



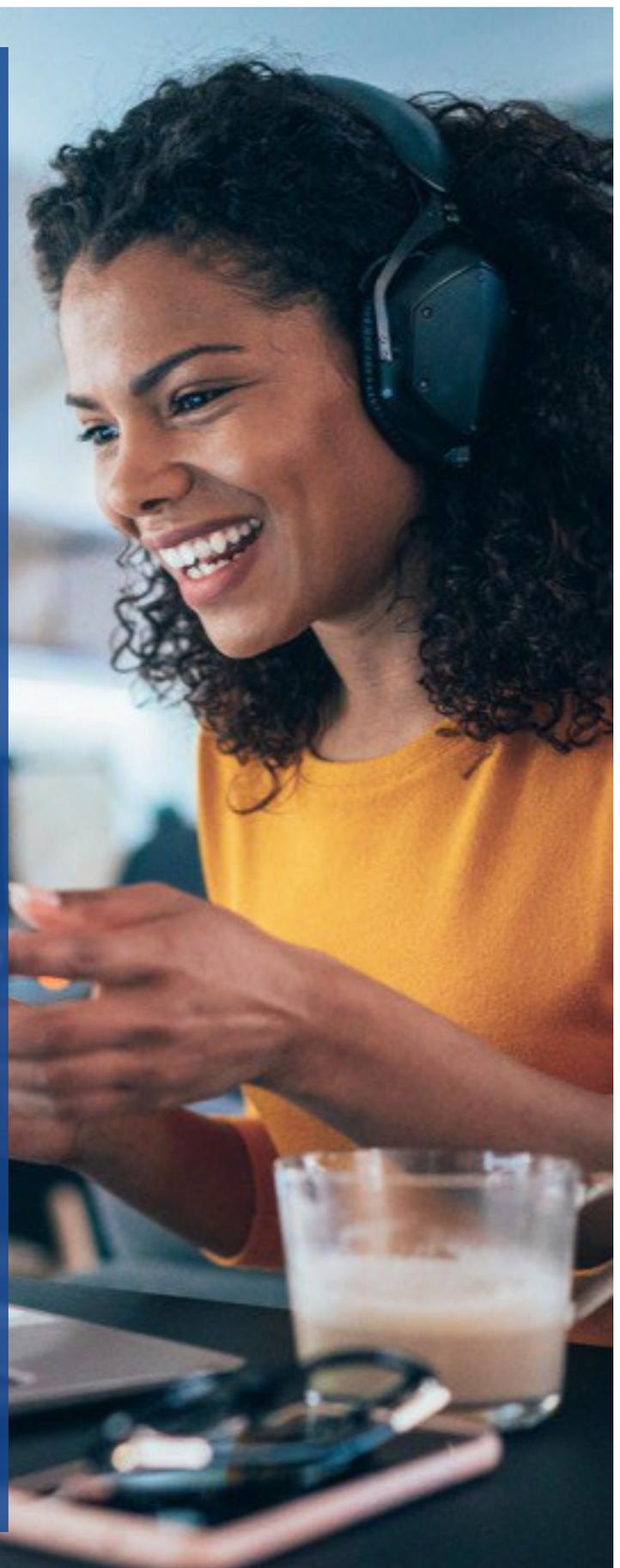
2023-2024

EMPLOYEE BENEFITS GUIDE Effective July 1, 2023



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Welcome to The Arc Mercer's 2023-2024 Benefits!



Your needs, and those of your family, are unique to you. That's why The Arc Mercer provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are a shared contribution between you and the Company.

Your benefits are an important part of your total compensation at The Arc Mercer. Please take the time to review and evaluate all the options available to you and your family.

This guide is designed to provide an overview of the coverages available. The Arc Mercer reserves the right to amend or change benefits offerings at any time. This guide is not a Summary Plan Description (SPD) nor a contract or guarantee of benefits coverage. Official plan and insurance documents govern your rights and benefits, including what's covered, exclusions and limitations.

