

Employee Benefits Guide

Effective May 1, 2024

MEDICAL | DENTAL | VISION



UPRISE PARTNERS

Benefits Guide is intended for summary purposes only

Welcome to your 2024 Employee Benefits Guide

Benefits Guide Overview

We encourage you to review the medical plan and discuss your benefits with your family members. Be sure to pay close attention to applicable deductibles, how to file claims, preauthorization requirements, networks and services that may be limited or not covered (exclusions).

This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans but rather is a quick reference to help answer most of your questions. Please see your Summary Plan Description for complete details. We hope this guide will give you a clear explanation of your benefits and help you be better prepared for the enrollment process.

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At Your Service... Acadia Benefits Employee Advocate



Employee Advocate

Employees occasionally need assistance in resolving issues with insurance carriers, such as unpaid or denied claims on medical insurance, referral questions, and prescription coverage issues. Our goal is to provide truly expert personalized service, as well as assist employees of Uprise Partners in becoming informed consumers.

We ask that employees and/or dependents contact the carrier at least once to resolve their issue. If assistance is still needed, please contact our Employee Advocate, Sara Closson, whose services are provided at no cost.

Having spent her career working in claims resolution for a major insurance carrier, Sara has an excellent understanding of insurance and what is required to “work within the system” to obtain timely resolution to problems. Sara is totally dedicated to resolving the claims issues of our customers employees and their families.

Contact Information:

You will need to complete a carrier release form in order for Sara to assist you.

Email: sclosson@acadiabenefits.com
Phone: 207.523.0065
Toll-Free: 866.761.2426
Fax: 207.761.0976

Benefit Contact & Eligibility Details

<u>Medical Plan</u>	<u>Dental Plan</u>	<u>Vision Plan</u>
Harvard Pilgrim	Delta Dental	Delta Vision
1-888-333-4742	(207)-282-0404	1-866-723-0513
www.harvardpilgrim.org	www.nedelta.com	eyemed.com

<u>Benefit Plan</u>	<u>Eligibility</u>	<u>New Hire Waiting Period</u>
Medical, Dental, Vision	All full-time employees who work at least 20+ hours per week	First of the month following date of hire.



Employee Responsibilities

Life Events

It is the employee's responsibility to report any dependent changes which result in loss of or entitlement to eligibility and any other "life" events to the Human Resources Department for COBRA purposes, within 30 days of the event in order to make any changes to your plan elections.

Marriage

You are required to report a marriage to your employer within 30 days in order to add your spouse to your insurance plans. A copy of the marriage license and insurance company applications will be required to change your name, beneficiary, address, or to add or delete dependents from the benefit plans.

Birth/Adoption:

If you are enrolling a new dependent, you have 30 days from the date of birth or acquisition to complete the required enrollment forms. A copy of the Birth Certificate or Court document is required.

Court Orders:

If you are enrolling a dependent child(ren) whose coverage might be governed by a divorce decree or other support order, please look at your documents carefully. Depending upon how your divorce or court order was written, the dependent may NOT be eligible for this plan. A copy of the court documents or Medical support Notice is required to enroll a dependent child(ren).

Different last name for spouse or children:

Insurance companies or your employer may require proof such as a marriage license, birth certificate, court documents, or recent tax form, to show that dependents with different names are your legal dependents. Enrollment or payment of claims may be pended until proof is received. Please be prepared to submit this documentation if requested by the insurance carrier or your employer. Your dependent may not be enrolled if documentation is not received when requested.

Divorce or Legal Separation:

If you become legally separated or divorced, it is your responsibility to notify your employer of your status change within 30 days of the event in order to make any changes to your plan elections. You may be required to provide a copy of the appropriate finalized court paper to verify the event date. Please contact Acadia Benefits, Inc. at 207-761-2426 if you would like further explanation.

Health Insurance Definitions

Deductible:

A specific dollar amount that you pay for most Covered Benefits each calendar year before any benefits subject to the Deductible are payable by the Plan.

