocket Maximum (per cale	endar year)			
Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Company Contribution to Your H	ealth Savings Account (HSA)	(per calendar year; prorated fo	or new hires/newly eligible emp	loyees)
Individual / Family	NA /	NA	\$1,000 /	\$2,000
Covered Services				
Office Visits (physician/specialist)	\$25 / \$50 copay	30%*	15%*	35%*
Virtual Visits	\$25 copay	Not covered	15%*	Not covered
Routine Preventive Care	No charge	30%*	No charge	35%*
Outpatient Diagnostic (lab/X-ray)	15%*	30%*	15%*	35%*
Complex Imaging	15%*	30%*	15%*	35%*
Chiropractic Services	\$25 copay	30%*	15%*	35%*
Ambulance	15%*	15%*	15%*	35%*
Emergency Room	\$250 copay	\$250 copay	15%*	35%*
Urgent Care Facility	\$50 copay	30%*	15%*	35%*
Inpatient Hospital Stay	15%*	30%*	15%*	35%*
Outpatient Surgery	15%*	30%*	15%*	35%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)				
Retail Pharmacy (30-day supply)	\$10 / \$25 / \$50 / 25% to \$135	\$10 / \$25 / \$50	\$10* / \$40* / \$60*	Not covered
Mail Order (90-day supply)	\$25 / \$75 / \$125	Not covered	\$25 / \$100* / \$150*	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

<sup>\*</sup>Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

<sup>1.</sup> If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Dental

We are proud to offer you a dental plan.

#### **Delta Dental DPPO Plan**

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network. The following is a high-level overview of the coverage available.

Van Dantul Banadia	Delta Dental DPPO		
Key Dental Benefits	In-Network	Out-of-Network <sup>1</sup>	
Deductible (per calendar year)			
Individual / Family	\$50 / \$150	\$50 / \$150	
Benefit Maximum (per calendar year; preventive, basic and major services combined)			
Per Individual	\$1,000	\$1,000	
Covered Services			
Preventive Services	No charge	No charge	
Basic Services	20%*	20%*	
Major Services	50%*	50%*	
Orthodontia (Child Only)	50% to \$1,000 lifetime maximum	50% to \$1,000 lifetime maximum	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

 If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# **Vision**

We are proud to offer you a vision plan.

#### **Eye Med**

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the Eye Med network.

The following is a high-level overview of the coverage available.

	Eye Med		
Key Vision Benefits	In-Network	Out-of-Network Reimbursement	
Exam (once every 12 months)	\$10	Up to \$40	
Lenses (once every 12 months)			
Single Vision		Up to \$30	
Bifocal	\$25	Up to \$50	
Trifocal		Up to \$70	
Frames (once every 12 months)	\$150 allowance, 20% off balance over \$150	Up to \$105	
Contact Lenses (once every 12 months; in lieu of glasses)	\$150 allowance, 15% off balance over \$150	Up to \$150	

# Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by Custom Design Benefits. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

#### **Health Care FSA**

For 2024, you may contribute up to \$3,200 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Menstrual Care Products
- Copayments
- Dental Treatment
- Deductibles
- Orthodontia
- Prescriptions and Over-the-Counter Drugs
- Eye Exams, Materials, LASIK

#### Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose health care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

#### **Dependent Care FSA**

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for themselves and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit <a href="https://www.irs.gov/pub/">www.irs.gov/pub/</a> irs-pdf/p503.pdf.

# **FSA Rules**

# YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through 2024. You have 2.5 months to file 2024 claims.

The IRS and your employer establish the maximum amount you may contribute each year See the plan documents for details.

# **Life and AD&D**

**Life insurance** provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

#### Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through UNUM.

Benefit Amount		
Employee	One times your base annual salary, \$25,000 minimum \$250,000 maximum	

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through UNUM for yourself and your eligible family members.