Benefits Overview



Company Paid Benefits

- Healthcare Gap Assessment – BeneStream
- Teladoc
- Health Reimbursement Account (HRA) – Medical/Prescription and Dental
- Vision Reimbursement Program
- CancerCARE Program
- Husk Wellness
- Allied Behavioral Health (an employee assistance program)
- Life Insurance (see Human Resources for details about this plan)

Benefits Options Requiring Employee Contributions

- Medical – administered by Allied using the Aetna network
 - Allied Medical Plan
 - Plan includes prescription drug coverage administered by SmithRx
- Dental (Plan Options) – Horizon
 - Horizon Dental Option (DOP) Plan
 - Horizon Dental Choice (HDC) Plan

BeneStream

Potential Savings on Insurance Coverage

You and your family may qualify for free health insurance

Free coverage can be a phone call away

Why Choose Medicaid and CHIP?

- No co-pays for most services
 - No deductibles
- Dental, Vision, and Prescription coverage
 - Strong provider network

The BeneStream service is paid by The Arc Mercer; there is no cost to you!

Prior to enrolling in The Arc Mercer benefit plans, please reach out to BeneStream to determine if you are eligible for free/low cost coverage.

For participating in this screening process, you will receive access, at no cost to you, to a RX discount card.

Quick Screen Steps

1. Employee calls BeneStream
2. BeneStream's multi-lingual team conducts 5-10 minute phone based screenings of employees
3. BeneStream prepares Potentially Eligible employees for enrollment

Enrollment Steps

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

BeneStream

877.223.1432

Monday-Friday 8 AM—8 PM ET

carlos@benestream.com | sheeba@benestream.com

Eligibility

Who is Eligible?

You are eligible for The Arc Mercer benefits if you are:

- An active full-time employee working 35 or more hours per week

Your dependents are eligible if they are:

- Your legal spouse or domestic partner
- Your and/or your domestic partner's child(ren)* up to age 26
- Your disabled child(ren) up to 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.*

About Domestic Partner Coverage

To enroll your same-sex or opposite-sex domestic partner and his or her dependents for coverage, you will be required to submit:

- Proof of domestic partnership
- Appropriate declaration forms

Under federal law, The Arc Mercer's contribution toward the cost of healthcare coverage for your domestic partner and his or her dependents is considered taxable income to you.

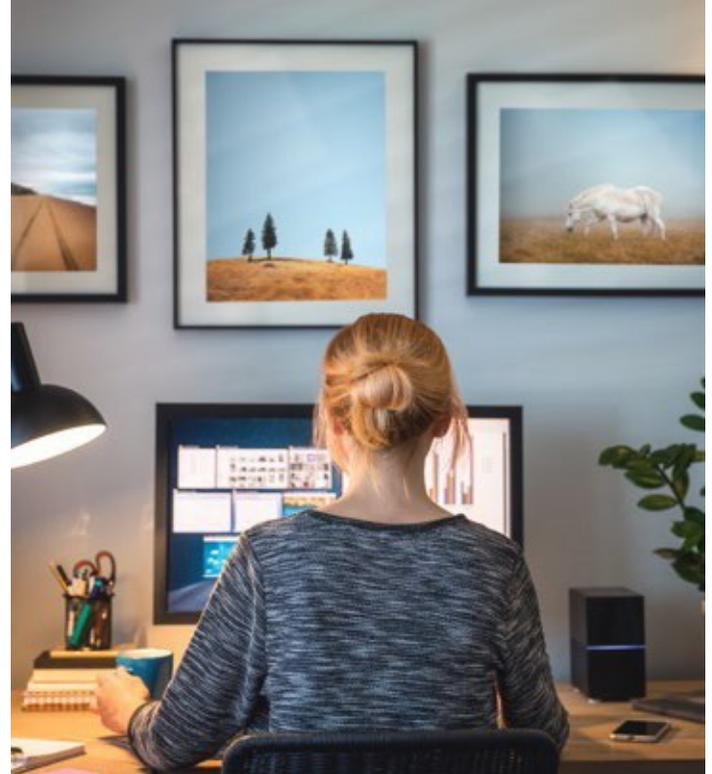
Domestic partner premiums will be deducted on a post-tax basis. You may wish to consult with a tax adviser for more information.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your medical, dental, and HRA 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 for medical, dental, and HRA coverage.

