



Giving Children a Home

2024

2025

EMPLOYEE

Benefit Guide





Welcome to your 2024-2025 Employee Benefits!

St. Joseph Children's Home recognizes the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry and designed to protect your health, your family and your way of life.

This guide was created to answer some of the questions you may have and provide the tools and resources you will need to take full advantage of the programs and plans being offered. Please read it carefully along with any supplemental materials you receive.

For any questions about the benefits outlined in the guide, please contact the Benefits & Payroll Coordinator in the Finance dept.

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This Guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents, including any disclosures (whether regarding "grandfathering" of plans or others) required by the new health reform law, the Patient Protection and Affordable Care Act (PPACA). In the event of conflict between this guide and the group contract / insurance documents, the group contract / insurance documents will prevail. Please contact the benefits coordinator in the finance department for further information.

Enrollment & Eligibility

St. Joe shares in the cost of many benefits by paying for a portion of the employee and dependent health premiums. Your completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

Any elections made will remain in effect and cannot be changed or revoked until the next annual Open Enrollment period, unless the change is due to and consistent with a family/life status change.

Benefits Enrollment is an Active process. Whether just starting as a New Hire or reviewing benefits during Annual Open Enrollment, you must specifically select the benefits you wish to enroll in for the applicable plan year.

How to Enroll or Make a Change?

The first step is to review your current benefit elections. Verify your personal information and make note of any changes that need to be made. Then review the options that are available for you and your family listed in this benefit booklet.

Who is eligible for Benefits?

if you are an employee working **20 – 29 hours per week**, you are eligible for:

- Dental
- Vision
- Voluntary Life
- UHC Supplemental Plans
- Pet Insurance
- Legal Plan

if you are an employee working **30 – 39 hours per week**, you are eligible for:

- Medical
- Dental
- Vision
- UHC Supplemental Plans
- Voluntary Life
- Pet Insurance
- Flexible Spending Account
- Legal Plan

if you are an employee working **40 hours per week**, you are eligible for:

- Medical
- Dental
- Vision
- Basic Group Life / AD&D
- Short Term Disability
- Long Term Disability
- UHC Supplemental Plans
- Pet Insurance
- Flexible Spending Account
- Legal Plan

All Benefit coverages will become effective as follows:

Hourly Employees: Effective 1st day of the month after 60 days of employment.

Salary Employees: Effective 1st day of the month after date of hire.

Benefit Change in Status

The benefit elections you make during Open Enrollment or as a new hire will remain in effect for the entire plan year. You will not be able to change or revoke your elections once they have been made unless a Qualifying Life Event (status change) occurs. For purposes of health, dental, vision and Flexible Spending Accounts, you will be deemed to have a Status Change for the following reasons:

- Birth / Adoption
- Divorce
- Death
- FMLA Related Leave
- Dependent Child Age Limit
- Marriage
- Loss of Coverage
- Eligible for Medicare

In order to be permitted to make a change of election relating to your health, dental or vision coverage due to a Qualifying Life Event, the Life Event Change must result in you, your spouse or dependent gaining or losing eligibility for health, dental or vision coverage under this Plan or a plan sponsored by another employer by whom you, your spouse, or dependent are employed. The election change must correspond with that gain or loss of eligibility.



You must notify Marjorie Brian within 30 days from the Status Change in order to make a change in your benefit selections.

Carrier Contacts

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. Follow these steps if you require assistance:

- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.
- For claims assistance, please contact the insurance carrier. You will need your ID number or Social Security number along with date of service and provider name.

Contacts	Website	Phone
Medical		
United Healthcare	www.myuhc.com	1.800.357.0978
Health Savings Account		
Stock Yards Bank	https://www.syb.com/health-savings-accounts	1.800.625.9066
Flexible Spending Account (FSA)		
Chard-Snyder	www.chard-snyder.com	1.800.982.7715
Dental		
United Healthcare	www.myuhc.com	1.800.445.9090
Vision		
United Healthcare	www.myuhc.com	1.800.638.3120
Basic / Voluntary Life and AD&D / Disability		
The Standard	www.standard.com	1.800.628.8600
Accident / Critical Illness / Hospital Indemnity		
United Healthcare	www.myUHCcfp.com	1.888.299.2070
Employee Assistance Program		
Wayne Corporation	www.waynecorp.com	1.800.367.9466
ID Theft Protection		
IdentityForce	mybenefits.identityforce.com	1.855.441.0270
Pet Protection Insurance		
PetPartners	www.petpartners.com	1.866.774.1113
Legal Plan		
MetLife	www.metlife.com	1.800.821.6400
Customer Resource Center		
AP Assist	apassist@assuredpartners.com	1.833.664.7195



Returning User – *Forgotten Password*

1. Log on

Visit our website

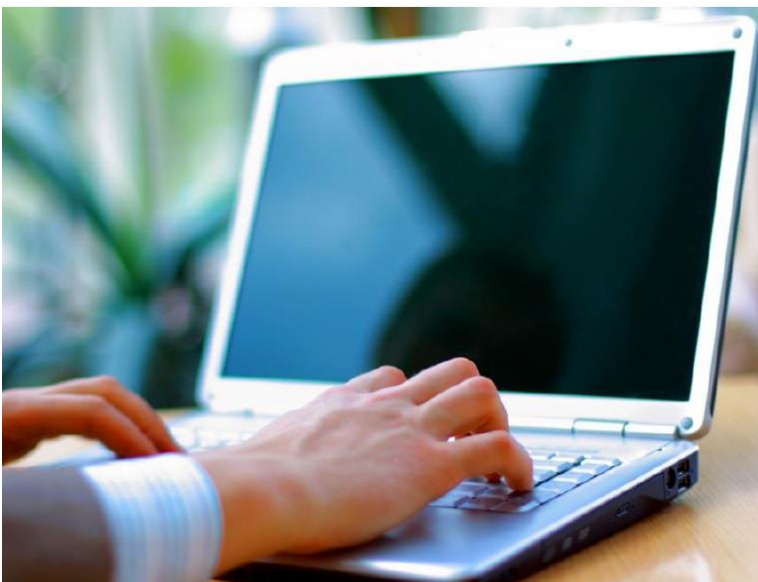
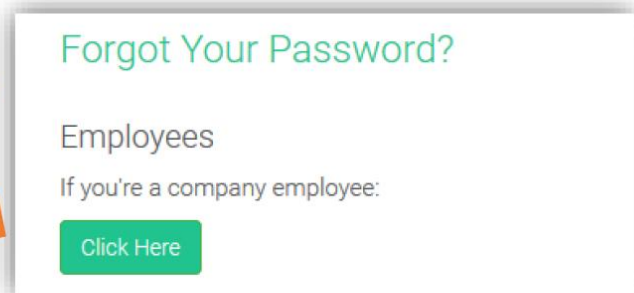
<https://www.myAPBenefits.com>

2. Reset

Select *Reset a Forgotten Password*

3. Verify

- Select that you are an *Employee*
 - Input your Username
- A password reset email will be sent to your primary email. Follow the link in the email to reset your password.





New User Registration

1. Log on

Visit our website

<https://www.myAPBenefits.com>

2. Register

Select *New User Registration*

3. Verify

Enter the following:

- First Name
- Last Name
- Company Identifier: **STJOES**
- Last 4 Digits of SSN
- Birth Date (ex. 1/1/1970)



Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

(provided by HR)

PIN

(Last 4 Digits of SSN / ID)

Birth Date

(mm/dd/yyyy)

Next »

Questions?

CONTACT US

Health Insurance

Eligible employees of St. Joe's have two plans options to choose from, which are administered by UnitedHealthcare. For more information on each of these plans, please refer to the benefit summaries. To locate a participating provider, visit www.myuhc.com.

Dependent Children are eligible for coverage until age 26.

In-Network Benefits	PPO Plan	HSA Plan
Calendar Year Deductible <i>(Single / Family)</i>	\$2,000 / \$4,000	\$3,200 / \$6,400
Calendar Year Out-of-Pocket Maximum <i>(Single / Family)</i>	\$4,000 / \$8,000	\$4,000 / \$8,000
Hospital Services		
Inpatient Hospital Services	30% after Deductible	20% after Deductible
Outpatient Hospital Services	30% after Deductible	20% after Deductible
Emergency Room Facility	\$350 Copay	20% after Deductible
Outpatient Benefits		
Physician Office Services <i>(Primary Care / Specialist)</i>	\$30 Copay / \$45 Copay	20% after Deductible
Virtual Visits <i>(*With Designated Virtual Network Provider)</i>	\$0*	\$0*
Preventive Services	Covered in Full	Covered in Full
Urgent Care Services	\$75 Copay	20% after Deductible
Chiropractic Services	\$30 copay	20% after Deductible
Lab & X-ray	30% after Deductible	20% after Deductible
Pharmacy Benefits		
Retail <i>(30 Day Supply)</i> <i>Tier 1 / Tier 2 / Tier 3</i>	\$10 / \$35 / \$60	20% after Deductible
Mail Order <i>(90 Day Supply)</i> <i>Tier 1 / Tier 2 / Tier 3</i>	\$25 / \$87.50 / \$150	20% after Deductible
Specialty Drugs <i>Tier 1 / Tier 2 / Tier 3</i>	\$10 / \$35 / \$60	20% after Deductible

Employee Bi-Weekly Cost	PPO Plan	HSA Plan
Employee Only	\$83.61	\$53.15
Employee + Spouse	\$230.73	\$159.64
Employee + Child(ren)	\$162.27	\$121.35
Family	\$291.51	\$210.53
St. Joe's Health Savings Account (HSA) Contribution Amount	Not Available	If you contribute \$8.00 per pay period to the HSA, St. Joe's Children's Home will contribute \$23.08 per pay period.



