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EMPLOYMENT
PARTNERS



2023 **EMPLOYEE** BENEFIT & ENROLLMENT **GUIDE**

Correctional Medical Associates and Correctional Dental
Associates – National Plans

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ABOUT THIS GUIDE The benefits information presented in this book describes only the highlights of the plans and does not constitute official plan documents. Additional terms and conditions apply. If there are any discrepancies between the information contained herein and the official plan documents, the plan documents will govern. Plan documents can be found on Employee Navigator and can be available in print by contacting your HR Manager.

Benefit Plans Offered to Non-Tennessee Residents:



Benefit Offerings

Cigna	Medical Plans -
	<ul style="list-style-type: none"> • High Deductible Health Plan – Option #1 • High Deductible Health Plan – Option #2 • High Deductible Health Plan – Option #3 • Preferred Provider Organization (PPO) Plan – Option #4
	Dental Plan
	Vision Plan
HealthEquity	Health Savings Account
LBMC Employment Partners	Flexible Spending Accounts (Healthcare, Dependent Care, Limited Purpose)
Unum Insurance	Employer-Paid Life and AD&D
	Short-Term Disability
	Long-Term Disability
Lincoln Financial	Supplemental Life Insurance
Symetra	Hospital Indemnity Insurance

Value-Added Services:

Discount Auto, Homeowners, Renter’s & Condo Insurance	Telehealth Services (Virtual Health)
Advocacy Service for Claims Assistance	Wellness Program
Access to FEDLogic	Employee Assistance Program
Savings on Travel	



Eligibility for full-time employees begins on the first of the month following date of hire.



ENROLLMENT STEPS

When you start a new job, there's a lot to think about and lots of important benefit decisions to make. But a little preparation can make the process easy. Follow these steps to help make the benefit choices that are right for you.

1

CONSIDER ALL OF YOUR BENEFITS INFORMATION

Before selecting your benefits, thoroughly review this benefits guide and visit Employee Navigator. Be sure to contact your HR Business Partner if you have any questions!

2

SIT DOWN WITH YOUR FAMILY

It's important to compare notes, talk about your options, and make benefit decisions together.

3

DECIDE WHO YOU WILL BE COVERING



This year, did you get married? Have a baby? Even if you haven't had any major life changes, it's good to double check and confirm exactly who you plan to include in your coverage this year.

4

THINK ABOUT YOUR SPENDING NEEDS

Do you or any family members have medical procedures coming up? Do you have any new health conditions, or are you taking new medications? Are you considering any major life changes, like starting a family? All of these can affect how much money you may want to set aside for expenses in the coming year in health, dependent care or health savings accounts.



5

GATHER YOUR INFORMATION

You'll need information about yourself and your family members to complete your enrollment. Gather social security numbers, birth dates, and other general information to make the process quick and easy.



6

ENROLL WITHIN 30 DAYS OF YOUR ELIGIBILITY DATE

Go online to www.EmployeeNavigator.com to enroll. Please note that missing the enrollment deadline means that you can't enroll or make changes to your benefits until the end of the year, unless you have a qualifying event.

7

CONFIRM YOUR ELECTIONS!

Carefully review the Enrollment Summary in Employee Navigator. Also, be sure to check your deductions on your pay stub. It is your responsibility to ensure all deductions and benefit enrollments are correct.



IMPORTANT INFORMATION!

- ✓ All eligible employees need to enroll in or waive coverage within the deadline provided.
- ✓ Eligibility: Full-time employees are eligible to participate in the benefit plan effective the first of the month after date of hire. You must enroll no later than 30 days after your effective date.
- ✓ Health, dental, vision and FSAs are pre-tax plans; therefore, changes and/or cancellations can only be made with proof of a Qualifying Event and within 30 days of the event (i.e., marriage, divorce, new baby, loss of other coverage). The premiums for the supplemental plans (short-term disability, accident, critical illness, supplemental life) are deducted post-tax.
- ✓ These are qualified HDHPs; therefore, you cannot be covered as a dependent on someone else's PPO plan.
- ✓ When electing Employee+One or Family coverage, you are responsible for the Family deductible. Our plans are not embedded, meaning the deductible can be reached using a combination of anyone on the plan.
- ✓ Once you meet your deductible in a plan year, the plan coinsurance coverage takes effect (deductible does not apply to preventive care).
- ✓ After you reach the deductible, you are responsible for the coinsurance until you reach your out-of-pocket maximum.
- ✓ Remember to use In-Network Providers to receive maximum benefit. Please note that due to Health Care Reform, emergency expenses outside of your chosen network will be processed as Out-Of-Network.
- ✓ Preventive care is covered at 100% in-network (refer to www.mycigna.com for a complete list of preventive coverage).
- ✓ Step Therapy: For specified drugs, you may first be required to try the generic drug or a lower cost brand drug before the requested drug is dispensed.
- ✓ Pre-authorization requirements: Certain procedures and drugs may require pre-authorization.
- ✓ Dependent children may be covered on plans up to age 26. Note that orthodontia on the dental coverage is through the age of 18.



YOUR HEALTH INSURANCE NETWORK

We work hard to offer health plan options that are both reliable and affordable. Non-Tennessee residents will use the following Cigna network:

Network	Open Access Plus
OAP	Large, nationwide network available to all employees outside the state of Tennessee.

