

2020 Comprehensive Overview Of Employee Benefits and Rates



“Servant Leadership is a philosophy and set of practices that enriches the lives of individuals, builds better organizations and ultimately creates a more just and caring world. At Devereux, we strive to incorporate Servant Leadership into our culture and every aspect of our organizational framework; from the delivery of quality services to individuals served, their families, and other stakeholders to the development and empowerment of our employees. At Devereux, we are committed to being the employer of choice, and we know that offering high quality, affordable benefits is a key component. I am honored to partner with you in service of our important mission. Please reach out to People Operations if you have questions or comments on these materials.”

Carl E. Clark II, President and CEO

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2020 MEDICAL TIERED HEALTH PLAN

The closed panel PPO provides in-network-only benefits through the National BlueCard® network, except for medically necessary, covered emergency care services.

BENEFIT	Medical Tier 1 and Rx	Medical Tier 2 and Rx	Medical Tier 3 and Rx
SALARY RANGE	<\$37,500	\$37,500 - \$75,000	≥\$75,000
DEDUCTIBLE	\$315 Individual \$475 EE/Child \$630 EE-Spouse/DP or Family	\$475 Individual \$715 EE/Child \$950 EE-Spouse/DP or Family	\$630 Individual \$950 EE/Child \$1,250 EE-Spouse/DP or Family
COINSURANCE	Plan Pays 85% You pay 15%	Plan Pays 80% You Pay 20%	Plan Pays 75% You Pay 25%
OUT-OF-POCKET MAXIMUM <i>(Includes Deductible)</i>	\$1,390 Individual \$2,750 EE/Child \$4,160 EE-Spouse or Family	\$2,080 Individual \$4,160 EE/Child \$6,250 EE-Spouse or Family	\$2,750 Individual \$5,550 EE/Child \$8,330 EE-Spouse or Family
INPATIENT HOSPITAL	\$250 Copay after deductible, then 85%	\$250 Copay, after deductible, then 80%	\$250 Copay, after deductible, then 75%
SKILLED NURSING FACILITY <i>(120 days combined per calendar year)</i>	85%, after deductible	80%, after deductible	75%, after deductible
OUTPATIENT PRIVATE DUTY NURSING <i>(360 hours per calendar year)</i>	85%, after deductible	80%, after deductible	75%, after deductible
EMERGENCY CARE	100% after \$275 copay, NO deductible (Copay waived if admitted)	100% after \$275 copay, NO deductible (Copay waived if admitted)	100% after \$275 copay, NO deductible (Copay waived if admitted)
URGENT CARE CLINIC (EXAMPLE – MINUTE CLINIC, TAKE CARE CLINIC)	100% after \$50 copay 100% after \$20 copay	100%, after \$50 copay 100% after \$20 copay	100%, after \$50 copay 100% after \$20 copay
MD LIVE (TELEMEDICINE)	100% after \$10 copay, NO deductible	100% after \$10 copay, NO deductible	100% after \$10 copay, NO deductible
OUTPATIENT SURGERY BARIATRIC SURGERY	85% after deductible 50%, after deductible No OOP Max	80%, after deductible 50% after deductible No OOP Max	75%, after deductible 50% after deductible No OOP Max
OUTPATIENT X-RAY/RADIOLOGY MRI/MRA, PET SCAN, CT/CTA SCAN	85%, after deductible 85% after \$100 copay, NO deductible 100% after \$100 copay, NO deductible	80% after deductible 80% after \$100 copay, NO deductible 100% after \$100 copay, NO deductible	75% after deductible 75% after \$100 copay, NO deductible 100% after \$100 copay, NO deductible
OUTPATIENT LABORATORY/PATHOLOGY	100%, NO deductible	100%, NO deductible	100%, NO deductible
PRIMARY CARE OFFICE VISIT	100% after \$20 copay, NO deductible	100% after \$20 copay, NO deductible	100% after \$20 copay, NO deductible
SPECIALIST OFFICE VISIT	100% after \$50 copay, NO deductible	100% after \$50 copay, NO deductible	100% after \$50 copay, NO deductible
PEDIATRIC AND ADULT PREVENTIVE CARE (ACCORDING TO SCHEDULE)	100%, NO deductible	100%, NO deductible	100%, NO deductible
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY <i>(Maximum of 60 visits combined per calendar year)</i>	100% after \$40 copay, NO deductible	100% after \$40 copay, NO deductible	100% after \$40 copay, NO deductible
RESTORATIVE SERVICES, INCLUDING CHIROPRACTIC CARE <i>(Maximum of 15 visits combined per calendar year)</i>	100% after \$40 copay, NO deductible	100% after \$40 copay, NO deductible	100% after \$40 copay, NO deductible
DURABLE MEDICAL EQUIPMENT AND PROSTHETICS	100%, after deductible No maximum	100%, after deductible No maximum	100%, after deductible No maximum
PHARMACY BENEFITS TIERED PLANS ARE THROUGH FUTURE SCRIPTS /OPTUM (INCLUDED WITH MEDICAL THROUGH INDEPENDENCE BLUE CROSS)	15%/35%/50% Copay \$5 Min Generic/\$10 Min Brand	15%/35%/50% Copay \$5 Min Generic/\$10 Min Brand	15%/35%/50% Copay \$5 Min Generic/\$10 Min Brand
OUT-OF-POCKET MAXIMUM FOR PRESCRIPTION ONLY	\$3,600 Individual \$5,400 EE/Child \$7,200 EE-Spouse/DP or Family	\$3,600 Individual \$5,400 EE/Child \$7,200 EE-Spouse/DP or Family	\$3,600 Individual \$5,400 EE/Child \$7,200 EE-Spouse/DP or Family
MAGELLAN BEHAVIORAL HEALTH (BEHAVIORAL HEALTH AND SUBSTANCE ABUSE) SEE MAGELLAN BENEFIT PAGE FOR SPECIFIC INFORMATION	In Network Out Patient \$20 copay In Network In-Patient 100% after medical deductible (top of page) Out of network benefits available 50% copay day limitations apply	In Network Out Patient \$20 copay In Network In-Patient 100% after medical deductible (top of page) Out of network benefits available 50% copay day limitations apply	In Network Out Patient \$20 copay In Network In-Patient 100% after medical deductible (top of page) Out of network benefits available 50% copay day limitations apply

