

# Benefits Guide



 LifeCare

2024 Plan Year

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## Provider Contact Information

LifeCare works with a number of vendors for its various health and welfare benefits. Listed below is the contact information for the providers you'll see throughout this guide, as well as policy or group numbers where applicable.

Name of Plan	Website or Email	Member Services	Group Number
Base Plan ClaimDoc Member Advocate	<a href="mailto:membersupport@claim-doc.com">membersupport@claim-doc.com</a>	1.888-330-7295	
Buy-up UHC Medical	<a href="http://www.myuhc.com">www.myuhc.com</a> <a href="#">Choice Network</a>		
Medical	Assured Benefit Administrators <a href="http://www.abadmin.com">www.abadmin.com</a>	1.866.231.5589	Master - 2880
Prescription	<a href="mailto:customerservice@verus-rx.com">customerservice@verus-rx.com</a>	1.800.838.0007	
Dental Plans	<a href="http://www.myuhc.com">www.myuhc.com</a>	1.877.816.3596	922221
Virtual Health	<a href="http://www.getlyric.com">www.getlyric.com</a>	1.866.223.8831	
Life & Disability Insurance	New York Life Group Benefits Solutions <a href="http://www.mynylgbs.com">www.mynylgbs.com</a>	1.888.842.4462	Life – FLX969208 AD&D – OK970660 STD – VDT0962946 LTD – FLK961077
Vision Plan	MetLife – VSP <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	1.855.MET-EYE1	5966237
401(k)	Empower Retirement <a href="http://participant.empower-retirement.com">participant.empower-retirement.com</a>	1.800.338.4015	761570-01
FSA	Flexible Benefits <a href="http://www.myflexaccount.com">www.myflexaccount.com</a>	1.888.345.7990	
COBRA	Paycom <a href="http://www.paycom.com">www.paycom.com</a>	1.800.580.4505	
HSA	HSA Bank <a href="http://www.hsabank.com">www.hsabank.com</a>	1.800.357.6246	
MetLaw	<a href="http://www.legalplans.com">www.legalplans.com</a>	1.800.821.6400	5966237
Discount Auto & Home	Farmers Group Select	1.800.438.6381	
Colonial Life	<a href="http://www.coloniallife.com">www.coloniallife.com</a>	1.800.325.4368	

## HOW TO ENROLL IN BENEFITS ONLINE

Use [Paycom.com](https://paycom.com) to compare all plan options and choose the best benefit plan for you and your eligible dependents. You can also review dental, vision, life insurance, and disability plans and designate beneficiaries. Paycom.com is available on your desktop and mobile device.

To log into [Paycom.com](https://paycom.com), follow these steps:

- Go to Paycom.com
- Click Log in (Employee\_
- Enter your login credentials
- Click Benefits
- Click 2024 Benefits Enrollment

## WHO IS ELIGIBLE TO ENROLL IN BENEFITS?

**Full-Time Associates:** those averaging 30+ regularly scheduled hours per week are eligible for all benefits offered.

**PART-TIME ASSOCIATES:** Associates regularly scheduled to work 16-29 hours/week are eligible for PTO, 401(k), and voluntary benefits.

**PRN – ASSOCIATES:** Associates not regularly scheduled and averaging less than 30 hours/week are eligible to participate in voluntary benefits (excluding Met Law).

**PRN/PT 30+ ASSOCIATES:** PRN/PT associates who average 30+ hours/week during a specified measurement period will be eligible for medical benefits for themselves and their dependents. You will be notified when you are eligible and provided the benefit options and costs.

## Eligible Dependents

Dependents may be eligible for certain benefits. Eligible dependents include:

- **YOUR LEGAL SPOUSE** – A marriage certificate must be provided.
- **YOUR COMMON LAW SPOUSE** – common law marriage certificate required.
- **YOUR BIOLOGICAL CHILDREN, LEGALLY ADOPTED CHILDREN, AND STEP-CHILDREN TO AGE 26** – birth certificate required.
- **ANY OTHER CHILDREN FOR WHOM YOU SERVE AS A LEGAL GUARDIAN, AS DEFINED BY A COURT ORDER** – executed court order required.

## When to Enroll

**New Associates:** must make benefits elections within their first 30 days of employment. Associates hired as Full-Time associates are eligible for benefits offered, effective the 1<sup>st</sup> of the month following 30 days from the date of hire.

**Status Change (PRN/PT to Full Time):** associates changing to Full-Time status must make benefit elections within 30 days of the status change.