As a reminder, you should always check [Cigna.com](https://www.cigna.com) for the most updated list of providers in the OAP network. Here's how:

SEARCH YOUR PLAN'S NETWORK IN THREE SIMPLE STEPS



Step 1: Go to [Cigna.com](https://www.cigna.com) and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."

(If you're already a Cigna customer, log in to [myCigna.com](https://www.myCigna.com) or the myCigna® app to search your current plan's network.)



Step 2: Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty, or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.

(If you have difficulty finding your provider, try searching by the zip code instead of the city/state. You will receive the full listing of providers within the specific area you search within your current plan's network.)



Step 3: Answer any clarifying questions, and then verify where you live (as that will determine the networks available). Click "Continue".

Next, select the Network you wish to search.

- **Open Access Plus (OAP) Network** = search with the "Open Access Plus, OA plus, Choice Fund OA Plus" link.

- If you reside on the west coast or Washington/Oregon state, please use the "Open Access Plus, OA plus, Choice Fund OA Plus WITH CareLink" link.

➤ To search Dental providers, search through the **Cigna Dental network**: "Total Cigna DPPO"




Cigna Health Insurance

Option 1 – HDHP (\$1,900/ \$3,800) OAP

Option 1 plan is the lowest deductible of our HDHP plans.

	Your Cost In-Network	Your Cost Out-of-Network
Annual Deductible	\$1,900 EE / \$3,800 FAM	\$7,500 EE / \$15,000 FAM
Out-of-Pocket Max	\$4,000 EE / \$8,000 FAM	\$15,000 EE / \$30,000 FAM
Your Cost After Deductible is Met	20%	50%
Primary Care & Specialist Office Visit	20% after deductible	50% after deductible
Preventive Care	0% - No deductible	50% after deductible
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	20% after deductible	50% after deductible
Emergency Care Services	20% after deductible	20% after deductible
Ambulance Service	20% after deductible	20% after deductible
Mental Health (IP & OP)	20% after deductible	50% after deductible
Prescription Drugs	40%/ 50%/ 60% after deductible (EE pays 0% after plan out-of-pocket maximum has been met.)	50% after deductible

2023 Employee Premiums

Rates Per Pay Period	
Tier	Network OAP
 Employee Only	\$124.33
 Employee + One	\$261.10
 Employee + Family	\$348.13




Cigna Health Insurance

Option 2 – HDHP (\$3,300/ \$6,600) OAP

Option 2 plan is the middle deductible of our HDHP plans.

	Your Cost In-Network	Your Cost Out-of-Network
Annual Deductible	\$3,300 EE / \$6,600 FAM	\$7,500 EE / \$15,000 FAM
Out-of-Pocket Max	\$5,000 EE / \$10,000 FAM	\$15,000 EE / \$30,000 FAM
Your Cost After Deductible is Met	20%	50%
Primary Care & Specialist Office Visit	20% after deductible	50% after deductible
Preventive Care	0% - No deductible	50% after deductible
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	20% after deductible	50% after deductible
Emergency Care Services	20% after deductible	20% after deductible
Ambulance Service	20% after deductible	20% after deductible
Mental Health (IP & OP)	20% after deductible	50% after deductible
Prescription Drugs	40%/ 50%/ 60% after deductible (EE pays 0% after plan out-of-pocket maximum has been met.)	50% after deductible

2023 Employee Premiums

Rates Per Pay Period	
Tier	Network OAP
 Employee Only	\$82.30
 Employee + One	\$172.82
 Employee + Family	\$230.43




Cigna Health Insurance

Option 3 – HDHP (\$5,000/ \$8,550) OAP

Option 3 plan is the highest deductible of our HDHP plans.

	Your Cost In-Network	Your Cost Out-of-Network
Annual Deductible	\$5,000 EE / \$8,550 FAM	\$15,000 EE / \$30,000 FAM
Out-of-Pocket Max	\$6,250 EE / \$12,500 FAM	\$22,500 EE / \$45,000 FAM
Your Cost After Deductible is Met	20%	50%
Primary Care & Specialist Office Visit	20% after deductible	50% after deductible
Preventive Care	0% - No deductible	50% after deductible
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	20% after deductible	50% after deductible
Emergency Care Services	20% after deductible	20% after deductible
Ambulance Service	20% after deductible	20% after deductible
Mental Health (IP & OP)	20% after deductible	50% after deductible
Prescription Drugs	40%/ 50%/ 60% after deductible (EE pays 0% after plan out-of-pocket maximum has been met.)	50% after deductible

2023 Employee Premiums

Rates Per Pay Period	
Tier	Network OAP
 Employee Only	\$58.43
 Employee + One	\$122.71
 Employee + Family	\$163.60

Cigna Health Insurance

Option 4 – PPO (\$2,500/ \$5,000) OAP

Option 4 is the only PPO plan available and is available in the OAP Network.