Home delivery from OptumRx

Use OptumRx® home delivery to help manage the medications you take regularly. Home delivery is reliable and offers the following advantages:



Cost savings

You may pay less for your medication with a 3-month supply through OptumRx®.



Convenience

Get free standard shipping.



24/7 access and reminders

Speak to a pharmacist any time, any day. Set up medication reminders.

You may be able to refill your home delivery prescriptions automatically through the Automatic Refill program.

If you need your medication right away, ask your doctor for a 1-month prescription to fill at a local pharmacy and a 3-month prescription you can use to set up home delivery.

Choose home delivery

By going online:

Visit myuhc.com, register and follow the simple step-by-step instructions.

By phone:

Call the member phone number on the back of your plan ID card. It's helpful to have your plan ID card and medication bottle available.

By ePrescribe:

Your doctor can send an electronic prescription to OptumRx. Prescriptions for controlled substances, such as opioids, can only be ordered by ePrescribe.*

*This update does not apply to providers in Alaska, Guam, Puerto Rico or the U.S. Virgin Islands.

Making medication decisions

Use the UnitedHealthcare prescription drug list (PDL)

The PDL is a list of your plan's covered medications. The medications are organized into cost tiers. Choosing medications in lower tiers may save you money.

Cost tier	Includes	Helpful tips
\$ Tier 1 – Lowest cost	Lower-cost medications. Some brand-name medications.	In most cases, Tier 1 medications have the lowest cost. Consider generic options which may also help you save.
\$\$ Tier 2 – Mid-range cost	Mix of brand-name and generic medications.	Tier 2 drugs may cost less than Tier 3 drugs. ³
\$\$\$ Tier 3 – Highest cost	Highest-cost brand-name medications and some generic medications.	Many Tier 3 medications have lower-cost options in Tiers 1 or 2. Ask your doctor if they could work for you. ³

Some Connecticut plans have a 4th tier that includes higher cost brand-name and generic medications, as well as non-preferred brand-name and specialty medications.

Save money

In most cases, generic medications have a lower copay than brand-name medications. Ask your doctor if there is a generic alternative for you.

Compare prices

Search for lower-cost alternatives. Just log in to myuhc.com. Or use the UnitedHealthcare app.



A health plan that's always with you

Digital tools to keep you connected

Get the most out of your benefits

Register for your personalized website on myuhc.com® and download the UnitedHealthcare® app. These digital tools are designed to help you understand your benefits and make informed decisions about your care.

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits – Connect with providers by phone or video* to discuss common medical conditions and get prescriptions,** if needed
- View your health care financial account(s) such as HSA, FSA or HRA
- Compare prescription costs and order refills

How to register

- 1 Go to myuhc.com or download the UnitedHealthcare app and click **Register Now**
- 2 Complete the required fields and create your username/password
- 3 Enter your contact information and security questions
- 4 Agree to the terms and conditions and select your email preferences
- 5 Go paperless—from your account settings, choose paperless in your communication preferences



Get started at myuhc.com



Download the app
Available for iPhone and Android

Register today



Scan the QR code or go to myuhc.com and click **Register Now**
See next page for registration steps



Go paperless

- Less paper, less clutter
- Get your required communications online

United
Healthcare

Get in on UHC Rewards

Good news—your health plan comes with a new way to earn up to \$300. UnitedHealthcare Rewards is included in your health plan at no additional cost.



There’s so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards. The activities you go for are up to you—same goes for ways to spend your earnings. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you—and look for new ways of earning rewards to be added throughout the year.

Earn up to
\$300

There are 2 ways to get started




On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select the **Menu** tab and choose **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning

	<p>Your health</p> <p>Get in on an experience that’s designed to help inspire healthier habits</p>	<p>Your goals</p> <p>Personalize how you earn by choosing the activities that are right for you</p>	<p>Your rewards</p> <p>Earn up to \$300 and use it however you want</p>
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Questions?

Call customer service at **1-866-230-2505**



Visit with a Provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a Provider by phone or video¹ through **myuhc.com**[®] or the UnitedHealthcare[®] app.



Another way to get care

Providers can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,² if permitted needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$0.³**

Consider 24/7 Virtual Visits for these common conditions and more

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes

\$0 cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000⁴ cost down to \$0.

Get started

Sign in at myuhc.com/virtualvisits | Call **1-855-615-8335**
Download the UnitedHealthcare app



¹ Data rates may apply.

² Certain prescriptions may not be available, and other restrictions may apply.

³ The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change.

⁴ Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated Urgent Care savings are based on the difference between average Urgent Care visit cost of \$180 and Virtual Visit cost of \$0; \$2,000.00 difference between the average Emergency Room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare[®] app is available for download for iPhone[®] or Android[®]. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.



Healthier habits, healthier lifestyle

Get support with Real Appeal[®],
an online weight loss program.



Support to help you reach your goals at \$0 out-of-pocket

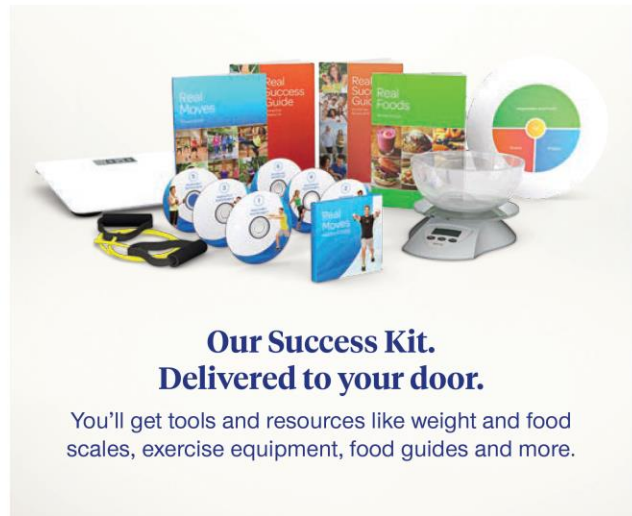
Real Appeal is rooted in clinical research and designed to help you achieve lasting results. The program is available to you and eligible family members at no additional cost as part of your health plan benefits.

Take small steps toward healthier habits

Set achievable nutrition, exercise and weight loss goals, and track your progress from your daily dashboard.

Support and community along the way

Stay focused on your goals with online group sessions led by coaches and a caring community of members.



Our Success Kit. Delivered to your door.

You'll get tools and resources like weight and food scales, exercise equipment, food guides and more.

Visit myuhc.com[®] > Health Resources > Real Appeal

United
Healthcare

Real
Appeal[®]

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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Health Savings Account (HSA)

What is a High Deductible Health Plan?

A HDHP is a plan with a certain annual deductible amount and a maximum out-of-pocket limit.

Sometimes referred to as consumer-driven health insurance, a HDHP still covers you for catastrophic illness and injury—what health insurance was originally intended to do.

Office visits and prescription drugs are subject to the deductible. This means you pay a UHC negotiated discount price instead of a fixed co-pay until you reach your deductible.

What is a Health Savings Account (HSA) and how does it work?

A Health Savings Account is a tax-advantaged trust account that allows you to take charge of your health, your savings and your future. **You must enroll in an HSA through your banking institution.**

It allows you to put away tax-free dollars to help pay for your eligible healthcare expenses including medical, prescription drugs, dental, vision, certain premium expenses like COBRA and Medicare premiums, etc., both today and in the future.

The 2024 maximum annual contribution to an HSA is \$4,150 for single coverage and \$8,300 for family coverage (combined between yourself and “the company”). The IRS determines the contribution maximums annually.

Advantages of an HSA

- Money you put into your account is deducted pretax therefore reducing your taxable income.
- Money that stays in your account earns tax-free interest.
- Money you pay from your account to pay for your qualified healthcare expenses is not taxed.
- Money rolls over from year-to-year – no “use it or lose it” restriction.

Who is eligible for an HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be covered by any other plan that is not a qualified HDHP, with certain exceptions.
- You cannot be enrolled in Medicare or receiving Social Security.
- You cannot be claimed on another person’s tax return.
- You have not received VA medical benefits at any time over the past three months.

Basic Benefits of the High Deductible Health Plan

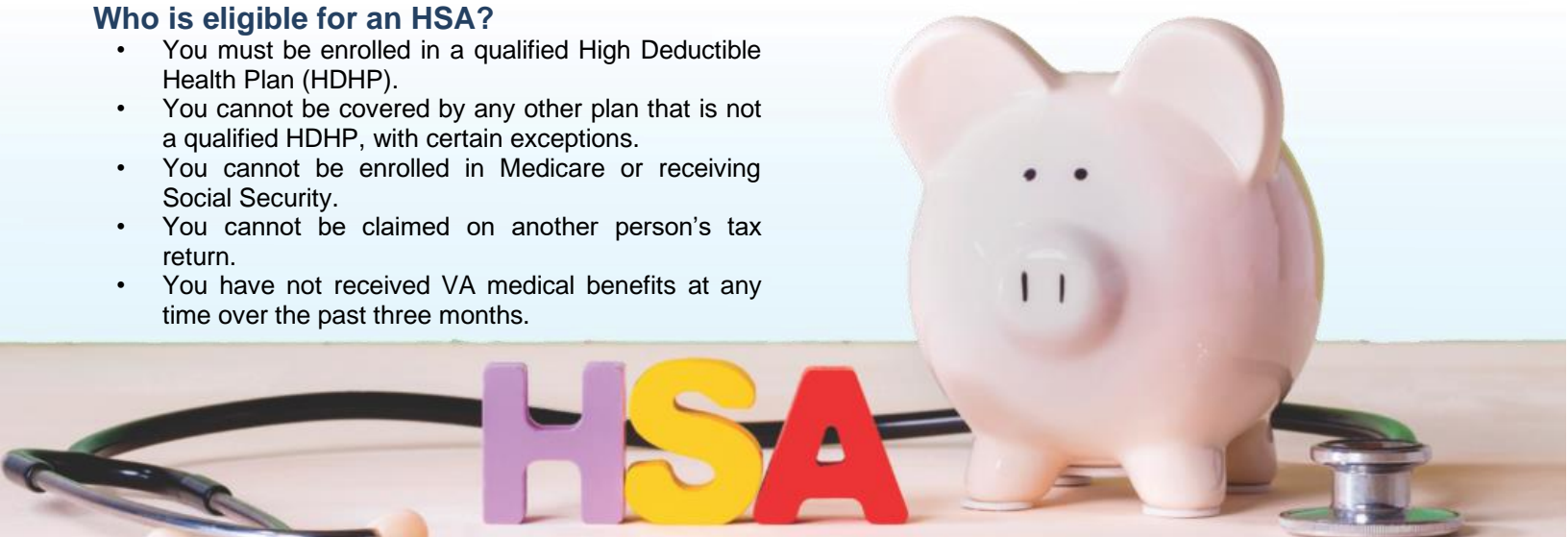
- Visits to any doctor or facility for covered service, just as usual.
- Your plan includes deductibles, coinsurance and a limit on what you pay out-of-pocket.
- Annual routine preventive care services are included in your plan. You generally do not pay for these services, not even an office visit co-pay.
- Certain Preventive Prescriptions are also included. On these, the deductible is waived, and you only pay the coinsurance.