Copayment (co-pay)

A Copayment is a fixed dollar amount you must pay for certain Covered Benefits. The Copayment is due at the time of service or when billed by the Provider. You may have to pay a set amount every time you have an office visit, a different amount for lab work, and various amounts for different types of prescription drugs.

Coinsurance:

A percentage of the allowed amount for certain Covered Benefits that must be paid by the Member. Coinsurance amounts applicable to your plan are stated in your Schedule of Benefits.

Covered Benefit(s):

The products and services that a Member is eligible to receive, or obtain payment for, under the Plan.

Out-of-pocket Maximum:

Money you pay toward the cost of healthcare services. It generally is the deductible and the coinsurance amount added together. In some cases it may also include the co-pays you have for medical services. Plans vary widely in the amount of out-of-pocket costs you pay.

Plan Year:

The one-year period for which benefits are purchased and administered. Benefits for which limited yearly coverage is provided renew at the beginning of the Plan Year. Generally, the Plan year begins on the Plan's Anniversary Date. Benefits under your Plan are administered on a Calendar Year basis. Please refer to your Schedule of Benefits for details.

Premium:

The cost of a health plan. Your employer may pay part of your premium if you get your health benefits through your company.

Medical Plan Options

administered by Harvard Pilgrim

	Clear Choice POS Silver 3000	PPO HSA Silver 3300	Maine's Choice Plus HMO HSA Silver 3300	
NETWORK	POS	PPO	PREFERRED	STANDARD
DEDUCTIBLE (Single / Family)	\$3,000 / \$6,000 (IN) \$6,000 / \$12,000 (OUT)	\$3,300 / \$6,600 (IN) \$6,600 / \$13,200 (OUT)	\$3,300 / \$6,600	\$6,300 / \$12,600
COINSURANCE	40% (IN) / 50% (OUT)	30% (IN) / 50% (OUT)	30%	50%
TOTAL OUT OF POCKET (Single / Family)	\$9,100 / \$18,200 (IN) \$18,200 / \$36,400 (OUT)	\$7,500 / \$15,000 (IN) \$15,000 / \$30,000 (OUT)	\$7,500 / \$15,000 Combined Preferred & Standard	
INPATIENT HOSPITAL SERVICES	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	
OUTPATIENT DAY SURGERY	\$300 Non-Hospital (IN) or DED & COINS	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	
PROFESSIONAL FACILITY	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	
PRIMARY CARE VISIT	\$40 (IN)	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	
SPECIALIST VISIT	\$80 (IN)	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	
CHIROPRACTIC SERVICES	\$40 (IN)	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	
ROUTINE PHYSICAL EXAM	\$0 (IN)	\$0 (IN)	\$0	
ANNUAL GYN VISIT	\$0 (IN)	\$0 (IN)	\$0	
ROUTINE EYE EXAM	\$40 (IN)	\$0 (IN)	\$0	DED & COINS
MRI/CAT/PET SCAN	\$250 Non-Hospital (IN) or DED & COINS	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	
DIAGNOSTIC TESTING	\$15 Non-Hospital Lab or DED & COINS	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	
PHYSICAL, SPEECH & OCC. THERAPY (60 VISITS/YR.)	\$40 Non-Hospital/Office or DED & COINS	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	
AMBULANCE	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	PREFERRED DED, THEN 30% COINS	
URGENT CARE	\$40 (IN)	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	
EMERGENCY ROOM	DEDUCTIBLE & COINSURANCE	DEDUCTIBLE & COINSURANCE	PREFERRED DED, THEN 30% COINS	
DRUG CARD (30 DAY SUPPLY)	\$15/ \$25/ \$50/ DED, then 30% to \$300 Script Max/ DED, then 50% to \$600 Script Max	**DEDUCTIBLE, THEN \$5/ \$25/ \$50/ 30% to \$300 Script Max/ 30% to \$600 Script Max	**DEDUCTIBLE, THEN \$5/ \$25/ \$50/ 30% to \$300 Script Max/ 30% to \$600 Script Max	
MAIL ORDER RX (90 DAY SUPPLY)	\$30/ \$50/ \$100/ DED, then 30% to \$600/ DED. Then 50% to \$1,200 Script Max	**DEDUCTIBLE, THEN \$10/ \$50/ \$100/ 30% to \$600 Script Max/30% to \$1,200 Script Max	**DEDUCTIBLE, THEN \$10/ \$50/ \$100/ 30% to \$600 Script Max/30% to \$1,200 Script Max	
MAXIMUM BENEFIT	UNLIMITED			