	Your Cost In-Network	Your Cost Out-of-Network
Annual Deductible	\$2,500 EE / \$5,000 FAM	\$7,500 EE / \$15,000 FAM
Out-of-Pocket Max	\$4,000 EE / \$8,000 FAM	\$15,000 EE / \$30,000 FAM
Copays	\$50 Copay-Primary Care Office Visits \$75 Copay for Specialist Office Visits \$50 or \$75 Copay for Office Surgery	50% after deductible - Primary Care Office Visits, Specialist Office Visits, & Office Surgery
Your Cost After Deductible is Met	20%	50%
Primary Care & Specialist Office Visit	20% after deductible	50% after deductible
Preventive Care	0% - No deductible (No Copay)	50% after deductible
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	20% after deductible	50% after deductible
Emergency Care Services	20% after deductible	20% after deductible
Urgent Care Center	\$75 Copay	50% after deductible
Mental Health (IP & OP)	20% after deductible IP/ \$50 Copay OP	50% after deductible (IP & OP)
Prescription Drugs	\$30 - Generic, \$50 - Preferred \$60 - Non-Preferred	50% after deductible

2023 Employee Premiums

Rates Per Pay Period	
Tier	Network OAP
Employee Only	\$149.93
Employee + One	\$314.85
Employee + Family	\$419.80

Cigna Drug Tier Descriptions

Tiers are the different cost levels you pay for a prescription drug. Each tier is assigned a cost (copay, deductible or coinsurance), which your employer or health plan determines. This is how much you will pay when you fill a prescription. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Check your Evidence of Coverage document for plan details.



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Tier 1: Typically generics.

Lowest-cost medications. Generic medications have the same strength and active ingredients as the brand name, but often cost much less – in some cases, up to 85% less.

\$\$

Tier 2: Typically preferred brand medications.

Medium-cost medications. These medications usually cost more than generics but may cost less than non-preferred brands.

\$\$\$

Tier 3: Typically non-preferred brand medications.

Highest-cost medications. These medications usually have generic and/or preferred brand alternatives that are used to treat the same condition.

\$\$\$\$

Tier 4: Specialty medications.

Highest-cost medications. These medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. Some plans cover oral and injectable specialty medications on tier 4.

Q. Where can I find more information about my pharmacy benefits?

A. You can use the online tools and resources on the myCigna App or [myCigna.com](https://mycigna.com) to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.



Is Your Doctor or Hospital in Your Cigna Network?

Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH YOUR PLAN'S NETWORK IN THREE SIMPLE STEPS



Step 1: Go to **Cigna.com** and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."

(If you're already a Cigna customer, log in to **myCigna.com** or the myCigna® app to search your current plan's network.)



Step 2: Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty, or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.

(If you have difficulty finding your provider, try searching by the zip code instead of the city/state. You will receive the full listing of providers within the specific area you search within your current plan's network.)



Step 3: Answer any clarifying questions, and then verify where you live (as that will determine the networks available). Click "Continue".

Next, select the Network you wish to search.

- If you are in **Open Access Plus (OAP) Network**, search through the "Open Access Plus, OA plus, Choice Fund OA Plus" link. If you reside on the west coast or Washington/Oregon state, please use the "Open Access Plus, OA plus, Choice Fund OA Plus WITH CareLink" link.
- If you are in **Local Care Plus (LCP) Network**, search through the "LocalPlus" link.
- To search Dental providers, search through the **Cigna Dental network**: "Total Cigna DPPO"



That's it! You can also refine your search results by distance, gender, years in practice, specialty, languages spoken, and more.

After you enroll, you'll have access to **myCigna.com** – your one-stop source for managing your health plan, anytime, just about any place. On **myCigna.com**, you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

Questions? Call **800.CIGNA24**




Cigna Dental Insurance

Deductible Calendar Year (Applies to Coverages B & C only)	<u>Individual</u> \$50	<u>Family</u> \$150
Benefit Maximums Applies to Coverage A, B, and C (per calendar year) Coverage D (per lifetime)	\$1,000 \$1,500	

<u>Covered Services</u>	<u>Benefit Percentages</u>
Coverage A – Preventive & Diagnostic Routine exams, X-rays, Cleanings, Fluoride, Sealants, Space maintainers	100% (Amount paid by insurance counts toward maximum benefit)
Coverage B – Basic Restorative Care Basic Restorative Services (Regular cavity fillings), Basic Oral Surgery, Basic Endodontics, Basic Periodontics, Emergency treatment for relief of pain, Anesthesia, Tooth extractions	80%
Coverage C – Major Restorative Care (12-month waiting period) Major Restorative & Prosthodontics, Major Periodontics, Major Endodontics, Major Oral Surgery, Bridges, Partial and complete dentures, Root canals, Crowns, Implants	50%
Coverage D – Orthodontics (Per individual) (12-month waiting period) Dependent Child through age 18	50%
Preferred Option	Network Dentists paid at PPO fee schedule; non-network dentists paid 30% less than PPO fee schedule
*Members may see any dentist. Dentists in the Cigna network have agreed to limit their charges to a fee schedule. Since Cigna is not contracted with non-network dentists, members may be responsible for any billed charges that exceed the Cigna Maximum Allowable Charge.	

