

# [Abilities Network®]

SEEING ABILITIES NOT DISABILITIES.



FEBRUARY 1, 2023 – JANUARY 31, 2024

# BENEFITS GUIDE

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# ELIGIBILITY & ENROLLMENT



## WHO IS ELIGIBLE?

### Employee

All full-time non-temporary employees who work a minimum of 30 hours per week, their spouses, and dependent children up to age 26 are eligible for coverage.

### Eligible Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined as:

- **Spouse:** a person to whom you are legally married to by ceremony.
- **Child(ren):** your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status. Dependent coverage terminates at the end of the month in which the dependent ceases to meet the definition of an eligible dependent.

## DATES ELIGIBLE FOR COVERAGE

Coverages begin on the first of the month following 30 days from your date of hire.

## WHEN TO ENROLL

### During Open Enrollment

During Open Enrollment, you may enroll or change your current benefit elections. The Abilities Network plan year runs February 1, 2023, through January 31, 2024. This coverage will stay in place through January 31, 2024, unless you have a documented change-in-status event.

### When First Eligible

If you are a new hire or newly eligible for benefits, you must enroll in our benefit plans within 30 days of your benefits eligibility date. If you do not enroll when you are first eligible, you will be required to wait until the next Open Enrollment period, unless you experience a documented change-in-status event.

# ELIGIBILITY & ENROLLMENT



## MAKING CHANGES

Open Enrollment occurs once each year. You may change your benefit elections during the Open Enrollment period. Once you have made your selection, you may not change benefit elections until the next open enrollment unless you have a qualifying change in employment or family status.

### Qualifying events include:

- Marriage, divorce or legal separation (state specific)
- You add a dependent child through birth, adoption or court-ordered custody
- Death of a spouse or child
- Your work schedule changes  
*i.e.*, reduction or increase in hours
- Your dependent loses eligibility for coverage
- You or your dependent becomes eligible for Medicare
- Your spouse involuntarily loses health coverage through his/her employer
- You and/or your spouse and dependents become eligible for COBRA
- You and/or your spouse and dependents gain or lose Medicaid coverage
- You received a Qualified Medical Child Support Order (QMCSO)

If you experience one of the above qualifying events, you have 30 days from the date of the event to notify the Human Resources department and make any desired benefit changes. Otherwise, elections you make during the Open Enrollment period will remain in effect for the entire plan year.

## COORDINATION OF BENEFITS

Coordination of Benefits applies if you or your covered dependents are insured under more than one health insurance plan. The plans coordinate with each other on payments so that there are not duplicate payments for the same medical service.

The order in which payments are made is determined as follows:

- The plan that covers the patient as an employee (non-dependent) is considered the primary plan, initially responsible for payment.
- The plan that covers the patient as a dependent is the secondary plan.
- When a dependent child is covered by the plan of more than one parent, (unless court ordered) generally the plan of the parent whose birthday falls earlier in the year is considered the primary plan.

Capital Services

Questions?

Capital Services  
Phone: 443-608-5520

We are committed to a comprehensive employee benefit program that helps our employees stay **healthy, feel secure and maintain a comfortable work/life blend.**



# MEDICAL PLAN HIGHLIGHTS



Abilities Network offers three national medical plan options through UnitedHealthcare. In addition, Abilities Network contributes into a Health Reimbursement Account (HRA) that can be used towards the medical and prescription deductible under the Choice CP4R \$3,000 and the Choice CP4I \$1,500 plans. The Choice Plus CLOX \$1,000 plan is a national plan with in-network and out-of-network coverage.

PLAN FEATURES	CHOICE CP4R \$3,000 (BVR5)	CHOICE CP4I \$1,500 (BVQQ)	CHOICE PLUS CLOX \$1,000 (BVN4)	
	In-Network Only	In-Network Only	In-Network	Out-of-Network
<b>Deductible</b> Amount you must pay before the plan begins to pay for covered services, unless otherwise noted	\$3,000 Individual \$6,000 Family	\$1,500 Individual \$3,000 Family	\$1,000 Individual \$2,000 Family	\$2,500 Individual \$5,000 Family
<b>Out-of-Pocket Maximum</b> Maximum amount you could pay during the year for your share of the covered services	\$7,350 Individual \$14,700 Family	\$7,350 Individual \$14,700 Family	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family
<b>Primary Care Provider (PCP) Required</b>	No	No	No	
<b>Specialists Referrals Required</b>	No	No	No	
<b>Wellness &amp; Preventive Care</b> Well-Child Care, Adult Physical, Routine GYN Visit	No charge	No charge	No charge	20% after deductible, except for mammography screening
<b>OFFICE VISITS, LABS &amp; TESTING</b>				
<b>PCP &amp; Virtual Visits</b>	No Charge; No Charge	No Charge; No Charge	\$30 copay; No Charge	20% after deductible
<b>Specialists</b>	\$60 copay	\$60 copay	\$50 copay	20% after deductible
<b>Diagnostic Lab and X-Ray<sup>1</sup></b>	20% after deductible <sup>1</sup>	20% after deductible <sup>1</sup>	20% after deductible <sup>1</sup> and No Charge	20% after deductible
<b>Mental Health Outpatient</b>	No Charge	No Charge	\$50 copay	20% after deductible
<b>EMERGENCY &amp; URGENT CARE</b>				
<b>Urgent Care Center</b>	\$50 copay	\$50 copay	\$75 copay	20% after deductible
<b>Hospital Emergency Room</b> Waived if admitted	\$250 copay then 20% co-ins after deductible	\$250 copay then 20% co-ins after deductible	\$350 copay	Paid as In-network
<b>HOSPITALIZATION</b>				
<b>Inpatient</b>	20% after deductible	20% after deductible	\$500 copay	20% after deductible
<b>Outpatient (Non-Hospital)</b>	20% after deductible	20% after deductible	No charge after deductible	20% after deductible
<b>RETAIL 31-DAY SUPPLY PRESCRIPTION DRUGS</b>				
<b>Deductible (Individual / Family)</b>	\$250 / \$500 <sup>2</sup>	\$250 / \$500 <sup>2</sup>	None	None
<b>Tier 1</b>	\$10 copay	\$10 copay	\$10 copay	\$10 copay
<b>Tier 2</b>	\$50 copay	\$50 copay	\$35 copay	\$35 copay
<b>Tier 3</b>	\$100 copay	\$100 copay	\$70 copay	\$70 copay
<b>Mail Order/ Retail - 90-Day</b>	\$25 / \$125 / \$250	\$25 / \$125 / \$250	\$25 / \$87.50 / \$175 copay	\$25 / \$87.50 / \$175 copay

