

GROUP HEALTH BENEFITS GUIDE

Plan Year: 2023-2024

SHOREHAVEN
BEHAVIORAL HEALTH

 **INFINITY**
BENEFIT SOLUTIONS

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Shorehaven Behavioral Health strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefit Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits Shorehaven Behavioral Health offers, so you can identify which offerings are best for you and your family.

Table of Contents

Health Insurance	4
Dental Insurance	6
Vision Insurance	7
Disability Income Benefits	8
Life Insurance	9
Critical Illness and Accident Benefits	9
Vendor Contact Info	10
Glossary of Terms	11

WHO IS ELIGIBLE?

If you're a full-time employee at Shorehaven Behavioral Health, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week which for a clinical employee equates to at least 21 billable hours (including travel for in-home therapists). In addition, the following family members are eligible for medical, dental, vision, and voluntary life/worksites coverage:

- Legal Spouse & Domestic Partner
- Dependents to age 26

How to enroll

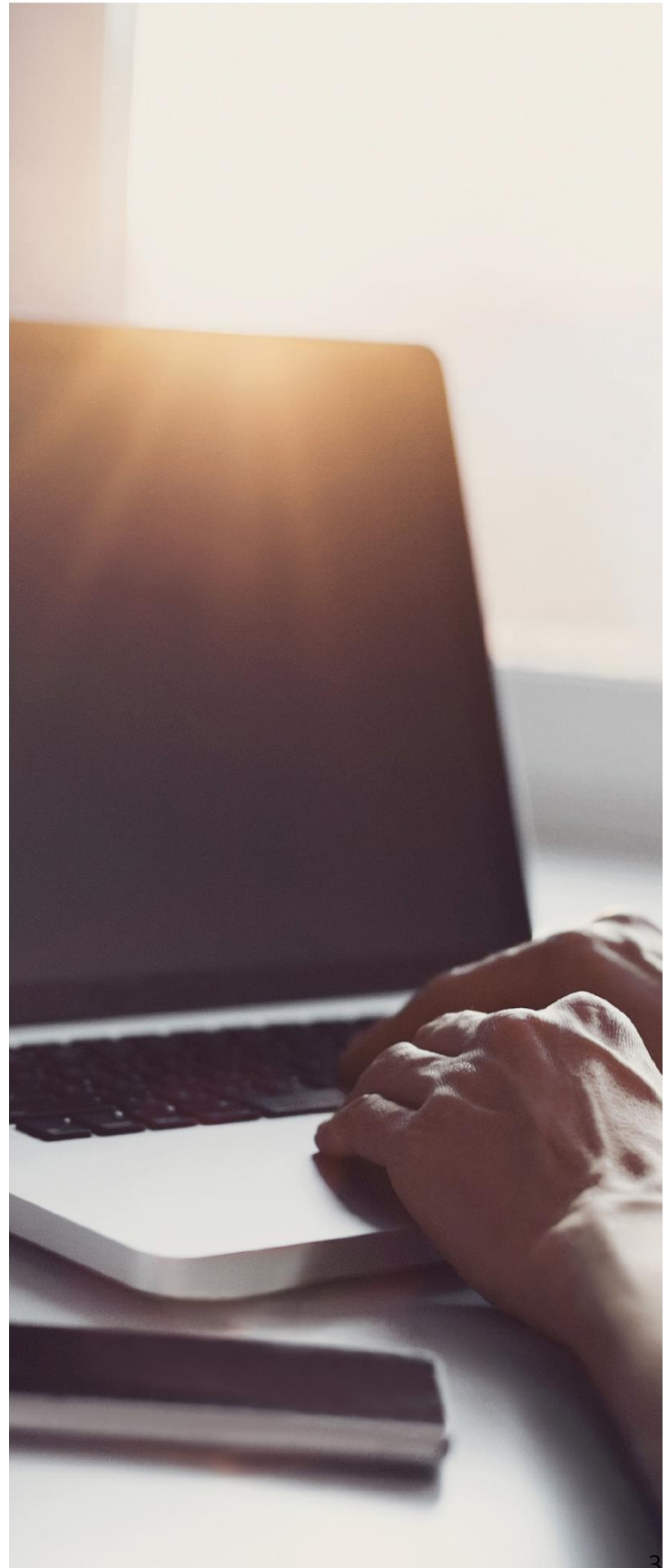
Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

How to make changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan



WHATS NEW FOR 2023-2024

Health Insurance

We made a small change to the medical plan. It is still a copay plan with UHC. Your deductible accumulation period still runs from January 1st to December 31st even though your plan year/open enrollment for this plan is June 1st. Please see individualized quote provided by Lynn for the cost of enrolling in this medical plan.



