

2024 - 2025 BENEFITS GUIDE





2024-2025 BENEFITS

July 1, 2024 through June 30, 2025

Dear Arc Mercer Team Member,

Thank you for taking such great care of our consumers and your fellow team members. The HR team and I are continually looking for ways to improve our Benefits Package, as it is one way we can show our appreciation for the hard work and dedication you put forth every day.

Arc Mercer wants to make it easier for you to take care of your health and the health of your family. Therefore, I am excited to share the newest addition to the medical plan – SENA Health (“SENA”), our new care coordination partner. SENA is provided at no cost to you and has staff available 24/7/365 to ensure that you and your family receive quick and effective support for any health issue. Please go to page 9 to see the many ways SENA can help you save time and money. Be sure to make SENA your first call to receive quality care coordination for you and your family.

I also want to share our new medical plan pilot program – “The Premium Holiday.” This program gives employees the opportunity to have 2 months of their medical insurance premium waived. If you take certain steps, the program can allow you to get 12 months (7/1/24 through 6/30/25) of coverage but only have the premium deducted from your paycheck for 10 months (an actual premium holiday). Premium Holiday months are scheduled for December 2024 and March 2025. Please see pages 3-4 for details on the program.

This Benefit Guide is only an overview; I encourage you to reach out to our HR Benefits Specialist at 609-406-0181, ext. 110 with any questions.

Thank you again for being part of Arc's Team!

Sincerely,

Steve

Steven Cook
Executive Director



PREMIUM HOLIDAY

If your eligibility effective date is after July 1, 2024, talk to Human Resources about how the premium holiday applies to you.

Save up to \$450 on your medical premium

Arc Mercer is giving all employees enrolled in the medical plan an opportunity to have two months of medical premium waived for the 7/1/24–6/30/25 plan year.


Premium holiday months: December 2024 and March 2025

Taking good care of others starts with taking care of yourself

Arc Mercer wants to make it easier to take care of your health and the health of your family. To do so, we are partnering with SENA Health (“SENA”). SENA’s care coordinators will provide you with options to receive quick and effective support for any health issue, while assisting you in managing your out-of-pocket costs. The Arc’s medical plan is self-insured, which means we are all in this together! We can all receive superior medical care while managing our costs.

December 2024 premium holiday (\$225)

Below are the tasks that need to be completed to qualify for the December Holiday.


TASK	STEPS YOU NEED TO COMPLETE	DATE THE TASK MUST BE COMPLETED BY
Enroll in the SENA Health Program. 	<p>Step 1: Complete the SENA Health Enrollment Form by scanning the QR code to the left or go to: form.jotform.com/241403902603445</p> <p>Step 2: Complete the initial enrollment call with a SENA care coordinator.</p> <p>A SENA representative will call you within 48 hours of receiving the consent form; the call will come from 609-961-6422.</p>	<p>7/30/24</p> <p>Both steps must be completed.</p>
Get a physical or a preventive screening. Examples of screenings include: mammogram, colonoscopy, and skin cancer check.	<p>Step 1: If you had a physical or preventive screening between 4/1/24 and 7/1/24, let your SENA care coordinator know during the initial call. You have completed this task.</p> <p>If you have not, you must schedule an appointment. SENA can assist or you can contact your medical provider directly.</p>	<p>The appointment must be scheduled by 7/30/24.</p> <p>The actual appointment must be completed before 12/1/24.</p>

See next page for additional qualifying tasks.

PREMIUM HOLIDAY

December 2024 premium holiday (\$225)

Below are the additional tasks required to qualify for the December Holiday.

TASK	STEPS YOU NEED TO COMPLETE	DATE THE TASK MUST BE COMPLETED BY
Activate Teladoc on your phone or tablet. 	<p>Step 1: Download the app to your mobile device.</p> <p>Step 2: Click Set up your account and Enter Information</p> <p>Do Not check – I have a code from my employer, insurance or Teladoc Health.</p> <p>Click Continue</p> <p>The Arc Mercer will populate in the Health or Insurance Plan field</p> <p>Click Continue</p> <p>Follow remaining instructions.</p>	7/30/24
If SmithRx contacts you, speak to their representative.	<p>You only have this task if SmithRx (Arc Mercer’s prescription vendor) contacts you and leaves a message.</p>	Return call within 48 hours

March 2025 premium holiday (\$225)

There is only one task for employees. If a SENA care coordinator informs you that there is an Arc Care Program available to assist in managing your specific health issue, you must enroll within 48 hours. Examples of Arc Care Programs are CancerCare, Allied Advocate, Livongo, Valenz Health.