<sup>1</sup>Lab Testing performed at a Designated Network provider is covered at No Charge

<sup>2</sup>The deductible applies to Tier 3 and Tier 4 medications. It does not apply to Tier 1 and Tier 2 medications.

Please note: this chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

# HEALTH REIMBURSEMENT ARRANGEMENT



A Health Reimbursement Arrangement (HRA) is an account that can be used for eligible medical and prescription expenses—funded entirely by Abilities Network. Abilities Network sets up a fund for each employee to help cover a portion of the in-network deductible that would apply to medical and prescription services. The HRA will be administered by American Benefits Group (ABG).

The company will fund the amounts below:

**CHOICE CP4R \$3,000**

Individual: \$2,000

Individual + Dependent(s): \$4,000

**CHOICE CP4I \$1,500**

Individual: \$840

Individual + Dependent(s): \$1,700

**CHOICE PLUS CLOX \$1,000**

Individual: \$0

Individual + Dependent(s): \$0

Please note, deductible expenses are not automatically deducted from the HRA; the debit card must be used for these expenses or else you will need to file a manual claim for reimbursement. If you spend all of your HRA money, any additional out-of-pocket expenses are your responsibility.

**Employee Cost Per Pay:** Employees enrolled in a medical plan will have the opportunity to have the medical rates decrease by \$30 per month if a preventive care affidavit is completed by your physician and provided to HR by 8/1/2023. Employees that do not turn in this form will continue to pay the \$30 more per month in medical premiums throughout the entire year (standard rates).



## Employee Cost Per Pay (24) Standard Medical Rates

TIER	CHOICE CP4R
Employee	\$78.38
Employee + Child(ren)	\$208.81
Employee + Spouse	\$252.39
Family	\$305.00

TIER	CHOICE CP4I
Employee	\$137.24
Employee + Child(ren)	\$322.52
Employee + Spouse	\$400.97
Family	\$496.17

TIER	CHOICE PLUS CLOX
Employee	\$192.80
Employee + Child(ren)	\$419.09
Employee + Spouse	\$521.03
Family	\$659.36



## Employee Cost Per Pay (24) Preferred Medical Rates

TIER	CHOICE CP4R
Employee	\$63.38
Employee + Child(ren)	\$193.81
Employee + Spouse	\$237.39
Family	\$290.00

TIER	CHOICE CP4I
Employee	\$122.24
Employee + Child(ren)	\$307.52
Employee + Spouse	\$385.97
Family	\$481.17

TIER	CHOICE PLUS CLOX
Employee	\$177.80
Employee + Child(ren)	\$404.09
Employee + Spouse	\$506.03
Family	\$644.36



# UHC VALUE ADDED SERVICES

## PREVENTIVE CARE

**Preventive Care is covered at 100% when provided by an in-network physician.** Preventive care includes periodic well visits, routine immunizations, and routine screening provided to you when you do not have symptoms or have not been diagnosed with a disease.

## UNITEDHEALTHCARE MEMBER ACCOUNT & MOBILE APP

When it comes to managing your health plan, [myuhc.com](http://myuhc.com) lets you see what's covered, manage costs, and so much more. To help everyone get the most from their plan, it's important that each member aged 18 and over create their own account. Then, use it to:

- Find a network doctor.
- View and pay claims.
- Check your account balances.
- Find and estimate costs.
- See a breakdown of your claim, showing how much your plan covered, what you owe and remaining out-of-pocket balances.

Through the UnitedHealthcare mobile app you can:

- Find nearby care options in your network.
- See your claim details and view progress toward your deductible.
- View and share your health plan ID card.
- Video chat with a doctor – without leaving the app.

Visit [www.myuhc.com](http://www.myuhc.com) to register or download the app on Apple or Android.