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



Enrollment

When Can I Enroll in Benefits?

You can enroll for benefits:

- Within **30** days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective 90 days from your date of hire.

How Do I Enroll in Benefits?

You must actively enroll in all benefits that require employee contributions. You will be automatically enrolled in all Company paid benefits.

To enroll (or make changes) to your benefits, you must log onto Employee Navigator at <https://4mybenefits.employeenavigator.com>.

You will receive an email from Employee Navigator with registration details. Follow the instructions and enroll online.

Use Company Identifier: TheArcMercer

If you do not have access to a computer, please see Human Resources

Please Note:

Federal regulations require The Arc Mercer to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

Open Enrollment

Open Enrollment is your once-a-year opportunity to review your benefits plan elections and make adjustments that meet the needs of you and your family.

Changes to medical and dental benefits made during Open Enrollment will go into effect July 1st.

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through 6/30. If you have a “qualified life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within **30** days of the event. Proof of life events is subject to approval by The Arc Mercer. Changes are effective retroactive to the date of the event.

Qualifying life events include, but are not limited to:

- Your marriage
- Your divorce or legal separation
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse, domestic partner or covered child
- Change in your or your spouse/domestic partner’s work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse’s Open Enrollment
- A change in your child’s eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation

Other qualifying events may also apply. Please contact Human Resources.

Medical Plan

The Arc Mercer offers a medical plan administered by Allied with the following features:

- Access to providers in the **Aetna PPO** network who have agreed to give quality care to plan participants at negotiated rates. **Note: 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**
- Preventive care is covered at 100% when using an in-network provider.
- Includes prescription drug coverage through SmithRx.
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs **July 1st through June 30th**.
- Additionally, you will automatically be enrolled in the HRA plan administered by Clarity.
- For an overview of the plan, please refer to the Medical Benefits At A Glance Chart. Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC).



Finding In-Network Providers

To search for in-network medical providers, log onto alliedbenefit.com/ProviderNetworks. When prompted to select a plan, click Aetna PPO.

Access to Your Healthcare

After you are enrolled in The Arc Mercer medical plan, log onto <https://alliedbenefit.com/Members> and click Register. Enter the required information under the Website Account Request section. You'll receive two emails from notifications@alliedbenefit.com with instructions on how to authenticate your account. You must click the link in the second email to complete the registration.

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because The Arc Mercer's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.

Medical Benefits At A Glance

Allied Medical Plan	
Plan Year Company HRA Contribution	\$1,500
Medical	You Pay
<i>All benefits (including prescriptions) are subject to deductible before coinsurance.</i>	
In-Network Plan	
Plan Year Deductible (Individual / Family)	\$1,500 / \$3,000
Coinsurance	10% *
Plan Year Out-of-Pocket Max ¹ (Individual / Family)	\$3,000 / \$6,000
Preventive Care	0%
Primary Care Office Visit	\$15 *
Specialty Care Office Visit	\$25 *
Teledoc Visit	\$0
Urgent Care Facility	\$50 *
Emergency Room Care	\$100 *
Inpatient Hospital	10% *
Outpatient Surgery	10% *
Routine Radiology / Lab	0% *
Advanced Radiology (MRI, MRA, CAT, PET Scan)	0% *
Prescription	You Pay
Retail (up to 30-day supply) [Tier 1 / Tier 2 / Tier 3]	30% *
Home Delivery (up to 90-day supply)	30% *

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

¹ Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance.

* After Deductible

Where to Seek Care

Virtual Care

Each medical plan includes virtual visits, which provides 24-7-365 access to board-certified primary care doctors and pediatricians by secure video chat or phone. **For an illness or injury that is not an emergency**, Teladoc's telemedicine program offers a **convenient, cost-effective alternative** to hospital emergency rooms and urgent care clinics.

Teladoc is not intended to replace your relationship with your doctor, but rather provides access to healthcare when reaching the doctor is difficult or inconvenient.



Get an appointment on demand or schedule one at [Teladoc.com](https://www.teladoc.com).

