

2022/23 Benefits Enrollment Guide

Annual Enrollment

caregiver USA

Benefits Provided by:

ONEDIGITAL

What's Inside

Caregiver USA provides employees and their eligible dependents a vital program of benefits designed to keep you healthy, protect your financial security, and help you balance your life at work and at home.

Open enrollment is the time for you to review your current coverage and elect the benefits that will best meet the needs of you and your family during the coming year.

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the Summary Plan Description (SPD), plan document, or certificate of coverage for each plan, is available from the company upon request. If any discrepancy exists between this guide and the official documents, the official documents will prevail.



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Getting Ready to Enroll

Caregiver USA is pleased to offer benefits to our employees. The benefits you elect now will go into effect on the first of the month following 30 days.

Open Enrollment is each year from April 1st through April 15th for a May 1st effective date.

Benefits you select now will go into effect on **May 1st OR , for new employees, on the first day of the month following 30 days of employment and will remain in effect for the plan year unless you qualify for a Special Enrollment Period (SEP).**

Enrollment is Easy!

- **Check and Update** any personal information that has changed in the past year.
- **Clarify** your current benefits coverage and plan for your needs in the coming year.
- **Ask** questions of the benefit plan providers or check the Summary of Benefits and coverage (SBC).
- **Confirm** your enrollment decisions before submitting your selections. Keep a copy for your records.

Have Questions or Need More Info?

You can reach out to our human resource partners at Spiralight Group to get questions answered and enrollment assistance. 614-372-6375

EASE Open Enrollment

Caregiver USA uses a HIPAA compliant benefits election technology called EASE to quickly and easily collect your benefit choices for the upcoming plan year.

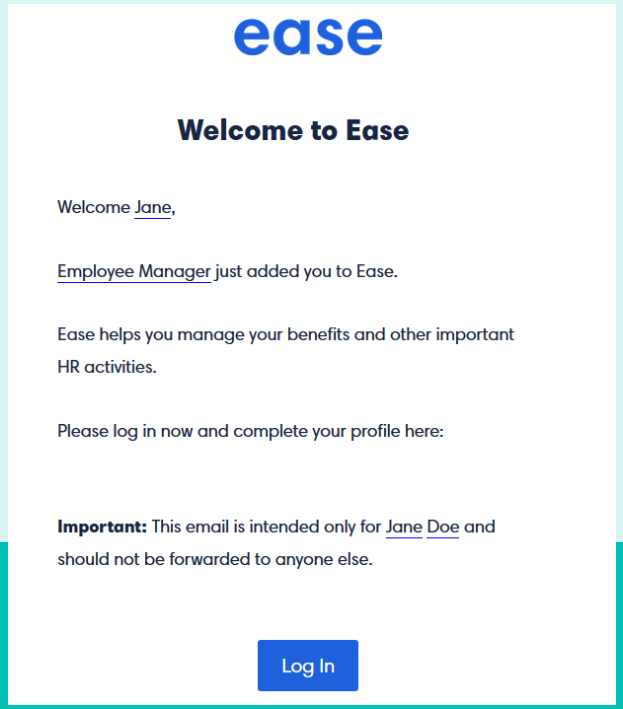
This system will allow you to make plan and coverage selections and see the per paycheck cost for adding different coverages for you the employee and your dependents, if applicable. You will also be able to review benefits guides, coverage details and your elections will be stored within EASE so that you can review them online at anytime.

Whether you decide to elect or waive coverage every full time employee (working 30 hours or more per week) is required to complete the EASE benefits elections process.

We protect the confidentiality and security of your personal information by using industry recognized security safeguards such as firewalls, coupled with carefully developed security procedures and Internet security providers to protect your information from loss, misuse or unauthorized alteration. Your information is only shared with insurance company underwriters.

Enrollment Made Easy!

- Look for an EASE welcome email from your HR Manager. Follow the prompts and complete the process.



Need Help?

You can reach our EASE account manager Theresa Brown of Spiralight Group Benefits. Theresa can be reached directly at (614) 372-6375

Healthcare Definitions

In-Network vs. Out-of-Network – Our plans are designed to give you the freedom to use the healthcare provider of your choice. However, when you use an ***in-network*** provider, the percentage you pay out of pocket will be based on a set fee, which is usually lower than the actual charge. If you use a provider who is ***out-of-network***, you may be responsible for paying the difference between the reasonable and customary (R&C) charges and what the provider charges. R&C is the amount that is generally considered reasonable based on the average that most providers charge for a particular service in a geographic region.