When do I use my HSA?

After visiting a physician, facility, or pharmacy, your medical claim will be submitted to your HDHP for payment. Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles and coinsurance) billed by the physician, facility, or pharmacy, or you can choose to save your HSA dollars for a future medical expense. In addition, HSA dollars are available to pay for dental, vision and other expenses as well.

How does the HDHP Deductible Work?

Under the HDHP, your annual deductible and out-of-pocket maximum includes both medical and pharmacy expenses. All expenses are your responsibility until the deductible is reached (except qualified preventive care). For single coverage, your annual deductible is \$3,200 per covered person per year. For family coverage, the annual deductible is \$6,400 per calendar year for all covered persons in a family. For family coverage, expenses are your responsibility until the entire family deductible is satisfied. One or more persons may satisfy the family deductible.



Flexible Spending Account (FSA)



You have the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars with a Flexible Spending Account (FSAs).

When you participate in one of the above accounts, you use pre-tax dollars to pay for eligible expenses and receive a tax advantage. You pay for your qualifying expenses as they are incurred, then you are reimbursed for the expenses with money from your spending account. The money reserved in your account and reimbursed to you for eligible expenses is tax free, so using this program can lower your taxable income, which means more \$\$\$ in your take home pay.

Health Care –Flexible Spending

Eligible Expenses

- Health care expenses not paid because of plan deductibles or co-payments
- Eye care exams, prescription glasses, contact lenses
- Hearing exams and hearing aids
- Any other medical or dental expense that qualifies as a deduction for federal income tax purposes

The maximum that you can contribute to the Flexible Spending account annually is \$2,750.

Dependent Care – Flexible Spending

Eligible Expenses

- Licensed childcare centers
- Nursery schools or summer day camps
- Babysitters who work inside or outside your home (for coverage when both parents are working)
- Housekeepers who also provide dependent care-giving services.

The maximum that you can contribute to the Dependent Care Flexible Spending account is \$5,000, if you are a single employee or married filing jointly, or \$2,500, if you are married and filing separately.

How much should you contribute to your FSA?

Plan ahead and carefully estimate your annual expenses! Because an FSA is such a beneficial money-saving tool, it is natural to want to make the most of the tax advantage. However, putting too much money in the fund may not benefit you if you have to spend it on unnecessary expenses or fail to spend the money at all. FSAs are “Use It or Lose It” accounts.

Look at your expenses the last few years and determine what your average out-of-pocket medical expenses have been. Also consider if the following year will bring any big life change that would impact your medical and dependent care needs.

Without FSA

Your gross annual pay	\$35,000
Estimated tax rate (30%)	-\$10,500
Your net annual pay	\$24,500
Your annual healthcare expenses	-\$2,000
Your final take-home pay	\$22,500

With FSA

Your gross annual pay	\$35,000
Your annual healthcare expenses	-\$2,000
Your adjusted gross pay	\$33,000
Estimated tax rate (30%)	-\$9,900
Your final take-home pay	\$23,100

In this example, you'd save \$600 with an FSA!



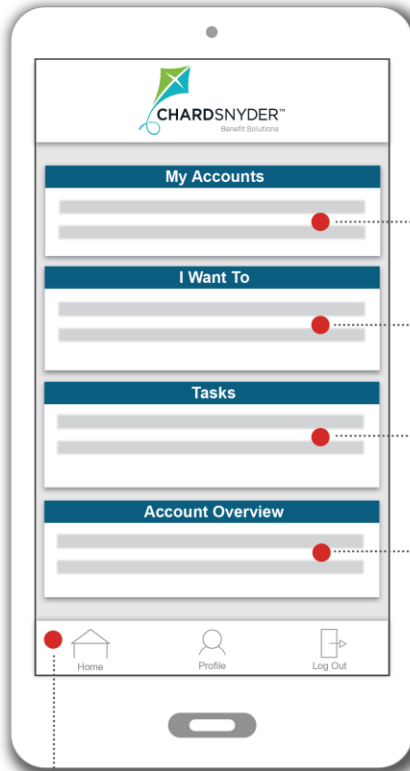
Flexible Spending Account (FSA)



Download the Chard Snyder Mobile App today!

Want a simple, easy way to manage your Chard Snyder benefit accounts from anywhere? Designed so you can quickly find what you need most, the Chard Snyder Mobile App lets you securely access your benefit accounts with the touch of a finger.

The Chard Snyder Mobile App provides on-the-go access to all your benefit accounts:



My Accounts Section

All of your accounts are listed here, so you can view balance information right away. Click on the account name to see specific account details and claim status.

I Want To Section

Quickly take a number of actions. Depending on your plan, you will see:

- Reimburse Myself
- Send Payment
- Contribute to HSA
- View HSA Investments
- Scan Item for Eligibility
- Manage Expenses
- View and Upload Receipts

Tasks Section

Items that need your attention are listed here. You may see a reminder to submit a receipt for a recent transaction. Just click on the item to view more information.

Account Overview Section

Quickly view detailed information concerning your account(s), like recent claim transactions or HSA contributions and distributions.

Home Button

Home takes you to the main screen from any place in the app.

Profile Button

View your plan documents (plan summaries, tax documents, statements, etc.), report your Chard Snyder Benefits Card lost or stolen, change your username and password, and find information on how to contact Chard Snyder.

Sign up for Text Alerts!

You can choose which text alerts you would like to receive for things like account summary, benefits card transactions, payment has been issued, and more!

Sign up for text alerts: by clicking on *Profile*, then *Notification Preferences* or log in to your Chard Snyder online account and click on the *Message Center* tab. Under *Update Notification Preferences*, choose the *Text* boxes under *Alert Preferences*.

The information contained in this publication is not, nor is it intended to be, legal or tax advice. Federal regulations may change plan features without notice at any time. ©2023, Chard Snyder & Associates, LLC. All rights reserved.



Contactless payments now available!

Download from the App Store or Google Play. Use on your smartphone or tablet device of choice.



Top Features

- Enable Face ID or Touch ID for easy, secure access
- Submit FSA claims with receipt images using your phone's camera
- Manage HSA investments to realign, update, or transfer your portfolio (*Options become available when minimum HSA cash balance set by your employer is reached*)
- Catalog past and current receipts using your phone's camera
- Enter your bank account for seamless transfers
- Scan any product for eligibility using your phone's camera (*Plan restrictions may apply*)

www.chard-snyder.com

800.982.7715

CS_Mobile App v8.23

Flexible Spending Account (FSA)



What is a Flexible Spending Account?

A Flexible Spending Account (FSA) can help you save money for healthcare and/or dependent care items and services for yourself and your family. FSA funds are deducted from your paycheck before taxes, so the money deposited into the account is **tax free** which **saves you money**.

You may save **up to 40%** on your healthcare or dependent care costs.

What are the Different Types of FSAs?



A **health FSA** can be used for eligible medical expenses such as copays, coinsurance, deductibles, dental, vision, prescriptions, medical supplies, and procedures. Even over-the-counter medications and menstrual care products are eligible expenses.



A **limited-purpose FSA** is designated for eligible dental and vision expenses only. The limited FSA allows those with a Health Savings Account (HSA) to use HSA funds for medical expenses and use the limited FSA funds for eligible expenses such as orthodontia or glasses.



A **dependent care FSA** can be used for expenses incurred to care for your children age 12 and younger, as well as your adult tax dependents, who require care while you are at work.

What are FSA Eligible Expenses?

The IRS determines what expenses are FSA eligible. Eligible expenses are reimbursed if they are incurred by you, your spouse, or your tax dependents during the plan year. The charts below show examples of eligible expenses:

Health FSA

Deductibles	Medical Services	Dental Treatment	Acne Medicine
Hospital Services	Vaccines	Chiropractor	Menstrual Care
Prescriptions	Contact Lenses	Sunscreen	OTC Medications
Copays	Orthodontia	Thermometers	Baby Monitors
First Aid Kits	Physical Exams	Physical Therapy	Coinsurance

Limited-Purpose FSA

Dental Visits	Eye Exams	Orthodontia
Dental Surgeries	Eyeglasses	Teeth Cleanings
Fluoride Treatment	Contacts	Dental/Vision Copays

Dependent Care FSA

In-Home Babysitter	Summer Day Camp	Outside Babysitter
Daycare Centers	Elder Custodial Care	After-School Activities
Nursery School	Elder Daycare	Latchkey Program



The Chard Snyder Mobile App

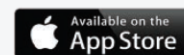


Manage your FSA on the go, anywhere, anytime

Features

- Submit FSA claims with receipt images using your phone's camera
- View account balances and transaction details
- Enable Face ID or Touch ID for easy, secure access
- Catalog past and current receipts using your phone's camera
- Scan any product for eligibility using your phone's camera (*Plan restrictions may apply*)

Download from the App Store or Google Play



www.chard-snyder.com

Flexible Spending Account (FSA)



Am I Eligible for an FSA?