## REAL APPEAL®

Real Appeal® is a digital weight loss program focused on making small changes to help you live a healthier life. It includes:

- **A personalized transformation coach** - Will help guide you by customizing steps that fit your needs
- **24/7 online support and a mobile app** - To help you stay on track & reach your goals
- **A success kit** - Featuring program guides, exercise videos, a digital food scale, and more!

Visit [www.realappeal.com](http://www.realappeal.com) to register.



## BEHAVIORAL HEALTH

Your behavioral health benefit provides access to a network of nearby providers with options for either in-person care or a Virtual Visit 24/7. The behavioral health benefit offers support for:

- Stress and anxiety.
- Coping with grief and loss.
- Relationship difficulties and more!

Visit [liveandworkwell.com](http://liveandworkwell.com) or call the toll-free member phone number on your ID card.

## RALLY®

Rally® is a program to help you move more and eat better. It even rewards you for your progress. How it works:

- **Take your health survey** - You'll receive your results as a "Rally Age<sup>SM</sup>" - a number to help you assess your actual age compared to your health age based on your survey responses.
- **Pick your focus** - Get personalized activities and recommended missions - or individual action plans - based on your survey results.
- **Earn rewards** - As you complete certain activities, you'll earn Rally coins. Use them to enter sweepstakes for chances to win prizes, get discounts, support charities, or bid in auctions.

Visit [www.myuhc.com](http://www.myuhc.com) to register.



## MAIL ORDER PRESCRIPTIONS

Order a 3-month supply through OptumRx and you may pay less for medication, get standard shipping at no cost and save trips to the pharmacy. Sign up on [www.myuhc.com](http://www.myuhc.com), use the UnitedHealthcare app or call the member phone number on your ID card. Make sure you have at least a 1-month supply to cover you through the transition.

## VIRTUAL VISITS

With 24/7 Virtual Visits, you can connect to a doctor by phone or video through [www.myuhc.com](http://www.myuhc.com) or the United Healthcare® app. 24/7 Virtual Visits doctors are part of a select group of providers focused on providing quality virtual care when you need it. They can treat a wide range of health conditions, from flu and pinkeye to migraines and more, and can even prescribe medication as needed. 24/7 Virtual Visits can treat many of the same conditions as an ER or urgent care, so it may be a good option to use as an alternative - particularly in times when your primary care provider isn't available. 24/7 Virtual Visits can save you \$130 compared to an urgent care visit and up to \$2,000 compared to an ER visit.

## QUIT FOR LIFE®

Quit For Life® is a personal support program available at no additional cost to you. Choose from a variety of online tools and get access to a Quit Coach® and a mobile app to customize a quit plan to help you break free from tobacco. Enroll today at [www.myuhc.com](http://www.myuhc.com).

## CANCER SUPPORT

This program connects you and your family to education, resources, and emotional support. Access highly rated physicians and providers, a personal advocate, information to make informed health care decisions, social worker support and more. To get started, call the toll free member phone number on your health plan ID card or visit [myuhc.phs.com/cancerprograms](http://myuhc.phs.com/cancerprograms) to learn more.

## DESIGNATED DIAGNOSTIC PROVIDERS

Designated Diagnostic Providers (DDP) are laboratory and imaging services providers that meet certain quality and efficiency requirements. With your DDP benefit, you'll have the highest level of coverage — and likely save money — when you use a DDP for outpatient lab and imaging services. If you don't use a DDP, your lab and imaging services may not be covered, and you may be responsible for 100% of the cost.

To find a lower-cost DDP near you, go to [myuhc.com](http://myuhc.com) > Find Care & Costs > Medical Directory > Places. Choose whether you'd like lab or imaging services and then look for the green check to confirm DDP status. For DDP imaging services, just make your appointment. For DDP lab work, just be sure to tell your doctor which DDP to use.





# HEALTH ADVOCATE



Healthcare is becoming harder to understand. Personal Health Advocates help you find your way through insurance and healthcare systems. They can also locate doctors, specialists, hospitals, dentists and pharmacies. Contact an advocate today to:

### Find the right doctors

We can also find the right hospitals, specialists and other providers, anywhere in the country.

### Make appointments

We'll make the calls to schedule appointments and arrange second opinions.

### Transfer medical records

We'll also coordinate the transfer of X-rays and lab results.

### Work with insurance companies

We'll work on your behalf to get any necessary approvals and coordinate benefits.

### Resolve claims and billing issues

We'll do the legwork to untangle medical bills and resolve claims and billing issues.

### Answer benefit questions

We'll explain how your benefits work and find options for non-covered services.

### Clarify tests and treatments

We'll help you understand medical conditions, test results and treatment options.

### Help with eldercare

We can find adult day care, home health care and other support services.



## Contact An Advocate

**Phone:** 1.866.695.8622

**Email:** [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)

**Web:** [HealthAdvocate.com/members](https://HealthAdvocate.com/members)

Your Health Advocate benefit is being offered by your employer at no additional cost to you and covers eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



# DENTAL PLAN HIGHLIGHTS



## Employee Cost Per Pay (24)

TIER	LOW PLAN	HIGH PLAN
Employee	\$11.46	\$15.38
Employee + Child(ren)	\$23.99	\$32.21
Employee + Spouse	\$28.58	\$38.37
Family	\$37.74	\$50.67

Abilities Network offers the choice of two dental options for you and your family through UnitedHealthcare. You have the freedom to select the dentist of your choice; however when you visit a participating in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf. To locate a participating Dental provider, visit [www.myuhc.com](http://www.myuhc.com) and select **National Options PPO 20** network. Listed below you will find the coverage details.