Tier 1 (<\$37,500)	Single	\$49.38	\$44.45
Tier 2 (\$37,500-\$75,000)	EE+Child	\$125.54	\$112.98
Tier 3 (≥\$75,000)	EE+Spouse/DP	\$157.85	\$142.06
	Family	\$224.31	\$201.88
	2 Employee	\$164.31	\$147.88

Vision benefit included in medical, at no extra charge to you! \$0 Eye Exam, Frames \$0 - \$25 copay or receive \$130 toward selection. Benefit frequency 1x each calendar year.

MEDICAL HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

The Closed Panel PPO provides in-network-only benefits through the National BlueCard® network. Closed Panel PPO members must seek care from participating BlueCard providers, except for medically necessary, covered emergency care services. If care is received from non-participating providers, there is no benefit coverage.

DEDUCTIBLE	\$2,525 INDIVIDUAL \$3,800 EE/CHILD \$5,050 EE-SPOUSE/DP OR FAMILY	
COINSURANCE	PLAN PAYS 75% YOU PAY 25%	
OUT-OF-POCKET MAXIMUM (Includes Deductible)	\$4,050 INDIVIDUAL \$6,070 EE/CHILD \$8,090 EE-SPOUSE/DP OR FAMILY	
INPATIENT HOSPITAL	75% AFTER DEDUCTIBLE	
SKILLED NURSING FACILITY (120 days combined per calendar year)	75% AFTER DEDUCTIBLE	
BIRTHING CENTERS	75% AFTER DEDUCTIBLE	
OUTPATIENT PRIVATE DUTY NURSING (360 hours combined per calendar year)	75% AFTER DEDUCTIBLE	
EMERGENCY CARE	75% AFTER DEDUCTIBLE	
URGENT CARE CLINIC (EXAMPLE – MINUTE CLINIC, TAKE CARE CLINIC)	75% AFTER DEDUCTIBLE	
MD LIVE (TELEMEDICINE)	75% AFTER DEDUCTIBLE	
OUTPATIENT SURGERY	75% AFTER DEDUCTIBLE	
BARIATRIC SURGERY	50%, AFTER DEDUCTIBLE, NO OOP MAX	
OUTPATIENT X-RAY/RADIOLOGY MRI/MRA, PET SCAN, CT/CTA SCAN	75% AFTER DEDUCTIBLE	
OUTPATIENT LABORATORY/PATHOLOGY	75% AFTER DEDUCTIBLE	
PRIMARY CARE OFFICE VISIT	75% AFTER DEDUCTIBLE	
SPECIALIST OFFICE VISIT	75% AFTER DEDUCTIBLE	
PEDIATRIC AND ADULT PREVENTIVE CARE (ACCORDING TO SCHEDULE)	100%, NO DEDUCTIBLE	
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY (Maximum of 30 visits combined per calendar year)	75% AFTER DEDUCTIBLE	
RESTORATIVE SERVICES, INCLUDING CHIROPRACTIC CARE (Maximum of 15 visits combined per calendar year)	75% AFTER DEDUCTIBLE (20 VISITS)	
DURABLE MEDICAL EQUIPMENT AND PROSTHETICS	75% AFTER DEDUCTIBLE; NO MAXIMUM	
PHARMACY BENEFITS THROUGH MEDICAL HDHP PROGRAM THROUGH FUTURE SCRIPTS; 30 DAY SUPPLY AT PHARMACY/90 DAY THROUGH MAIL ORDER	75% AFTER DEDUCTIBLE	
BEHAVIORAL HEALTH (BEHAVIORAL HEALTH AND SUBSTANCE ABUSE) THROUGH MEDICAL HDHP PROGRAM THROUGH INDEPENDENCE BLUE CROSS IIN-NETWORK BENEFITS ONLY – NO OUT OF NETWORK BENEFITS - NETWORK IS THROUGH MAGELLAN BUT IN-NETWORK ONLY	75% AFTER DEDUCTIBLE	

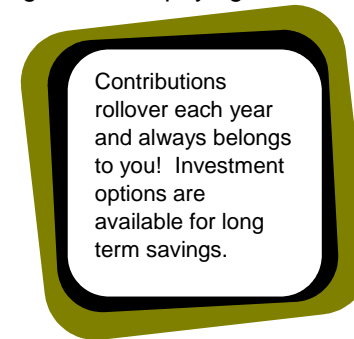
Medical HDHP	Single	\$18.46	Medical HDHP ACA P/T	Single	\$75.23
	EE+Child	\$50.77		EE+Child	\$157.38
	EE+Spouse/DP	\$69.23			
	Family	\$96.92			
	2 Employee	\$85.38			

Health Savings Account (HSA) through Optum

A HSA is offered in conjunction with the Medical HDHP. Employees can save pre-tax dollars to pay for medical expenses. This plan is similar to a flexible spending account, but rolls over each year and is owned by the individual; it is never forfeited, as there is no “use it or lose it rule.”

The maximum amount for 2020 is \$3,550 for employees with single coverage and \$7,100 for employees with two-person or family coverage. The plan allows an additional \$1,000 catch-up contribution for those aged 55-64.