HSA Plan Highlights

Per IRS Regulations:

Eligibility

You are eligible to open a Health Savings Account (HSA) if you are:

- Covered by an HSA-qualified High Deductible Health Plan (HDHP).
- Not covered by other health insurance that is not a HDHP. (Including a plan your spouse may have where he/she has selected family coverage)*
- Not enrolled in an FSA (unless limited benefit) or an HRA without an initial minimum deductible (Including plans offered by your spouse's employer)
- Not enrolled in Medicare Part A or Part B or Medicaid.
- Not eligible to be claimed as a dependent (child) on another's tax return.

**There are exceptions: Insurance coverage for accidents, dental care, disability, long-term care, and vision care do not disqualify you from opening a HSA*

Benefit Overview

A HSA is a tax-free savings account you can use to save money and pay for qualified health care expenses. Qualified expenses include the deductible, coinsurance, prescriptions, chiropractic and alternative medicine, dental/orthodontia, vision hardware/LASIK surgery, certain health insurance and retiree insurance premium, certain long-term care insurance premiums. and most medically necessary non-covered medical services.

Health Savings Accounts are employee owned and more importantly, unused funds carry over each year and continue to earn interest, tax-free.

Tax Benefits

- Cash contributions you make to an HSA during a tax year are deductible from your federal gross income.
- Interest earnings are tax-deferred - and you will never pay taxes on them if you eventually spend the money on qualified medical expenses.
- Withdrawals from your HSA for qualified medical expenses are free from taxation. Withdrawals for non-qualified are subject to ordinary income and a 20% penalty.

Health Savings Account

administered by HealthEquity

What Employees should expect from HealthEquity:

Welcome materials include:

- HealthEquity Visa Health Account Card.
- Instructions for accessing the member portal
- Contact information for member services
- Tips for maximizing health savings with an HSA

Q&A:

- How do integrated claims work with HealthEquity?
- Your claims information is fed directly to your HSA. This allows you to make online payments using the HealthEquity member portal. It also creates an archive of medical expenses.

HSA funds can be used for a variety of qualified medical, dental and vision expenses, including:

- Acupuncture
- Birth control
- Chiropractor
- Contact lenses
- Dental treatment
- Prescription eyeglasses
- Fertility enhancement
- Hearing aids
- Lab work
- Medical supplies
- Physical exams
- Prescriptions
- Orthodontia
- Radiology
- and more...



For an expanded list of qualified medical expenses, visit: HealthEquity.com/qme

HealthEquity is available to help, every hour of every day.

