

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 | |
| Standard anti-reflective coating | \$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-Monthly)

| 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 |

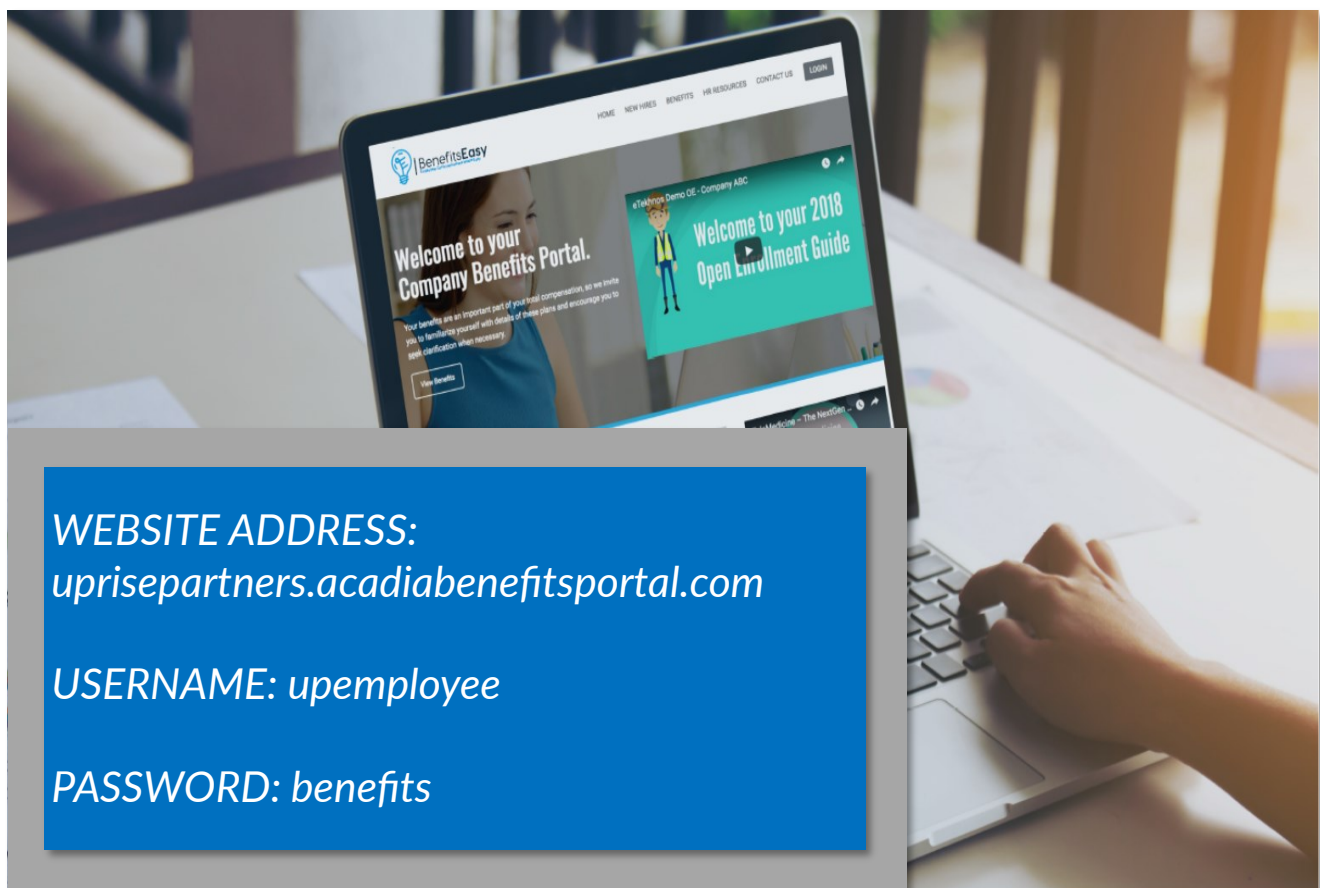
| Delta Vision | |
|------------------------|--------|
| Employee | \$2.58 |
| Employee + One | \$4.43 |
| Employee + Two or More | \$7.92 |

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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