



2024-2025 PLAN YEAR

EMPLOYEE BENEFITS GUIDE

COMPREHENSIVE GUIDE TO EMPLOYER SPONSORED BENEFITS

Introduction

Benefits for 2024-2025



As an employee at Highmark Companies, LLC enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important to your well-being and to our organization.

For the 2024-2025 plan year, Highmark Companies, LLC has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Highmark Companies, LLC is offering a benefits package with many possible choices - one that can be shaped and molded by you, to fit your needs.

This booklet is a summary description of the benefit plans available to you. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this enrollment booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.



EST. 1898

Update On Health Care Reform

AFFORDABLE COVERAGE UNDER THE ACA

Highmark Companies, LLC is offering health insurance for eligible staff. This coverage meets all of the health reform law requirements to satisfy your "Individual Mandate" requirements under the law. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements you will not qualify for any federal assistance to purchase an individual policy on the open market (the "marketplace"). Your taxable dependents may have alternate options in the open market. Contact your trusted advisor for additional information.

Contact Information

We speak insurance. We're Here to Help!



What If I Have Questions?

Detailed information on each plan is enclosed in this packet. Please carefully review that information to better understand the coverage each plan provides. If you still have questions after reading your benefits material, you may refer those questions to Human Resources, or you may contact the following with Main Street Insurance Group.



Member Engagement
855-660-6333
ME@advosee.com

When You Need Help With:

Benefit Plan Coverage Questions
Enrollments/Terminations/Changes
ID Cards
Claims
Provider Billing Inquiry

Highmark HR Contacts

Name	Email
Damian Rodino, HR Specialist	drodino@highmarkcompanies.com
Courtney Akers, VP of Administration	cakers@highmarkcompanies.com

Carrier Contacts

Carrier Name	Website	Phone Number
Cigna	www.cigna.com	(800) 997-1654
Mutual of Omaha	www.mutualofomaha.com	(800) 228-7104
Flores	www.flores247.com	(800) 532-3327
Health Equity	www.healthequity.com	(866) 346-5800

Eligibility & Enrollment



Highmark Companies, LLC provides an array of benefits that are affordable, comprehensive and competitive. All full-time employees who work 30 or more hours per week on a regular basis and who are not temporary, seasonal, or contracted labor are eligible for group insurance.

When Coverage Begins

- The Benefits you elect during open enrollment will be effective from **August 1, 2024 through July 31, 2025.**
- Newly hired employees are eligible as of the 1st of the month following date of full-time employment. If hired on the 1st of the month, benefits will be start on the same day.
 - During this waiting period you should fill out all your paperwork, so that you have benefit cards in hand by your coverage effective date. Forms must be completed even if you choose to decline employee-paid coverage

Open Enrollment

- During open enrollment, you can add, terminate, or change your coverage.
- Your open enrollment period for all benefits is **June 27, 2024 through July 8, 2024.**

Eligible Dependents

- Your legal spouse
- Domestic Partners
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, and children for whom legal guardianship has been awarded to you or your spouse)
- Employees must elect a benefit in order for their dependents to be enrolled.

Qualifying Events

- Once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event" and submit your change request within 30 days of the event. These may include, but are not limited to:
 - Changes in employment status
 - Changes in legal marital status
 - Birth or adoption of a child
 - Change in child's dependent status
 - Death of a spouse, child or other qualified dependent
 - Change in coverage under another employer- sponsored plan
 - Entitlement to Medicare or Medicaid
 - A COBRA - qualifying event

TIP

Pre-tax deductions save you federal, state and FICA on each premium dollar. If benefits are being deducted pretax, you CANNOT change your benefit selections during the Plan Year unless you have a Qualifying Life Event.