2023 Employee Premiums

Rates Per Pay Period




		
Employee Only	Employee + One	Employee + Family
\$11.46	\$22.41	\$46.09

Cigna Vision Insurance

Benefit Category	In- Network	Out-of-Network
Comprehensive Eye Exam Contacts Lens Fitting & Follow Up – Standard Contact Lens Fitting & Follow Up – Premium (Each limited to one per a 12-month period)	\$10 Copay \$55 Copay 10% of Retail	Up to \$35 allowance Not covered Not covered
Standard Plastic Lens (Limited to 1 set/12 months) Single Bifocal Trifocal	\$10 Copay \$10 Copay \$10 Copay	Up to \$30 Up to \$45 Up to \$60
Frames (Limited to one pair of frames/24-month period)	Up to \$100 allowance*	Up to \$50
Contacts (Limited to 1 set of lenses within a 12-month period in lieu of eyeglasses)		
Conventional	Up to \$100 allowance**	Up to \$80
Disposable	Up to \$100 allowance	Up to \$80
Medically Necessary	Covered at 100%	Up to \$200
*20% off balance over allowance **15% off balance over allowance		
*Members may see any vision care provider. Providers in the Cigna network have agreed to limit their charges and provide additional discounts once the allowance has been met. Since Cigna is not contracted with non-network providers, members may be responsible for all charges that exceed the out-of-network reimbursement.		

2023 Employee Premiums

Rates Per Pay Period

		
Employee Only	Employee + One	Employee + Family
\$3.40	\$6.51	\$10.19

Personal Health Assessment

LBMC Employment Partners & Cigna want to assist you with improving your well-being by helping you to understand your current health status, what your health risks are and how you can reduce them, as well as help you to receive the best affordable benefit options available. We know that preventive measures are the key to wellness, and it all begins by understanding your health!

We recommend that each insured employee complete the online Personal Health Assessment with Biometrics by **June 30, 2023**. You may go online beginning January 1, 2023 to take the assessment.



Annual physicals are covered at 100% with an in-network provider for all members.

You will be asked to enter biometric data (lab results and body measurements) from a physical completed between July 1, 2022 and June 30, 2023.



The purpose of the PHA is to engage with those who would like assistance in becoming or staying healthy. If an area on the individual PHA indicates a possible risk, BCBST and Cigna's nursing staff will reach out to the member by phone.

Cigna both offer self-directed health coaching programs and/or one-on-one health coaching to support members in achieving their personal health goals.

As part of the PEO, we have committed to Cigna that we will encourage all participants in the medical insurance to complete the PHA annually.

You can have peace of mind...

- ✓ The PHA is 100% confidential. Neither LBMC Employment Partners nor its worksite employees will have access to individual PHA information.
- ✓ The PHA results are reported only in aggregate form to assist with onsite health and wellness programming.
- ✓ The PHA can be completed online in the privacy of the home.
- ✓ You can choose to continue the conversations with Cigna and learn more about the risk or end the conversations.

Health Savings Account (HSA) Information

Important information to know about our HSA benefit:

- A Health Savings Account is similar to your own personal savings account. However, it is only to be used for medical purposes. The IRS has outlined a list of qualified medical expenses in which you can use your HSA funds. Visit www.HealthEquity.com/qme in order to see a list.
- You may go to <https://healthequity.com/hsa/what-is-hsa> to learn more about an HSA.
- You must be enrolled in a HDHP in order to participate (Medical Plan Options 1, 2, or 3).
- Our HSA accounts are with HealthEquity. Manage your account at www.HealthEquity.com.
- Your personal contribution to this plan will be post-tax, which means you can then claim your contributions at the end of the year on your individual tax return.
- Your contributions can be contributed in a lump sum or via payroll deduction.
- You may make any changes to your HSA contribution throughout the year. Post-tax deductions may be changed without a qualifying event.
- All of the funds in your HSA are owned by you - even if you leave the company, lose qualifying coverage or retire. The money in an HSA never expires. Unlike flexible spending accounts (FSAs), all remaining HSA funds roll over each year.
- HealthEquity offers an option to invest your funds.
- Members who have enrolled in Medicare A, B or D cannot contribute to an HSA.
- NOTE: Any member enrolled in a qualified high deductible health plan (HDHP) cannot participate as a dependent on any type of PPO health plan.



HealthEquity[®]

Health Savings Account (HSA) Information Continued

- Each year, the IRS/US Treasury Department set a maximum limit for HSA contributions. The limits for 2023 are listed in the table below.
- If you are over the age of 55, you are eligible for the “catch-up” provision. This allows you to contribute up to an additional \$1,000 per year.
- Please note that **YOU are responsible for making sure you do not contribute more than the IRS/US Treasury Department maximum HSA Contribution Limits.**

	2023	Change from 2022
Individual Coverage	\$3,850	+\$200
Family Coverage	\$7,750	+\$450

You will receive a card in the mail to use for your qualified medical expenses. If you lose your card or need an additional card, you must reach out to HealthEquity directly.



HealthEquity's Contact Information:

www.HealthEquity.com

memberservices@healthequity.com

866-375-1323

Flexible Spending Account (FSA) Information

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for certain qualified expenses. The **Health Care Flexible Spending Account** is used for eligible out-of-pocket health care expenses. The **Dependent Care Flexible Spending Account** is used for eligible dependent care expenses. The amount elected is divided into equal payroll deductions/payments.

You may choose to contribute to one or both of these accounts.

HEALTH CARE FSA or LIMITED PURPOSE FSA (Dental & Vision Only)

- **Elect up to \$2,500 annually.**
- Qualified medical expenses, as defined by the IRS, are eligible for reimbursement. This includes eligible expenses not covered by insurance such as copays, deductibles, prescription medications and vision- and dental-related expenses.
- Your FSA remains a Limited Purpose FSA while enrolled in a Health Savings Account.
- Participation in Health Care or Limited Purpose FSA ends upon termination unless continuation is elected through COBRA.