To maximize savings, you can enroll in a dependent care FSA with either a health FSA or a limited-purpose FSA. You are not eligible to be enrolled in both a health FSA and a limited-purpose FSA. If you are contributing to a Health Savings Account (HSA), you are not eligible for a health FSA but can enroll in a dependent care FSA and/or a limited-purpose FSA.

How Do I Access My FSA Funds?

The Chard Snyder Benefits Card provides an easy, convenient way to use your FSA funds to pay for eligible items and services. It works just like a debit card, but utilizes smart technology so it can only be used to pay for expenses that are eligible according to IRS guidelines under the FSA plan.

The Chard Snyder Benefits Card eliminates the need to pay out-of-pocket, submit a claim, or wait for reimbursement. Simply swipe the card at your healthcare provider's office, pharmacy, store, or use online, and the funds are automatically deducted from your health or limited-purpose FSA. Plan restrictions may apply to your dependent care amount, and some providers may not accept the benefits card.

You can also file a claim on the Chard Snyder Mobile App or your online account.

The Chard Snyder Benefits Card



- Convenient way to pay for eligible expenses directly from your FSA
- Works like a debit card
- Connect with your mobile wallet for contactless payments
- Save your receipts

You may use your card until the expiration date shown on the front. You will receive new cards just before your current card expires.

Why Do I Need to Save My Receipts?

The IRS requires Chard Snyder to confirm that you used FSA funds for an eligible service or purchase. You may be asked for copies of itemized receipts, statements, or Explanation of Benefits (EOB) from doctors' and dentists' offices, hospitals, and stores that do not automatically verify eligible expenses.

Just take a picture of the itemized receipt with your smart phone and submit it using the Chard Snyder Mobile App or your online account. It's that easy!

Once you provide the requested information for a transaction that is not immediately recognized as eligible, the transaction in question is normally verified quickly. *(If you do not provide the requested documentation in a timely manner, your card may be turned off.)*

The information contained in this publication is not, nor is it intended to be, legal or tax advice. Federal regulations may change plan features without notice at any time. ©2023, Chard Snyder & Associates, LLC. All rights reserved.



Chard Snyder Website

www.chard-snyder.com

Once you've enrolled, access your Chard Snyder FSA online account from the website home page by clicking on the blue *Login* tab at the top right of the page.



Chard Snyder Participant Services

Our Participant Services team is here to help answer questions you may have about your FSA. Contact us via Live Chat on the Chard Snyder website or give us a call.



800.982.7715 www.chard-snyder.com

CS_FSA - HC_LMT_DCA Benefits Card v8.23

HSA & FSA Comparison

Flexible Spending Account (FSA)	Health Savings Account (HSA)
Available to all employees not currently enrolled in an HSA	Available to employees who elect the HDHP Medical Plan
Eligibility to Contribute	Eligibility to Contribute
You are eligible to participate in the FSA if you are eligible to participate in the group benefit plans and are at least 18 years old.	You are eligible if you have a high-deductible health plan that meets IRS regulations.
Eligibility Limitations	
If you enroll in a HSA, you are permitted to also enroll in the <i>Limited FSA</i> . This account allows you to submit eligible dental, vision or orthodontia expenses for reimbursement.	If enrolled in Medicare, you are not eligible to make contributions to a Health Savings Account. You can continue to use your HSA for qualified medical expenses as long as you have funds available.
Annual Contribution Limits	
The annual maximum that you can contribute to the FSA is \$2,750 . There is no minimum contribution - you may contribute as little as \$5.00 per pay period!	In 2024, the IRS has stated the single coverage limit is \$4,150 and the family coverage limit is \$8,300 . There is no minimum contribution - you may deposit as little as \$5.00 per pay period!
Account Ownership	
Your FSA is set up and owned by your employer.	The HSA is a bank account owned by you, regardless of where you work. You are responsible for opening an HSA at the Banking institution of your choice.
Access to Your Money	
You have access to your entire annual election amount at any time during the year, even if you have not had all of the money deducted from your paycheck.	You only have access to what has actually been deposited into your HSA to date, like any other bank account. If you have a big claim and don't have enough in your HSA to cover it, you will need to pay for the cost out-of-pocket and reimburse yourself later as more funds are deposited.
Use It or Lose It	
The IRS has a use it or lose it feature, which means you will lose any unused funds at the end of the plan year. You may file claims up to 60 days past the end of the plan year (6/30) for expenses incurred prior to 6/30.	Any unused funds in your HSA at the end of the year are yours to keep, and stay in your account indefinitely until you spend them.
Substantiation	
You may use your benefits debit card to pay for expenses. If you need to file a claim, simply complete a claim form, attach receipts and e-mail or fax to Meritain.	Your employer or HSA provider does not monitor the account, but it is important that you keep all receipts and documentation for your records in the event of a personal IRS audit. You will report annual contributions and distributions on IRS Form 8889.
Option to Change Contributions	
You can only change your election amount if you experience certain qualifying events such as change in marital status, number of dependents or employment status. Otherwise you are locked in until the next open enrollment.	You can change your election amount on a monthly basis, as long as it does not exceed the IRS limits and the amount is in proportion to the number of months you were covered under a high-deductible health plan.

Health Screening Benefit

Your health and wellness is important to us. We want you to take advantage of the preventive care services included in our health insurance plans.

We're now offering a new health screening benefit that will help both your health AND your wallet!

If you're enrolled in a health insurance plan, complete a health screening from your doctor and then you're eligible to receive a wellness incentive gift card!

How it Works

It's easy! Have your doctor sign our health screening form, return it to the Finance Office, and then you'll receive your gift card. Covered screenings include:



- Annual Routine Physical
- Mammograms
- Prostate Exam
- Colonoscopy
- Pap Smear
- Bone Density Exam
- Diabetic Testing
- Dental Cleaning
- Skin Screening

Educational Assistance Program

St. Joseph Children's Home supports employees who want to improve their education to maintain or advance in their professional careers. We offer eligible employees educational assistance for all those enrolled in continuing education and/or certification through an accredited program.

TO QUALIFY:

- Be a full-time employee
- Completed 12 months of employment
- No formal disciplinary action in the last 6 months

TO LEARN MORE: Please see the Benefits Coordinator in the Finance Office.

Employee Applications will be approved on a first come – first serve basis based upon the receipt of the application.



Dental Insurance

Your smile does more than just brighten up a room – it’s an indicator of your overall physical health. Many diseases such as diabetes, leukemia, oral cancer, pancreatic cancer, heart disease, kidney disease, and osteoporosis first present signs and symptoms in the mouth, and regular dental checkups allow for early detection of these underlying medical issues. Furthermore, certain dental disorders can cause other problems within the body if left untreated. In essence, good dental health promotes good overall health. It’s easy to find a network dentist at www.myuhc.com or call 1.800.445.9090.

You do not have to select a particular dentist to receive dental benefits. You have the freedom to choose the dentist you want for your dental care. However, your dentist choice can make a difference in the benefits you receive and the amount you pay. You may have additional out-of-pocket costs if your dentist is a non-participating dentist. There may be differences in the payment amount compared with a participating dentist if your dentist is a non-participating dentist.

You will be required to pay a portion of the maximum allowed amount to the extent you have not met your deductible or have a coinsurance. In addition, when you receive covered services from a non-participating dentist, you may be responsible for paying any difference between the maximum allowed amount and the dentist’s actual charges. This amount may be significant.

Network: UHC Passive PPO	In-Network	Out-of-Network
Calendar Year Deductible* (Single / Family)	\$50 / \$150	
Annual Benefit Maximum**	\$1,500 per member	
	Member Copayment	Member Copayment
Preventive Services*	0%	0%
Basic Services	20%	20%
Major Services	50%	50%
Orthodontic Services* (Eligible Dependent Children to age 19)	50%	50%
Orthodontic Lifetime Maximum	\$1,500 per Member	

*Deductible does not apply to Diagnostic, Preventive, or Orthodontic Services

**Annual Maximum is combined for In-Network and Out-Of-Network Dentists

Bi-Weekly Payroll Deductions	Per Pay
Employee	\$11.04
Employee + 1	\$19.49
Employee + 2 or More	\$33.37



Vision Insurance

Like dental exams, annual vision exams allow for early detection of underlying medical issues such as cataracts, glaucoma, diabetes, and even brain tumors. Good vision can also help minimize accidents and injuries.