Benefit Option		Guaranteed Issue <sup>1</sup>
Employee	\$10,000 increments; minimum of \$10,000 up to \$500,000	\$200,000
Spouse/RDP	\$5,000 increments; minimum of \$5,000 up to \$500,000 (not to exceed 100% of your additional life coverage)	\$30,000
Child(ren)	\$2,000 increments; minimum \$2,000 up to \$10,000	\$10,000

<sup>1.</sup> During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# **Disability**

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability		
Provided at <b>NO COST</b> to you t	hrough UNUM	
Benefit Percentage	60%	
Weekly Benefit Maximum	\$1,500	
When Benefits Begin	After 14th day of disability	
Maximum Benefit Duration	24 weeks	
Long-Term Disability		
Provided at <b>NO COST</b> to you t	hrough UNUM	
Benefit Percentage	ge 66 2/3%	
Monthly Benefit Maximum	\$8,000	
When Benefits Begin	After 180th day of disability	
Maximum Benefit Duration	Social Security Retirement Age	



# **Employee Assistance Program** (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at <a href="MOCOST">MOCOST</a> to you through UNUM.

#### The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare

- Substance abuse
- Grief and loss
- Legal or financial issues

#### **EAP Benefits**

- Assistance for you and your household members
- Unlimited toll-free phone access and online resources

# Travel Assistance Program

The travel assistance program through Unum can assist with many unexpected travel emergencies within the U.S. and abroad. Examples include replacing lost prescriptions and passports, medically necessary repatriation, emergency cash coordination, interpreter/ translator services, and more. The Travel Assistance Program is offered through Unum. Please contact HR for additional details.

# **Voluntary Benefits**

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Voya are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

#### **Accident Insurance**

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500\dagger. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills\dagger. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

#### **Critical Illness**

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000<sup>3</sup>. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

#### **Hospital Indemnity Insurance**

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

#### **Long Term Care** (Provided to you by UNUM)

You have the option of purchasing LTC insurance, which refers to a variety of services designed to help you perform the functions of day-to-day living to help you remain as independent as possible. Some LTC services provide assistance with day-to-day activities for people with a chronic illness or cognitive impairment, such as dementia. Others follow a period of rehabilitation for people who continue to require assistance to perform daily activities. Because neither medical insurance nor Medicare are primarily designed to pay for these services, LTC can help provide a way for you to pay for this care. It can help you retain assets and income set aside for retirement, as well as remain independent by providing the money to allow you to decide where and how your care will be provided.

- I. Why health insurance is important: Protection from high medical costs. HealthCare.gov
- Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
- MetLife Accident and Critical Illness Impact Study.

# **Cost of Benefits**

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members. Please refer to **the separate rate sheet for your contributions.** 

# **Contact Information**

Coverage	Carrier	Phone #	Website
Medical	Leading Edge	(888) 643-1434	www.leadingedge.wealthcareportal.com
Dental	Delta Dental	(800) 524-0149	www.deltadentaloh.com
Vision	EyeMed	(866) 939-3633	www.eyemed.com
Flexible Spending Accounts (FSAs)	Custom Design Benefits	(800)598-2929	www.customdesignbenefits.com
Life/AD&D	UNUM	(800) 445-0402	www.unum.com
Disability	UNUM	(800) 445-0402	www.unum.com
Employee Assistance Program (EAP)	UNUM	(800) 854-1446	unum.com/employees/services/life-balance
Voluntary Benefits	Voya	(877) 236-7564	https://presents.voya.com/EBRC/ capitaluniversity

# **Benefits Website**

Our benefits website http://www.capital.bswift.com can be accessed anytime you want additional information on our benefits programs.

# **Questions?**

If you have additional questions, you may also contact:

Tammy Scott (800) 558-5658

tammy.scott@hubinternational.com

Molly Kelley (800) 558-5658

molly.kelley@hubinternational.com





# 2024 Rates

# Medical/Rx Rates

PPO Plan				
	Employee Biweekly	Employee Semi-Monthly	Capital Monthly	
Employee	\$88.24	\$95.59	\$806.64	
Employee & Spouse	\$258.55	\$280.10	\$1,435.44	
Employee & Child(ren)	\$204.26	\$221.28	\$1,133.99	
Family	\$333.53	\$361.33	\$1,851.70	
HDHP Plan				
	Employee Biweekly	Employee Semi-Monthly	Capital Monthly	
Employee	\$18.90	\$20.48	\$935.91	
Employee & Spouse	\$100.80	\$109.20	\$1,735.33	
Employee & Child(ren)	\$79.80	\$86.45	\$1,431.15	
Family	\$129.79	\$140.61	\$2,155.39	