**Rehired Associates:** must make elections within their first 30 days of re-employment.

*Note: Associates are responsible for deductions beginning on the pay period, which includes the effective date of the coverage.*

## Family Status Changes (Life Events)

The IRS provides strict regulations on changing pre-tax elections during the year. However, associates who experience a qualifying status change can change benefits elections effective on the event date. To make changes, notify your HR representative within 30 days of the qualifying event. Once election changes are made, supporting documentation must be provided to your local HR representative. Associates are responsible for deductions beginning the pay period, which includes the effective date of insurance. If a request is not made within 30 days of the event, changes cannot be made until the next Annual Enrollment period.

Qualifying Event	Documentation Required
Birth/Adoption	Birth Certificate; Verification of birth facts
Marriage	Marriage certificate; executed court document
Divorce / Annulment	Finalized divorce decree or annulment paperwork
Associate or Dependent gains other coverage	Proof of other coverage; letter from spouse's employer with specific start date of employment and benefits
Associate or Dependent loses other coverage	Proof of loss of other coverage
Death of a Spouse/Child	Death Certificate
Court Ordered Dependent	Court order paperwork
Change in Dependent Care Costs	Letter from daycare provider

# Benefits Paid by LifeCare

## Basic Life and AD&D Insurance

LifeCare provides Life and Accidental Death & Dismemberment Insurance to all Full-Time associates. Coverage is 1x annual base pay up to \$50,000 max\*.

\*Benefits reduced to 65% at age 65 and 50% at age 70

## Basic Long-Term Disability

When you can't work due to illness or injury not covered by workers' compensation, disability benefits replace a portion of your pay. To receive benefits, the disability must be authorized. LifeCare provides a Long-Term Disability benefit to Full-Time associates equal to 40% of your base pay up to a maximum of \$5,000 per month; this benefit begins after 13 weeks of disability. Additional coverage may be purchased at an additional cost to the associate. See page 11 for more information.

## Paid Time Off (PTO) and Holidays

LifeCare offers eligible associates paid time off (PTO) for vacation, illness, holidays, and personal time in hopes that associates will return to work refreshed and with renewed interest in their responsibilities. PTO for personal time includes time needed to care for a sick child, spouse, or other family member. Details on the PTO program are available in the PTO policy.

## Virtual Urgent Care and Behavioral Health Visits

Virtual Visits lets you video chat with a board-certified doctor 24/7. The member calls 1-866-223-8831 or logs on to their member portal at [www.getlyric.com](http://www.getlyric.com). If you would rather speak with a doctor, you can do a Virtual Visit over the phone. Call 1-866-223-8831. You can also access virtual counseling, Psychologist services, and Psychiatrist services.

Common ailments for telehealth are sore throat, headaches, stomachache, fever, cold and flu, allergies, rash, acne, UTI, and more. Remember, Virtual Visit services are only available for minor, non-life-threatening conditions. In an emergency, dial 9-1-1 or go to the nearest hospital.

## Tuition Assistance

LifeCare provides tuition reimbursement opportunities to full-time associates. Review the Tuition Reimbursement policy for more information.

## Employee Assistance Resources

LifeCare understands that when personal problems arise, many choose to cope alone, which can result in negative consequences at home and the workplace. That is why LifeCare also partners with New York Life to offer Employee Assistance to associates as an easy and convenient way to find the help they need. These resources can provide support and solutions, whether it is an emotional, legal, or financial issue. All Full-Time associates may participate in this program by visiting [www.guidanceresources.com](http://www.guidanceresources.com) or calling **800.344-9752**. Your organizational web ID to login is **NYLGBS**.



# Benefits Paid by You and LifeCare

## Medical

LifeCare offers four **Open Network – ClaimDoc Base Medical Plans** and we also offer **Buy-up Medical Plan** options with the same four benefits plans utilizing the **UHC Choice EPO Network** - all plans are administered by Assured Benefits Administrators. View the chart below to compare the plans and determine which plan and network best meets your needs. Keep in mind that the UHC Buy-up plans do not cover any out-of-network services with the exception of emergency care.