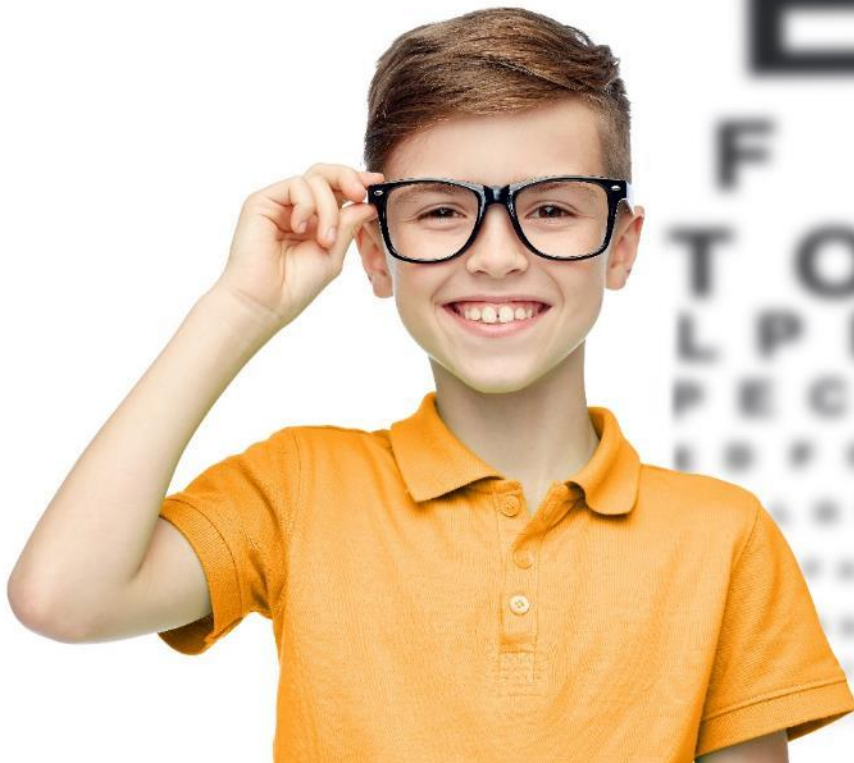
St. Joe's offers a voluntary vision plan through United Healthcare. To locate a participating network eye care doctor or location, visit www.myuhc.com or call 1.800.638.3120.

Network: Full Feature-Designer	In-Network	Out-of-Network
Materials Copay	\$25	n/a
Eye Exam Copay (Every calendar year)	\$10	Reimbursed up to \$40
Frames (Every other calendar year))	\$130 Allowance + 20% off balance	Reimbursed up to \$45
Lenses per pair (Every calendar year)		
- Single Vision	\$0	Reimbursed up to \$40
- Lined Bifocal	\$0	Reimbursed up to \$60
- Lined Trifocal	\$0	Reimbursed up to \$80
- Lenticular	\$0	Reimbursed up to \$80
Laser Correction Surgery Discount	Up to 35% discount	No Discounts
Contacts* (Every calendar year)		
Elective and Conventional	Up to 4 boxes or \$130	Reimbursed up to \$130
Medically Necessary	\$0	Reimbursed up to \$210

* Deductible applies to a complete pair of glasses or to frames, whichever is selected.

** The Costco allowance will be the wholesale equivalent.

***Lens Option participant costs vary by prescription, option chosen, and retail locations.



Bi-Weekly Payroll Deductions	Per Pay
Employee	\$3.06
Employee + 1	\$4.42
Employee + 2 or more	\$7.92

Basic Life and AD&D



St. Joe's provides full-time employees who work a minimum of 40 hours or more per week with 100% of your annual salary, to a maximum of \$100,000, in group life and accidental death and dismemberment (AD&D) insurance. This benefit is paid in full by the company and there is no additional cost to you. The minimum amount of life insurance is \$10,000.

The principal sum amount of accidental death and dismemberment (AD&D) is equal to the amount of your life insurance benefit.

Basic Life and AD&D insurance coverage amount reduces to 33% at age 70; and 66% at age 75.

Additional Basic Life Features and Services:

- Portability
- Accelerated Life Benefit
- Conversion
- Waiver of Premium

Voluntary Life



In addition to the provided life insurance, you may also purchase additional life insurance coverage through The Standard for yourself, your spouse, and your dependent children. The principal sum amount of accidental death and dismemberment (AD&D) is equal to the amount of your life insurance benefit.

Voluntary Life and AD&D	
Employee Benefit	\$10,000 increments to a maximum of \$250,000 Guarantee Issue: \$150,000
Spouse Benefit	\$5,000 increments to a maximum of \$125,000 Guarantee Issue: \$50,000
Child Benefit <i>14 days to 23 years (25 if full-time student)</i>	You may elect one of the following benefit options: \$1,000, \$5,000 or \$10,000 Guarantee Issue: \$10,000

Voluntary Life and AD&D insurance coverage amount reduces to 33% at age 70; and 66% at age 75.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Life with AD&D coverage for your child(ren), your monthly rate is \$0.20 per \$1,000, no matter how many children you're covering. Your monthly AD&D rate of \$0.02 per \$1,000 is included.

Your Age (as of July 1)	Your Rate* (Per \$1,000 of Total Coverage)	Your Spouse Rate* (Per \$1,000 of Total Coverage)
<30	\$0.035	\$0.040
30-34	\$0.055	\$0.060
35-39	\$0.085	\$0.090
40-44	\$0.155	\$0.160
45-49	\$0.225	\$0.230
50-54	\$0.455	\$0.460
55-59	\$0.915	\$0.920
60-64	\$1.315	\$1.320
65-69	\$2.295	\$2.300
70+	\$4.005	\$4.010

Use this formula to calculate your premium payment

$$\underline{\hspace{2cm}} \div 1000 = \underline{\hspace{2cm}} \times$$

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

$$\underline{\hspace{2cm}} = \underline{\hspace{2cm}} \rightarrow \underline{\hspace{2cm}}$$

Enter your rate from the rate table. This amount is an estimate of how much you would pay each month. To get a sense of your biweekly premium, multiply your monthly premium amount by 12 and then divide by 26.

*Includes a monthly AD&D rate of \$0.015 per \$1,000 of AD&D benefit.
**Includes a monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit for your spouse.

Group Disability Insurance



As an active employee of St. Joe's working 40 hours or more per week, you have access to short-term and long-term disability insurance from The Standard **after 1 year of employment.**

Group short-term disability Insurance provides security when you need it most. You can feel confident knowing that, even if you experience an illness or injury that prevents you from working, you may receive benefits to help replace your lost income.

The cost of this insurance is paid by St. Joe's.

	Short-Term Disability	Long-Term Disability
Coverage Amount	70% of salary to a maximum of \$500 per week	60% of salary to a maximum of \$6,000 per month
Maximum Payment Period: Maximum length of time you can receive disability benefits	76 Days	To age 65
Benefits Begin: The length of time you must be disabled before benefits begin.	Accident: Day 15 Illness: Day 15	Accident: Day 91 Illness: Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions	Health Statement may be required	Health Statement may be required
Guarantee Issue: The "guarantee" means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period	We Guarantee Issue \$500 in Coverage	We Guarantee Issue \$6,000 in Coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage	40 Hours	40 Hours
Pre-existing Conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	NA	3 months look back; 12 months after exclusion

Understanding Your Benefits

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in an occupation based on training, experience and education.
- **Earnings definition:** Will automatically include base salary, commissions averaged over 12 months, shift differential pay, Internal Revenue Code 401(k), 403(b), or 457 deferred compensation, executive nonqualified deferred compensation and contributions to fringe benefits under an Internal Revenue Code Section 125 plan.
- **Special limitations:** Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **Work incentive:** Plan benefit will not be reduced for 12 months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

Voluntary Short-Term Disability Insurance



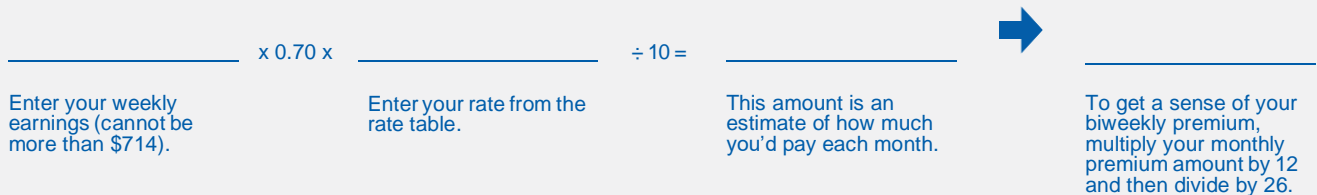
Before your group disability becomes effective, you have the opportunity to enroll in a voluntary short-term disability plan through The Standard.

Voluntary Short-Term Disability	
Coverage Amount	70% up to \$500 maximum weekly benefit
Maximum Payment Period	90 Days
Benefits Begin	Accident: Day 15 Illness: Day 15
Guarantee Issue	\$500 in coverage
Pre-existing Conditions	Some exclusions may apply to late enrollees.

Voluntary STD Rates (Bi-Weekly)

Because this insurance is offered through St. Joseph Children’s Home, you’ll have access to competitive group rates that may be more affordable than those available through individual insurance. You’ll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to calculate your premium payment:



Your Age (as of July 1)	Rate per \$10 of weekly benefit
<30	\$0.90
30–34	\$1.37
35–39	\$1.01
40–44	\$0.55
45–49	\$0.50
50–54	\$0.54
55–59	\$0.59
60+	\$0.90



Accident Insurance

Accidents happen every day. Did you know almost 39 million emergency room visits a year are due to an injury? If you were injured from an accident, chances are you will have expenses that you were not anticipating. Will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

Accident Bi-Weekly Payroll Deductions			
Employee: \$4.58	Employee + Spouse: \$7.32	Employee + Child(ren): \$9.21	Family: \$14.19

Critical Illness Insurance

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffer a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out-of-pocket costs, or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid upon diagnosis, so you can rest assured that you will have funds to offset out-of-pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost.

See Benefits Portal for pricing and additional coverage information.

Hospital Indemnity Insurance

Focus on recovery during a hospital stay – not your out-of-pocket costs. A hospital confinement due to an illness or injury can happen to anyone. Chances are when it occurs you will have unplanned expenses to pay. Will you be prepared? Hospital Indemnity insurance benefit payments are made directly to you, no matter what other coverage you may have, and can be used however you choose. These benefit payments can help pay for out-of-pocket healthcare costs or other household expenses which can pile up during a hospital stay.

See Benefits Portal for pricing and additional coverage information.