You can also contact Teladoc by phone at **1-800-TELADOC (835-2362)**.

Conditions Commonly Treated with Teladoc

Doctors in Teladoc can diagnose, recommend treatment and write short-term prescriptions for minor, non-life-threatening conditions including:

- Acne
- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu Symptoms
- Ear Infections
- Headaches/Migraines
- Insect Bites
- Sinus Infections
- Nausea/Stomach Aches
- Pink Eye
- Skin Infections
- Sore Throat
- Upper Respiratory Infections

Benefits of Telemedicine Visits

- Less time away from work
- No travel expenses or travel time
- Less interference with child or elder care responsibilities
- No exposure to other potentially contagious patients

How to Use Virtual Care

1. Go to [Teladoc.com](https://www.teladoc.com), download the **Teladoc** app or call **1-800-TELADOC (835-2362)**.
2. Register and complete your account profile, including a brief medical history, for you and your enrolled family members.
3. Video chat or talk with a doctor from home, work or when traveling.

Where to Seek Care (continued)

Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. Of course, when it's a **life-threatening problem**, you should call **911** or go straight to the nearest hospital emergency room (ER).

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, access **Allied or Teladoc** telemedicine services or go to an urgent care center.



Go to Emergency Room

Heart attack or stroke

Chest pain or intense pain

Shortness of breath

Severe abdominal pain

Head injury or other major trauma

Loss of consciousness

Major burns or severe bleeding

One-sided weakness or numbness

Open fractures

Poisoning or suspected overdose

or



Go to Urgent Care

Moderate fever

Colds, cough or flu

Bruises and abrasions

Cuts and minor lacerations

Minor burns and skin irritations

Eye, ear, or skin infections

Sprains or strains

Possible fractures

Urinary tract infections

Respiratory infections

Pharmacy Benefits

SmithRx

Your pharmacy benefits are administered by SmithRx. You'll get this coverage automatically when you enroll in the Company medical plan.

Community Care Rx

Community Care Rx is the preferred pharmacy for The Arc Mercer employees. When you use this pharmacy, you'll receive:

- Free delivery to your place of work (there's no waiting in lines to pick up medication!)
- Lower or reduced out-of-pocket costs for most medications

How to Get Started

Ask your provider to list Community Care Rx as your pharmacy in their records. Human Resources has a letter you can give to your provider with all the information needed to submit a prescription to Community Care Rx.

You will also need to complete **The Arc of Mercer Employee Pharmacy Intake Form**. Scan the QR code below to complete the form electronically or you can request a copy from Human Resources.



In-Network Pharmacies

In addition to Community Care Rx, there are over 75,000 pharmacies, including national chains (e.g., Costco, CVS, Target and Walgreens) and independent retailers, across the United States in the SmithRx network. The list is subject to change from time to time, so call SmithRx **Member Services** at 844-454-5201 to confirm if your pharmacy is in-network.

SmithRx Member Portal

Visit www.mysmithrx.com to create an account and get access to formulary data (which medications are covered under your plan and at what cost), pharmacy network status, recent claims history, and more.

Mail Order Pharmacy

Instead of visiting the pharmacy month after month for medications you take regularly (such as blood pressure or diabetes medication), save time by having medications delivered to your home through Serve You Rx.

With mail order, you also pay a lower price (e.g., one 90-day supply costs less than three 30-day supplies).

Prior Authorization (PA) and Specialty Medications

The SmithRx Clinical Review Team reviews requests for certain medications to help ensure appropriate and safe use for your condition.

Many specialty medications require PA. Specialty medications must be filled through Senderra Rx or Kroger Specialty Pharmacy.

If your medication requires PA, Member Support can help you and your provider get started. Call 844-454-5201 for assistance.

Health Reimbursement Account (HRA)



What is an HRA?

Health Reimbursement Accounts (HRAs) are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year.

The employer funds and owns the account. Health Reimbursement Accounts are sometimes called Health Reimbursement Arrangements.

To help offset some of the medical plan deductible, The Arc Mercer will contribute **\$1,500** to a Health Reimbursement Account (HRA) for employees enrolled in The Arc Mercer medical plan. This amount will be pro-rated for new employees who join mid year (e.g., \$375 per quarter).