	Co-Pay 2000	Co-Pay 4000	HSA 3000	HSA 4500
Calendar Year Deductible	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$3,000 Individual \$6,000 Family	\$4,500 Individual \$9,000 Family
Annual Out-of-Pocket Maximum	\$5,000 Individual \$10,000 Family	\$6,000 Individual \$12,000 Family	\$5,000 Individual \$10,000 Family	\$6,000 Individual \$12,000 Family
Coinsurance	80%	80%	80%	80%
LifeCare Annual Matching Contribution HSA	NA	NA	Max Contribution: \$500 Individual \$1,000 Family	Max Contribution: \$500 Individual \$1,000 Family
Preventative Care	100%	100%	100%	100%
Non-Preventative Care	\$15 PCP Adult \$0 PCP Child<19 \$50 Specialist	\$15 PCP Adult \$0 PCP Child<19 \$50 Specialist	20% after deductible	20% after deductible
Urgent Care Facility	\$25 Co-pay No Deductible	\$25 Co-pay No Deductible	20% after deductible	20% after deductible
Virtual Visits	No Copay	No Copay	20% after deductible	20% after deductible
Emergency Room	\$300 Co-pay + deductible + 20%	\$300 Co-pay + deductible + 20%	20% after deductible	20% after deductible
Emergency Medical Transportation	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Facility Fee	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Physician/Surgeon Fees	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Diagnostic Lab Tests	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Major Diagnostic Imaging	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Independent – Lab	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Delivery & All Inpatient	20% after deductible	20% after deductible	20% after deductible	20% after deductible

For more details, please review the Summary of Benefits and Coverage documents available in the Benefits section of your Employee Self-Service account on [www.Paycom.com](http://www.Paycom.com).

# Buy-up UHC Choice Plan Network

## How to search online for providers

The provider search feature on myuhc.com® is a convenient way to find network medical, behavioral health, and other providers near you. Using doctors and facilities in the network typically saves you money - so staying in network makes sense. Depending on your plan, visiting an out-of-network provider may not be covered at all.

### Find medical and behavioral providers in your network

- 1** Go to **myuhc.com**
- 2** Select **Find a Provider**
- 3** Choose Medical Directory for medical providers or Behavioral Health Directory for behavioral health providers
- 4** Choose Employer and Individual Plans
- 5** Scroll down and select your health plan network – **Choice**
- 6** Type in the ZIP code where you are searching for care
- 7** Finally, select the health care category you'd like to search, or use the search bar if you know the doctor's name, specialty, facility, clinic or medical group name





LifeCare 2.0

# How Your Plan Works



**Member Portal**  
Scan the QR code

Extraordinary member advocacy means you have an expert to help you navigate the complex healthcare system.

## 1 Before Your Appointment

### ClaimDOC explains the plan and claim submissions to providers

If necessary, this may include creating mutually beneficial patient agreements for specific procedures or periods of time. If your provider has additional questions, they should contact ClaimDOC at 1-888-330-7295.



## 2 At Your Appointment

### Present your medical plan ID card

The back of the ID card has information providers will need, including the claims submission address and electronic payor ID for the plan administrator, Assured Benefits Administrators.

## 3 After Your Appointment

### Review your Explanation of Benefits (EOB)

Members are only responsible for applicable copays, coinsurance and deductible up to the out-of-pocket maximum for the plan year. Remember, if you have any questions about the plan or what to pay, call a Member Advocate at 1-888-330-7295.



## 4 Only Pay Your Patient Responsibility

### Don't forget to open your mail and compare the EOB to the bill

If you receive a bill for more than the Patient Responsibility stated on the Explanation of Benefits (EOB), call 1-888-330-7295 to speak to a ClaimDOC Member Advocate for next steps. Member Advocates are here to support you!





## LifeCare 2.0

### Scheduling Appointments With Your Providers

You are enrolled in an employer-sponsored open-access health plan that is self-funded by LifeCare 2.0. In some cases, the front-desk representative at your provider's office may not be familiar with your health plan and may need additional guidance to understand and program the information in their system.

A ClaimDOC Member Advocate may communicate with your provider before your first appointment, so we encourage you to nominate your provider by visiting [portal.claim-doc.com](https://portal.claim-doc.com), emailing the ClaimDOC Provider Nomination Form to [membersupport@claim-doc.com](mailto:membersupport@claim-doc.com), or calling **1-888-330-7295**. This ensures that your provider has the necessary information about your health plan and can submit claims on your behalf.

If you did not connect with ClaimDOC before scheduling an appointment, the information below will assist you with answering common questions your provider's office may ask:

#### **WHAT IS THE NAME OF YOUR INSURANCE PLAN?**

LifeCare 2.0 Health Plan

#### **WHICH NETWORK DO YOU USE?**

LifeCare 2.0 Health Plan does not utilize a network for physician or facility services. The plan is open access, and all claims are reimbursed at an "in-network" benefit level, regardless of the source of care.