This money can be used to cover deductible/coinsurance. Money saved in an HSA plan is the employee's and he/she can take it with them if they leave Devereux. At retirement, there are additional post-employment uses for HSA savings, such as paying for Medicare premiums.



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BEHAVIORAL HEALTH & SUBSTANCE ABUSE PROGRAM
Magellan Health Services

Benefits may be accessed by calling **1-800-220-1570** or visiting **www.MagellanAscend.com**

	In-Network	Out-of-Network	
Prior Authorization Required (Call Magellan at 1-800-220-1570)	<ul style="list-style-type: none"> • Inpatient Care (including Residential Treatment, Supervised Living, Partial Hospitalization) • Certain Outpatient Care <ul style="list-style-type: none"> – Intensive Outpatient Program – Electroconvulsive Treatment – Psychological Testing – Hypnotherapy – Biofeedback – Treatment not consistent with usual treatment practices, as determined by Magellan 	<ul style="list-style-type: none"> • Inpatient Care (including Residential Treatment, Supervised Living, Partial Hospitalization) • Certain Outpatient Care <ul style="list-style-type: none"> – Intensive Outpatient Program – Electroconvulsive Treatment – Psychological Testing – Hypnotherapy – Biofeedback – Treatment not consistent with usual treatment practices, as determined by Magellan 	<p>Devereux’s EAP benefits are managed through Carebridge by calling 800-437-0911.</p> <p>Five free face-to-face or telephonic consultations are available.</p> <p>See more Carebridge services at: www.myliferesource.com. The code to register is ADC53.</p>
Prior Authorization Not Required	<ul style="list-style-type: none"> • Outpatient Care • Outpatient Medication Management 	<ul style="list-style-type: none"> • Outpatient Care • Outpatient Medication Management 	<p>The behavioral health program offers you the flexibility of going in-network or out of network. If you choose an in-network provider, you receive higher benefit coverage and you maximize your benefit dollars through the provider discounts extended to you and Devereux. For mental health and substance abuse treatment, network providers usually handle billing directly with Magellan. All claims, including non-network treatment services should be sent directly to Magellan Health Services, P.O. Box 2275, Maryland Heights, MO 63043. Please be sure you obtain a completed claim form from your provider that itemizes the services provided and reflects any payment that you have made. This will protect against unnecessary delays in reimbursement. If possible, please include additional proof of payment (i.e., a receipt or canceled check). For outpatient reimbursement, a universal claim form (HCFA 1500) or a Magellan Claim Form should be submitted.</p>
Inpatient Facility Coverage	100%, after applicable medical deductible and copay No annual or lifetime limits.	After medical deductible and copay, 50% of UCR to a maximum of 125% of the in-network rate. 30 inpatient days per year; lifetime max for out of network inpatient facility 90 days. Obtain a claim form from your provider or by calling 800-220-1570	
Inpatient Facility Coverage	100%, after applicable medical deductible and copay No annual or lifetime limits.	After medical deductible and copay, 50% of UCR to a maximum of 125% of the in-network rate. 30 inpatient days per year; lifetime max for out of network inpatient facility 90 days. Obtain a claim form from your provider or by calling 800-220-1570	
Outpatient Coverage:	\$20 copay No annual or lifetime limits.	After medical deductible and copay, 50% UCR/ 20 visits per year Lifetime Max of 120 for out of network only. Obtain a claim form from your provider or by calling 800-220-1570.	
<ul style="list-style-type: none"> • Acute Inpatient • Residential • Supervised Living • Partial Hospitalization • Intensive Outpatient Program (IOP) 			
<ul style="list-style-type: none"> • Routine Outpatient psychotherapy (Individual, Group, Family) • Medication Management Office visits 			

Prescription Drug Benefit Program through Future Scripts (Independence Blue Cross)

Any questions, call Independence Blue Cross toll-free at (888) 678-7012

Retail Pharmacy <u>Original plus 1 fill only,</u> <u>Refills must be filled at Mail Service or 90 Day</u> <u>Supply at CVS Retail Pharmacy</u>	(Mail Service) or 90 Day Supply at CVS Pharmacy	Specialty Pharmacy (Biotech Drugs) Mail Service Only; Specialty Guideline Management Program Applies to all Specialty Pharmacy. BrivoRx will work with your physician to provide the best medication for your diagnosis.
30 consecutive days Refills allowed for antibiotics and allergy serums only	Up to 100 consecutive days	30 consecutive days

Comprehensive Prescription Drug Plan

	Generic	Formulary	Non-Formulary
Copayments:	15%	35%	50%
	\$5 Minimum	\$10 Minimum	No minimum
Contraceptives: Generic and Single Source Brands until Generic is Available; Quantity Limits Apply for Vaginal Rings, Diaphragms, Cervical Caps, IUD's. Contraceptives include Emergency Contraception (Plan B); OTC female only contraception requires Rx. Call (888) 678-7012	\$0	N/A	N/A
Insulin Diabetic Supplies: Syringes, alcohol swabs, lancets, blood and urine glucose testing strips	1 co-pay per type of insulin		
	1 co-pay (per item) per 30 day supply		
Infant Iron Supplements, RX fluoride supplements (children under age 6), Folic Acid (females only under age 55), Aspirin Therapy, OTC or Generic only (male and female age 45 and older); Vitamin D Therapy, OTC only requires prescription (male and female 65 and older). Call (888) 678-7012	\$0 co-pay for generic and OTC only. OTC requires prescription.		

Maximum Out of Pocket Expense (MOOP)

The maximum amount that can be paid out of pocket is \$3,600 single coverage, \$5,400 for Employee/Child coverage, \$7,200 for Employee/Spouse/DP and Family coverage. Once this level is met, Devereux is responsible for 100% of the cost of your prescription. The copayments incurred for infertility medications will not apply towards the maximum out of pocket expense.