Hospital Indemnity Bi-Weekly Payroll Deductions			
Employee: \$5.48	Employee + Spouse: \$10.19	Employee + Child(ren): \$9.67	Family: \$15.38

Employee Assistance Program



What is a Employee Assistance Program?

The Employee Assistance Program (EAP) provides professional help to employees and their household members who are struggling with issues such as:

- Emotional difficulties
- Stress
- Relationship problems
- Parent/child/family conflicts
- Marital distress
- Alcohol/drug problems
- Financial & legal

This benefit is administered by Wayne Corporation, a firm specializing in personal counseling. The EAP is provided without charge to you because your employer values each employee. The professional staff at Wayne Corporation believes you are important too, and that is why we pledge confidential, timely, and caring service. When you need us, give us a call.

How does the Employee Assistance Program work?

As an eligible individual you may contact the EAP directly, and be confident that there are no fees or co-payments for the services provided. If services outside the EAP program are recommended, the EAP counselor will make a referral to the appropriate provider. These situations will be discussed between you and the EAP counselor to ensure an in-network professional or community resource is utilized.

Confidentiality

The right to privacy is one of the most crucial aspects of the program. Whether self-referred or supervisor-referred, your right to confidentiality is respected. To the extent permitted by law, Wayne Corporation will not share any information regarding our client's involvement with the EAP without your written permission.

Telephone Consultation

Individuals may contact the EAP by calling Wayne Corporation at 502-451-8262 or 1-800-441-1EAP between 8:00AM and 5:00PM Eastern time. After hours emergencies are handled personally by one of our professional counselors.

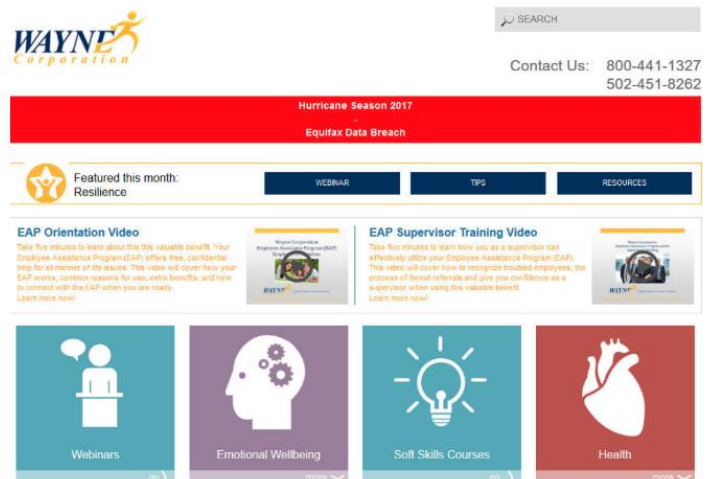
Wayne Corporation Work-Life Portal

Wayne Corporation, the administrator of your Employee Assistance Program (EAP), has a website designed to provide valuable personal-growth information through articles, videos, webinars and self-assessments.

Instructions for logging into Wayne Corporation website: waynecorp.com:

- From the Front Page, find the 'Work-Life Webinar Portal' at the upper right of page.
- First time users will need to register – click on 'Submit or Register'
- Enter the "Company Name": **St. Joseph** and create your own User Name and Password.
- Returning users can Log-In with username and password.

Once you are logged in you will be taken to the "Solutions Center" which offers resources and articles that are tailored to specific life needs, providing you with the right tools to help you through some of life's toughest challenges.



Protecting What Matters Most

Identity Protection and Financial Wellness for the Whole Family

IdentityForce, a TransUnion® brand, has been helping people protect their identity and credit for more than 40 years.

Our credit health and financial account protection capabilities enable you to monitor your finances and understand the key factors that affect your credit score. Similarly, our award-winning identity theft protection features – such as BreachIQ™ – help you to guard against fraud and scams.

Our enriched family identity restoration and Child Identity Monitoring features are tailored to protect your family.



The Risks are Real

1 in 5 people have lost money to an imposter scam¹

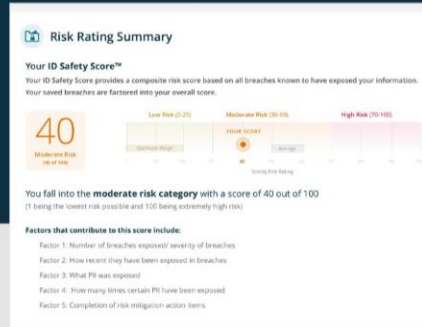
307% jump in account takeover fraud over two years²

33% of identity theft victims experienced a loss of \$10,000 or more³

1 FTC, 2021 Consumer Sentinel Network Data Book, 2022

2 Sift, Q3 Digital Trust and Safety Index, 2021

3 ITRC, Consumer Impact Report, 2022



Comprehensive Protection For You and Your Family

- All plans include family protection features aimed at protecting everyone from your children to the senior family members in your life.
- Fully managed identity restoration for household members, including seniors and children who are most vulnerable to identity fraud attacks.
- Both employee and family plans include up to 10 dependent children. Family plans include up to 10 adult household members.*

* Children 18-years old and under will be enrolled in child monitoring features specifically designed for minors. IdentityForce identity protection enrollment is limited to employees and their eligible dependents.

Personalized BreachIQ™ Risk Scores and Action Plan

- All plans include our exclusive BreachIQ search tool, which enables you to search your past breach history and learn what you can do to protect yourself from past data compromises.
- BreachIQ scours a proprietary breach universe consisting of dark web and other breach databases to identify risks that are missed by dark web scans alone.
- With each BreachIQ Risk Score, we provide a list of potential risks and a detailed action plan of how to protect you or your family members.
- Premium plans include BreachIQ's highly personalized Identity Safety Score™ and action plan that combines all of your identity risks and protections and changes as soon as you take action.

Financial Wellness and Credit Health

- Enhanced credit alerts provide more insights into the important actions you can take toward greater financial wellness.
- Score change alerts help you stay on top of your credit activity that may impact your credit standing.
- Daily credit reports, along with our credit simulator and score tracker, provide more detailed tracking of your progress.
- Our education resource center includes resources for safeguarding your financial health and identity safety with timely tips, videos and live webinars.
- With Credit Lock, you can lock and unlock your TransUnion credit report with the touch of a button, helping prevent criminals from opening or extending credit in your name.

Identity Theft Protection

	UltraSecure ID	UltraSecure Premium
IDENTITY PROTECTION		
Dark Web Monitoring	●	●
Phishing and Botnet Monitoring NEW!	●	●
Change of Address Monitoring (USPS)	●	●
Court Records Monitoring	●	●
Sex Offender Registry Notification	●	●
Smart SSN Tracker	●	●
Short Term Loan Monitoring	●	●
Social Media Identity Monitoring	●	●
Medical ID Fraud Protection	●	●
Identity Vault and Secure Storage	●	●
Breach IQ™ Breach Search, Score, Risks	●	●
Breach IQ™ Personalized ID Safety Score and Action Plan	●	●
Financial Account Takeover Monitoring	●	●

	UltraSecure ID	UltraSecure Premium
MOBILE DEVICE AND PC PROTECTION		
Mobile App (iOS and Android)	●	●
Password Manager	●	●
Mobile Attack Control	●	●
Spyware, Unsecured Wi-Fi and Spoofed Networks	●	●
Secure My Network (VPN)	●	●
Online PC Protection Tools	●	●
Phishing Protection and Website Blocker	●	●
Spyware and Screen Capture Protection	●	●
Ransomware Protection	●	●

CHILD MONITORING – COMPLIMENTARY!*



	UltraSecure ID	UltraSecure Premium
Child Identity Monitoring	●	●
Child Social Media Identity Monitoring	●	●
Child Credit Freeze and Lock Assistance	●	●
Child Credit Activity Monitoring	●	●

FAMILY PLAN FEATURES

For maximum protection of you and your family, enroll in the Premium plan and extend it to include all of your premium plan features for up to 10 additional adult family members in your household plus Senior Fraud.

	UltraSecure ID	UltraSecure Premium
RESTORATION SERVICES		
24/7 Customer Support	●	●
Fully Managed Family Restoration	●	●
Restoration for Pre-Existing Identity Theft	●	●
Deceased Family Member Fraud Remediation**	●	●
Stolen Funds Replacement	●	●
Lost Wallet Assistance	●	●
\$1M Household Expense Reimbursement Insurance***	●	●
\$2M Household Expense Reimbursement Insurance***	●	●
Senior Fraud Resolution (on Family Plans)	●	●

CREDIT HEALTH AND FINANCIAL ACCOUNT PROTECTION

	UltraSecure ID	UltraSecure Premium
Bank and Credit Card Alerts	●	●
401(k), HSA and Investment Account Activity Alerts	●	●
Financial Calculators	●	●
Education Resource Center	●	●
Credit Score Simulator	●	●
Credit Score Tracker (monthly)	●	●
Credit Freeze and Lock Assistance	●	●
TransUnion Credit Lock and Alerts	●	●
Credit Monitoring TransUnion (daily)	●	●
Credit Report and Score TransUnion (daily)	●	●
Score Change Alerts (+/- 10 points)	●	●
Credit Monitoring – 3 credit bureaus (daily)	●	●
Credit Report and Score – 3 credit bureaus (monthly)	●	●
Financial Wellness Coaching NEW!	●	●

What You Need to Know

The credit scores provided are based on the VantageScore® 3.0 model. Lenders use a variety of credit scores and are likely to use a credit score different from the VantageScore® 3.0 to assess your creditworthiness.

Plan Coverage	UltraSecure ID	UltraSecure Premium
Employee with Child Monitoring (SSN and Dark Web)	\$3.46	\$4.38
Family with Child Monitoring (SSN and Dark Web)	\$6.23	\$8.08

Get the IdentityForce app:



* Complimentary Child Watch included in all plans.