Medical

Summary of Coverage

**This table illustrates only In-Network coverages. For Out-of-Network coverages please refer to your Summary of Benefits.*



Medical Plan Benefits	HDHP HSA Eligible Cigna	Buy-Up Plan Cigna
Deductible		
Individual	\$2,850 (Individual within a Family: \$3,200)	\$1,000
Family	\$5,700	\$2,000
Out-of-Pocket Maximum (includes deductible, coinsurance, and copays)		
Individual	\$6,550	\$4,500
Family	\$13,100	\$9,000
Preventive Care	No Charge	No Charge
Primary Care Visit	Deductible, then 30%	\$25 Copay
Specialist Visit	Deductible, then 30%	\$75 Copay
Urgent Care	Deductible, then 30%	\$50 Copay
Inpatient Hospitalization	Deductible, then 30%	Deductible, then 20%
Outpatient Services	Deductible, then 30%	Deductible, then 20%
Emergency Room	Deductible, then 30%	\$300 Copay
Prescription Drugs (copay per 30-day retail supply)		
Rx Deductible	Medical Deductible First	N/A
Tier 1	\$10	\$10
Tier 2	\$35	\$35
Tier 3	\$70	\$75
Tier 4	\$150	\$250
Network Search: https://hcpdirectory.cigna.com/		

Virtual Visits

Get ready for your virtual urgent care visit.

How to make the most of your virtual appointment with the doctor.

MDLIVE® virtual urgent care¹ visits are a convenient way to get care or to talk with a doctor about minor medical concerns like cough, cold and flu, and prescription refills without having to go to an urgent care center or ER. It's easy to set up a virtual urgent care appointment. Log in to myCigna.com^{®2} and click on "Talk to a doctor" or call MDLIVE at **888.726.3171**. You'll need to complete your health profile before scheduling your visit. And you can select an appointment in English or Spanish.

10-15 minutes before your visit

- Prepare a list to guide your discussion with your doctor:
 - Your current health concerns.
 - Any other health conditions you have.
 - Your medications (prescription and over-the-counter) and supplements. Be sure to include dosages.
- Find a safe, quiet place where you can talk and listen to the doctor.
- Have paper and a pen for taking notes.
- If you are using video:
 - Find a quiet area with good internet and cell phone reception.
 - Try to sit where there are no windows or bright lights behind you, so the doctor can see you clearly.

During your visit

- Introduce yourself to the doctor and include any cultural preferences.
- Inform the doctor of your concerns and the reason for your visit.
- Confirm your preferred pharmacy with the doctor for any prescriptions.
- If you like, you can ask your MDLIVE doctor to share your diagnosis and treatment plan with your doctor.

After your visit

- Follow the doctor's recommendations regarding:
 - Monitoring your symptoms.
 - Filling and taking prescription medications as indicated.
 - Scheduling follow-up appointments.



Ready to get started?

There are 2 easy ways to connect to MDLIVE.

- Call MDLIVE at **888.726.3171**.
- Log into myCigna.com and click on "Talk to a doctor."



Health Savings Account (HSA)

What is an HSA?



Health Savings Accounts (HSAs) are tax-exempt accounts that can be used for your health care expenses. Money comes out of each paycheck and is deposited into the account for future use. If you have a high deductible health insurance plan, an HSA can help provide some security for your health care costs and limit out-of-pocket expenses.

Advantages of an HSA

An HSA can help you save money and conveniently pay for health care costs.

An HSA provides triple tax benefits. Since the deposits are coming straight out of each paycheck, the money you contribute to an HSA is pre-tax and the interest that accumulates in the account is tax free. In addition, money withdrawn from an HSA is not taxed, provided that you use it for qualified medical expenses.

HealthEquity[®]

You can budget how much you want to contribute to your HSA and your unspent money rolls over every year. There is no “use it or lose it” requirement.

For example: You have a \$1,500 annual deductible health plan and contribute \$1,000 each year to an HSA. During that first year you add a total of \$1,000 to your HSA and your total health care expenses are \$150. If you use the money from your HSA to pay your health care expenses, then your balance at the end of the year will be \$850 (not including interest earnings) and will roll over to the next year.

Is an HSA right for you?

HSAs can be very cost effective, but they are not for everyone.

An HSA is a good option for the two extremes. If you are someone who is young and generally healthy OR if you have a chronic condition and/or upcoming surgery but know your annual expenses an HSA might be a good fit.