- Call today. 866.346.5800 or go to HealthEquity.com/HSAlearn

Dental Plan

administered by Delta Dental

Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)	Orthodontics (Coverage D)
No Deductible	Lifetime Deductible per Person/Family: \$50/\$150		No Deductible
DIAGNOSTIC: Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations Bitewing X-Rays once in a 12-month period X-Rays of individual teeth as necessary Brush biopsy once in a 12-month period PREVENTIVE: Cleanings twice in a 12-month period Fluoride twice in a 12-month period to age 15 Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15	RESTORATIVE: Amalgam (silver) fillings; Composite (white) fillings ORAL SURGERY: Routine extractions PERIODONTICS: Periodontal maintenance (cleaning) Note: Only two cleanings are covered in a 12-month period. These may be any combination of routine (Coverage A) or periodontal (Coverage B). Space maintainers to age 15 Full-mouth/panoramic X-rays once in a 5-year period EMERGENCY PALLIATIVE TREATMENT	PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants DENTURE REPAIR: Repair of removable denture to its original condition ORAL SURGERY: Complex extractions and other surgical procedures CROWN LENGTHENING: Clinical crown lengthening once in a lifetime per site ENDODONTICS: Root canal therapy PERIODONTICS: Treatment of gum disease	ORTHODONTICS: Correction of malposed (crooked) teeth for adults and dependent children
Delta Dental Pays: 100% No Waiting Period	Delta Dental Pays: 60% No Waiting Period	Delta Dental Pays: 50% After a 6-Month Waiting Period	Delta Dental Pays: 50% After a 6-Month Waiting Period
Calendar Year Maximum: \$1000 up to \$2000 per Person with <i>Double-Up Max</i> Health through Oral Wellness® program included			Lifetime Maximum: \$1,000 per Person

Double-Up Max

This Northeast Delta Dental Plan allows enrollees to double their calendar year maximum by earning an additional \$250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, an enrollee must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and their total paid claims cannot exceed \$500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan's original calendar year maximum. If, for example, the calendar year maximum is \$1000, enrollees can ultimately achieve an annual maximum of \$2000.
- This feature does not apply to orthodontic benefits.

Vision Plan

administered by Delta Vision

	In-Network	Frequency
Routine Eye Exam		
Comprehensive eye exam	\$20 Copay	Once every calendar year
Eyeglasses Frames		
One pair of eyeglasses	\$130 Allowance , the 20% off any remaining balance	Once every other calendar year
Standard Plastic Lenses (instead of contact lenses)		
One pair of standard plastic prescription lenses		Once every calendar year
Single vision lenses	\$20 Copay	
Bifocal lenses	\$20 Copay	
Trifocal lenses	\$20 Copay	
Lens Options		
UV coating / Tint / scratch resistance	\$15 copay	Once every calendar year
Standard polycarbonate	\$40 Copay	
	\$45 Copay	
Contact Lenses (instead of eyeglass lenses)		
Conventional	\$130 Allowance , then 15% off any remaining balance	Once every calendar year
Disposable	\$130 Allowance (no additional discount)	
Non-elective (medically necessary)	Paid in Full	
Laser Vision Correction	15% off retail price or 5% off promotional price	

***To locate a participating provider, log on to
www.eyemedvisioncare.com Access Network
or call 1-866-723-0513.***

Employee Premium Rates (Bi-Weekly)

Medical	Clear Choice POS Silver 3000	PPO HSA Silver 3300	Maine's Choice Plus HMO HSA Silver 3300
Single	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$243.00	\$241.36	\$211.20
Employee + Child(ren)	\$206.55	\$205.15	\$179.52
Family	\$510.30	\$506.84	\$443.51

Delta Dental	
Employee	\$14.03
Employee + One	\$25.67
Employee + Two or More	\$44.90