The other qualifier is based on Arc Mercer’s total medical costs. The PEPM (per employee per month) cost must be at least 10% less than last year’s cost.

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This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets and SPDs determine how all benefits are paid.

BeneStream



FREE COVERAGE MAY BE ONLY A PHONE CALL AWAY!

Phone

877-223-1432

Hours

Monday – Friday,
8 a.m. to 8 p.m. EST

Email

joshua.alvarezsingh@workersbenefitfund.com

Potential savings on insurance coverage

You and your family may qualify for free health insurance coverage. Medicaid and Children’s Health Insurance Program (CHIP) offer:

- No deductibles
- No copays for most services
- Dental, vision, and prescription coverage
- Strong provider networks

How BeneStream can help

The BeneStream service is paid for by Arc Mercer – there is no cost to you. Prior to enrolling in Arc Mercer’s benefits plans, contact BeneStream to see if you are eligible for free or low-cost coverage.

Screening Steps

1. Call BeneStream.
2. BeneStream’s multi-lingual team will conduct a 5-to-10-minute screening by phone.
3. BeneStream will prepare Potentially Eligible employees for enrollment.

Enrollment Steps

1. BeneStream will schedule a 40-to-80-minute enrollment appointment for Potentially Eligible employees.
2. During the appointment, one-on-one application assistance is provided for Medicaid and CHIP by trained enrollment experts.

ELIGIBILITY FOR BENEFITS



WHAT DO YOU NEED?

- **Marriage Certificate** if covering a spouse
- **Birth Certificate** if covering a child

Are you eligible?

You are eligible for the benefits outlined in this guide if you are an active, full-time employee working 35 or more hours per week.

Your eligible dependents

You can enroll the following family members in benefits:

- Legal spouse
- Child(ren)* until age 26
- Disabled child(ren)* of any age (if disabled prior to age 19)

*Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.

When can I enroll?

You can enroll in benefits as a new hire or during the annual Open Enrollment period. New hire coverage begins on the 90th day of employment; Human Resources will reach out to you before your 90th day regarding enrollment.

If you miss the enrollment deadline, you'll need to wait until the next Open Enrollment (the one time each year that you can make changes to your benefits for any reason). Benefits elections made during annual Open Enrollment take effect July 1 after you enroll.

Contact Human Resources with questions about enrollment.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ends, your medical and dental coverage will end on the last day of the month in which you become ineligible. You may be eligible to elect COBRA for yourself and your eligible dependents.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

CHANGING YOUR BENEFITS



Outside of new hire enrollment or Open Enrollment, you may be able to enroll in or make changes to your benefits elections if you have a qualifying life event, such as:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act.

You must contact HR within 30 days of the qualifying life event if you wish to make a corresponding change to your benefits. With eligibility for Medicaid or CHIP or termination of Medicaid or CHIP, you have 60 days to contact HR. Written documentation supporting your eligibility to make changes may be required.

SENA HEALTH



GET THE HELP YOU NEED

Phone or text

609-961-6422

Email

hello@senahealth.com

Hours

24/7/365

Who is SENA Health?

SENA Health is Arc Mercer's **Care Concierge Partner**. We've partnered with SENA to help you and your family stay healthy and get timely care when you need it and from the right provider or facility. SENA is offered at **no cost** to you and is voluntary.

After you enroll in the Arc Mercer medical plan and complete your initial intake call with SENA, you'll have access to a dedicated team of health coordinators **24 hours a day, 7 days a week, 365 days a year** at no cost to you. Click the QR code to the left or the following link to complete an enrollment form which will initiate your intake call with SENA: [Sena Health Enrollment Form \(jotform.com\)](https://jotform.com).

How SENA can help

SENA will guide you to the proper care quickly and can even contact the provider for you:

- **Saving you time.** SENA has a list of your providers and can help schedule appointments for you.
- **Saving you money. You will get help accessing options to pay the lowest copays available under the plan.**
- **Saving you from be frustrated.** Your care will be coordinated for you.