To help offset dental expenses (e.g., deductible and coinsurance), The Arc Mercer contributes **\$250** for employees enrolled in the Company dental plan.

HRA funds can only be used to reimburse deductibles for in-network medical expenses and in-network dental expenses. Eligible expenses must be **incurred by 6/30/2024**. Money contributed to your HRA fund does not roll over from year-to-year. If you leave The Arc Mercer, you cannot take this money with you, however, the funds in your HRA are COBRA eligible.

The HRA is administered by Clarity. Once a member uses a qualified in-network service, Clarity will reimburse the in-network provider directly (if you select that option), up to the eligible HRA amounts.

How Does it Work for Medical?

When at the provider's office

- For medical, tell your doctor that your medical plan has a deductible, and your claim should be submitted through insurance before you pay.
- Once the claim has been submitted and finalized by Allied, you will receive an Explanation of Benefits (EOB).
- Submit your claim with your EOB through your Clarity member portal
- Choose the option to either pay yourself or the provider. If you choose to pay the provider, be sure to enter the mailing address EXACTLY as shown on the bill.

See next page for prescription benefits.

Health Reimbursement Account (HRA)

How Does it Work for Pharmacy?

When at the pharmacy

- Use your Clarity MasterCard to pay for your prescriptions that have been applied to your deductible.
- If you forget to swipe your card, file a claim using your Clarity Member Portal and remember to upload your receipt and the proper prescription documentation.

How Does it Work for Dental?

- Once the claim has been submitted and finalized by Horizon, you will receive an Explanation of Benefits (EOB).
- Submit your claim with your EOB through your Clarity member portal
- Choose the option to either pay yourself or the provider. If you choose to pay the provider, be sure to enter the mailing address EXACTLY as shown on the bill.

What Does the HRA Cover?

Medical

- | | | |
|---|----------------------------------|--|
| • Primary Care and Specialist Office Visits | • Inpatient Hospital Admission | Important: The HRA does NOT reimburse for copays. |
| • Prescriptions | • Outpatient Surgical Procedures | |
| • Diagnostic Tests | • Emergency Room | |

Dental: Deductible and Coinsurance

Contact the Clarity customer service team if you have questions or need assistance resetting a password - 888-423-6359 or customerservice@claritybenefitsolutions.com.

Vision Reimbursement Program

The Arc Mercer employees actively enrolled in the agency's medical plan for the 2023/2024 plan year are eligible to receive up to a **\$200** vision reimbursement toward the cost of an eye exam, frames, lenses or contacts. Eligible expenses must be incurred 7/1/2023 through 6/30/2024. Complete the *Vision Reimbursement Form* available online at <https://arcmercer.org/employee-resources> and submit the form with valid receipts to Human Resources.

The Vision Reimbursement Program is administered by The Arc Mercer—all inquiries should be directed to Human Resources.

Additional Health Benefits

CancerCare

No one should have to face cancer alone. CancerCare, included with our medical plans, is a comprehensive cancer care management program designed for employees and covered dependents. Whether you have a history of cancer, or have been recently diagnosed, highly-experienced advocates can help you receive the best care.

How to Use this Program

A cancer diagnosis for you or a covered family member prompting case management will be referred directly to the CancerCare team as a new oncology case. Medical plan participants can also register directly for the program. By enrolling at the time of diagnosis, the CancerCare program can have the greatest impact on outcomes and success in recovery, as you will have assistance early on during the planning phase of cancer treatment.

How to Register

Call CancerCare at **877-640-9610** or enroll via the web at <https://cancercareprogram.net>. If you register online, you will receive a phone call from an intake coordinator to get additional information.

HUSK Wellness

You and your eligible family members* have access to discounts on some of the biggest names in fitness, nutrition and wellness with HUSK Marketplace:

- Member discounts at 9,000+ gyms and studios (including virtual fitness options)
- Savings on fitness accessories and technology
- Nutritional counseling, discounts on meal plans, and online recipes (Note: Select “Aetna” as the carrier and click “don’t have a code” when creating a nutrition account.)
- Lifestyle coaching from smoking cessation to living with chronic disease, healthy mom/healthy baby, and stress management
- And much more!