# 2024 Rates and Annual Plan Maximums

# **Dental Rates**

Delta PPO			
	Employee Biweekly	Employee Semi-Monthly	Capital Monthly
Employee	\$2.71	\$2.94	\$26.82
Employee & Spouse	\$7.62	\$8.25	\$43.87
Employee & Child(ren)	\$9.84	\$10.66	\$56.66
Family	\$14.85	\$16.09	\$85.50

# Vision Rates

EyeMed			
	Employee Biweekly	Employee Semi-Monthly	Capital Monthly
Employee	\$3.30	\$3.58	\$0.00
Employee & Spouse	\$6.28	\$6.81	\$0.00
Employee & Child(ren)	\$6.61	\$7.16	\$0.00
Family	\$9.72	\$10.53	\$0.00

# Health Savings Account (HSA)

Plan Maximum		
Single Coverage \$4,150		
Family Coverage	\$8,300	
Age 55 +	Additional \$1,000	

# Flexible Spending Account (FSA)

	Plan Maximum
Healthcare	\$3,200
Dependent Care	\$5,000

# Retirement 403(b)

Plan Maximum		
General Election	\$23,000	
Age 50 +	Additional \$7,500	

For those with 15 or more years of service there may be the opportunity to contribute an additional \$3,000. Please see the Human Resources Office for more details.

# Reminder!

Capital contributes to your HSA. Capital will contribute \$1,000/\$2,000 for those enrolled in the HDP.

# Note

Capital University will not monitor whether or not contributions exceed the legal maximums. You, the participant, are responsible for ensuring that your contributions stay within allowed limits and, if they exceed those limits, you must take the appropriate actions.

# Free Calm Subscription Provided by Capital University!

Millions of people are experiencing lower stress, less anxiety, improved focus and more restful sleep with Calm. Whether you have 30 seconds or 30 minutes, Calm content is made to suit your schedule and needs.

To unlock your free Calm subscription, visit: https://www.calm.com/b2b/capital-university/subscribe

This must be done on a web or mobile browser (not in the app itself).

# Steps to Create an Account

- 1. Create an account or sign in to your existing Calm account.
- 2. Enter your work email in the box provided to activate the subscription on your Calm account.
- 3. Download the Calm app. And log in to your account to access the premium content.



# Retirement

Capital University's 403(b) plan makes saving for retirement easy and painless. Employees who join Capital University on or after January 1, 2023, will be eligible for 2.5% employer contribution subject to a 5 year vesting schedule into a 403(b) plan with TIAA. After 5 years of employment with Capital, the University's contribution rate goes to the employer maximum contribution rate and the employee becomes fully vested. Eligible employees that were hired before January 1, 2020, receive the maximum University contribution rate which is currently set at 4.5% of your base wage. All employee contributions have immediate vesting. You may contribute additional dollars via payroll deduction up to the federal maximum beginning on your start date, although this is not required in order to receive the employer contributions. Employees hired on or after January 1, 2023 are subject to an auto-enroll of 5% unless they elect differently. Capital reserves the right to make changes to the plan as needed at any time. Learn more about your investment choices online at **TIAA.org/capital**.



# Paid Time Off and Additional Benefits

There are additional benefits that come from working in a university setting as well as working in a caring community. This summary highlights these benefits and the options that are available to employees working at least half-time. For more detailed information, please contact human resources at **614.236.6168** or **benefits@capital.edu**.

# Vacation Leave

### Nonexempt and Exempt staff

20 days per year

Maximum account balance = 25 days

#### Faculty and exempt staff working less than 12 months

Employees in this category follow the academic calendar year and do not accrue vacation leave.

# Sick Leave

## **Exempt administrators and faculty**

20 days per year

Maximum account balance = 6 months

#### Nonexempt staff

22 days per year

Maximum account balance = 6 months

3 days per year can be used as personal days

# Paid Holidays

## Capital observes the following holidays:

- Good Friday
- Memorial Day
- Juneteenth
- Fourth of July
- Labor Day
- Wednesday before Thanksgiving
- Thanksgiving Day
- Friday after Thanksgiving
- Extended Holiday Break (includes Christmas Eve through New Year's Day)

# **Funeral Leave**

Up to five days paid leave for immediate family members—spouse/ domestic partner, child or step-child, mother, father. Up to three days paid leave for other family members—brother, sister, mother-in-law, father-in-law, sister-in-law, brother-in-law, grandmother, or grandfather.