If you are Medicare eligible, you may not qualify for this benefit. Please contact your Main Street Insurance advisor for additional information and a detailed explanation. If you are making contributions to a medical FSA, you cannot make additional contributions to an HSA.

HSA Employer Contribution		
HDHP Only	Semi-Monthly	Bi-Weekly
Employee Only	\$25.00	\$23.08
Employee + Spouse OR Child(ren)	\$50.00	\$46.15
Family	\$75.00	\$69.23

HSA Annual Contribution Limit		
Coverage Type	2023	2024
Individual	\$3,850	\$4,150
Family	\$7,750	\$8,300

HSA Annual Catch-Up Provision	
For persons age 55+, all years and all coverage types	\$1,000

Flexible Spending Account (FSA)



Highmark Companies, LLC is offering a Flexible Spending Account (FSA) with Flores for 2024-2025.

This is how an FSA works:

- Use it or lose it at the end of the year.
- You set aside money for your FSA from your paycheck before taxes are taken out
- Then you use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses
- You save money on expenses you are already paying for
- Employee cannot enroll in FSA and have HSA contributions as well
- If you are Medicare eligible, you may not qualify for this benefit. Please contact your Main Street Insurance advisor for additional information and a detailed explanation.

For a full list of allowed expenses, visit: <https://www.irs.gov/publications/p502>

Health FSA Eligible Expenses

- Medical expenses: co-pays, co-insurance, and deductibles
- Dental expenses: exams, cleanings, X-rays, and braces
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractor, and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.
- Entire Health Flex election can be claimed as of the first day

Dependent FSA Eligible Expenses

- Care for your child who is under age 13
- Before and after-school care
- Baby sitting and nanny expenses
- Day care, nursery school, and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home
- Must be deposited prior to claim payment

Maximum Contribution to
Health FSA
\$1,500

Maximum Contribution to
Dependent Care
\$5,000 per household (\$2,500 if
married and file separate returns.)



TIP

The Dependent Care FSA is to be used for dependent child day care expenses and/or elder care only. It cannot be used for your dependent's medical expenses.

When You Get a Medical Bill

Don't Pay A Medical Bill Until You Do These 6 Things

1

CHECK YOUR INFORMATION

There are many billing errors that occur due to a slight clerical error entered on the claim form submitted to your health insurance company.

2

COMPARE THE INVOICE TO YOUR INSURANCE EXPLANATION OF BENEFITS (EOB)

Always compare your medical bill to the EOB to verify that the amount on your invoice reflects the amount your insurance company says you owe.



Some providers and billing entities are very aggressive. They will send you a bill requesting payment while your insurance company is still processing your claim. Many people pay these bills without realizing that the amount they owe might be substantially less once processed by their insurance company. Look out for phrases such as "Due Now," "Estimated Amount Due" or "Amount You May Owe."

3

REQUEST AN ITEMIZED STATEMENT

It is important to ask for an itemized statement of the medical service so that you can make sure that you are only paying for the services and items provided to you.



If you are having difficulty understanding your medical bills and/or EOBs, **contact Advosee. WE CAN HELP!**

4

CHECK THE CODES

There is billing code (HCPCS/CPT) for every medical procedure that is performed by the provider, as well as diagnosis codes (ICD-10) for every medical condition. These codes are used nationwide in order to inform the insurers directly of what was done and how much it costs.

5

NEGOTIATE A REDUCTION

Make your financial constraints known to them and ask for a discount. Typically, paying a lump-sum is more likely to result in an adjustment to the bill. Generally, discounts are not given on accounts with a payment plan.



Many hospitals and some other providers offer a "Prompt Pay Discount," if you pay at the time of discharge from the hospital. However, even without a discount, a payment plan can be very helpful. If you are negotiating a payment plan, remember to ask for zero interest.

6

TAKE ACTION QUICKLY

Regardless of the size of the bill, it is very important to take care of it as soon as possible. The longer it remains unpaid, the more likely it is to be sent to a collection agency.