** Deceased Household Member Fraud Remediation available for adults or eligible dependents enrolled in an active IdentityForce Family Plan at the time of their death

*** Coverage varies in New York

Easy to Enroll

1. Enroll along with other voluntary benefits through your employer. ****
2. Receive welcome email. If you do not receive the email, please check your spam folder.
3. Click the link in your welcome email to complete registration and access your Identity Protection Dashboard.

Questions? Call Member Services at 1-855-441-0270

****Please review the benefits materials provided by your employer and reach out to them with any questions you might have. Identity Theft Protection may be provided to you at no cost, or in certain circumstances, for an additional, payroll deducted charge. If applicable, your employer will be able to speak to the payroll deduction process by which you agree to pay. If you wish to cancel your Identity Theft Protection, please coordinate with your employer.

ABOUT IDENTITYFORCE

IdentityForce, a TransUnion brand, offers proven identity, privacy and credit security solutions. We combine advanced detection technology, timely alerts, identity recovery services and 24/7 support with over 40 years of experience to get the job done. We are trusted by millions of people, global 1000 organizations and the U.S. government to protect what matters most.

Pet Protection Insurance



We understand that unexpected vet visits are always a possibility. When pets are sick or injured, it can be a stressful time for pet parents. Our base coverage plans are designed to support you when you need it, allowing you to focus more on your best friend and less on expensive vet bills.

- Guaranteed issue/No health questions
- Employees with previous pet coverage will be provided credit for previous coverage
- Preexisting conditions are covered after 12 months and only looked back on 6 months (Accident & Illness plan)
- Preexisting conditions are covered after 12 months and look back period is from date of birth (Accident Only plan)

Base Plan	Accident Only	Accident & Illness
Annual Deductible	\$500	\$500
Coinsurance	80%	80%
Annual Limit	\$10,000	\$10,000

Accident and Illness Coverage *(rates dependent on if you have a dog or cat)*

Medically Necessary Supplies and Treatment, including emergency care and prescription medications (when dispensed directly by a veterinarian or compounded by a pharmacist under guidance of a veterinarian, excluding over-the-counter medications) performed for conditions that started after the Benefit Waiting Period, if any, and during the Coverage Period, resulting from:

- Accidents, such as, an automobile Accident, ingestion of a foreign body, poisoning, animal bites, dental trauma, burns and fractures.
- Illnesses

Rates per pay: Dog = \$23.55
Cat = \$13.18



Accident Only Coverage *(for a dog or a cat)*

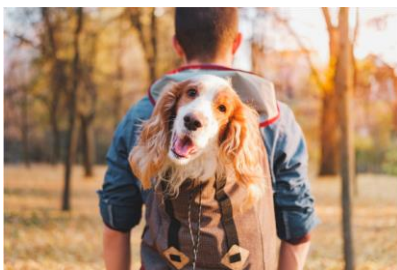
Medically Necessary Supplies and Treatment, including emergency care and prescription medications (when dispensed directly by a veterinarian or compounded by a pharmacist under the guidance of a veterinarian, excluding over-the-counter medications) as a result and a direct consequence of an Injury that started after the Benefit Waiting Period, if any, and during the Coverage Period, resulting from:

- Accidents, such as, an automobile Accident, ingestion of a foreign body, poisoning, animal bites, dental trauma, burns and fractures.

Rate per pay: \$5.33



When you enroll with PetPartners, you become part of a larger pet parent community, and that means you're not in this alone. Here are just some of the ways we can support you and your pet.



Tailtrax®

This all-in-one app makes it easy for pet parents to access everything they need to support their pet's health and well-being, anytime, anywhere.



24/7 Vet Helpline

Call our veterinary support line day or night — We're here for your questions, concerns, and pet emergencies.



PetGenius RX

Get easy access to instant savings on your pet medications.



Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.¹

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee of **\$19.75** conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.²

How to use the plan

1. Find an attorney

Create an account at members.legalplans.com to see your coverages and select an attorney for your legal matter. Or, give us a call at **800.821.6400** for assistance.

2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

The Bi-Weekly Premium for this benefit is \$9.12

Helping you navigate life’s planned and unplanned events.

For \$9.12 per pay (bi-weekly), you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter.

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Theft Defense LifeStages Identity Restoration Services³ 	<ul style="list-style-type: none"> Negotiations with Creditors Personal Bankruptcy Promissory Notes 	<ul style="list-style-type: none"> Tax Audit Representation Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> Boundary or Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Home Equity Loans Mortgages Property Tax Assessments Refinancing of Home 	<ul style="list-style-type: none"> Sale or Purchase of Home Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies Living Wills 	<ul style="list-style-type: none"> Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Garnishment Defense Guardianship Immigration Assistance 	<ul style="list-style-type: none"> Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Protection 	<ul style="list-style-type: none"> Prenuptial Agreement Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: <ul style="list-style-type: none"> Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Traffic & Criminal* Matters	<ul style="list-style-type: none"> Defense of Traffic Tickets⁴ Driving Privileges Restoration 	<ul style="list-style-type: none"> Habeas Corpus License Suspension Due to DUI 	<ul style="list-style-type: none"> Repossession



To learn more about your coverages, view our attorney network or grant your dependents access, create an account at members.legalplans.com or call **800.821.6400** Monday – Friday 8:00 am to 8:00 pm (ET).

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
2. Digital notary and signing is not available in all states.
3. This benefit provides the Participant with access to LifeStages Identity Restoration Services provided by IdentityForce, A TransUnion® Brand. IdentityForce is not a corporate affiliate of MetLife Legal Plans.
4. Does not cover DUI.

*Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP3WHC]

The Standard Retirement 403(b)



All eligible employees may deduct from bi-weekly wages on a pretax basis to invest in their 403(b) retirement account. Newly eligible employees are automatically enrolled at 2% of total gross income after 30 days of hire. For eligible employees who have worked 12 months and 1,000 or more hours per year, St. Joseph will match the following:

1 - 5 Years	50% to the first 4%
5 - 9 Years	75% to the first 4%
10 + Years	100% to the first 4%

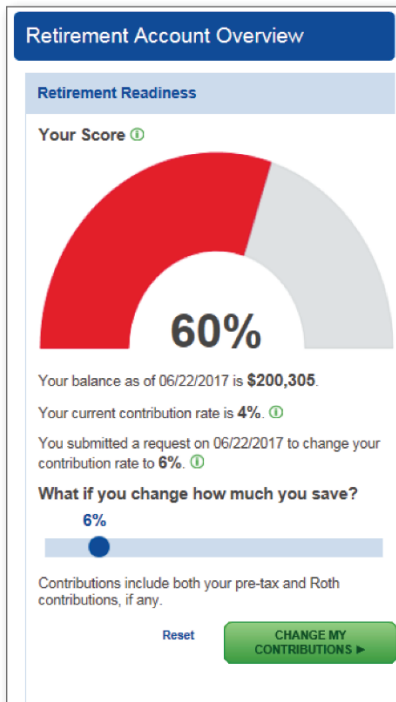
Employees are 100% vested at one (1) year of service.

Welcome to Your Retirement Plan

Your employer starts you at a set contribution rate, but consider increasing that amount to 8, 10 or 12 percent to reach your savings goals. To make a change, use our retirement readiness tool* and click the green [Change My Contributions](#) button.

Your employer's retirement plan offers one of the best ways to save for your future. To help you get started, your employer will automatically enroll you in the plan. That means you will begin contributing to your account through payroll deduction.

Additional information is available in this booklet. If you wish to view your account online, just follow the steps below.



Create an online account:

- Visit www.standard.com/retirement.
- Click **Enroll in Your Plan** and then **Create an Account**. Please watch for a verification email that will request your response.
- Log in and click **Continue to My Retirement Account**.



On the **My Retirement Account** page, you can:

- Change investments
- Request online statements
- Sign up for Automatic Rebalancer
- Change beneficiary
- Roll over funds from a former employer's plan
- Access planning tools

If you have questions, please call us at 800.858.5420.

* The retirement readiness tool may not be available to some plans. We may ask you to input additional information before the tool can provide results.

Additional Employee Benefits

Holidays

St. Joseph's offers ten (10) paid holidays, including a floating holiday to be used within a calendar year. The floating holiday can be used at your discretion – pending supervisor approval. Employees working at least 20 hours or more are eligible immediately for holiday pay. Part-time employees will receive prorated holiday pay based on their FTE. A floating holiday will be granted after 60 days of employment. The following are paid holidays:

- New Year's Day
- Martin Luther King's Birthday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day
- Floating Holiday

Employee Paid Time Off

Employees scheduled to work at least 20 hours a week are eligible for vacation and PTO (Paid time off). St. Joseph uses the following time off accrual for each regular hour worked per pay period:

	Vacation	Paid Sick / Personal Time (PTO)
Full-Time Employees	0.0385	0.0385
Part-Time Employees	0.0385	0.0385
Please see your St. Joseph Employee Handbook for additional accruals for employees with 3 or more years of service.		

Bereavement Pay

Employees are allowed up to three days (24 hours) off from regularly scheduled duty with regular pay in the event of the death of the following:

- Employee's spouse
- Child/Child-in-Law/Step-Child (including foster child)
- Grandchild/Grandchild-in-Law/Step-Grandchild
- Brother/Step-Brother
- Sister/ Step-Sister
- Father/Father-in-Law/Step-Father
- Mother/Mother-in-Law/Step-Mother
- Grandparent / Grandparent-in-Law
- De-facto Parent

Employees are allowed up to one day (8 hours) off from regularly scheduled duty with regular pay in the event of the death of the following:

- Aunt
- Uncle
- Brother-in-Law
- Sister-in-Law
- Niece
- Nephew
- Or any other person who permanently lived at the employee's residence

Child Development Center Tuition Discount

Full-time employees who wish to enroll their child(ren) in the St. Joseph Child Development Center will receive a 50% discount in the cost of weekly tuition. Part-time employees will receive a 25% discount. Employees working 20 hours or less are not eligible.