#### **WHO IS THE CARRIER?**

The carrier is LifeCare 2.0. This is an employer-sponsored health plan, self-funded by LifeCare 2.0. Claims may be submitted to the plan administrator, Assured Benefits Administrators. The address and payor ID are located on the back of my ID card. **ABA 800-247-7114    abadmin.com**

**Address:** PO Box 211517 Eagan, MN 55121 **EDI Payor ID:** 74240

## Prescription Drug/Pharmacy

	Tier 1 Generic	Tier 2 Preferred Brand	Tier 3 Non-Preferred Brand
<b>Copay Plans</b>			
31 Day Supply – Retail	\$0 Copay	\$25 Copay	\$65 Copay
90 Day Supply – Preferred Retail Mail Order	\$0 Copay	\$65 Copay	\$165 Copay
31 Day Supply-Specialty	\$0 Copay	\$150 Copay	\$500 Copay
<b>HSA Plans</b>	Copays apply after plan deductible	Copays apply after plan deductible	Copays apply after plan deductible
31 Day Supply – Retail	\$0 Copay	\$25 Copay	\$65 Copay
90 Day Supply – Preferred Retail Mail Order	\$0 Copay	\$65 Copay	\$165 Copay
31 Day Supply-Specialty	\$0 Copay	\$150 Copay	\$500 Copay

For a complete list of medications or more details, please review the Summary of Benefits and Coverage documents available in the Benefits section of your Employee Self-Service account on [www.Paycom.com](http://www.Paycom.com).

VerusRx has partnered with Amazon Pharmacy to provide the fastest way to deliver your prescriptions directly to your door. Please visit [pharmacy.amazon.com/how-it-works](http://pharmacy.amazon.com/how-it-works) or call Customer Service at 800-838-0007 for mail-order prescriptions.

VerusRx has partnered with CVS Specialty to fill your specialty prescriptions. You can choose pick-up or home delivery at no extra cost, and digital tools to help you manage your prescriptions on your schedule. For mail-order prescriptions, please visit [www.CVSppeciality.com/go](http://www.CVSppeciality.com/go) or call Customer Service at 800-838-0007.

For a complete list of network pharmacies, visit [verusrx.myrxplan.com/login](http://verusrx.myrxplan.com/login). Major chains include CVS, Walgreens, Walmart, Costco, and RiteAid, and supermarkets include Albertsons, HEB, Publix, and Kroger.

## Health Savings Account (HSA)

Associates enrolled in the HSA3000 or HSA4500 medical plans may be eligible to contribute to an HSA to save tax-free dollars to pay for out-of-pocket health care expenses. LifeCare will contribute to associates' HSA on a per-pay period basis, matching an associate's contributions up to a bi-weekly maximum.

An HSA plan combines a medical plan with a Health Savings Account. With an HSA plan, you must meet your calendar year deductible before the co-pays and/or co-insurance benefits apply. All expenses, except preventive care, are applied to the plan deductible first, including prescriptions.

The advantage of the HSA plans is employee premiums may be less than the co-pay plan premiums, plus the company will match bi-weekly contributions to your HSA if you choose an HSA plan. These funds may be used to pay for eligible medical expenses such as, but not limited to, doctor visits and prescriptions. To receive the employer-matching HSA contribution, all employees enrolled in an HSA plan must open an HSA account with HSA Bank. Lifecare will contribute the employer match to associates' HSA per pay period, matching an associate's contributions up to a bi-weekly maximum.

HSA Plan Bi-Weekly Employer Maximum Match – HSA Plan Enrollees ONLY		
	Max Bi-Weekly Contributions	Max Annual Contributions
Employee Only	\$19.23	\$500.00
Employee + Spouse	\$38.46	\$1,000.00
Employee + Child	\$38.46	\$1,000.00
Employee + Family	\$38.46	\$1,000.00

You are encouraged to take full advantage of the tax savings and the company match by contributing to your HSA. The IRS limits the amount that can be contributed to an HSA account annually. Both the employer and the employee HSA contributions are on a pre-tax basis. If you or your spouse is 55 or older, you may elect to contribute an additional \$1,000 catch-up contribution for yourself and/or your spouse in 2024.