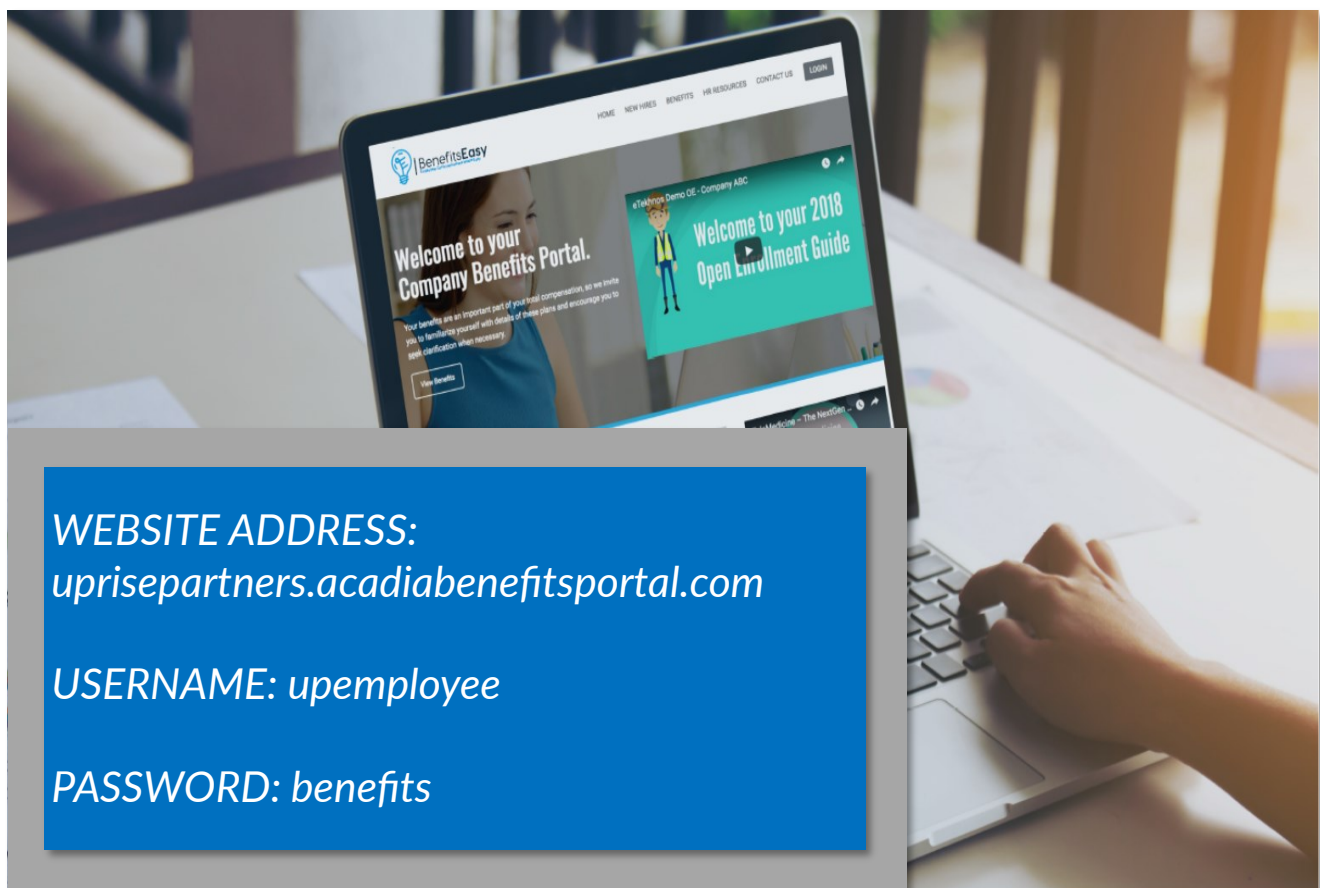
Delta Vision	
Employee	\$2.58
Employee + One	\$4.43
Employee + Two or More	\$7.92

Employee Benefit Center

Introducing Your NEW Employee Benefit Center (EBC) Website

Uprise Partners is excited to share a new website to access your benefits and HR information! One stop shopping for all your employee benefits needs, questions, videos, and more.

All benefits offered, including plan details, forms, costs and carrier support contact information, are accessible 24/7. HR documents and new hire resources are also available. Login today to increase your knowledge about the benefits available to you and your family members!



These Summaries Are For Information Purposes Only

The information in this booklet is only a brief description of the benefits and insurance plans, and is not a Summary Plan Description (SPD) for the plan.

For complete details on any benefit, refer to your member handbook, or the plan's benefit booklet. If there are any inconsistencies between the descriptions in this booklet and the insurance contracts, the insurance contract and plan agreements will contain legal, binding provisions and will prevail.



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