Employee Financial Assistance Program

This program helps employees cope with unexpected hardships that place undue financial stress on them and their families. Circumstances may include, but not necessarily be limited to:

- Family tragedies;
- Destruction of home or property by fire or other disaster;
- Past due utility bills;
- Uncompensated funeral expenses;
- Medical expenses not otherwise covered by insurance;
- Any other temporary hardships beyond the employee's control.

To be eligible, employees must be employed for at least 90 days and be in good standing. To request financial assistance, please contact St. Joe's Human Resources department.

Donations to the fund can be made by contacting Marjorie Brian at marjorieb@sjkids.org.

Employee Time off Relief Bank

The Employee Time Off Relief Bank is available to assist employees who have a documented need to be off work and do not have sufficient time off accrued to cover the need. Most often this is due to illness, accidents, care for a family member due to illness or an accident.

To be eligible, an employee must be employed for at least 90 days and be in good standing. The employee must have exhausted all of their own personal time off from all time off banks (Vacation, PTO, Rollover Vacation, Rollover PTO and Floating Holiday). To request time from the bank, please contact St. Joe's Human Resources Department.

To donate current vacation time to the fund, please contact Marjorie Brian at marjorieb@sjkids.org.

St. Joe's Food Pantry

St. Joe's food pantry offers a safe, discreet and easily accessible source of food for St. Joe's employees and their families. The food pantry is located inside the mailroom near the main lobby entrance. Employees can visit the food pantry at their convenience to pick up items to help stretch their food budget. Bags are provided.

To donate shelf stable foods, please drop them off in the food pantry. Please do not donate food that is past the expiration date.

Please visit the Benefits Portal for more information on other St. Joe benefits such as:

- EAP through The Standard
- Travel Assistance through The Standard
- Life Services Toolkit through The Standard
- St. Joe's Total Wellness Program

AP Assist Customer Resource Center



The AP Assist team is a year-round customer resource center available to employees of St. Joseph Children's Home comprised of experienced and helpful benefits counselors that will:



Assist with understanding plan benefits and eligibility rules



Help with understanding EOB's and other plan materials



Assist with billing and enrollment issues



Work with the insurance companies to resolve claims and billing issues



Provide information about benefits options after a life event like marriage, birth, death, divorce, job change



Assist in obtaining member ID Cards

Monday through Friday 8:30 AM - 5:00 PM (EST)

EMAIL: apassist@assuredpartners.com

PHONE: 833-664-7195



AssuredPartners

AP Assist

apassist@assuredpartners.com

833-664-7195

Compliance Notices

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhcpp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 1-916-445-8322 Fax: 1-916-440-5676
Email: hipp@dhcs.ca.gov

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

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Ctr: 1-800-221-3943/ State Relay 711 CHP+ <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI) <https://www.mycohibi.com/> HIBI Customer Service: 1-855-692-6422

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insuranceprogram-reauthorizationact-2009-chipra> Phone: 678-564-1162, Press 2

INDIANA – Medicaid

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

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/Medicaid-at-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

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

LOUISIANA – Medicaid

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

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

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

MONTANA – Medicaid

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

NEBRASKA – Medicaid

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

NEVADA – Medicaid

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

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program> Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid and CHIP

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

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPPProgram.aspx>
Phone: 1-800-692-7462
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

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

SOUTH CAROLINA - Medicaid

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

SOUTH DAKOTA - Medicaid

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

TEXAS - Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](http://HealthInsurancePremiumPayment(HIPP)Program|TexasHealthandHumanServices)
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

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

VERMONT – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://HealthInsurancePremiumPayment(HIPP)Program|DepartmentofVermontHealthAccess)
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<https://mywvhipp.com/>
Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1p10095.pdf>
Phone: 1-800-362-3002

WYOMING – Medicaid

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

To see if any other states have added a premium assistance program since January 31, 2024 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid
www.cms.hhs.gov
1.877.267.2323, Menu Option 4, Ext.61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Health Insurance Portability and Accountability Act (HIPAA)

For purposes of the health benefits offered under the Plan, the Plan uses and discloses health information about you and any covered dependents only as needed to administer the Plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options offered under the Plan will comply with the applicable health information privacy requirements of federal Regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's Notice of Health Information Privacy Practices or Privacy Notice. Plan participants in the Company-sponsored health and welfare benefit plan are reminded that the Company's Notice of Privacy Practices may be obtained by submitting a written request to the Human Resources Department. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

Newborns' and Mothers' Health Protection Act

Group health plans and health issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Notice Regarding Special Enrollment

If you are waiving enrollment in the Medical plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Medical plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special Enrollment Rights CHIPRA – Children's Health Insurance Plan

You and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
- You become eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).
- You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

Genetic Nondiscrimination

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the Company asks Employees not to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Qualified Medical Child Support Order

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

Notice of Required Coverage Following Mastectomies

In compliance with the Women's Health and Cancer Rights Act of 1998, the plan provides the following benefits to all participants who elect breast reconstruction in connection with a mastectomy, to the extent that the benefits otherwise meet the requirements for coverage under the plan:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- coverage for prostheses and physical complications of all stages of the mastectomy, including lymphedemas. The benefits shall be provided in a manner determined in consultation with the attending physician and the patient. Plan terms such as deductibles or coinsurance apply to these benefits.

Women's Preventive Health Benefits

- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breast-feeding support, supplies and counseling
- Generic formulary contraceptives are covered without member cost-share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

Mental Health Parity and Addiction Equity Act of 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules. If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it to the Plan Administrator with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, Federal law stipulates that your coverage will be canceled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Plan Administrator.

Please note, if the terms of the Plan and any response you receive from the Plan Administrator's representatives conflict, the Plan document will control.

Health Insurance Marketplace

The Patient Protection Affordability Care Act ("PPACA") was signed into law on March 23, 2010. Under PPACA, individuals are required to have creditable health insurance coverage or pay a penalty to the Internal Revenue Service. This is known as the Individual Mandate. For more information on the details of PPACA please visit dol.gov/ebsa/healthreform.

Currently, as a result of the 2017 Tax Cuts and Jobs Act, as of 2019, the Federal Penalty for individuals that do not have (or maintain) health insurance coverage for themselves, their spouse and children was reduce to \$0. However, several states have implemented an ACA-like-individual mandate penalty. If you are considering not having health coverage, please contact your tax advisor about any potential penalties/fines in your state.

PPACA created a new way to buy health insurance which is called the Health Insurance Marketplace ("Marketplace"), also known as Exchanges. These Marketplaces are established by each individual state, the federal government or as a partnership between the state and the federal government. Through the Marketplaces, individuals can compare and purchase coverage (with a possible premium subsidy for those qualifying as low income); subsidies are made available as a federal tax credit through the Marketplace for individuals that are not eligible for coverage through their employer.

If you are enrolled in the Company's medical plan, then PPACA may have little effect on you. The Company's medical plan meet or exceed the minimum coverage requirements set by PPACA. If you are eligible for our plan, you will not be eligible for federal tax credits. You still have the option to visit the Marketplace to see the coverage options available. If you purchase a health plan through the Marketplace instead of purchasing health coverage offered by the Company, your payments for coverage will be made on an after-tax basis. (See <https://www.healthcare.gov/have-job-based-coverage/>)

If you are not eligible to enroll in the Company's medical plan, you may have a few options to purchase medical coverage. These options, if applicable, may include but are not limited to: your spouse's medical plan, your parent's medical insurance plan (if you are under age 26), or from several insurance companies offered through the Marketplace. If you shop for coverage through the Marketplace, you may be eligible for a federal tax credit and/or subsidy if you qualify as low income. (See also: healthcare.gov).

How Can I Get More Information?

For more information about purchasing medical coverage through the Marketplace please visit healthcare.gov or call 800-318- 2596.

Medicare D

If you or a covered dependent are eligible for Medicare, either because you are at least age 65 or because of a disability, then **this information and the Certificate of Creditable Coverage (available in HR) are of critical importance to you. IF NEITHER YOU NOR ANY COVERED DEPENDENT IS MEDICARE-ELIGIBLE, YOU MAY DISREGARD THIS INFORMATION AND THE CERTIFICATE, AS THEY DO NOT DIRECTLY APPLY TO YOU.**

The Company's Medical Plan provides prescription drug coverage equal to or greater than the standard Medicare Part D program, as defined by the Federal Government. This means that if you remain enrolled and remain covered by the Company's Medical Plan, you will not be subject to a financial penalty should you later choose to enroll in a qualified Medicare Part D program.

The Certificate of Creditable Coverage (available in HR) will serve as written documentation of the fact that our plan's coverage meets the appropriate requirements. Please retain this document in your records. Certificates will be available in HR each year to advise you of the continuing status of our plan. This is being done to protect all Medicare eligible individuals from having to pay the late enrollment penalty if they later enroll in an approved Medicare Part D program.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Marjorie Brian – marjorieb@sikids.org or 502.893.0241 x 260.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name St. Joseph Catholic Orphan Society		4. Employer Identification Number (EIN) 61-0475286	
5. Employer address 2823 Frankfort Ave		6. Employer phone number 502.893.0241 x 260	
7. City Louisville	8. State KY	9. ZIP code 40206	
10. Who can we contact about employee health coverage at this job? Mariorie Brian			
11. Phone number (if different from above) Same as above		12. Email address marjorieb@sjkids.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Full-time employees working at least 30 hours per week.

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses and dependent children to age 26.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 53.15

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



Giving Children a Home