Examples of when SENA can help

SENA should be your first call or text when you:

- Have a symptom and need help figuring out where to go.
- Need a doctor to diagnosis a problem you're having.
- Have a medical problem and need lifestyle changes to fix it. Where can I find help with that?
- Are VERY stressed. Where can I find relief?
- Are told your infection needs infusion in a hospital. Is there another option?
- Need a primary care physician. How do I pick one?
- Want to make sure your doctor is "in-network" to avoid surprise bills?
- Want to know if your prescription is generic?

You will get help accessing options to pay the lowest copays available under the plan.

HAVE A BENEFITS OR CLAIMS ISSUE THAT NEEDS ESCALATING?



CONTACT YOUR CAMPBELL PETRIE BENEFITS ADVOCATE

Sekia Davis

sekia@campbellpetrie.com

Phone

888-546-2489

Hours

Monday – Friday,
9 a.m. to 5 p.m. EST

Get help from a Benefits Advocate

SENA Health is your primary point of contact when you need health care.

For benefits and claims issues that need escalating, you have a dedicated Benefits Advocate with our benefits consultant Campbell Petrie.

Benefits Advocates are trained specialists who can assist with complex benefits issues like:

- Solving a benefits related problem
- Answering a question about a bill
- Providing clarification on an insurance matter
- Resolving a claim that has not been paid properly
- Appealing an insurance determination

Claims assistance

If you need claims assistance, you'll need to complete a HIPAA Authorization Form to grant your Benefits Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues.

Help with dental too!

Your Campbell Petrie Benefits Advocate can also answer questions about your Arc Mercer dental benefits and claims, not just medical.



HEALTHCARE

MAKE TIME FOR HEALTH

OUR COMMITMENT

We believe that our employees should have access to healthcare coverage that promotes preventive care and helps cover the cost of illness.

Eligible employees and their eligible dependents can enroll in medical and dental, plus employees have access to a dental and vision reimbursement program.

Medical

We offer a comprehensive medical plan, with no deductibles or coinsurance. Preventive care and virtual care are covered in full; you have a copay for other services. Allied administers the medical plan using the national Aetna Signature Administrator network of doctors, hospitals and other healthcare providers. **Providers should contact Allied (not Aetna) at the number on your ID card when verifying eligibility.**

Dental

You have the choice of two dental plans offered through Horizon. Regular checkups and cleanings are fully covered under both plans and can identify issues before they become serious. If you need dental services, the plans help cover the cost of fillings, root canals, gum disease, orthodontia, and more. Employees enrolled in a dental plan are eligible for the Dental Reimbursement Program.

Vision

Employees enrolled in Arc Mercer's medical plan are eligible for the Vision Reimbursement Program.

EPO

With the EPO care must be received in-network to receive benefits, except in a true emergency. The plan is administered by Allied using the Aetna Signature Administrator network.

In-Network Services	Copay Per Visit
Preventive Care	None
Teladoc (Virtual Visits)	None
Primary Care	\$10
Specialist	\$25
Inpatient Hospital	\$1,500
Outpatient Hospital	\$750
Routine Radiology and Lab	\$25
Advanced Radiology*	\$75
Advanced Radiology* through SENA/Valenz Health	None
Emergency Room	\$250
Urgent Care	\$50
Prescription Drugs: 30-Day Supply	(Retail)
Generic	None
Preferred Brand	\$50
Non-Preferred Band	30%
Specialty	30%
Prescription Drugs: 90-Day Supply	(Retail/Mail)
Generic	None/None
Preferred Brand	\$150/\$100
Non-Preferred Band	30%/30%
Out-of-Pocket Maximum	\$1,500 per person to a maximum of \$4,500 per family
Lifetime Maximum	Unlimited

*Advanced Radiology includes MRI, MRA, CAT, PET scan

Healthcare questions?
 Contact SENA Health
 609-961-6422 | hello@senahealth.com

PRESCRIPTION DRUGS



FORMULARY DRUG TIERS DETERMINE YOUR COST

	Generic Drug
\$\$	Preferred Brand Drug
\$\$\$	Non-Preferred Brand Drug
\$\$\$\$	Specialty

SmithRx

Your pharmacy benefits are administered by SmithRx. This coverage is automatically included when you enroll in the Arc Mercer medical plan.