Preventive Care Services – These are services that are generally linked to routine wellness exams and screenings. ***Non-preventive*** *services* are those that are considered treatment or diagnosis for an illness, injury, or other medical condition. Preventive care is covered at 100% in-network.

Copayments and Coinsurance – A *copayment* (or copay) is the fixed dollar amount you pay for certain in-network services. In some cases, you may be responsible for coinsurance after the copay is made. ***Coinsurance*** is the percentage of covered expenses shared by you and the plan. In some cases, coinsurance is paid after you meet a deductible. For example, if the plan pays 80% of an in-network covered charge, you pay the remaining 20%.

Annual Deductible – The amount of money you must first pay out of pocket before your plan begins paying for services covered by coinsurance is your ***annual deductible***. After you meet your deductible, the plan pays for a percentage of eligible expenses (coinsurance) until you meet your out-of-pocket maximum. If you receive services from an out-of-network provider, the plan has a higher deductible and pays a lower percentage of coinsurance.

Healthcare Definitions *continued*

Out-of-Pocket Maximum – The amount of coinsurance you will be required to pay for eligible health care expenses is limited. Once you reach the maximum amount, the plan begins to pay 100% of eligible expenses. Please note that there may be separate in-network and out-of-network annual out-of-pocket maximums.

Summary Plan Description (SPD) – The SPD is an important document that tells participants what the plan provides and how it operates, including when an employee can begin to participate in the plan, how service and benefits are calculated, when benefits become vested, and how to file a claim for benefits. Employers are obligated by The Employee Retirement Income Security Act (ERISA) to make the SPD available to employees SPDs for each benefit plan offered by the employer.

Who's Eligible to Enroll

You are eligible to enroll for the benefits described in this guide if you are an active, fulltime employee scheduled to work at least 30 hours per week. (on average) Benefits, unless explained otherwise, will be available once the waiting period explained by your employer has been met, during your annual Open Enrollment Period OR a when qualifying life event (QLE) has occurred.

Eligible dependents include your:

- Legally married spouse
- Children up to age 26 (medical plan)

Changing Your Benefits

Certain Qualified Life Events (QLEs) may enable you to change your benefit elections at a time other than during open enrollment. You can change your benefit elections during the year if you experience a special enrollment period. (SEP's) include:

- Marriage
- Divorce, annulment, or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of/placement for adoption of your child
- Termination or commencement of your spouse's employment
- Change of employment status by you or your spouse, or another dependent
- A significant change in your or your spouse's health coverage due to your spouse's employment
- Qualification by the Plan Administrator of a Medical Child Support Order
- Entitlement to Medicare or Medicaid
- Dependent satisfies or ceases to satisfy eligibility requirements
- Commencement of or return from an unpaid leave of absence
- A change in the place of residence of you, your spouse, or your dependent
- Your dependent satisfies or ceases to satisfy eligibility requirements

Generally, your benefits election change must be consistent with the SEP. If you experience a SEP, you must generally notify Spiralight Group within 30 days of the change. You may need to provide proof of the change. If you do not make contact within 30 days, you will have to wait until the next annual open enrollment period to make changes, unless you have another SEP.

Value of Pre-Tax Benefits

Caregiver USA operates a Premium Only Section 125 Plan, which allows you to reduce your total taxable income by your portion of group insurance premiums. In effect, this is like getting a raise – your withholding taxes are reduced, and your take-home pay increases!

Example: Employee earning $30,000 annually, paying $200/month for benefits		
	WITHOUT Pre-tax Benefits	WITH Pre-tax Benefits
Gross Pay	$30,000	$30,000
Insurance Deductions/Payments	$0	$2,400
Taxable Income	$30,000	$27,600
Taxes at 25%	$7,500	$6,900
After-Tax Income	$22,500	$20,700
After-Tax Payment for benefits	$2,400	$0
Take home pay	$20,100	$20,700
Increase In Take Home Pay	$0	+$600

Utilizing Preventive Care Services

Wellness and Health Management

Understanding the full value of covered benefits allows you to assume responsibility for maintaining good health and incorporating good healthy habits to your lifestyle. Some examples include obtaining regular physical examinations, mammograms and immunizations. Through the plans offered by Caregiver USA , all covered individuals and family members are eligible to receive routing wellness services like these, at no cost- all copays, coinsurance, and deductibles are waived.