PLAN FEATURES	LOW PLAN		HIGH PLAN	
	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
<b>Deductible</b> – Contract Year Waived for Preventive in-network, amount you must pay before the plan begins to pay benefits unless otherwise noted	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$25 Individual \$75 Family	\$25 Individual \$75 Family
<b>Annual Maximum</b> – Contract Year Maximum amount UnitedHealthcare will pay during the year	\$1,000 Per Covered Member		\$2,000 Per Covered Member	
<b>Orthodontia</b> – Lifetime Limit	Not Covered		\$2,000 Per Eligible Member	
<b>Diagnostic &amp; Preventive Care</b> Oral exams, teeth cleanings, x-rays, fluoride, sealants	No Charge no deductible	No charge no deductible	No charge no deductible	No charge no deductible
<b>Basic Care</b> Simple extractions, periodontics, endodontics, oral surgery	20% of allowed benefit after deductible	20% of allowed benefit after deductible	20% of allowed benefit after deductible	20% of allowed benefit after deductible
<b>Major Care</b> Dentures, bridges, crowns, inlays/onlays, dental implants	50% of allowed benefit after deductible	50% of allowed benefit after deductible	50% of allowed benefit after deductible	50% of allowed benefit after deductible
<b>Orthodontia</b> Adult & Child	Not covered		50% of allowed benefit up to lifetime limit	50% of allowed benefit up to lifetime limit

Please note: this chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.  
Allowed Benefit: the maximum dollar amount allowed for services covered.



# VISION PLAN HIGHLIGHTS



## Employee Cost Per Pay (24)

Employee	\$3.59
Employee + 1 Child	\$7.18
Employee + Child(ren)	\$12.05
Employee + Spouse	\$7.18
Family	\$12.05

Your vision coverage provides a full range of vision care services through UnitedHealthcare. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to UnitedHealthcare for reimbursement. To locate a participating provider, visit [www.myuhcvision.com](http://www.myuhcvision.com) and select the **UnitedHealthcare Vision Plans** network. Listed below are the costs and copays that you would pay for certain services.

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
<b>Vision Exam</b> Once every 12 months	Covered in full after \$10 copay	Up to \$40
<b>Eyeglass Lenses</b> Once every 12 months <ul style="list-style-type: none"> <li>• Single</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul>	Covered in full after \$25 copay	Up to \$40 Up to \$60 Up to \$80 Up to \$80
<b>Frames</b> Once every 12 months you will receive a retail frame allowance toward the purchase of any frame at a network provider. For frames that exceed your allowance, you may receive an additional discount on the overage (available only at participating providers and may exclude certain frame manufacturers).	\$150 retail frame allowance	Up to \$45
<b>Contact Lenses</b> Once every 12 months In lieu of glasses	Formulary: Covered in full after \$25 copay Non-Formulary: Up to \$150 allowance	Up to \$150
Elective		Up to \$210
Medically necessary	Covered in full after \$25 copay	Up to \$210

Please note: this chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

# FLEXIBLE SPENDING ACCOUNTS



In 2023, the Flexible Spending Account Plan will remain with American Benefits Group. Flexible Spending Accounts, or FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income. As an employee, you agree to set aside a portion of your pre-tax salary in an account and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to social security (FICA), federal, state or local income taxes -- effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced significantly, depending on your tax bracket. As a result of the personal tax savings you incur your spendable income will increase.

## THE HEALTHCARE REIMBURSEMENT FSA

The health care reimbursement FSA lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, copays or other out-of-pocket medical expenses can instead be placed in the health care reimbursement FSA pre-tax. The annual maximum contribution to the health care reimbursement FSA is \$3,050. You have the option to carry over up to \$610 of unused funds from one year to the next. Any amount that is carried over does not count toward the maximum contribution limit. Your election amount is 100% accessible on the first day of the new plan year.

	WITHOUT FSA	WITH FSA
Gross Income	\$30,000	\$30,000
FSA Contributions (Healthcare & Dependent Care FSA)	\$0	-\$5,000
Gross Income	\$30,000	\$25,000
<b>Estimated Taxes</b>		
Federal	-\$2,550	-\$1,776
State	-\$900	-\$750
FICA	-\$2,295	-\$1,913
<b>After Tax Earnings</b>	<b>\$24,255</b>	<b>\$20,561</b>
Eligible Out-of-Pocket Medical & Dependent Care Expenses	-\$5,000	\$0
Remaining Spendable Income	\$19,255	\$20,561
Spendable Income Increase	–	\$1,306

### Eligible Expenses

Eligible health care expenses for the health care reimbursement FSA include more than just your deductible and copayments. You can also reimburse items such as prescription drugs, dental expenses, eyeglasses and contacts, certain medical equipment and many more items. For more information about eligible expenses, please refer to IRS Publication 502, available at [www.irs.gov/publications](http://www.irs.gov/publications). Please note that while medical FSA elections are Federal, FICA, State and Local tax exempt, Dependent Care FSA elections are eligible for Federal and FICA tax savings only, not state or local tax savings.