There are over 75,000 pharmacies, including national chains and independent retailers, in the SmithRx network. Be sure to present your medical/Rx ID card along with your prescription at the pharmacy. SENA Health can help you locate in-network pharmacies.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or “tiers.” These groupings range from least expensive to most expensive cost to you. “Preferred” drugs generally cost you less than “non-preferred” drugs.

Your plans formulary is listed on mysmithrx.com; SENA Health can help you locate where you medication falls within the plan’s formulary.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan’s drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug counterparts

Note: Many specialty medications require prior authorization; call SmithRx Members Services at 844-454-5201 to initiate the process.

ADDITIONAL WAYS TO SAVE ON PRESCRIPTIONS

MAIL ORDER QR CODE



Amazon Pharmacy (mail order)

In addition to using generic drugs, the mail order pharmacy can save you money on maintenance medications prescribed for chronic, long-term conditions that are taken on a regular and recurring basis. You'll receive a 90-day supply of your maintenance medication for 2½ times the regular copay. Using Amazon Pharmacy to refill your maintenance prescriptions is also a convenient way to ensure you have enough of the medication delivered directly to your home.

To Enroll: visit amazon.com/smithrx; click "Get Started" or scan the QR code to the left

Find My Meds Tool

SENA can help you can use the SmithRx Find My Meds Tool to see a list of online and retail pharmacies near you that will provide your medication at the lowest cost. The **Find My Meds tool** can be found at mysmithrx.com. Your medical plan ID card has all the information that your pharmacy needs to find the best deals for you at point of sale.

SmithRx Connect

The SmithRx Connect program identifies alternate sources for your high-cost specialty and branded medications to be covered at little or no cost for you. The SmithRx team helps you navigate the process, doing much of the heavy lifting. If you are taking medications that qualify for the program, you will receive a call from the SmithRx team to start the process of saving you money. If you miss the call from SmithRx, it's important to call them back so you do not miss out on this great cost-savings opportunity. Examples of Connect programs include Access, Access Plus, Mark Cuban Cost Plus, Low-Cost Insulin, and Assist.

ALLIED AND AETNA



HOW SENA HEALTH CAN HELP WITH PROVIDERS

- Find the appropriate in-network provider based on your healthcare needs
- Help manage appointment scheduling
- Facilitate communication with the provider

Who is Allied and Aetna?

Allied administers the Arc Mercer’s medical plan and gives you access to the Aetna network. Aetna is not the carrier, just the network.

If your doctor’s office wants to verify coverage and calls Aetna, the office will be told you do not have Aetna coverage; the doctor needs to call Allied at the telephone number on your ID card.

About the Aetna Network

Aetna is a national network of providers including doctors, hospitals, labs, radiology and surgical centers, and more. To be part of the plan’s network, these doctors and facilities must meet certain credential requirements and agree to accept a discounted rate for covered services under the health plan. Out-of-network coverage is not available except in a true emergency.

Steps to find an in-network provider

SENA Health can help you find in-network providers and even schedule an appointment for you. Providers can be found by following these steps:

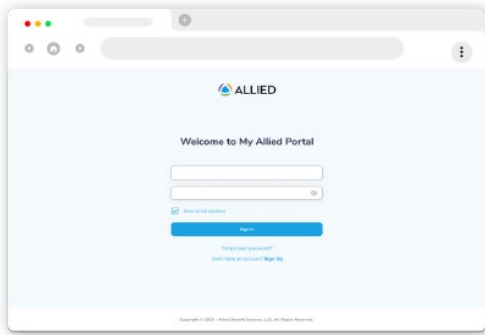
1. Go to alliedbenefit.com/ProviderNetworks and select “Aetna Signature Administrators.”
2. Enter your location – zip code, city, county, or state — and click “Search.”
3. Look up providers by typing into the general search bar or select from the categories shown.

Once you register on the My Allied Portal and/or My Allied Portal App, simply login and click the “Provider Network” tab.

Questions?

Text or call SENA Health at 609-961-6422.