How to Register

Visit marketplace.huskwellness.com/paretohealth to activate your benefits; You will need **The Arc Mercer eligibility ID: P11199**.

For assistance, call **800-294-1500**.

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

Additional Health Benefits

Allied Behavioral Health – Allied Care Solutions

Allied Care Solutions offers expert guidance to help you and your family members address and resolve everyday issues. These resources are available even if you are not enrolled in the Company medical plan.

- **In-the-moment support.** Reach a licensed clinician by phone 24/7/365 for immediate assistance at **1-800-440-1440**.
- **Short-term counseling.** Access up to five (5) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.
- **Financial expertise.** Consultation with a financial counselor.
- **Convenience resources.** Referrals for childcare and eldercare, home repair, housing needs, education, pet care and so much more.
- **Legal consultation.** By phone or in-person with a local attorney.
- **Confidentiality.** Strict confidentiality standards ensure no one will know you have accessed the program without your written permission, except as required by law.

You also have access to Textcoach® (personalized coaching with a licensed counselor on a mobile or desktop device), Virtual Support Connect (moderated group support sessions on an anonymous chat-based platform), and self-guided resources.

The web and mobile portals have a wealth of resources and courses, focusing on different wellness topics each month. You can access the portal at: alliedbenefit.com/caresolutions; use the group code 'arcmercer'.

PHONE	1-800-440-1440	MOBILE APP 
WEB	alliedbenefit.com/caresolutions	
ALLIED CARE SOLUTIONS BEHAVIORAL HEALTH		

Dental

The Arc Mercer offers two dental plans through Horizon. Your choice of dentists can determine the cost savings you receive. In-network providers are paid directly by Horizon and agree to accept negotiated fees as “payment in full” for services rendered.

When you use out-of-network providers, Horizon will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill.

In-network coverage is provided when you use Horizon providers. To search for in-network providers, go to horizonblue.com/doctorfinder and, depending on your plan, select the Dental Option network or Dental Choice network. For assistance, call **1-800-4-Dental**.

Horizon	Horizon Dental Option (DOP) Plan		Horizon Dental Choice (HDC) Plan
	In-Network	Out-of-Network	In-Network
Calendar Year Maximum * (plan pays)		\$2,000	N/A
	You Pay	You Pay	You Pay
Calendar Year Deductible * (applies to Basic and Major Services)	\$50 individual / \$150 family		N/A
Preventive Services (no deductible)	0%	0%	Please see Schedule of Benefits
Basic Services (after deductible)	20%	20%	Please see Schedule of Benefits
Major Services (after deductible)	50%	50%	Please see Schedule of Benefits
Orthodontia	Not covered	Not covered	Not covered

** Plan deductibles and maximums accumulate on a calendar year (January 1 – December 31). These amounts reset on January 1 of each year.*

Important Information!

When you enroll in the in the Horizon Dental Choice Plan, 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 by calling **1-800-4-Dental**.

If you do not enroll in dental benefits when you are first eligible, you will become a late entrant. Late entrants will only be eligible for exams, cleanings and fluoride applications for the first 12 months they are covered.

Cost of Coverage

Contributions made from each paycheck toward your medical and dental benefits elections will automatically be **deducted from your gross pay before Federal Income and Social Security taxes** are calculated. Since these contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay and you will end up paying less taxes on the same salary.

Medical and Dental Contributions (Per Pay)

Per Pay Period (26 Periods)	Allied Medical Plan	Dental PPO	Dental DHMO
Employee Only	\$ 103.93	\$5.23	\$2.16
Employee + Spouse[/DP*]	\$ 217.37	\$8.35	\$4.02
Employee + Child(ren)	\$ 198.12	\$8.35	\$4.97
Employee + Family	\$ 293.97	\$14.78	\$7.32

** For information regarding domestic partner costs and tax implications, please contact Human Resources.*

Benefits Definitions

What is a premium?

A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

What is a deductible?

A deductible is the amount you pay out of your pocket before your insurance pays.