# FLEXIBLE SPENDING ACCOUNTS

## THE DEPENDENT CARE FSA

The Dependent Care FSA lets you use pre-tax dollars towards qualified dependent care. The annual maximum you may contribute is \$5,000 (or \$2,500 if married and filing separately) per calendar year. If you elect to contribute to the dependent care FSA you may be reimbursed for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- The cost for nursery schools and preschools (excluding kindergarten)

### Eligible Expenses

In order for dependent care services to be eligible, they must be for the care of a tax dependent child under age 13 who lives with you, or a tax-dependent parent, spouse or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse (if applicable) can go to work. Care must be given during normal working hours (instances such as Saturday night babysitting do not qualify) and cannot be provided by another one of your dependents.

## HOW MUCH SHOULD I SAVE IN MY FSA?

CALCULATOR	YOUR EXPENSES	EXPENSES FOR YOUR SPOUSE & DEPENDENTS
<b>Medical Expenses</b>		
Deductibles and Co-Insurance	\$	\$
Office Visit Copays	\$	\$
Prescription Drug Copays	\$	\$
Chiropractic Treatment/Acupuncture	\$	\$
Infertility Treatments, Birth Control Pills, Devices, and Surgical Procedures	\$	\$
Medical Equipment and Supplies (Wheelchairs, Braces, Crutches, Oxygen, etc.)	\$	\$
Transportation (Mileage, Lodging and meals if necessary to obtain health care)	\$	\$
Over the Counter Medication with a Doctor's Prescription	\$	\$
Other (See IRS Publication 502 for Listing of Deductible Medical Expenses)	\$	\$
<b>Vision and Hearing Care</b>		
Eye Exams	\$	\$
Frames and Lenses, Contact Lenses, Cleaning Solutions and Supplies	\$	\$
Hearing Aids and Batteries	\$	\$
Lasik or Radial Keratotomy Surgery to Correct Vision	\$	\$
<b>Dental Expenses</b>		
Deductibles and Co-Insurance	\$	\$
Exams, Cleanings and X-rays, Fillings, Crowns, Bridges and Dentures	\$	\$
Orthodontia	\$	\$
Other Eligible Dental Expenses (See IRS Publication 502)	\$	\$
<b>TOTAL ESTIMATED UNINSURED MEDICAL EXPENSES</b>	<b>\$</b>	<b>\$</b>

# CSI HEALTH PACKAGE



## BENEFIT DETAILS

**Teladoc.** Save time and money with 24/7 access to a doctor by phone or online video consult – anywhere in the U.S. with no consultation fee. (Does not go towards your insurance deductible or copay). Doctors offer a diagnosis, treatment options and prescription, if necessary. By using Teladoc instead of going to an urgent care clinic or ER, you cut unnecessary out-of-pocket costs and time wasted in crowded waiting rooms.

**Lab Testing.** Get 10-90 percent off typical costs of routine lab work. Employees can choose from over 1,500 participating locations nationwide and order online or by phone. Confidential results are available in as little as 24 hours for most tests.

**Health Advocacy.** Personal health advocates help you navigate insurance and health care systems. Advocates can also locate doctors, specialists, hospitals, dentists and pharmacies. Advocates research treatments, resolve claims, and provide medical explanations so you can make more informed decisions.

**Pharmacy.** Save 10–85% on most prescriptions at 60,000 pharmacies nationwide including CVS, Walgreens, Target and more.

**Diabetic Supplies.** Get 60% off average retail prices and free shipping on all packages, and an extra 15% off any single order item. You'll never run out of supplies or wait in long lines.

**Alternative Medicine.** Over 37% of adults have used some form of alternative medicine. Members save 10% to 30% on health and wellness needs with over 40 specialties and 43,000 practitioners nationwide. Whether they need to reduce stress, relieve migraines or quit smoking, alternative medicine can help.

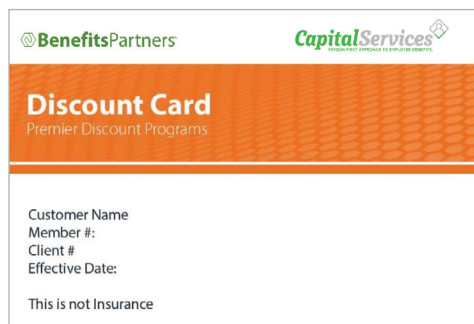
**NB Deals.** Big savings are just a click away! NBDeals is your one-stop-shop for exclusive discounts on brands and experiences you know and love. Browse over 40 different categories across 500+ merchants for endless opportunities to save, with new deals added weekly.

## CSI HEALTH PACKAGE

- Teladoc
- Lab Testing (not MD)
- Health Advocacy
- NB Deals
- Pharmacy
- Diabetic Supplies
- Alternative Medicine

PRICING	EMPLOYEE COST PER PAY (24)
CSI Health Package	\$8.50

Membership includes employee, spouse and legal dependents even if they are not on our health plan(s).



Please keep an eye out for your **Welcome Kit** and **New Benefits Card** in the mail.