"An ounce of prevention is worth a pound of cure"

Which Preventive Care Services Are Covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered by Caregiver USA



Your Health Plan Options

The company's Health Program includes some of the latest and most cost efficient benefits – whether for inpatient or outpatient care – or for prescription drugs.

Caregiver USA

Carrier	Medical Mutual
Medical Benefits	**PPO H S A 6550, W MMRX**
Benefit Period Deductible (single / family)	$6,550 I $13,100
Coinsurance	0%
Out of Pocket Maximum (single / family)	$6,550 I $13,100
Preventative Services	No Charge
Physician / Office Services	
Primary Care Office Visit	Deductible then 0%
Specialty Care Office Visit	Deductible then 0%
Emergency Care Services	
Emergency Room Services	Deductible then 0%
Urgent Care Services	Deductible then 0%
Prescriptions	
Tier I / Generic	Deductible then 0%
Tier II / Formulary	Deductible then 0%
Tier III / Non-Formulary	Deductible then 0%
Tier IV / Specialty	Deductible then 0%

Health Savings Accounts





Health Savings Account (HSA)

A health savings account (HSA) is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a High Deductible Health Plan (HDHP). Similar to an IRA, the money you deposit in an HSA is tax-free. You don't pay taxes on qualified withdrawals, either. In effect, it's like getting extra money (in the form of a tax deduction) from the government to pay for health-care.

One thing to understand is that HSAs health plans cover prescriptions and doctor visits, AFTER you've met your deductible (and any coinsurance). Before your deductible has been met you can rely on the carrier discounts for all covered services.

Money you put into your HSA bank account can be deducted from your tax return?

HSA contribution limits for the 2022 tax filing:

- Individuals (self-only coverage) - $3,550
- Family coverage - $7,100

Unlike an FSA, this money is yours and it rolls over year after year and never expires.

More information about Health Savings Accounts is available upon request.

Health Program Costs for 2022

Health Plan

NOTE: **Costs shown are monthly rates and employer contributes 50% toward the employee and dependent's premium**

MEDICAL AND DRUG FUNDING RATE TABLE						
Employee Male	Spouse Female	Age	Employee Female	Spouse Male	Medicare Primary	Child/Children
$107.59	$343.25	000 TO 024	$237.78	$117.78	$355.66	$145.21
$128.66	$383.08	025 TO 029	$263.76	$133.38	$355.66	$145.21
$149.73	$385.39	030 TO 034	$333.34	$155.60	$355.66	$145.21
$183.23	$362.01	035 TO 039	$335.94	$188.80	$355.66	$145.21
$226.53	$335.74	040 TO 044	$326.41	$233.55	$355.66	$145.21
$288.88	$399.25	045 TO 049	$355.28	$301.09	$355.66	$145.21
$354.41	$464.49	050 TO 054	$415.61	$403.87	$355.66	$145.21
$466.42	$520.78	055 TO 059	$451.12	$518.48	$355.66	$145.21
$592.86	$609.41	060 TO 064	$510.88	$691.11	$355.66	$145.21
$747.31	$700.34	065 TO 105	$572.08	$891.45	$355.66	$145.21

Resources and Contact Information

Benefit	Provider	Website	Phone
Health	Anthem	https://www.medmutual.com/	(800) 227 7978



Required Notices

The U.S. government requires companies offering certain employee benefit plans to inform covered employees and their dependents about laws/provisions that affect the governance and/or coverage within those plans.

The company has full details available for you concerning the following laws/provisions:

- Notice of HIPAA Special Enrollment Rights
- Wellness Program Disclosure Notice of Alternative Standard
- Medicare Part D Notice
- Children's Health Insurance Program (CHIP) Notice
- Grandfather Status
- Notice of Patient Protection Provisions
- COBRA Notice
- Medical Child Support Order Notice
- Women's Health and Cancer Rights Act
- Summary of Benefits and Coverage
- Mental Health Parity and Addiction Equity Act (MHPAEA) Notice