	UHC – BJXL / Rx 455
Services	As of June 1 st , 2023
Network	Choice Plus
Deductible (Individual / Family)	\$3,000 / \$6,000
Out-of-Pocket (Individual/Family)	\$6,500 / \$13,000
Coinsurance	20%
Preventive Care	100%
Primary Care/Specialist Copay	\$0 / \$100
Lab Testing	Designated Diagnostic Provider Network (DDP): Deductible then 20% Coinsurance Network: Deductible then 50%
Major Diagnostic Images (MRI, CT scan, PET Scan etc.)	Designated Diagnostic Provider Network (DDP): Deductible then 20% Coinsurance Network: \$500 copay + Deductible then 50% Coinsurance
Urgent Care/Emergency Room Copay	\$50/\$250 + Deductible & Coinsurance
Prescription Drugs Retail	
- Tier 1	\$5
- Tier 2	\$50
- Tier 3	\$100
- Tier 4	\$250

Designated Diagnostic Provider (DDP)

Designated Diagnostic Providers are qualified, outpatient hospitals and qualified freestanding facilities that meet requirements for providing quality and efficient services. When you choose a DDP for outpatient lab or imaging services, they will receive the highest level of benefit from the health plan. Look for the green check mark when researching where to go for your lab and imaging appointments.

DDP lab benefits: How it works in a physician's office



Scenario

Member has labs drawn in physician's office; labs are **sent out for analysis**

Member has labs drawn in physician's office; labs are **analyzed in the physician's office**

Member action required?

Yes—request/verify samples will be sent to DDP provider

No—claim will be processed at the DDP benefit level

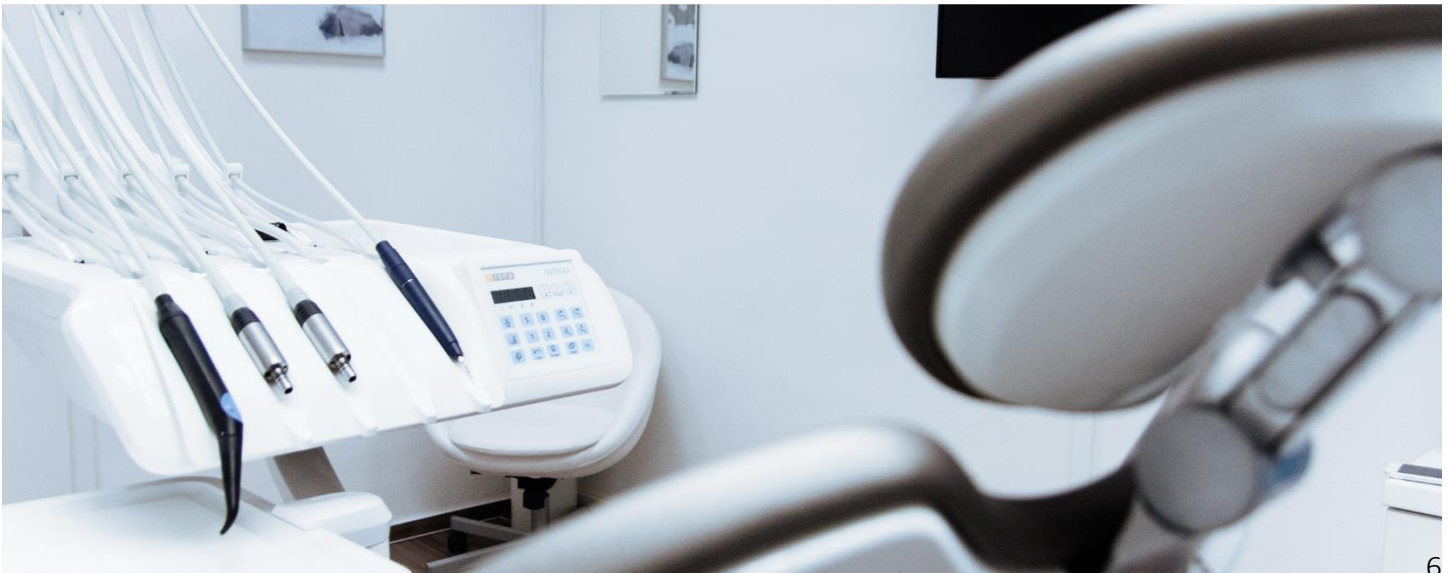
DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Please note the benefits below are for seeing a PPO dentist in Delta Dental’s network. If you see a premier or non-network dentist, the benefits vary. See benefit summary for additional details.