Prior Authorization

Some prescription drugs require a "prescription drug review" or prior authorization before they may be obtained through the program. If your pharmacist tells you that a prescription drug requires prior authorization, have your pharmacist or doctor call

If you request to receive the brand name drug when there is an equivalent generic alternative available, you will be required to pay the price difference between the brand and the generic in addition to your copayment.

If you choose a non-participating retail pharmacy or fail to present your plan participant ID card to your pharmacy, you must pay 100% of the cost of the medication. You may submit a claim to Independence Blue Cross for reimbursement. You will be reimbursed based on the contracted rate for covered medications less your copayment amount. For any prescription obtained from a non-participating pharmacy, you will not be reimbursed for the difference between the price you paid and the price of the same prescription at a participating retail pharmacy.

Cigna Dental PPO

- Dental PPO has two plans: Plan A (high option); Plan B (low option) and choice of Premier, Preferred or Out of Network Dentists
- Enhanced benefit during pregnancy
 - Three cleanings in any 12-month period instead of two

		PLAN A	PLAN B
a.	Single	\$12.46	\$10.62
b.	2-Person- EE + child	\$24.00	\$20.77
c.	2-Person- EE + spouse/DP	\$24.00	\$20.77
d.	Family	\$24.00	\$20.77
e.	Family/2Employees	\$24.00	\$20.77

	Advantage Provider	Premier Provider	Out of Network
Annual Maximum	\$2,000	\$1,000	\$1,000
Deductible (Individual/Family) Plan A	\$50/\$150	\$50/\$150	\$50/\$150
Deductible (Individual/Family) Plan B	\$75/\$225	\$75/\$225	\$75/\$225
Orthodontia (Plan A) dependent to age 19; separate \$50 deductible	\$1,500	\$1,000	\$1,000
Orthodontia (Plan B) dependent to age 19; separate \$75 deductible	\$1,000	\$750	\$750
Orthodontia (Plan A) Adult; separate \$50 Deductible	\$1,000	\$1,000	\$1,000
Orthodontia (Plan B) Adult; separate \$75 Deductible	\$750	\$750	\$750

Procedure	Paid by Cigna Dental		Is there a deductible?
	Plan A	Plan B	
Diagnostic	100%	100%	No Deductible
Preventive	100%	100%	No Deductible
Basic Restorative Composite Fillings in Molars	70%	50%	Deductible Applies Deductible Applies
Major Restorative	60%	50%	Deductible Applies
Oral Surgery	70%	50%	Deductible Applies
Endodontics	70%	50%	Deductible Applies
Periodontics	70%	50%	Deductible Applies
Prostodontics	60%	50%	Deductible Applies
Denture Repair and Relining	70%	0%	Deductible Applies
Orthodontics	50%	50%	Separate Deductible

Cigna Dental Care Access (DHMO)

The Cigna Dental Care Access (DHMO) plan requires you to select a general dentist for routine, preventive, diagnostic and emergency care. They will refer you to specialists as needed.

MUST CHOOSE IN-NETWORK DHMO DENTIST; NO ANNUAL DEDUCTIBLE

If you choose a Cigna Dental Care Access plan, it is important to know how it works.

- This plan covers most preventive and diagnostic services at a competitive rate, or at no extra cost.
- Easily search for Cigna Dental Care Access (DHMO) network providers in the directory on Cigna.com.
- Cigna Dental Care Access plans don't have a deductible or a yearly dollar limit. There is also no waiting period to access coverage.

Example of Schedule of Covered Services

Preventive Services	100%	Amalgam (silver) fillings	90%
Basic Services	90%	Composite fillings (anterior teeth only)	90%
Major Services	60%	Stainless steel crowns	90%
Annual Benefit Maximum	None	Incision and drainage of abscess	90%
Office Visit Copay	\$0	Uncomplicated extractions	90%
Orthodontic Services (Adult and Child)	50%	Surgical removal of erupted tooth	90%
Orthodontic Deductible	None	Surgical removal of impacted tooth (soft tissue)	90%
Orthodontic Lifetime Maximum 24 months of comprehensive orthodontic treatment plus 24 months of retention		Major Inlay	60%
Preventive Oral examinations	100%	Onlays	60%
Cleanings Adult/Child	100%	Crowns	60%
Fluoride	100%	Full & partial dentures	60%
Sealants (permanent molars only)	100%	Pontics	60%

Single	\$6.46
2-Person- EE + child	\$11.08
2-Person- EE + spouse/DP	\$11.08
Family	\$14.77
Family/2Employee	\$14.77

Devereux's Chance of a Lifetime - Living Healthier Contest

Have you and/or your spouse or domestic partner had any of the following preventive care screenings between October 1, 2019 and now, or will you be receiving preventive care before September 30, 2020?

- **Breast cancer (mammogram)**
- **Cervical cancer (Pap test)**
- **Colorectal cancer (colonoscopy)**
- **Prostate cancer (exam/blood test)**
- **Diabetes (blood test)**
- **Physical exam-** Covered every two calendar years if 22-39 years old; covered every year if 18-21 and beginning at 40 years old.

Not only will you earn 5 to 10 points for the Health and Wellness Program (which also includes the flu vaccine), **you no longer have to submit information to qualify. Anyone who receives any of the above screenings will have a chance to win!**

What's the prize?

Single qualified employee portion of medical coverage for 2021!

Why is Devereux Advanced Behavioral Health offering this prize to **one employee at each Center**? Preventive care is very important and we want to ensure that all employees with a Devereux plan are taking advantage of the commonly recommended screenings listed above. Entries are due by October 2, 2020 and the drawing will take place during Open Enrollment.