Combined annual IRS limits:	<a href="#">Individual Limits</a>	<a href="#">Family Limits</a>
	\$3,850 (2023)	\$7,750 (2023)
	\$4,150 (2024)	\$8,300 (2024)

What are the benefits of an HSA? An HSA is very similar to an IRA in that:

- Pre-tax dollars can be used to pay for qualified expenses.
- You are in control of more of your healthcare decisions.
- Funds left in an HSA can grow tax-deferred.
- Your account stays with you even if you change employers.
- After age 65, you can withdraw your funds, and they are only taxed as ordinary income

What expenses are qualified medical expenses? Qualified expenses include most normal medical, dental and vision expenses such as:

- Doctor visits
- Prescription drugs
- Dental services
- Vision care (including contact lenses, glasses, and Lasik surgery)
- View a complete list of eligible expenses on the [www.insuranceisboring.com](http://www.insuranceisboring.com) website

Note: Accounts not opened within 90 days of enrollment effective date will not receive match for the time period when the account was not open/active.

## Dental

LifeCare Offers two dental plans, as well as optional orthodontic coverage. View the chart below to compare the plan options.

	UHC DPPO	UHC DHMO
<b>Annual Deductible</b>	\$50 Individual \$150 per family	None
<b>Annual Benefit Maximum</b>	\$2,000	No maximum
<b>Lifetime Orthodontics Benefit Maximum / person</b>	\$2,000 *Only if Ortho elected	No maximum
<b>Cleaning &amp; Exams</b>	100%	100%
<b>Basic Dental Procedures</b>	80%	Costs vary depending on service
<b>Major Dental Procedures</b>	50%	Costs vary depending on service
	May select between Basic DPPO or DPPO with Ortho	Must select an in-network primary care dentist prior to obtaining services

Provider finder website: [www.myuhc.com](http://www.myuhc.com)

For the PPO, the network is National Options PPO30, and the DHMO is called TX Select Managed Care DHMO.

## Vision

LifeCare offers vision insurance through MetLife - VSP. The chart below outlines the plan coverage.

	Benefits In-Network
<b>Eye Exam</b> - once every 12 months	\$10 copay
<b>Retinal imaging</b>	\$39 copay
<b>Lenses</b> - once every 12 months	\$25 copay \$150 allowance
<b>Frames</b> - once every 12 months	\$25 copay \$150 allowance
<b>Contact lenses</b>	\$25 copay \$150 allowance
<b>Laser Vision Correction</b>	Discounted Services Available

For more details, or to see Out-of-Network benefits for Dental and Vision, please review the Summary of Benefits.



# Things to Know

## Spousal Surcharge

Hospital and support center associates who enroll a spouse in a LifeCare medical plan may be required to complete a spousal surcharge verification form. If an associate's spouse is eligible for other employer-sponsored healthcare coverage (not including Medicare), the associate will be required to pay a \$50 surcharge per pay period.

Associates must complete the spousal verification form if they attest that their spouse is not eligible for other coverage. This form is due within 30 days of an associate's benefit effective date and by December 15th each year during annual enrollment. Associates who do not complete this form on time will be assessed the surcharge.

**Benefits Available at Additional Cost**

## Employee Life and AD&D

1 -5X annual base pay rounded to the next \$10,000; \$500,000 max\*

## Spouse Life and AD&D Insurance

You may elect coverage for your spouse in \$10,000 increments to a maximum of either \$250,000 or 100% of your optional Life and AD&D coverage\*\*

## Child Life and AD&D Insurance

Child life insurance is available for unmarried children ages 14 days to 18 years, 19- 26 years primarily supported by you and 19+ years primarily supported by you and incapable of self-support due to a mental or physical handicap.

You may elect coverage of \$10,000 per child over 6 months or \$1,000 for children ages 14 days to 6 months.

## Short-Term Disability

Short-term disability coverage is available at 66.67% of weekly base pay up to a maximum of \$1,000 per week++. Benefit will begin on the first day of an accident or after a seven-day elimination period for illness. If approved, you may receive the benefit for up to 13 weeks.

If your annual base salary exceeds \$77,000, you will have the opportunity to purchase additional coverage up to a weekly benefit of \$2,500.

## Long-Term Disability Buy-Up

Long-term disability coverage is available at 40% of your annual base pay up to a maximum of \$5,000 per month. Buy-up long-term disability coverage available at 20% of annual base pay (for a total of 60%) to a maximum benefit of \$7,500 per month.

\*Benefits reduced to 65% at age 65 and 50% at age 70

+ Evidence of insurability is required for any new hire who elects Optional Employee Life and AD&D in an amount over the guaranteed issue amount of \$150,000 or for any associate who adds any amount during the year

\*\*Evidence of insurability is required for Optional Spouse Life and AD&D if coverage is over the guaranteed issue amount of \$30,000 or for any amount added during the year

++ All associates enrolled in coverage will be subject to pre-existing condition limitations (PCL). There is a three-month look back period from the effective date. Once the policy is in place for 12 months, PCL will not apply.