DEPENDENT CARE FSA

- **Elect up to \$5,000 annually** per household to be reimbursed for childcare expenses while you work. If married, both spouses must be employed.
- Participation in the Dependent Care FSA ends upon termination.

Flexible Spending Account (FSA) Information Continued

- ✓ If you elect pre-tax FSA for the 2023 benefit plan year, funds must be used for **expenses incurred** between **January 1, 2023** and **March 15, 2024**.
- ✓ You may file for reimbursement at any time during the year but no later than March 31 of the next year.
- ✓ FSAs are subject to the IRS “**use it or lose it**” rule. This means you forfeit any money remaining in your account.
- ✓ Be sure to estimate your expenses carefully as changes cannot be made unless you have a qualifying event (marriage, divorce, childbirth, death of dependent, spousal job change, etc.).

FSA REIMBURSEMENTS

Requests for reimbursement can be emailed to claims@lbmc.com. A claim form must be included. You may find a claim form on your benefit enrollment website, or your HR Business Partner can provide you with one.

Balances inquiries can be emailed to claims@lbmc.com.

REMEMBER: FSA enrollment is NOW. If you do not enroll now, you cannot enroll until next year. Once you make an election, you are in the FSA for the entire year. Your Flexible Spending Account elections do not carry over from year to year. You must enroll each year in order to participate.



Company Paid Benefits

Group Term Life Insurance and Accidental Death and Dismemberment (AD&D)

- ❖ All full-time employees will receive one times their annual salary
- ❖ AD&D will equal the Life benefit.
- ❖ Benefit reduction starts at age 70. Benefits terminate at retirement.
- ❖ You receive this benefit regardless if you enroll in Health Insurance. Participation is required.
- ❖ You must elect a beneficiary in Employee Navigator.



A NOTE ABOUT TAXABLE LIFE INSURANCE: The Internal Revenue Service has determined that if an employer allows employees access to life insurance in excess of \$50,000, the amount in excess of \$50,000 has a value to the employee. This value must be added to the individual's taxable salary when reporting income earned on the annual W-2. Visit www.irs.gov for details.

Employee Assistance Program (EAP)

- ❖ EAP is through Lincoln Financial, which offers an array of confidential services to help you and your loved ones meet the challenges that life, work, and relationships can bring.
- ❖ Get help with family, parenting, addictions, emotional, legal, financial, relationships, stress, and more!
 - ❖ Receive information, resources, and referrals on family matters, such as child/elder/pet care; event/vacation planning; moving/relocation; car buying; college planning; and more!
 - ❖ Receive up to four sessions with a counselor per person, per issue, per year.
 - ❖ Consultations with network lawyers- including one free 30-minute consult per legal issue.
- ❖ Unlimited 24/7 assistance – call 888-628-4824 or visit www.Lincoln4Benefits.com or www.GuidanceResources.com (username: LFGSupport, password: LFGSupport1)

Company Paid Benefits Continued

Short-Term Disability

Short-term disability is intended to protect your income for a short period of time when you are unable to work due to a health condition. The coverage is provided through Unum. The premium for the plan is paid by the Company.

- ❖ 60% of weekly earnings up to a maximum of \$2,500 per week
- ❖ 7 day elimination period
- ❖ 13 week duration (includes the 7 day elimination period)



SUPPLEMENTAL PRODUCTS

Long Term Disability

Long Term Disability is intended to protect your income for a longer duration of time when you are unable to work due to a health condition.

- Offered through Unum
- Employee Paid – if you elect the benefit, the monthly premium is paid by the employee
- 60% of monthly earnings up to a maximum of \$10,000 per month
- 90 day elimination period; 30 day accumulative factor
- Age at Disability/Maximum Period of Payment:
 - Less than age 65: 5 years
 - Age 65 through 68: To age 70, but not less than 1 year
 - Age 69 and over: One Year

Enrollment after initial eligibility as a new hire requires the completion of an Evidence of Insurability Form and approval from UNUM

ADDITIONAL SUPPLEMENTAL PRODUCTS

Voluntary Life Insurance and Accidental Death and Dismemberment (AD&D)

Voluntary Life and AD&D Insurance may be purchased in addition to your company paid Standard Life Insurance. Enrollment after initial eligibility as a new hire requires the completion of an Evidence of Insurability Form and approval from Lincoln.

	Employee	Spouse	Dependent
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments	Age 1 day to 26: Up to \$10,000
Minimum Amount	\$10,000	\$5,000	\$2,000
Maximum Amount	\$250,000, limited to 5 times annual salary	\$250,000, limited to 100% of EE amount	\$10,000
Guarantee Issue for Newly Eligible EE	\$250,000	\$25,000	

Hospital Indemnity Insurance

Symetra's Hospital Indemnity Insurance supplements existing health insurance coverage by helping pay expenses for hospital stays and health facilities.

The insurance provides a daily payment when you or a covered member has entered:

- Hospital Confinement
- Intensive Care Unit
- Substance Abuse Facility
- Mental Health Facility
- Nursing Facility (This benefit is paid only if following a covered hospital stay of at least three consecutive days.)