Health Advocate - FREE TO YOU! (Devereux Paid) **Call (866) 695-8622**

- Provides personal health advocate to help employees and eligible family members navigate health care, insurance; improve health through intervention and personal tracking systems. The Health Advocacy service covers employees, spouses, dependent children and parents and parents-in-law. The Wellness program covers employees, spouses, and dependent children age 18 and older. Employees must be enrolled in one of Devereux's Independence Blue Cross medical plans to be eligible.
 - Feature 1: Health Advocacy - Unlimited access to a highly trained Personal Health Advocate (PHA), who can help navigate the healthcare and insurance systems, efficiently and dependably. The PHA can help find the right providers, negotiate fees on uncovered medical bills, locate second opinions, and provide cost estimates for medical procedures and much more.
 - Feature 2: Wellness Program - Contact a personal Wellness Coach by email, telephone or online chat, and receive motivation to lose weight, stop smoking, start working out, eat better, have a healthy pregnancy, or to reach other personal health goals. A wide range of online health tools are available. Complete the Personal Health Profile (PHP) at Health Advocate to participate in Devereux's Health and Wellness Program and identify any potential health risks to receive a personalized platform of wellness tips.

Health and Wellness Program

The Health and Wellness Program runs from October 1st to September 30th each year to qualify for the following plan year; allowances are made for new hires. Employees must receive a total of 85 points or more to qualify for the incentive to **save 10% on their medical premiums or receive contributions to their health savings account.**



- **Personal Health Profile (required)** – Complete the Personal Health Profile (PHP) on your member portal at www.HealthAdvocate.com/Devereux to get a snapshot of your health and learn steps you can take to improve it.
- **Online Tobacco Affidavit (required)** – Certify that you're tobacco-free using the online Tobacco Affidavit or complete the 12-week Tobacco Cessation Program—online or with a Wellness Coach.
- **Non-Tobacco Use (25 pts.)** – Must earn 25 points in this category to qualify for the incentive.
 - All employees must complete the Tobacco Affidavit. You will earn 25 points if you commit to be tobacco-free.
 - If you use tobacco, you can complete a cessation program that will coach you through creating your own Quit Plan and allow you to learn new tips and strategies to become—and stay—tobacco free:
 - Complete the 12-week Tobacco Cessation workshop worth **35 pts.**; or
 - Complete a 12-week Wellness Coaching program for smoking cessation, accessed on your member portal or by calling **(866) 695-8622**, worth **35 pts.**; or
 - Participate in one of the approved smoking cessation programs through Independence Blue Cross and apply to receive reimbursement of up to \$150 of the program cost. Visit www.ibx.com/reimbursement for more information on approved programs and how to register.
- **Weight Management (25 pts.)**
 - Log your weight weekly for 25 weeks using the weight health tracker on your member portal; or
 - Complete a six week weight management or nutrition workshop; or
 - Complete a 12-week Wellness Coaching program, accessed on your member portal or by calling **(866) 695-8622**, worth **35 pts.**; or
 - Complete a 12-week online weight management program--Don't Weight! Make a Change, worth **35 pts.**; or
 - Enroll in Weight Watchers®, Weight Watchers® Online, or an approved weight management program at any network hospital and Independence Blue Cross will reimburse up to \$150 for program fees if you create an account at www.ibx.com/reimbursement and submit proof of payment and progress in the weight management program.
- **Fitness (25 pts.)**
 - Log your exercise time and/or distance for 25 days using exercise health trackers on your member portal; or
 - Complete a six week fitness workshop, accessed on your member portal; or
 - Complete 120 gym workouts (about three times a week) at an approved fitness center and Independence Blue Cross will reimburse up to \$150 of your annual fitness center fees if you create an account at www.ibx.com/reimbursement and submit proof of payment and a log of your workouts.
- **Preventive Care (5 pts.)**
 - Earn five points for receiving one preventive screening, up to a maximum of 10 points for receiving two preventive screenings. Preventive screenings include physical exam, Pap test, mammogram, prostate exam, colonoscopy and flu vaccine. *Note:* It can take up to three months from the date of service for your points to be updated.
- **Center Wellness Participation (20 pts.)**
 - Receive 10 points for participating in one center or community event, up to a maximum of 20 points for participating in two center or community events. Self-report center events by logging the date your participation date on your member portal.

Questions? Call Health Advocate at **(866) 695-8622**

TIAA 403(b) Tax Deferred Annuity

The Devereux retirement plan is a valuable employee benefit that helps you save for your retirement by deferring part of your salary into an investment plan for the future.

Defined Contribution Plans allow you to control where your savings is allocated. You choose where to invest and how much based on your retirement time horizon, investment objective, and risk tolerance

You can change where you want future contributions to go at any time; and you can transfer some or all of your funds among accounts, with no tax implications.

You can make changes to your retirement plan contribution amount and investment mix any time after you enroll.

Individual consultations, advice and counseling are free to all employees via telephone, web session, TIAA office or on-site where available. Devereux has a dedicated website www.tiaa.org/Devereux where you can find on-demand webinars, calculators/tools, and much more at NO cost to you.

Loans and hardship withdrawals are available from Employee Contributions only. Restrictions may apply.

Rollovers into the plan are allowed.

Questions? Call TIAA or Janney Montgomery Scott

Employee Contributions

- As of the first day of employment, you may contribute on a voluntary basis up to the IRS maximum (2020 \$19,500 per year); and if age 50 or older, may contribute a catch-up contribution of up to \$6,500.
- Employees with 15 or more years of service can make a catch-up contribution of up to an additional \$3,000; employees age 50 or over that have 15 or more years of service, can make a catch-up contribution of up to an additional \$9,500.

Devereux Contributions

- Contribution provided based on your base salary.

Investment Options

- The Retirement Choice (RC) contract
- The RA and GSRA will no longer be available for contributions; however, existing money will remain in them.
- Tailored menu of best in class investment options for a variety of well-known fund managers in addition to TIAA.