# LIFE AND DISABILITY INSURANCE



## COMPANY-PAID

### BASIC LIFE AND AD&D

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental Death & Dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or your limbs in an accident. Abilities Network provides you with Basic Life Insurance in the amount of 2x your salary up to a maximum benefit of \$150,000 through UnitedHealthcare. Age reductions start at 35% at age 65, 50% at age 70. If you die as a result of an accident, your beneficiary will receive an additional AD&D benefit equal to the Basic Life amount. A portion of that amount will be paid if you lose speech, sight, hearing, or limbs due to an accident. Evidence of good health is not required.

## COMPANY-PAID DISABILITY INSURANCE

### **Tax-Choice Long-Term Disability (LTD)**

Long-Term Disability provides income protection in the event of an extended illness or injury. The monthly benefit is 50% of your monthly earnings, but not more than the maximum monthly benefit of \$6,000. Benefits begin the day after the 90-day elimination period. There is a pre-existing condition limitation of 3 months prior, for the next 12 months. This means any sickness or injury for which an employee has received medical treatment during the 3 months prior to the employee's coverage effective date will not be covered for 12 months.

## VOLUNTARY BENEFITS

### **Short-Term Disability (STD)**

Abilities Network provides Short-Term Disability coverage through Aflac. This Voluntary Short-Term Disability coverage replaces a portion of your income when you are unable to work due to an illness or injury. There is no waiting period for accidents and only a 14-day waiting period for covered sickness. Monthly benefit up to \$5,000 (not to exceed 60% annual income).

### **Accident Insurance**

Abilities Network provides Accident Insurance through Aflac. This coverage offers 24-hour coverage for both on and off the job injuries. Pays you for minor cuts and bruises all the way up to major accidents. Benefits range from \$150 - \$1,000.

### **Hospital Insurance**

Abilities Network provides Hospital Insurance through Aflac. Employees can receive up to \$500 per day for the first five days of hospitalization when a covered person requires hospital confinement. Aflac will pay \$100 per day for the period of hospital confinement. Includes a maternity benefit.

### **Whole Life Insurance with a Critical Illness**

Employees can elect a Whole Life Policy with a Critical Illness Rider through Mass Mutual. Whole Life Insurance builds cash value. If you need to borrow against the cash value, you can pay it back when times get better.



## VOLUNTARY LIFE INSURANCE

You may purchase additional Life Insurance for yourself and your eligible dependents through UnitedHealthcare. You are required to elect Voluntary Life Insurance in order to elect Voluntary Life insurance for your spouse and/or dependents.

VOLUNTARY LIFE		
Employee	Spouse	Child(ren) - 14 Days to age 26
<b>Benefit Amount</b>		
\$10,000 increments	\$5,000 increments	\$2,000 increments
<b>Maximum Benefits</b>		
5 x salary up to \$300,000	100% of EE amount up to \$150,000	50% of EE amount up to \$10,000
<b>Guaranteed</b>		
\$150,000	\$20,000	\$10,000

VOLUNTARY LIFE (per \$1,000 of Covered)			
Age	Spouse Uni-Smoker	Employee Non-Smoker	Employee Smoker
<30	\$0.091	\$0.094	\$0.144
30-34	\$0.097	\$0.100	\$0.154
35-39	\$0.122	\$0.131	\$0.202
40-44	\$0.166	\$0.195	\$0.300
45-49	\$0.263	\$0.318	\$0.476
50-54	\$0.387	\$0.481	\$0.722
55-59	\$0.611	\$0.812	\$1.171
60-64	\$0.947	\$0.934	\$1.347
65-69	\$1.857	\$1.852	\$2.585
Child up to age 26	\$0.04		



## How to Calculate Your Voluntary Life Premium

### EMPLOYEE COVERAGE

Amount of Life coverage = \_\_\_\_\_

Divided by 1,000 = \_\_\_\_\_

Multiplied by rate based on age = \_\_\_\_\_

**This is your monthly Life premium.**

### SPOUSE COVERAGE

Amount of Life coverage = \_\_\_\_\_

Divided by 1,000 = \_\_\_\_\_

Multiplied by rate based on employee's age = \_\_\_\_\_

**This is your spouse's monthly Life premium.**

### CHILD(REN) COVERAGE

Amount of Life coverage = \_\_\_\_\_

Divided by 1,000 = \_\_\_\_\_

Multiplied by \$0.04 = \_\_\_\_\_

**This is your child(ren)'s monthly Life premium.**





# EMPLOYEE ASSISTANCE PROGRAM

## MEMBER ASSISTANCE PROGRAM (MAP)

As an employee or eligible dependent of Abilities Network your MAP benefits include:

- **Unlimited phone access to master's-level specialists, 24/7**
- **Up to 3 referrals for face-to-face counseling sessions.** UHC'S national network includes 144,000+ clinicians.
- **One legal consultation for 30 minutes.** You can meet with an attorney by phone or in person to discuss legal concerns. You can also retain an attorney for ongoing services at a 25% discounted rate.
- **A 30- to 60-minute financial consultation.** Credentialed financial professionals can discuss estate taxes and other financial matters with you.
- **Access to liveandworkwell.com.** From your desktop or mobile device, you can easily and securely find a provider, discover work-life resources near you and confidentially connect to expert guidance. You can also access news, events and thousands of articles.

Access your MAP benefit today: Call **1-877-660-3806**, TTY 711, or Visit [liveandworkwell.com](https://liveandworkwell.com).