Benefits Included in Symetra's Hospital Indemnity Insurance

- **Health Advocacy Services** - Personalized assistance with a full range of health coverage and insurance-related issues such as locating doctors and other providers, scheduling appointments, getting cost estimates and more.
- **NurseLine™** - Direct access to a registered nurse 24/7 for non-urgent concerns.
- **Medical Bill Saver™** - Help negotiating with providers for medical and dental bills that are not covered by your insurance.
- **EAP+Work/Life Program** - Licensed professional counselors and work/life specialists provide confidential, short-term help with personal, family and work-related issues.
- **Wellness Program** - Unlimited access to highly trained wellness coaches by telephone, email or instant messaging. Includes a comprehensive, secure wellness website.
- **Pharmacy Discount Program** - A discount from usual and customary drug charges will be given to the eligible person when prescriptions are purchased through a contracting pharmacy.
- **Survivor Benefit** - If an employee dies while insured, any covered dependents will be extended benefits without premium payments for up to two years after the employee's death.

Perks of Symetra's Hospital Indemnity Insurance



- No Evidence of Insurability required when you sign up at Open Enrollment each year.
- You receive an ID card (similar to your health insurance card). You may provide the card to the hospital/facility upon entering so it is listed as your secondary insurance.
- 97% of claims are paid directly to the provider – No hassle with reimbursements!

Hospital Indemnity Insurance Plans

	Base	Classic	Premier
Hospital Confinement	\$200 initial day, \$200 day 2+, 30 Days pp/pcy ¹	\$1,000 initial day, \$200 day 2+, 30 Days pp/pcy ¹	\$1,500 initial day, \$250 day 2+, 30 Days pp/pcy ¹
Intensive Care Unit	\$400 initial day, \$400 day 2+, 30 Days pp/pcy	\$1,000 initial day, \$400 day 2+, 30 Days pp/pcy	\$1,500 initial day, \$500 day 2+, 30 Days pp/pcy
Substance Abuse Facility	\$200 per day, 30 Days pp/pcy	\$200 per day, 30 Days pp/pcy	\$250 per day, 30 Days pp/pcy
Mental Health Facility (180 days lifetime maximum)	\$200 per day, 30 Days pp/pcy	\$200 per day, 30 Days pp/pcy	\$250 per day, 30 Days pp/pcy
Nursing Facility	\$100 per day, 30 Days pp/pcy	\$100 per day, 30 Days pp/pcy	\$125 per day, 30 Days pp/pcy
Inpatient Hospital Benefits: (500 days per lifetime unless noted)			
¹ pp/pcy = per person, per calendar year			

Monthly Premiums

	Base	Classic	Premier
Employee	\$10.51	\$17.23	\$23.72
Employee + Spouse	\$22.41	\$36.72	\$50.55
Employee + Children	\$17.24	\$28.25	\$38.88
Family	\$31.20	\$51.13	\$70.38

Symetra's Hospital Indemnity Insurance Plans and Monthly Premiums



CIGNA TOOLS and SAVINGS

CIGNA MEMBER RESOURCES

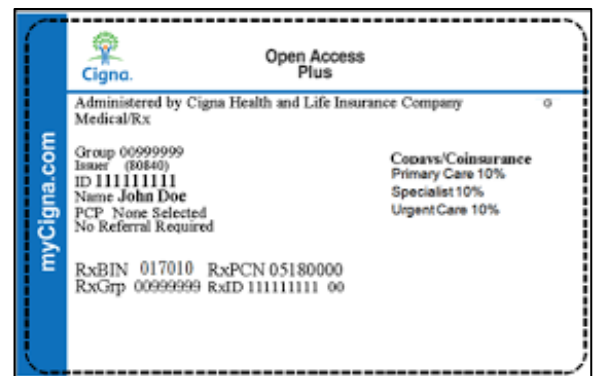


As a Cigna member, you get to take advantage of all the coverage, tools and services that Cigna has to offer.

MEMBER ID CARDS

You'll receive your insurance card in the mail. Here is some important information you need to know about your card:

- ❖ Your card will generally arrive within two weeks of your enrollment.
- ❖ As the contract holder, your name will appear on both your and your spouse's cards.
- ❖ Keep your card with you at all times in your wallet or purse; you'll need it to receive care or to pick up prescription medications.
- ❖ If you need a replacement card, contact your HR Business Partner. You can also access your card electronically via your smartphone and the myCigna app.



When your Cigna ID card arrives, you'll be eligible for all kinds of member perks, tools, and services, including:

myCigna MEMBER PORTAL

It's your secure member portal for accessing your health information anytime, anywhere. You can log in or use your Member ID card to register at www.my.cigna.com. Helpful tools can be found, such as:

- ❖ Find Care and Costs - Search for in-network providers, procedures, cost estimates, and more.
- ❖ View Claims - See a list of most recent claims, status, and reimbursements.
- ❖ Manage Spending Accounts - Review spending account balances, contributions, and withdrawals, all in one place.
- ❖ Update Profile - You can make sure your contact information is up-to-date so you don't miss out on important notifications about your plan.

Cigna's MOBILE APPS

Cigna offers two mobile apps to help you manage your health, while on the go.

myCigna® Mobile App

The myCigna® app uses one-touch access, making it easy for you to personalize, organize and access your health information on the go.

- **ID cards.** View, print or send ID card information (front and back) from your mobile device.
- **Claims and Account balances.** View, search, and bookmark claims quickly; Access balances on deductibles and out-of-pocket maximums.
- **Drug search.** Look up drugs and compare actual costs at pharmacies nationwide.
- **Provider search.** Research quality and cost of in-network doctors, dentists and pharmacies.
- **Medical procedure search.** Look up common procedures and compare costs of providers.
- **Health wallet.** Organize and manage your health information and contacts.
- **Languages supported.** Available in Spanish and English.



