



2023-24

Benefits Guide



August 1, 2023—July 31, 2024

Welcome Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for Medical and Dental benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or their children, where applicable by state law
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of hire. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective August 1, 2023—July 31, 2024.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP, or child
- ▶ You lose coverage under your spouse's / RDP's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Medical

Cornerstone Behavioral Healthcare is proud to offer you a group medical plan through Harvard Pilgrim.

Key Medical Benefits	Clear Choice POS HSA 7000	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$7,000 / \$14,000	\$14,000 / \$28,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$7,000 / \$14,000	\$14,000 / \$28,000
Company Contribution to Health Reimbursement Arrangement (HRA) (per calendar year; prorated)		
Individual (Employee only)	\$3,500	
Covered Services		
Office Visits (physician/specialist)	Ded. then 0%	Ded. then 0%
Routine Preventive Care	No charge	Ded. then 0%
Outpatient Diagnostic (lab/X-ray)	Ded. then 0%	Ded. then 0%
Complex Imaging	Ded. then 0%	Ded. then 0%
PT / OT / Speech Therapy ²	Ded. then 0%	Ded. then 0%
Ambulance	Ded. then 0%	
Emergency Room	Ded. then 0%	
Urgent Care Facility	Ded. then 0%	Ded. then 0%
Inpatient Hospital Stay	Ded. then 0%	Ded. then 0%
Outpatient Surgery	Ded. then 0%	Ded. then 0%
Prescription Drugs (Value drug list; 5 Tiers)		
Retail Pharmacy (30-day supply)	Ded., then 0%	
Mail Order (90-day supply)	Ded., then 0%	

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Maximum of 60 total combined visits per year.

Dental

Cornerstone Behavioral Healthcare is proud to offer you a group dental plan through Delta Dental.

Key Dental Benefits	Delta Dental DPPO
	In-Network ¹
Deductible (one-time while in plan)	
Individual / Family	\$100 / \$300
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)	
Per Individual	\$2,000 (up to \$4,000 with Double-Up Max benefit)
Covered Services	
Preventive Services	No charge
Basic Services	20%*
Major Services²	50%*
Orthodontia² (Adults & Children)	50% to lifetime maximum of \$1,500

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Regardless of when you enroll, a 6-month waiting period for Major and Ortho services will apply.

HRA

Employees enrolled in the Medical plan will have a Health Reimbursement Arrangement (HRA) available to them to help with medical expenses. The HRA will offset eligible in-network deductible expenses in the following manner:

Expense type	You pay first:	Then HRA and you pay:
Harvard Pilgrim POS HSA 7000		
Deductible \$ 7,000 (employee)	\$500	HRA: 80% of expenses, up to \$3,500 You: 20% of expenses, up to \$3,000

Reimbursement claims for the current year must be submitted by March 1 of next year.

Please refer to the HRA plan summary issued by Med-A-Vision for details on how to submit expenses.



Voluntary Life/AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death. **Accidental death and dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Supplemental Life/AD&D (Employee-paid)

You may purchase coverage for yourself through The Hartford in the following amounts:

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments; up to 3x salary (\$300,000 maximum)	\$100,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Voluntary Short-Term Disability

Provided at an affordable group rate through The Hartford

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	After 14th day of disability
Maximum Benefit Duration	11 weeks

Voluntary Long-Term Disability

Provided at an affordable group rate through The Hartford

Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. Please refer to a separate rate sheet for your contributions.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Harvard Pilgrim	(888) 333-4742	www.harvardpilgrim.org
Dental	Delta Dental	(800) 832-5700	www.nedelta.com
HRA	Med-A-Vision	(207) 942-9040	www.medavision.com
Life/AD&D	The Hartford	(800) 523-2233	www.thehartford.com
Disability	The Hartford	(800) 523-2233	www.thehartford.com
Programs (through The Hartford)			
<ul style="list-style-type: none"> ▪ Ability Assist Counseling 	Guidance Resources	(800) 96-HELPS	www.guidanceresources.com (use HLF902 in Company field; use ABILI in Company name field)
<ul style="list-style-type: none"> ▪ Travel Assistance Services 	Europ Assistance	(800) 843-6108	Travel Assist ID#: GLD 09012

Questions?

If you have additional questions, you may also contact:

Raenicha Johnson
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rjohnson@cornerstonebhc.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