MY ALLIED PORTAL



SENA HEALTH CAN HELP WITH LOGIN AND NAVIGATION



Manage your benefits at home or on-the-go

My Allied Portal allows you to navigate your benefits and proactively manage your healthcare at any time from the mobile app or web browser. SENA Health can help you access My Allied Portal so you can:

- View and share your digital ID card
- Look up claims and deductible progress
- Review your benefits, copays and coinsurance amounts
- Pull up your customized Personal Health Record (PHR)
- Find in-network providers plus cost estimates for medical procedures and treatments

Activate your new portal

1. Go to alliedbenefit.com/Members or head to your device's app store to download the My Allied Portal app.
2. Use your member ID and group number to log in.
3. Start exploring My Allied Portal's features to get the most out of your healthcare benefits.

You can use the same login credentials to access the mobile app and web browser.

PREVENTIVE CARE SERVICES FOR ADULTS AND CHILDREN



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer
- Depression
- STIs
- Skin cancer
- Physical



Preventive care for women should include breast and gynecological exams



For men, preventive care should include prostate cancer screening and a testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious. SENA Health can help you schedule your annual routine checkup.

What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you. The type of preventive care you'll need to stay healthy varies by age, gender and medical history. SENA can review with you the full list of services and any limitations in your summary plan description available on My Allied Portal.

Preventive care is covered in full only when obtained from an IN-NETWORK provider.

Not all exams and tests are considered preventive

Exams performed by specialists are not generally considered preventive and may not be covered at 100%. Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for your share of the cost for those services. If you have a question about whether a service will be covered as preventive care, contact SENA.

PROGRAMS SENA CAN HELP YOU ACCESS



SENA Health can help you access additional valuable programs available to medical plan participants. Teladoc, Livongo, Valenz Health, and CancerCare offer specialized care to help you get well while saving you time and money.

Teladoc

You and your covered family members can talk to a doctor for non-emergency conditions by phone, video, or app at any time of the day or night, 365 days of the year. Conditions commonly treated by Teladoc include sore throat, flu, fever, sinus infection and rash. Teladoc doctors can provide a diagnosis, treatment, and prescription if needed. Teladoc can help avoid the high cost and long waits at the ER or urgent care, or if your primary doctor is unavailable. There is **no copay** for using Teladoc.

Livongo by Teladoc Health

Livongo helps you live healthier at **no cost** to you by offering chronic care solutions, including:

Diabetes management: connected meter, unlimited strips and lancets

Hypertension management: connected monitor and one-on-one coaching

Health living and diabetes prevention: connected scale and expert guidance

There are also a wide range of personalized self- and program directed solutions based on your level of program engagement.

Valenz Health

Valenz Health is a surgery and imaging program for the most common surgical and imaging procedures, including orthopedic, general surgeries, colonoscopies, MRIs, CT and PET scans. If you utilize this program, you will receive your procedure at **no cost**.

When appropriate, SEN A Health will facilitate a call with a navigator from Valenz Health. The navigator will discuss your procedure with you and assist in finding and scheduling an appointment at an in-network facility to ensure that there are no out-of-pocket costs.



PROGRAMS SENA CAN HELP YOU ACCESS (CON'T)



CancerCare

This cutting-edge program is designed to optimize the treatment of cancer and increase the likelihood of a speedy recovery.

From an extremely important second opinion at one of the Centers of Excellence to the most current knowledge available through the National Comprehensive Cancer Network, you'll have a team of experts to guide you through all aspects of your treatment plan.

EMPLOYEE ASSISTANCE PROGRAM



GET CONNECTED

Enrolled in the Arc Mercer medical Plan? SENA can help connect you to behavioral health services.

Not enrolled in the medical plan? Get started by phone, web, or mobile app.

Phone

800-440-1440

Login

www.alliedbenefit.com/caresolutions

(group code: arcmercerc)

Phone

888-546-2489

Email, chat, or text via the mobile app

Scan the QR code



Available 24/7/365

Allied Care Solutions Behavioral Health is a free and confidential employee assistance program (EAP) available to all employees and their immediate family members.

Expert referrals and consultations

Whether you are a new parent, a caregiver, selling your home or looking for budgeting advice, you're likely to need guidance and referrals to expert resources.