Dental Coverage



Summary of Coverage



Plan Features	In-Network
Calendar Year Maximum Benefit	\$1,500
Annual Deductible	
Individual	\$50
Family	\$150
Preventative Services Exams, cleaning, x-rays	100%, No Deductible
Basic Services	Deductible, then 80%
Major Services	Deductible, then 50%
Periodontics	Deductible, then 50%
Endodontics	Deductible, then 50%
Oral Surgery	Deductible, then 50%
Orthodontia (Child to Age 19 Only) Lifetime	50% to \$1,000
Dependent Age	26
Waiting Periods	None

To find dental providers in your area who participate in your network, visit <https://hcpdirectory.cigna.com/> to easily search for a doctor by name, location or specialty.

Vision Coverage



Summary of Coverage



**The below table illustrates only In-Network coverages.
For Out-of-Network coverages please refer to your Summary of Benefits.*

Plan Features	In-Network
Vision Exam	\$10 Co-Pay
Materials Co-pay	\$25 Co-pay
Frames	\$130 retail max allowance + 20% off balance
Elective Contact Lenses	Up to \$110 (in lieu of lenses and frames)
Medically Necessary Contacts	Covered in full after copay
Frequency	
Exam	One per 12-month period
Lenses	One pair per 12-month period
Frames	One pair per 24-month period
Contacts	One pair per 12-month period

To find vision providers in your area who participate in your network, visit <https://cigna.vsp.com/find-eye-doctors.html> to easily search for a doctor by name, location or specialty.

Group Life and AD&D Coverage

Summary of Coverage



Life insurance provides a crucial financial protection for your family if something were to ever happen to you. Benefits can be used towards income replacement, a mortgage, tuition, outstanding debt and more – allowing you to take care of your loved ones even if you are not there. Better yet, this important coverage is being made available to you at economical group rates. Take advantage and enroll today!

Plan Features

Employee Benefit Amount	\$50,000
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to the employee's life benefit.

Additional Plan Features

The following shows how much benefits are reduced at certain ages:

Age Band	Benefit Reduction
70	50%

If you leave employment, you may be able to port or convert this coverage if you contact the carrier within 30 days of termination of the active benefit.

Voluntary Life

Summary of Coverage



	Employee Life Benefits	Spouse Life Benefits	Child(ren) Life Benefits
Benefit	<ul style="list-style-type: none"> You may choose to purchase benefits in increments of \$25,000. Coverage terminates at retirement. 	<ul style="list-style-type: none"> Spouse is available for coverage only if employee is insured for voluntary coverage. You may choose to purchase benefits in increments of \$5,000. Spouse rate is based on employees age bracket. Coverage terminates at age 70. 	<ul style="list-style-type: none"> Dependent Coverage is only available if the employee is insured for voluntary coverage.
Minimum	\$25,000	\$5,000	\$10,000
Maximum	5x annual salary up to \$500,000	100% of employee amount up to \$75,000	\$10,000
Guaranteed Issue	Employees and dependents may elect up to the amounts listed below with no health questions during their new hire status only!		
	5X Annual Salary, up to \$100,000	100% of Employee's Benefit, up to \$20,000	\$10,000
Age Reductions	50% reduction at age 70+		

If you do NOT elect to take Voluntary Life coverage at initial offering and wish to elect at a future date, then coverage is no longer guaranteed, and completion of health questionnaire will be required.

If you leave employment, you may be able to port this coverage if you contact the carrier within 30 days of termination of the active benefit.

If you enroll in coverage a new hire status, the employee/member may increase their insurance amount by up to \$25,000 without providing health information once annually during open enrollment.

Disability Insurance



Summary of Coverage

STD Plan Features

Employee Benefit Amount	66 2/3% of Weekly Earning
Maximum Benefit Amount	\$2,000 per week
Elimination Period	7 Days Sickness/Injury
Benefit Duration	12 Weeks

Additional Plan Features

Definition of Disability	Own Job - Loss of duties and earnings
Full Maternity Benefits	Treated the same as any other illness
Minimum Weekly Benefit	None
Pre-Existing Clause	None

LTD Plan Features

Employee Benefit Amount	60% of regular Monthly Salary
Maximum Benefit Amount	\$7,500 per month
Elimination Period	90 Days
Benefit Duration	To Social Security Normal Retirement Age (SSNRA)

Additional Plan Features

Definition of Disability	2 Year Regular Occupation
Minimum Monthly Benefit	\$100
Pre-Existing Clause	In your first 12 months of enrollment, the carrier will not pay for any claims of medical conditions that have been treated or diagnosed in the 3 months prior to the enrollment date.