## **Tuition Benefits**

Employees, their spouses and dependent children are eligible for tuition remission for undergraduate programs at Capital University. Full-time undergraduate students are required to complete a Free Application for Federal Student Aid (FAFSA). Employees may also participate in graduate-level programs if they are job related.

Eligible employees may apply for Tuition Exchange which allows their dependent children to attend a participating school for a discounted tuition.

## **Discounted Meals**

Capital University's dining services are offered on campus through Aladdin. They offer discounted meal rates at the Main Dining Room (MDR, located on the second floor of the Student Union) for faculty and staff. You can also load CapBucks on your ID badge by visiting the Aladdin office (located in the MDR) or by phone **614.236.6125**.

# Community Benefits

Below are some of the added benefits that are available to employees of the University, including special offers and discounts. To take advantage of these offers, identify yourself as a Capital University employee. You may also be required to show your Capital University ID card.

- Athletic events
- Capital Center
- Library
- Schumacher Gallerv
- Music concerts
- Parking privileges
- Bookstore discounts
- Conference services discounts
- Restaurant discounts
- Theater productions



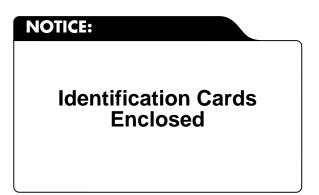
4631 WOODLAND CORPORATE BLVD STE 310 TAMPA, FL 33614-2441

## Important Plan Document Information - Do Not Discard!

#### FORWARDING SERVICE REQUESTED

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# IMPORTANT INFORMATION ABOUT YOUR 2023 MEDICAL BENEFIT PLAN Welcome to your new 2023 Medical Benefit Plan!

This welcome package contains your member identification cards, contact information and summary of benefit coverage about your new 2023 medical plan.

### Your benefits contain:

Medical Benefits via the National PPO (BlueCard PPO) network providing you access to over 700,000 medical providers and 4,500 hospitals nationwide.

The attached Summary of Benefits and Coverage (SBC) contains a listing of covered services and your out-of-pocket responsibilities.

To find a BlueCard network provider, please visit www.empireblue.com

## Valenz Concierge:

Valenz NavCare navigators are available Monday through Friday from 7AM to 8PM (EDT). Their phone number is 877-208-5952

You may access valuable information 24/7 about your plan and claims through Leading Edge's MESA member website: https://mesa.leadingedgeadmin.com. The Leading Edge member website will provide you with self-service tools to help in your review of eligibility, claim payments, plan documents, print ID cards and other services.

All new users of the Leading Edge member website must register online prior to accessing their claim and benefit information.

#### Still have questions?

Don't forget to contact Valenz NavCare's dedicated navigators at 877-208-5952.

Thank you

Leading Edge Administrators



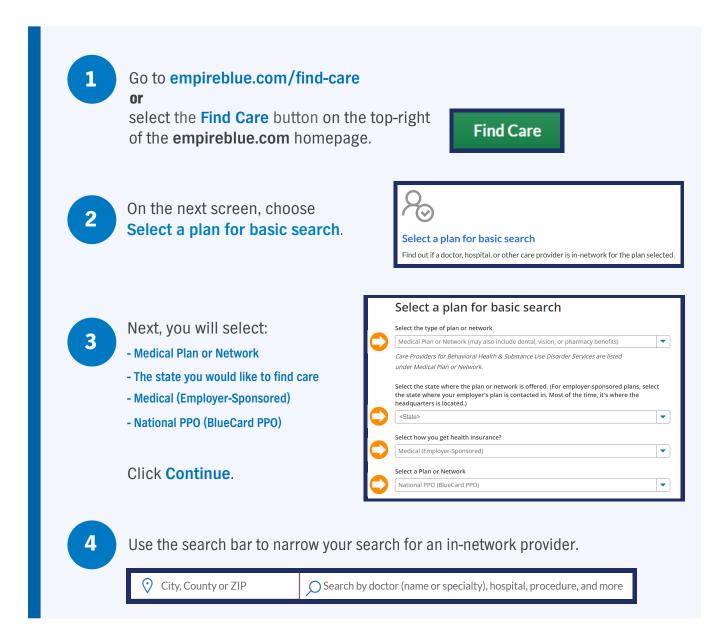
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# **BlueCard® PPO Program**