## BENEFICIARY SERVICES

After a death, there's so much to deal with that it can be overwhelming. It's nice to know your beneficiary will have a team of professionals – included in your plan – ready to help provide emotional, financial and legal guidance. All services are confidential, and specialists are available 24/7.

- **Grief support.** Unlimited phone access to masters-level specialists, 24/7 and up to 2 referrals for face-to-face grief counseling sessions, with access to a national network of more than 144,000 clinicians.
- **Financial and legal support.** One 30- to 60-minute financial consultation with a credentialed financial professional who can discuss estate taxes and other financial matters. As a beneficiary, you can retain an attorney for ongoing services at a discounted rate.
- **Wealth management account.** Option to open a bank account from Optum Bank® for help managing the money. Visit [optumbank.com](https://optumbank.com) to learn more. An account automatically opens for payments of \$5,000 or more.

If you need assistance, please call UHC's claim service team at **1-888-299-2070**.

## BENEFICIARY COMPANION

The Beneficiary Companion Program provides 24/7 guidance for your beneficiary on closing your estate and protecting your identity.

- **Guidance services.** Help is available anytime to obtain death certificate copies and to notify social security administration, credit reporting services, credit card companies, third-party vendors, and government agencies.
- **Request the guidebook.** Get assistance or request your complimentary guidebook by calling toll-free 1-866-643-4241.
- **Social media shutdown.** It can be a time-consuming process to close your social media accounts. Help is available to discontinue access to social media accounts and assist with memorialization of specific accounts to preserve digital profile.
- **Fraud resolution.** Identity theft is a growing risk. Expert help is available to help protect it—and lend a hand if it is stolen. Services include a credit report review, suppression of the credit report, and full-service resolution assistance to include credit bureau and fraud department notification and help to file a police report or creditor follow up.

Get assistance or request your complimentary guidebook by calling toll-free **1-866-643-4241**.

## WILL AND TRUST PREPARATION

Creating a will and trust may help give you more control over future events and allows the family to follow your wishes. Your life insurance plan includes online will and trust services to help you:

- Create and prepare a will—registration required.
- Locate nearby attorneys, search legal forms, find helpful articles by legal experts and more.
- Access financial planning help and helpful cost calculators.

Go to [liveandworkwell.com](https://liveandworkwell.com), select **Browse as guest** with your company access code - **LIFEBENSVS**.

## TRAVEL ASSISTANCE

Travel Assistance is a valuable benefit that is provided and administered by UnitedHealthcare Global. This service offers you and your dependents medical, travel, legal, financial and concierge services, 24 hours a day, 365 days a year, while traveling internationally or domestically 100 miles or more from home.

For inquiries call **1-410-453-6330** or visit online Member Center at [UHCGlobal.com](https://UHCGlobal.com).



# 403(B) RETIREMENT PLAN & PTO



## 403(B) RETIREMENT PLAN

**You can take steps toward planning for a secure retirement. Consider enrolling today.**

It's easier than ever to plan and save for retirement. Whether it's years down the road or just around the corner, you can get started right now.

### **Do nothing and be automatically enrolled**

On your date of hire you will be automatically enrolled with your contribution set at 1%. If you do not want to participate, you must notify Human Resources. Each year your contribution will automatically increase by 1% to a maximum of 4%. After one year of employment, Abilities Network matches 50% of the 1st 6% you contribute (3% maximum). Vesting is 100% after completion of your 2nd year with Abilities Network.

### **Keep your retirement money working as hard as you do**

The earlier your contributions start, the longer your money can work through the power of compounding. Compounding happens when earnings on your savings get reinvested to generate additional earnings. Over time, compounding can fuel the growth of your savings. For questions about the plan visit [mutualofamerica.com](https://mutualofamerica.com) or call 800-468-3785.

## PAID TIME OFF AND LEAVE

Personal Time Off is frontloaded and available for use as of January 1 of each year. A max of 80 hours of unused Personal Time Off will carry over into the following year.

Although available for use, employees will accrue based on the following accrual schedules.

Administrative and Support staff working between 20 to 30 hours per week will accrue Personal Time Off on a pro-rated basis based on the number of working hours.

ADMINISTRATIVE STAFF			
Years of service	Personal Time Off Hours per Year	Accrual Each Pay	Maximum Carry Over, Pay Out
1st	80	3.07	80 hours
2-3	160	6.15	80 hours
4 +	200	7.69	80 hours

SUPPORT STAFF			
Years of service	Personal Time Off Hours per Year	Accrual Each Pay	Maximum Carry Over, Pay Out
1st	60	2.30	80 hours
2-3	120	4.62	80 hours
4 +	160	6.15	80 hours

## SICK AND SAFE LEAVE (SSL)

Employees immediately begin to accrue sick leave at the rate 1.37 hours for each 30 hours of work performed.

Sick leave will accrue and roll over from year to year to a maximum accrual accumulation of 320 hours for full time employees. Part time employees stop accruing SSL once they reach 56 hours within a calendar year. Up to 40 hours of unused SSL may carry over into the following calendar year. Refer to the Employee Handbook for the full Leave Policy.