Pre-tax investments

- No taxes are due on pretax contributions and earnings until the money is withdrawn. Because these plans are intended primarily for retirement, you can generally withdraw funds without penalties after you've reached age 59½. Withdrawals made prior to age 59 ½ may be subject to an additional 10% penalty in addition to ordinary income tax.

Post-tax (Roth 403b)

- Taxes are withheld prior to making the contributions. Enjoy tax-free distributions, without penalty when you are age 59 ½ or older and a distribution is taken five years after the first Roth contribution was made to the contract. Earnings are subject to ordinary income tax and a 10% early withdrawal penalty may apply prior to age 59 ½.

TIAA products may be subject to market and other risk factors. See the applicable product literature, or visit www.tiaa.org/Devereux for details. **Investment, insurance and annuity products are not FDIC insured, are not bank guaranteed, are not deposits, are not insured by any federal government agency, are not a condition to any banking service or activity, and may lose value.**

Contact info:

TIAA

- Advisors are available Monday-Friday, 8 a.m. - 10 p.m. (ET) and Saturday 9 a.m. - 6 p.m. (ET) at **(800) 842-2252**.

Janney Montgomery Scott

- Devereux's Plan Advisors at Janney Montgomery Scott are Quinn Karpiak, Scott Karpiak and Greg Dupee
- You can call (800) 567-2687 Toll Free, call direct by dialing (215) 665-6010, or email QKarpiak@janney.com

Accidental Death and Dismemberment (AD&D) Insurance through Cigna

Devereux is offering you the opportunity to elect Accidental Death and Dismemberment (AD&D) Insurance through Cigna at affordable group rates. Below you will find the cost of coverage if you elect to have this insurance coverage for you and your family.

What Is Accidental Death and Dismemberment (AD&D)?

AD&D insurance is an inexpensive way to provide additional life insurance benefits if the cause of death is accidental. It also pays a benefit if there is a loss of a limb, vision or hearing due to an accident.

What is Available?

- \$10,000 increments up to **\$500,000** (not to exceed 10x salary)
- All Guaranteed issue coverage (no medical questions)
- Offered as Employee Only plan or a Family Plan option
 - Family plan provides 100% employee, 50% spouse and 15% Child of amount elected

New increased amount available – 10x your salary up to \$500,000!

COST:

Employee Only - \$0.18/\$10,000 Family - \$0.26/\$10,000

<i>Coverage Amount</i>	<i>Monthly Employee Only Cost</i>	<i>Monthly Employee and Family Cost</i>
\$10,000	\$.18	\$.26
\$20,000	\$.36	\$.52
\$30,000	\$.54	\$.78
\$40,000	\$.72	\$1.04
\$50,000	\$.90	\$1.30
\$60,000	\$1.08	\$1.56
\$70,000	\$1.26	\$1.82
\$80,000	\$1.44	\$2.08
\$90,000	\$1.62	\$2.34
\$100,000	\$1.80	\$2.60
\$110,000	\$1.98	\$2.86
\$120,000	\$2.16	\$3.12
\$130,000	\$2.34	\$3.38
\$140,000	\$2.52	\$3.64
\$150,000	\$2.70	\$3.90
\$160,000	\$2.88	\$4.16
\$170,000	\$3.06	\$4.42
\$180,000	\$3.24	\$4.68
\$190,000	\$3.42	\$4.94
\$200,000	\$3.60	\$5.20

Coverage amounts for employees that attain age 70 or older will be reduced:

Age	Reduced by
70	65%
75	40%
80	30%
85	15%

- **Additional amounts available to \$500,000**
- To figure cost for the amount you desire – Amount of Insurance x Cost / 10,000 (\$300,000 x .18 / 10,000 = \$5.40) –Employee Only; (\$300,000 x .26 / 10,000 = \$7.80) Family

Voluntary Supplemental Life Insurance through Cigna

Guaranteed Issue of \$200,000; increased amounts available with underwriting. Spouse/Domestic Partners and children riders are available.

Voluntary Life	Per Pay
Employee	per \$10,000
Under 25	\$ 0.30
25-29	\$ 0.30
30-34	\$ 0.37
35-39	\$ 0.44
40-44	\$ 0.63
45-49	\$ 0.92
50-54	\$ 1.47
55-59	\$ 2.34
60-64	\$ 3.30
65-69	\$ 5.86
70-74	\$ 9.51
75+	\$ 9.51
Spouse/DP	per \$5,000
Under 25	\$ 0.14
25-29	\$ 0.22
30-34	\$ 0.29
35-39	\$ 0.36
40-44	\$ 0.50
45-49	\$ 0.79
50-54	\$ 1.26
55-59	\$ 2.06
60-64	\$ 2.60
65-69	\$ 3.78
70-74	\$ 7.49
75+	\$ 14.75
Children	\$ 10,000
	\$ 0.65

Up to \$200,000 guaranteed issue (no medical questions) for new hires; all benefit eligible employees have the opportunity to elect or increase their current amount of supplemental life insurance by one increment of \$10,000, not to exceed the plan guarantee issue amount. Additional increments of \$10,000 may be elected, subject to Evidence of Insurability approval. Maximum available with Evidence of Insurability is \$250,000.

Spouse/Domestic Partner: (new hires) Guarantee Issue Amount of \$50,000 without Evidence of Insurability can be purchased in \$5,000 increments. All other benefit eligible spouse/domestic partners may elect or increase their election by one increment of \$5,000, not to exceed the plan guarantee issue amount.

Spouse/Domestic Partner and Children's coverage does not require employee to purchase single coverage supplemental life insurance.