We’re happy to say that there are no cost changes to your dental benefits for 2023-2024. The following chart outlines the dental benefits we offer.



TYPE OF SERVICE	AMOUNT YOU PAY – for PPO Dentists
Preventive Services	Exams, cleanings, X-rays—100%
Deductible	Applies to basic and major services only— \$50 / \$150
Basic Services	Fillings, simple extractions—80%
Major Services	Oral surgery, root canal, crowns—50%
Annual Maximum	\$1,500
Biweekly Payroll Deductions	Employee only—\$21.54 Family—\$58.82



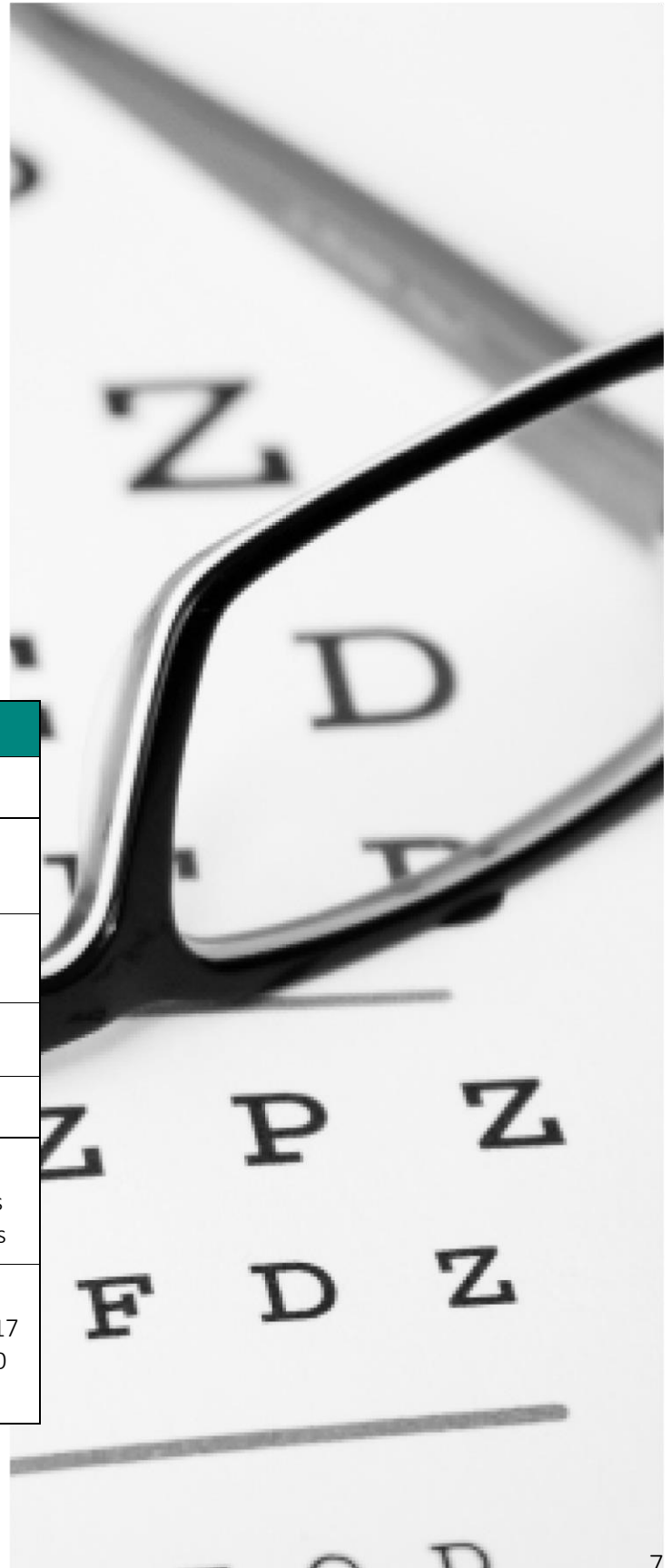
VISION INSURANCE



Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Shorehaven's vision insurance with Delta Dental entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