- Legal consultation: by phone or in-person with a local attorney
- Financial expertise: planning and consultation with a licensed financial counselor
- Convenience referrals: for childcare, elder care, home repair, housing needs, education, pet care, adoption and so much more

Choose how to get assistance

- In-the moment support with a licensed clinician by phone
- Web portal
- eConnect® Mobile App
- Text Therapy via Textcoach®
- Animo via web portal or mobile app
- Navigator via web portal or mobile app

HUSK MARKETPLACE



HOW TO REGISTER

Website

marketplace.huskwellness.com/paretohealth
(Eligibility ID: P11199)

Phone

800-294-1599

Email

customerservices@huskwellness.com

Achieving optimal health and wellness

You and your eligible family members* have access to exclusive pricing on some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

Gyms and fitness centers: exclusive savings and flexible membership options at a variety of facilities, from national chains to specialty studios.

Husk nutrition: meet with a registered dietician to implement a personalized nutrition program designed to meet your health goals, individual needs and busy lifestyle. Click on “don’t have a code” to receive a nutrition code.

Equipment and tech: deals on equipment and wearable technology to help support you on your wellness journey.

On-demand fitness: group exercise classes from the comfort of your own home.

Mental health: get connected with licensed therapist through technology.

*Eligible family members include your spouse and children ages 18 to 26 years of age who are living at home and/or school.



HORIZON DENTAL

	Horizon Dental Choice (HDC) ¹ (In-Network Only)	Horizon Dental Option Plan (DOP) ² (In and Out-of-Network)
Network	Dental Choice	Dental Options
Calendar Year Deductible	N/A individual N/A per family	\$50 per individual \$150 per family
Calendar Year Plan Maximum	N/A	\$2,000 per individual
Diagnostic & Preventive	Refer to schedule of benefits	Plan pays 100%
Basic Services	Refer to schedule of benefits	After deductible, plan pays 80%; you pay 20%
Major Services	Refer to schedule of benefits	After deductible, plan pays 50%; you pay 50%
Orthodontia	Not covered	Not covered

¹When you enroll, you must choose one of the dentists in the Horizon Dental Choice Network as your **Primary Care Dentist (PCD)** and receive care, or be referred for care, from the PCD. If you do not select a PCD at enrollment, you must choose one before receiving care.

²When you go to an in-network provider, you take advantage of negotiated rates. Out-of-network reimbursements are based on “reasonable and customary” amounts and balance billing may apply.

You can locate dental providers on the Horizon portal:

horizonBlue.com/doctorfinder

1-800-4-Dental

YOUR PER PAY CONTRIBUTIONS

The total amount that you pay for medical coverage depends on how many dependents you cover and whether other coverage is available. For dental, the amount you pay depends on which plan you choose and how many dependents you cover.

MEDICAL

Per Paycheck Contributions (Other Coverage is Not Available for Your Spouse and/or Child(ren))		Per Paycheck Contributions (Other Coverage is Available for Your Spouse and/or Child(ren) but Not Taken)	
\$112.81	EMPLOYEE ONLY		
\$225.62	EMPLOYEE + SPOUSE	\$319.10	EMPLOYEE + SPOUSE
\$215.04	EMPLOYEE + CHILD(REN)	\$319.10	EMPLOYEE + CHILD(REN)
\$319.10	EMPLOYEE + FAMILY	\$319.10	EMPLOYEE + FAMILY

DENTAL

	Dental PPO	Dental HMO
EMPLOYEE ONLY	\$5.39	\$2.16
EMPLOYEE + SPOUSE	\$8.60	\$4.02
EMPLOYEE + CHILD(REN)	\$8.60	\$4.97
EMPLOYEE + FAMILY	\$15.22	\$7.32

DENTAL & VISION REIMBURSEMENT PROGRAM



Dental reimbursement program

Arc Mercer employees enrolled in the Agency's dental plan for the 2024/2025 plan year are eligible to receive a reimbursement of up to **\$250.00** towards out-of-pocket dental expenses. To be eligible the employee must be actively employed and have a date of dental service between July 1, 2024 and June 30, 2025. This reimbursement applies only to employees and is not available for a spouse or child.