Unmarried Children: Age 14 days to 26 years - \$10,000

Group Voluntary Accidental Injury Insurance (Off the Job Accidents) through Cigna

- Guaranteed Issue: No medical underwriting
- Plan provides a schedule of benefits for covered injuries and accident related expenses for Off the Job accident coverage only that result within 90 days of the accident.
- A physician must diagnose covered losses.
- Treatment must be received in the United States or its territories.
- \$50 per year Wellness, Health Screening and/or Preventative Care Benefit Credit per covered person per calendar year.

What is Accidental Injury Insurance?

Accidental Injury Insurance helps to pay for expenses associated with a covered accident or injury. **Covered injuries may include:***

- Broken bones
- Burns
- Torn ligaments
- Concussions
- Eye injuries
- Ruptured discs
- Cuts requiring stitches

Benefits may be payable for:*

- Ambulance
- Initial treatment
- Emergency room visit
- Hospitalization
- Admission (per occurrence)
- Confinement (per day)
- Follow-up care
- X-rays
- MRI's
- Rehab

Rates per pay:

- | | |
|------------------------|---------|
| ▪ Single | \$4.21 |
| ▪ Employee + Spouse/DP | \$6.94 |
| ▪ Employee + Children | \$8.97 |
| ▪ Family | \$11.55 |

Short Term Disability

NEW in June, 2019 and available to ALL EMPLOYEES with guaranteed issue for this Open Enrollment period only

When an unexpected illness or injury happens, your focus should be on your health – not your budget. For those without that much HML, this is an opportunity to cover your risk of lost income if you are out of work for a short period of time due to an off the job injury or illness, including maternity. Coverage is at 60% of your salary, up to a maximum of \$1,500 per week. There is a 14-day and 28-day elimination period for sickness or accident. An elimination period is the number of days you have to wait until the benefit kicks in. Employees who select this insurance will use Devereux’s Health Medical Leave or Time-off Benefit (until Short-term Disability coverage begins), or not be paid for the 14-day or 28-day elimination period. Once approved, Short Term Disability lasts as long as you are unable to work due to a disabling condition, up to 11 weeks. If you continue to meet the definition of disability after 11 weeks, you would become eligible for Long-term Disability, a benefit paid by Devereux.

What is the cost for this benefit option and how is it paid?

This voluntary benefit is paid 100 percent by the employee. All full-time employees are eligible. Rates are based on age and base salary, which determines the amount of Short-term Disability benefit received. After Open Enrollment, guaranteed issue is for new hires only. All others will be subject to medical underwriting, which includes pre-existing conditions.

Age	14-day elimination period	28-day elimination period
<25	\$0.94	\$0.47
25-29	\$1.14	\$0.55
30-34	\$1.35	\$0.65
35-39	\$1.02	\$0.45
40-44	\$0.66	\$0.30
45-49	\$0.70	\$0.34
50-54	\$0.85	\$0.43
55-59	\$0.96	\$0.45
60-64	\$1.12	\$0.54
65+	\$1.18	\$0.54

How to determine the bi-weekly cost of this benefit option:

To calculate the bi-weekly payroll deduction for voluntary Short-term Disability coverage, use the rates above and the formula below:

1. Enter your annual pre-disability earnings, not to exceed \$130,000, divided by 52 weeks, and multiply by benefit of 60 percent and enter on Line 1	1)
2. Select your rate from the rate table and enter on Line 2	2)
3. Multiply Line 1 by the amount shown on Line 2 and enter on Line 3	3)
4. Divide Line 3 by \$10 and enter on Line 4	4)
5. Multiply Line 4 by 12 months and enter on Line 5	5)
6. Divide Line 5 by 26 pays and enter on Line 6	6)

The amount shown on Line 6 is your estimated bi-weekly payroll deduction for this benefit; premiums will be deducted directly from your paycheck.

Explanation of Accruals for HML and TOB

Benefit	Years of Service*	Accrual Factor	Annual Accrual Maximum	Earned on 80 Hours Worked
HML – FT & Academic Staff	Date of Hire	.0500	64 Hours	4.00 Hours
TOB – FT Staff hired prior to 1/1/2005	90 Days – 9 Years	.1000	208 Hours	8.00 Hours
	10 Years – 14 Years	.1192	248 Hours	9.54 Hours
	15+ Years	.1385	288 Hours	11.08 Hours
TOB – FT Staff hired on or after 1/1/2005	90 Days – 2 Years	.0923	192	7.38 Hours
	3 Years – 4 Years	.0962	200	7.70 Hours
	5 Years – 9 Years	.1000	208	8.00 Hours
	10 Years – 14 Years	.1192	248	9.54 Hours
	15+ Years	.1385	288	11.08 Hours

Case Management:

Surcharge will remain the same as 2019: \$100 per pay, up to a maximum of \$1,300 annually. Only applies if outreach is made and member chooses not to respond.

Domestic Partnership:

Please refer to the DP Enrollment Packet for more information including affidavits.

Employee Assistance Program: **FREE TO YOU! (Devereux Paid)**

Carebridge offers confidential off-site counseling services. Also provides assistance in managing family and personal concerns including childcare, elder care, financial planning, continuing education, time management and relocation.

Flexible Spending Accounts:

Pre-tax plan to pay for out-of-pocket medical or dependent care, such as daycare. Maximum \$500 carry-over for medical spending; any additional contribution not used is forfeited. The contribution limits for 2020 are as follows: Medical FSA \$2,750 per year; Dependent Care FSA \$5,000 per year.

Flexible Spending Accounts (Medical Spending Accounts) and Dependent Care Accounts are pre-tax programs that work with the Medical Tiered Plan to help cover medical related or dependent daycare expenses for the benefit plan year. A Medical Spending Account (also referred to as a Flexible Spending Account or FSA) is designed to reimburse for out-of-pocket medical care expenses incurred by you or your eligible dependents. A Dependent Care Flexible Spending Account is designed to reimburse you for expenses incurred to care for your eligible dependents under age 13 or other dependents that are physically or mentally incapable of self-care, such as elderly parents who live in your home at least eight hours each day and who qualify as exemptions on your federal income tax return. These programs are limited in the amount you can save pre-tax and in how much may be carried over into the next benefit year. For more information, please refer to the [Flex Spending Packet](#).