The Cigna Wellbeing Mobile App

With the easy-to-use Cigna Wellbeing™ App, a team of wellness and medical experts are accessible almost anywhere in the world. Here are a few:

- **Valuable health assessments.** Sleep habits, nutritional intake, stress levels, and physical activity.
- **Trackers.** Monitor progress with built-in trackers for exercise, nutrition, water intake and more.
- **Tips, recipes and resources.** To keep you on the road to wellness.
- **Telehealth.** Access to a licensed doctor by phone or video.
- **International Employee Assistance Program.** 24/7 phone access to counselors - confidential and covered.

PRICE A MEDICATION TOOL

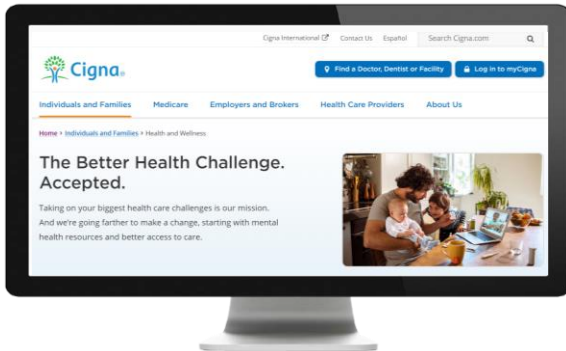
Log in to the myCigna website or App and use the **Price a Medication** tool to see the prescription drugs your plan covers and specific coverage requirements. It will give you the exact cost of the drug under your plan as well as the costs for a 30-day and 90-day supply. The Price a Medication tool alerts you of nearby pharmacies where your medication may be available at a lower cost. You can also find out if your medication needs approval before your plan will cover it.



CIGNA'S WELLNESS PROGRAM

Taking on your biggest health care challenges is Cigna's mission. And they're going farther to make a change, starting with mental health resources and better access to care. In their **Wellness Library**, you'll find useful information such as articles, seminars, self-assessments, podcasts, and online coaching for treatment options and tips for living healthy.

Visit www.cigna.com/individuals-families/health-wellness to read articles, view video content, and more!



Learn more about controlling blood pressure, nutrition, stress management, mental health, weight management, sleep health, oral health, exercise and fitness, lowering cholesterol, and preventing Diabetes with their online resources.

Also, download the App – **Cigna Wellbeing™** to access many of the resources in the Member Wellness Portal.

Cigna's Total Behavioral Health® program

Cigna offers a comprehensive program that provides help with life events, dedicated support, lifestyle coaching, and online tools, as well as community resources and referrals on a range of topics, including childcare, adoption, senior care, pet care, identity theft support, summer camps, parenting, convenience services, legal and financial consultation services.

Virtual Behavioral Care – At no additional charge, you can receive three sessions (per issue per year) with a licensed psychiatrist or counselor by phone or video with MDLIVE or Cigna Behavioral Health network. They can also access online therapy through Talkspace, via private messaging or live video session.



iPrevail – On-demand coaching, personalized learning, and caregiver support 24/7. After completing a brief assessment, you will receive a program tailored to their needs and get connected to a peer coach. You can also join support communities focused on stress, anxiety, depression and more.



Happify – is a self-directed program with activities, science-based games, and guided meditations, designed to help reduce anxiety, stress and boost overall health. Happify's activities and games are designed to help you overcome life's challenges and can be accessed at any time.

Cigna's VIRTUAL CARE

Your health plan through Cigna includes access to minor medical and behavioral/mental health virtual care.

Powered by MDLive, Cigna offers a convenient, cost-effective alternative to the emergency room, urgent care facility or in-office doctor's appointment for most non-emergency conditions through their Virtual Care program.

You can access care from anywhere via video or phone 24/7/365 – even on weekends and holidays. The service is available to Cigna members and is accessible via web or phone.

Use Virtual Care program for:

- ❖ Allergies
- ❖ Cold and flu
- ❖ Fever
- ❖ Sinus infections
- ❖ Earaches
- ❖ Respiratory issues
- ❖ Skin conditions (rashes or insect bites)
- ❖ Sore throat
- ❖ Urinary tract infections
- ❖ Pinkeye

How to sign up:



Visit www.mycigna.com and log in, locate the “Talk to a doctor or nurse 24/7” callout and click “Connect Now.”



Call 1-888-726-3171.



Download the myCigna app at the App Store® or Google Play®.

ADDITIONAL PERKS From LBMC Employment Partners!

LBMC ADVOCACY SERVICE

If you have questions about your medical plan choices, contact LBMC Advocacy Service at 1-866-538-1153 or email **Margaret Smith** at lbmcadv@yesmam.com. Our Advocacy Service is a benefit we offer free of charge to our members. You will receive support from a member that can assist you with your medical benefit questions or claims. You have access to this service throughout the year while you are an active employee enrolled in benefits.



FEDLOGIC

LBMC Employment Partners has joined with **FEDLogic** to offer our members free, easy, and practical guidance to help you and your family navigate federal benefits at any age.