# **Need to find a doctor?**

Take your benefits with you and choose with confidence using the Find Care tool





# Savings Plus Plan (SPP) Frequently Asked Questions

# What is the Savings Plus Plan (SPP)?

The Savings Plus Plan is a program developed to minimize members out of pocket expenses through competitive pricing negotiation. This focused health benefit payment program applies to all inpatient and outpatient facility services as well as a limited number of surgical and medical services. These SPP services are identified in your plan booklet. Under the SPP, the provider's reimbursement level for these services will be a percentage of Medicare.

# Do I have a provider network as part of my SPP?

Yes, this program will use the Blue Card PPO network.

### What services are subject to SPP?

Below are examples of services that will fall under SPP:

- all inpatient and outpatient facility services
- certain high dollar in-patient and outpatient surgeries
- high-cost imaging such as MRI and PET Scans
- Substance Abuse services
- Dialysis

You should always refer to your Summary Plan Description (plan booklet) for a comprehensive list of SPP services.

# Who should I call if I have any questions about my Savings Plus Plan? (Including bills from providers on Savings Plus Plan services)

Should you have any questions about access to care or a medical bill, please contact the Valenz NavCare team at (877) 208-5952.

Both Valenz NavCare and Leading Edge Administrators will have dedicated team members to help you with any questions or concerns.

# Will I need to get preauthorization for some services?

Yes, certain services will require preauthorization by your provider. Failing to preauthorize identified services may increase your out-of-pocket portion of payment. Please refer to your Summary Plan Description for a comprehensive list of which services require preauthorization.

### How do I obtain a preauthorization?

Your doctor is responsible for preauthorization. He/she should call the phone number on your ID card to confirm that you have coverage, and determine if the service being provided requires preauthorization.

## I had a procedure done and I received a letter in the mail saying my claim is denied pending medical notes. What does that mean? Who is responsible to obtain this?

Medical notes are required for procedures done in an inpatient setting to confirm that the services rendered were for medical necessity. Members should follow up with their doctor or hospital to submit medical documentation for review.

## I recently went to the doctor and had lab work done. I'm getting a bill in the mail saying I owe for lab work services. What do I do?

You should always make sure you review your EOB (Explanation of Benefits) when reviewing a bill from your provider. Should you have any questions about a medical bill, please contact the Valenz NavCare team at (877) 208-5952.

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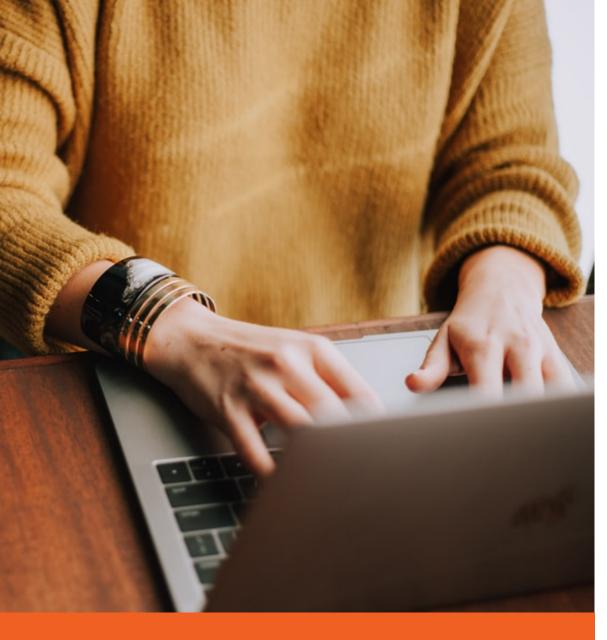






Do you have a question about your health plan, your care coordination, your provider or your bill? With Vālenz®, you have access to a dedicated Navigator who has deep expertise in your coverage and benefits. NaVcare enhances the member experience and helps chart your path to smarter, better, faster healthcare. You're just one phone call away from answers to your questions:





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