CommutEase: (new for 2020)

You'll be able to make contributions to your CommuteEase plan directly through Employee Benefits Corporation's member portal by the 13th each month for the upcoming month to pay for eligible transit or parking expenses, and those contributions will be available on the EBC Benefits Card. EBC will provide Devereux the election amount and that amount will be deducted from the employees check the last pay of each month. The contribution limit for CommuteEase for transportation, transit and parking is \$270 per month. Unused funds carryover to the next year for CommuteEase.

Life Insurance: FREE TO YOU! (Devereux Paid)

2x annual base salary not to exceed \$200,000.

Extra Benefits that are free to you (Devereux Paid):

- **Travel Assistance:** Cigna offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home. Service is a phone call away, 24/7/365.
- **Life Services:** Cigna makes it easy for you to take charge of those difficult life and healthcare legal decisions, including living wills, financial power of attorney, healthcare power of attorney, funeral planning, medical authorizations for minors, and more.
- **Online Will Preparation:** Cigna's will preparation services support an important overall financial planning process and provide a valuable first step to help protect your family's financial future.
- **ID Theft Protection:** Identity theft kits – information to help protect you and your family from identity theft.

Long Term Disability (LTD): Free to you! (Devereux Paid)

Devereux provides all full-time active employees with a minimum of 60% income replacement if out of work due to a disabling condition for 90 days or longer. This important paycheck protection benefit pays benefits directly to you and may be continued to Normal Social Security Retirement Age if you continue to meet the definition of disability. This benefit is offered at no cost to you.

Staff Tuition Assistance Program (STAP):

STAP benefit and staff development plans are available to encourage and reward high performing employees, who are interested in pursuing a degree, license, or certification in a professional or specialty position, identified as critical to the Center's recruitment plan and as defined in the attached benefit document. The following is a list of key components of the program:

- Eligibility – minimum of six months of full-time employment.
- Base benefit – 75% of tuition costs and fees of the state school tuition in your area for up to 12 credits per fiscal year.
- Development Plan for Specialty Positions – up to 100% for up to 24 credits per fiscal year.

Autism Spectrum Disorder (ASD) Benefit:

If enrolled in one of Devereux's Independence Blue Cross benefits plans, Devereux will provide up to \$2,500 reimbursement toward Applied Behavioral Analysis for diagnosis of and services for Autism Spectrum Disorders (ASD). This benefit will be administered through the Corporate People Operations office by Ann DelCarlino and Jelsy Kravatz. Employees will submit paid receipt or EOB for reimbursement.

Contact Health Advocate at (866) 695-8622 or your local People Operations department with any questions.

30-39 Hour Employee Benefit Design

Devereux's current plan defines full-time as employees as working 40 hours per week

- Affordable Care Act requires that we offer benefits to those employees who work 30 hours or more.
- ACA does not require plans to offer spousal/domestic partner coverage.
- ACA does not require that benefit plans to these employees match those employees who work 40 hours.

High Deductible Health Plan only

- Employee and employee + child(ren) only (no spousal/domestic partner coverage)
- **Health Savings Account (HSA):** Employees can save pre-tax dollars to pay for qualified medical expenses. The maximum contribution amount for 2020 is \$3,550 for employees with single coverage and \$7,100 for employees covering children. The plan allows an additional \$1,000 catch-up contribution for those aged 55-64. This money can be used to cover deductible/coinsurance. The benefit of an HSA is that unused money remains in the account and rolls over each year. Money saved in an HSA belongs to the employee and they can take it with them if they leave Devereux. At retirement, there are additional post-employment uses for HSA savings, such as paying for Medicare premiums.

Bi-weekly Contributions (26 pays):

- Single \$75.23
- Employee and child(ren) \$157.38
 - Enrollment in the Health and Wellness Program contributes \$5 per pay for Single and \$10 per pay for Employee/child (ren) in the Health Savings Account (HSA).

Cigna Dental PPO or DHMO Benefit

- Plan A (high option)
 - Single \$12.46 per pay; Employee/Children \$24.00 per pay
- Plan B (low option)
 - Single \$10.62 per pay; Employee/Children \$20.77 per pay
- Dental DHMO
 - Single \$6.46; Employee/Children \$14.77
 - Must choose Primary Care Dentist

**Call Health Advocate with
any questions!**

Benefit Contact Information

(866) 695-8622

Company Name	Phone Number	Website	Group #
Carebridge (EAP/Work-Life)	(800) 437-0911	www.myliferesource.com	ADC53
CIGNA Life/LTD/Voluntary Benefits	(800) 351-9214	www.Cigna.com	
CIGNA Dental (Dental PPO and DHMO)	(800) 564-7642	www.Cigna.com	
Employee Benefits Corporation (Flexible Spending Accounts)	(800) 346-2126	www.ebcflex.com	
Health Advocate	(866) 695-8622	www.HealthAdvocate.com/Devereux	
Independence Blue Cross (IBX) (Medical)	(877) 393-6740	www.ibx.com	
Independence Blue Cross (Rx)	(888) 678-7012		
Magellan Healthcare (Behavioral Health)	(800) 220-1570	www.magellanascend.com	
MD Live	(888) 632-2738	www.mdlive.com/IBX	
MVP New York (Medical)	(800) 318-8575	www.mvphealthcare.com	
TIAA (Retirement)	(800) 842-2252	www.tiaa.org/Devereux	
Optum Bank (Health Savings Account)	(866) 234-8913	www.optumbank.com	