Employee Assistance Program (EAP)



Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being.

When facing life's challenges, you often turn to family or friends for support. But sometimes that's not enough. Sometimes you need an experienced professional to talk with to know you're not alone.

Mutual of Omaha's Employee Assistance Program (EAP) assists employees and their eligible dependents with personal and job-related concerns, including:

- ✓ Emotional well-being
- ✓ Family and relationships
- ✓ Legal and financial
- ✓ Healthy lifestyles
- ✓ Work and life transitions

EAP Benefits

As an employee, or eligible dependent, of your company your EAP benefits include:

- ✓ Access to EAP professionals 24 hours a day, seven days a week
- ✓ Information and referral services
- ✓ Service for employees and eligible dependents
- ✓ Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap
- ✓ Online Resources for:
 - Substance use
 - Dependent and Elder Care resources
- ✓ Legal library and online forms
- ✓ Financial assessment and online tools

Highly Trained, Experienced EAP Staff

Our EAP staff members are all licensed, master's level Employee Assistance Professionals. They provide a solution-focused approach by assessing your situation and referring to the appropriate resources necessary.

What to Expect

When you call, you will speak directly to an EAP professional to receive **immediate support and guidance**.

You can entrust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional resources are needed, your EAP professional can assist by locating affordable solutions in your area.



EAP Consultation

Mutual of Omaha's Employee Assistance Program provides professional, confidential quality consultation, 24 hours a day.

- mutualofomaha.com/eap
- 1-800-316-2796

Benefit Rates by Pay Period



Medical + Vision

HDHP	Semi-Monthly	Bi-Weekly
Employee Only	\$58.00	\$53.54
Employee + Spouse	\$288.00	\$265.85
Employee + Child(ren)	\$249.00	\$229.85
Family	\$405.00	\$373.85

Buy-Up Plan	Semi-Monthly	Bi-Weekly
Employee Only	\$148.00	\$136.62
Employee + Spouse	\$513.00	\$473.54
Employee + Child(ren)	\$444.00	\$409.85
Family	\$724.00	\$668.31

Dental	Semi-Monthly	Bi-Weekly
Employee Only	\$17.35	\$16.02
Employee + Spouse	\$35.05	\$32.35
Employee + Child(ren)	\$41.70	\$38.49
Family	\$59.50	\$54.92

Employer Paid Benefits:

- Basic Life and AD&D
- Short-Term Disability
- Long-Term Disability

Please login to Employee Navigator to see cost for Voluntary Life and AD&D.

Online Enrollment Overview

Employee Navigator



Employee Navigator allows you to view your benefit options and make benefit elections for you and your family. You can view plan details, coverage amounts and costs. Your family's information only needs to be entered once, in one place and all carrier application forms will automatically be completed.



You will receive an email with a log in link that you will use to register and access Employee Navigator. To go to the Employee Navigator website, click the "Registration" link within the email message.



Your "Company Identifier" is provided by HR

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

(provided by HR)

PIN

(Last 4 Digits of SSN / ID)

Birth Date

(mm/dd/yyyy)

Next >



You may begin your open enrollment process by clicking the "Start Enrollment" box.

The screenshot shows a user interface for the open enrollment process. At the top, there are several icons representing different benefits: a medical van, a house, a document, a person, a family, a tooth, a piggy bank, a heart with a pulse line, and glasses. Below the icons, the text reads: "Good Morning, Sample! Grab a cup of coffee and let's get some work done. You have 14 days left to complete your open enrollment." On the right side, it says "You have 1 item to complete." followed by a list item "1 Enroll in your benefits". At the bottom right, there is a green button labeled "Start Enrollment".



Review your personal information and provide any missing information, if needed. Click "Next" once finished. **Enter your dependent info before beginning elections.**

Be sure to submit your elections once you have completed your online application.



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