## HOLIDAYS

Abilities Network observes the following holidays:

- New Year's Day
- Martin Luther King, Jr.'s Birthday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Day

## ANNIVERSARY DAY OFF

Employees working 40 hours per week are entitled to take a paid day off for their anniversary date (hire date). The Anniversary Day off must be taken within 30 days of the employee's actual anniversary date.

Employees working 20 or more hours per week but less than 40 are entitled to take a pro-rated amount of paid time off for their anniversary date (hire date).

Refer to the Employee Handbook for the full Leave Policy.



# GLOSSARY

**Commonly used terms and definitions.** These glossary terms and definitions are intended to be educational and may differ from the terms and definitions of your plan. The policy or plan document governs the terms and definitions of your plan.

## ALLOWED BENEFIT

The allowed benefit, sometimes referred to as the allowed amount, is the maximum amount the insurance company will pay for covered services.

Providers within your plan's network, also known as in-network providers, agree to accept the allowed amount as payment for a service. You may still owe a copay or coinsurance depending on your plan's provisions, but the in-network provider agrees not to bill for charges that exceed the allowed amount.

## BALANCE BILLING

If you go out-of-network, the provider may charge more than the plan's allowed benefit, and you may have to pay the difference.

## BENEFIT MAXIMUM

The maximum amount that will be paid on your behalf by the insurance carrier; may also be referred to as an annual benefit maximum.

## CO-INSURANCE

The shared cost between the plan and the member for a covered service, calculated as a percentage of the allowed amount for the service.

## CO-PAY

A set dollar amount you pay for a covered service, usually paid at the time the service is received

## DEDUCTIBLE

The amount you owe for covered services before your insurance plan begins to pay. Note: the deductible may not apply to all services.

## ELIGIBLE EXPENSES

Services that your plan covers.

## GENERIC DRUG

A pharmaceutical drug that is equivalent to a brand-name product in dosage, strength, route of administration, quality, performance and intended use, but does not carry a brand-name. It must contain the same active ingredients as the original brand-name formulation.

## NETWORK

The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

## OUT-OF-POCKET MAXIMUM

The most you pay before your insurance plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges, or health care your insurance plan doesn't cover.



**Just Plain Clear -  
English and Spanish Glossary**  
[www.justplainclear.com](http://www.justplainclear.com)

We know that health care and health insurance terms can be difficult for anyone. When you make health decisions, you need information that's easy to understand. You can find thousands of terms defined in plain, clear language to help you make informed decisions at [www.justplainclear.com](http://www.justplainclear.com).

# RESOURCES



## FOR MEDICAL AND PRESCRIPTION CLAIMS QUESTIONS OR PROVIDERS

<b>UnitedHealthcare</b>	
Health Advocacy - Claims Questions, Benefit Questions, Finding Providers and more!	1-866-695-8622
Choice & Choice Plus Customer Service	1-866-633-2446
Policy Number	913535
Website	<a href="http://www.myuhc.com">www.myuhc.com</a>

## FOR DENTAL BENEFITS CLAIMS QUESTIONS OR PROVIDERS

<b>UnitedHealthcare</b>	1-877-816-3596
Website	<a href="http://www.myuhc.com">www.myuhc.com</a>
Group Number	913535

## FOR VISION BENEFITS CLAIMS QUESTIONS OR PROVIDERS

<b>UnitedHealthcare</b>	1-800-638-3120
Website	<a href="http://www.myuhc.com">www.myuhc.com</a>
Group Number	913535

## FOR CSI HEALTH PACKAGE

<b>New Benefits</b>	1-800-800-7616
Website	<a href="http://www.mybenefitswork.com">www.mybenefitswork.com</a>
Group Number	NFP512

## FOR FLEXIBLE SPENDING ACCOUNT (FSA) & HEALTH REIMBURSEMENT ACCOUNT (HRA)

<b>American Benefits Group</b>	1-800-499-3539
Website	<a href="http://www.amben.com/wealthcare">www.amben.com/wealthcare</a>
Group Number	ABGANET

## FOR LIFE, VOLUNTARY LIFE, OR DISABILITY QUESTIONS

<b>UnitedHealthcare</b>	1-888-299-2070
Website	<a href="http://www.myuhc.com">www.myuhc.com</a>
Group Number	303817

## FOR SHORT-TERM DISABILITY, ACCIDENT, HOSPITAL

<b>AFLAC</b>	410-394-9617
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## FOR WHOLE LIFE INSURANCE

<b>Mass Mutual</b>	410-394-9617
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## FOR EMPLOYEE ASSISTANCE PROGRAMS CONTACT

<b>Employee Assistance Program</b>	1-877-660-3806
<b>Travel Assistance</b>	410-453-6330
<b>Will and Trust Preparation</b>	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a>

## ABILITIES NETWORK

Human Resources	443-632-5286
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## FOR 403B RETIREMENT PLAN QUESTIONS

<b>Mutual of America</b>	1-800-468-3785
Website	<a href="http://mutualofamerica.com">mutualofamerica.com</a>

## FOR ESCALATED BENEFIT OR CLAIMS QUESTIONS CONTACT

Capital Services, Inc.	443-608-5520
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Please Note: This booklet provides a summary of the benefits available, but this is not your Summary Plan Description (SPD). The Company reserves the right to modify, amend, suspend, or terminate any plan at any time and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examinations upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.