Deductibles typically run from **January – December** each year. Once you have met that dollar amount, you have met the requirements for the plan year. Please note, for your plan through Allied, your deductible runs on the plan year from 7/1 through 6/30.

What does a copay pay for?

Copayments, or copays, are pre-set dollar amounts you are expected to pay for office visits, procedures or prescription drugs under your insurance plan.

Once the copay has been met, the insurance company pays all remaining costs.

What does coinsurance mean?

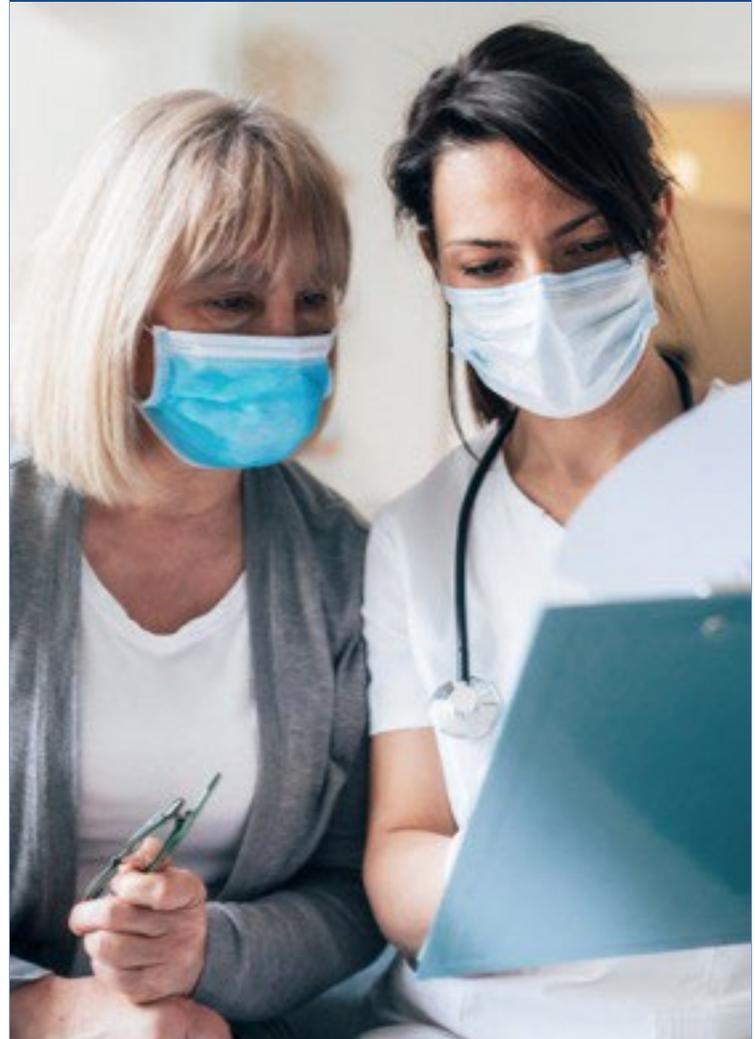
Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the cost of the service and you pay the coinsurance, or remaining percentage.

What counts towards my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining eligible medical expenses for the year.



Questions?

Hands On Personal Service

Once you enroll in your benefits, you'll have a dedicated benefits advocate at Campbell Petrie, The Arc Mercer's benefits broker, to help you get the most out of your benefits.

Email or call whenever you or a member of your family:

- Need help solving a benefits related problem
- Have a question about a benefit
- Have questions regarding a bill
- Need further clarification on an insurance matter
- Believe that your claim has not been paid properly
- Need a new ID card
- Need to appeal 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. Permission is granted on a limited time basis to only the individuals listed on the form. The form is revocable at any time. Your benefits advocate will provide the form to you when needed.

Contact your Campbell Petrie Benefits Advocate

Name

Sekia Davis

Email

sekia@campbellpetrie.com

Phone

888-546-2489

Hours

Monday through Friday,
9:00 am – 5:00 pm ET

For assistance with Employee Navigator or enrolling for coverage, email Nikki Lovaglio at Campbell Petrie (nikki@campbellpetrie.com).