Vision reimbursement program

Arc Mercer employees enrolled in the Agency's medical plan for the 2024/2025 plan year are eligible to receive a reimbursement of up to **\$200.00** towards the cost of an eye exam, frames, lenses or contacts. To be eligible the employee must be actively employed and have a date of vision service between July 1, 2024 and June 30, 2025. This reimbursement applies only to employees and is not available for a spouse or child.

Reimbursement forms

Complete the Dental Reimbursement *Form* and *Vision Reimbursement Form* available online at <https://arcmercer.org/employee-resources> and submit the form(s) with valid receipts to Human Resources. For dental, you must include a copy of your Horizon Explanation of Benefits (EOB).

The Reimbursement Programs are administered by Arc Mercer – all inquiries should be directed to Human Resources.

COMPANY- PROVIDED TERM LIFE INSURANCE



Protection for your family

Arc Mercer offers full time employees two coverage options for Group Term Life Insurance at little or no cost to you.

Option 1: \$50,000 paid for in full by Arc Mercer

Option 2: 2 times your base salary up to \$300,000

Option 2 is also paid for in full by Arc Mercer. However, per IRS guidelines, you are required to pay tax on the benefit coverage above of \$50,000. See a benefits specialist in Human Resources if you would like an estimate of the tax liability.

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary , the person (or people) on record with the life insurance carrier, receives the benefit.

Make sure you complete a beneficiary form available from Human Resources and name at least one beneficiary. Be sure to change your beneficiary as needed if your situation changes.

SAVE NOW, ENJOY LATER



WHAT ARE YOUR PLANS?

Whether your retirement plans include traveling the world, enjoying a hobby, or relaxing with family, you need a plan to get there.

Our 401(k) plan provides a convenient and tax- advantaged way to save so you can achieve your retirement goals.

The earlier you start, the more you'll save!

401(k) Retirement Savings Plan

Arc Mercer offers a generous 401k plan that is available to all full time and part time non-union employees.

You are automatically enrolled upon reaching eligibility after 3 months of employment.

Upon enrollment you are eligible to contribute to the plan up to the IRS maximum limit. Arc Mercer will match dollar for dollar that contribution up to 6%.

After 1 year of employment, you will receive a 5% contribution from Arc Mercer, which is comprised of a 3% safe harbor contribution and a 2% profit sharing contribution. This benefit applies with or without contributions made by you.

If you make the maximum contribution to the plan, you would be eligible to receive an 11% contribution from Arc Mercer towards your retirement.

Pension Plan

Arc Mercer fully funds a Pension Plan under the provisions of the union collective bargaining agreement for all union employees.

You are automatically enrolled upon reaching eligibility of 1 year of employment and 1,000 hours worked.

Upon eligibility, Arc Mercer will contribute \$.60 per hour towards the pension.

KEY TERMS

Term	Definition
Allowable Charge	The negotiated amount that in-network providers have agreed to accept as full payment.
Balance Billing	A practice where out-of-network providers bill a member for charges that exceed the plan's allowable charge.
Brand Name Drug	A drug sold by a drug company under a specific name or trademark and that is protected by a patent.
Copay	Flat dollar amount you pay for certain healthcare services.
Formulary	The selection of prescription drugs covered by the plan. In most cases, the plan will pay more for generic versions of brand-name drugs, leading to reduced out-of-pocket costs.
Generic Drug	Generic medications are a chemical copy of the original brand, with the same active ingredients. Generics are also available at a lower cost than brand-name medications.
In-Network	"In-network" refers to doctors, hospitals, and other health care providers that have contracted with your insurance company to accept certain negotiated (i.e., discounted) rates.
Open Enrollment	Your annual opportunity to make changes to your benefits plans. During this period, you can add a plan and/or add or drop coverage for an eligible dependent. You cannot make changes to your benefits outside of Open Enrollment unless you have a Qualifying Life Event.
Out-of-Network	Out-of-network refers to providers that have not agreed to discounted rates, and therefore you typically pay more when you visit these providers.
Out-of-Pocket Maximum	That maximum amount that you will pay each year for covered services under the medical plan.
Plan year	A 12-month period of benefits coverage under a group plan. The Agency's plan year is July 1 through June 30.
Qualifying Life Event	A change in your situation — like getting married, having a baby, or a change in change in a covered dependents' benefits status — that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period.