TYPE OF SERVICE	AMOUNT YOU PAY
Exam Copay	\$10
Materials Copay	\$10
Lenses	\$10
Frames Allowance	\$150
Contacts Allowance	\$150
Frequency	Exam: every 12 months Lenses: every 12 months Frames: Every 24 months
Bi-Weekly Payroll Deductions	Employee only—\$3.08 Employee & spouse—\$6.17 Employee & child—\$6.30 Family—\$9.38



DISABILITY INCOME BENEFITS

Shorehaven Behavioral Health provides full-time employees with short- and long-term disability income benefits through Principal. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness. You will automatically be enrolled in these two benefits after a 1 year waiting period.

At Shorehaven, we want to do everything we can to protect you and your family. That's why Shorehaven pays for the full cost of short- and long-term disability insurance—meaning that you owe nothing out of pocket.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.



	Short-term Disability	Long-term Disability
Benefits Begin	15 th day due to injury or sickness	91 st day of disability
Benefits Payable	11 Weeks	To Social Security Normal Retirement Age
Percentage of Income Replaced	60% of Pre-disability Earnings	60% of Pre-Disability Earnings
Maximum Benefit	\$2,000	\$8,000



BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. Shorehaven provides full-time employees with \$50,000 in group life and accidental death and dismemberment (AD&D) insurance with Principal.

Shorehaven pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information. You will automatically be enrolled in these two benefits after a 1 year waiting period.



VOLUNTARY LIFE INSURANCE

While Shorehaven offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through biweekly payroll deductions. You can purchase coverage for yourself in \$10,000 increments. You can also purchase coverage for your spouse in \$5,000 increments. The minimum coverage level for the employee is \$20,000 and the maximum is \$500,000. The minimum coverage level for a spouse is \$5,000 and maximum is \$250,000.

Please see HR for rate table to calculate your monthly rate.

CRITICAL ILLNESS

Critical Illness Insurance pays a lump-sum to you upon your own, or covered dependents, diagnosis for a critical illness (as noted on the Summary of Benefits). You may use the money for any expense to protect your quality of life while critically ill.

The highest amount of Critical Illness Insurance you can purchase as an employee without having to answer any health question is \$10,000, spouse \$5,000, Child(ren) \$5,000. See the Summary of Benefits for the full cost.

ACCIDENT PROTECTION INSURANCE

Accident insurance is designed to ensure that, should you experience a covered accident, you will receive a lump sum cash payment. You decide how, when, and where to use the money. See the Summary of Benefits for the list of covered accidents and the cost.

VENDOR CONTACT INFO

Benefit	Vendor	Phone Number	Website
Medical/Prescription	UnitedHealthcare	# on back of ID card	www.myuhc.com
Dental	Delta Dental	800-236-3712	www.deltadentalwi.com/s/registration
Vision	Delta Dental	844-848-7090	www.deltavisionwi.com
Disability (Long/Short Term)	Principal	866-950-4644	www.principal.com
Group Life Insurance	Principal	866-950-4644	www.principal.com
Voluntary Life Insurance	Sun Life	800-786-5433	www.sunlife.com/us/en/
Critical Illness and Accident	Sun Life	800-786-5433	www.sunlife.com/us/en/
COBRA	United Benefit Services	800-318-5311	www.uhcservices.com
Benefit Broker	Infinity Benefit Solutions <i>Account Manager</i> <i>Consultant (Bill Collins)</i> <i>Client Service Team</i>	414-615-7527 414-615-1881 414-615-1827	bill.collins@infinitybenefitsolutions.biz clientservices@infinitybenefitsolutions.biz

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

GLOSSARY OF TERMS

Deductible: The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Out-of-Pocket Maximum: The most you pay during a policy period (for TLX, a calendar year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium or healthcare that your insurance doesn't cover.

Co-insurance: Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance after you have met your deductible. If the bill for a hospitalization visit is \$5,000 and you've met your deductible, your co-insurance payment of 20% would be \$1,000. The health insurance or plan pays the rest of the allowed amount.

Co-Pay: A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service. The co-pay applies to your max out-of-pocket, but it does NOT apply to the deductible or HRA.

Explanation of Benefits (EOB): An EOB is a statement from your health insurance carrier describing what costs it will cover for medical care or products you have received. The EOB is generated when your provider submits a claim for the services you received.

Primary Care Provider (PCP): A physician, nurse practitioner or physician's assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services