FEDLogic offers you independent strategic consulting to help you plan and maximize your Social Security Retirement Benefits, enroll in Medicare, as well as navigating the complexities of Social Security Disability for you or a member in your household.

Please keep in mind this is a resource provided to you at no cost as a member of LBMC Employment Partners. If you have any questions or would like to schedule a phone consultation, please contact FEDLogic at 615-830-4630, visit www.fedlogicgroup.com, or email: services@fedlogicgroup.com

SERVICES OFFERED (Available to Employees & Their Household Members)

- ❖ Social Security Retirement Planning
- ❖ Medicare Enrollment
- ❖ IRMAA (Medicare Premiums)
- ❖ Survivor Benefits (children & widows)
- ❖ Spousal, Ex-spousal, & Minor Child Benefits
- ❖ Social Security Disability (all household members)
- ❖ SSI (Supplemental Security Income)

LIBERTY MUTUAL



Liberty Mutual offers LBMC Employment Partner's PEO employees preferred rates on auto, homeowners and renter's insurance through the Group Savings Plus® program.

The premium will be locked in for a full 12 months while also benefiting from a 24/7, highly-rated claims service and convenient payment options including electronic funds transfer (EFT) or direct billing at home.

Call Anthony Trepka at 615-306-3539 and mention that you are with LBMC Employment Partners.

TRAVEL SAVINGS

Through LBMC Procurement Solutions, LLC, travel benefits are available to all members of the LBMC Employment Partners PEO. Our members can access discounts on airfare and car rentals with Southwest and Avis/Budget at no additional cost. Just follow the easy instructions below!

SOUTHWEST

- ❖ Log onto <https://www.swabiz.com/>
- ❖ Click on Traveler Account Login
- ❖ Enter the Company ID# **99558491**
- ❖ Enter your Southwest Airlines Account Number or Username and Password.
- ❖ If you do not have an account, click on “Create an Account” and start collecting your savings and travel points!



AVIS/BUDGET

- ❖ Log onto <https://www.avis.com> or <https://www.budget.com>
- ❖ Click on Log In
- ❖ Enter the **Avis Worldwide Discount (AWD) # D209490** or
- ❖ Enter the **Budget Corporate Discount (BCD) # R567590**
- ❖ Enter your Account Number or Username and Password.
- ❖ If you do not have an account, click on “Sign Up” and start collecting your savings and travel points!



PRESCRIPTION SAVINGS

GoodRx is a free-to-use website and mobile app that tracks prescription drug prices in the United States. It provides free drug coupons for discounts on medications at more than 75,000 pharmacies in the United States.

<https://www.goodrx.com/>

How GoodRx Works:

1. Compare prescription drug prices.
2. Find FREE coupons.
3. Show them to your Pharmacist.
4. Save up to 80% instantly!





401(k) Retirement Plan

Eligibility Requirements: Employees may enter the plan on the quarter entry date following 6 months and 500 hours of service.

Entry Dates: Employees enter the plan on the first day of January, April, July, or October after satisfying the above eligibility requirements.

Employee Contributions: Employees are permitted to make Elective Deferral contributions to the plan on a pre-tax basis. Deferrals can be from 1% to 90% of eligible gross pay. The total deferral from your compensation is limited by IRS rules. The limit for 2023 is **\$22,500**.

Employees who are at least 50 years of age are also eligible to make an additional **\$7,500 catch-up** contribution to the plan in 2023.

Rollover contributions from other qualified retirement plans are permitted into the plan.

Employer Contributions: The employer will match your employee contributions—dollar for dollar—up to 5% of your eligible bi-weekly pay. The safe harbor employer match will be calculated with each pay period and will be funded on a monthly basis during 2023.

Vesting: Elective Deferrals and Rollover contributions are always 100% vested.

Investment Options: The Plan offers several investment options that vary in risk and return potential, including more conservative choices such as a stable value fund and a bond fund; six target date funds; a balanced fund; and more aggressive choices such as large cap (growth) mutual funds; growth and income funds; and an international fund.

The 401k Plan is offered through CoreCivic and administered by Empower. You will receive a postcard at your home when you become eligible to participate with instructions on how to enroll. Enrollment is quarterly. Questions regarding the plan should be directed to Jennifer.Mosley@corecivic.com

IMPORTANT CONTACT INFORMATION

<u>CONTACT</u>	<u>WEBSITE</u>	<u>PHONE</u>	<u>EMAIL ADDRESS</u>
LBMC Employment Partners	www.LBMCEP.com	615-369-5050	Employmentpartner@LBMC.com
Cigna	www.cigna.com	800-997-1654	
HealthEquity	www.HealthEquity.com	866-375-1323	memberservices@healthequity.com
Margaret Smith – Advocacy Service		866-538-1153	lbmcadv@yesmam.com
FEDLogic	www.fedlogicgroup.com	615-830-4630	services@fedlogicgroup.com
FSA Claims		615-309-2405	claims@LBMC.com
Cigna Virtual Care	www.mycigna.com	888-726-3171	
Anthony Trepka – Liberty Mutual	www.libertymutual.com	615-306-3539	
Employee Assistance Program	www.Lincoln4Benefits.com or www.GuidanceResources.com (username: LFGSupport; password: LFGSupport1).	888-628-4824	
Lincoln Financial	www.LincolnFinancial.com	800-423-2765 ID: LBMCEP2	
Symetra	www.symetra.com	800-796-3872	