## Flexible Spending Accounts

### Health Care FSA

Contribute up to \$3,200 pretax via payroll deduction for eligible health care expenses for you and your family. To file a claim, call **888-345-7990** or visit [www.myflexaccount.com](http://www.myflexaccount.com).

### Dependent Care FSA

Contribute up to \$5,000 pretax via payroll deduction per family to cover eligible dependent care expenses.

**Note:** If enrolled in an HSA medical plan, you cannot contribute to a health care FSA. At the end of the year, you may roll over up to \$640, and you will lose any excess unused money contributed to a health care or dependent care FSA.

## MetLife Benefits

### METLAW HYATT LEGAL PLAN

Receive fully covered service for frequently needed legal matters, including wills, trusts, house closings, and personal legal problems.

### FARMERS AUTO/HOME

Personal insurance coverage is available for auto, home, boat, condo, motor home, and renter's insurance, up to a 20% discount available.

For more details on all available 1-800-438-6381.

## Colonial Benefits

### GROUP HOSPITAL CONFINEMENT INDEMNITY INSURANCE

An indemnity plan to help cover out-of-pocket expenses associated with a covered hospital stay, outpatient surgeries, diagnostic procedures, and health screenings.

### GROUP ACCIDENT

An indemnity plan to help with the out-of-pocket medical and non-medical expenses associated with an accident.

### GROUP SPECIFIC DISEASE

A critical illness and cancer policy that provides both lump-sum and monthly benefits for extended treatment of cancer. This plan is HSA-compliant and portable.

### DISABILITY 1000 (PRN AND PART-TIME ASSOCIATES ONLY)

An individual short-term disability plan that provides coverage for off-job accidents and sickness by replacing a portion of your income - includes a partial disability benefit, portability, worldwide coverage, and a waiver of premium.

## Wellness

### Physical Wellness

#### Lyric Virtual Visits 24 /7

When it's in the middle of the night and you or a loved one is hurt or sick.... When you can't wait for a doctor's appointment.... When you are unsure if you should seek medical care.... Talk with a doctor. They're here for you and can help you decide what kind of care is necessary. Contact toll-free at 866-223-8831 or online [getlyric.com](https://getlyric.com).

#### ICM DISEASE MANAGEMENT

A disease management program through ICM, this program allows for those with chronic health conditions to connect with a dedicated contact. A health advocate may contact you to get this started or you can call at any time. This program will help you manage your chronic health condition, follow a personal care plan, identify health risks that affect your condition, improve your lifestyle through coping with stress, quitting tobacco use, maintaining good eating habits, or managing or losing weight. For more information, contact ICM directly at 1-800-862-3338.

Get support throughout your pregnancy.

Learn what to expect, how to stay healthy, and how to manage your health through pregnancy and postpartum with various resources and tools offered by ICM. Call 800-862-3338 to get more information.

#### ICM Case Management

Complex medical conditions can be very stressful. ICM's Case Management program is designed to help members cope with a variety of complex conditions. Each member enrolled in the Case Management Program is assigned a specific nurse to help coordinate care.

## Virtual Urgent Care and Behavioral Health Visits

Virtual Visits lets you video chat with a board-certified doctor 24/7. The member calls 1-866-223-8831 or logs on to their member portal at [www.getlyric.com](http://www.getlyric.com). If you would rather speak with a doctor, you can do a Virtual Visit over the phone. Call 1-866-223-8831.

You can also access virtual counseling, Psychologist services, and Psychiatrist services.

Common ailments for telehealth are sore throat, headaches, stomachache, fever, cold and flu, allergies, rash, acne, UTI, and more. Remember, Virtual Visit services are only available for minor, non-life-threatening conditions. In an emergency, dial 9-1-1 or go to the nearest hospital.

## Employee Assistance Resources

LifeCare understands that when personal problems arise, many choose to cope alone, which can result in negative consequences at home and the workplace. That is why LifeCare also partners with New York Life to offer Employee Assistance to associates as an easy and convenient way to find the help they need. These resources can provide support and solutions, whether it is an emotional, legal, or financial issue. All Full-Time associates may participate in this program by visiting [guidanceresources.com](http://guidanceresources.com) or calling **800.344-9752**.



## Financial Wellness

### TUITION ASSISTANCE

Tuition assistance is available to Full-time LifeCare associates with at least six months of service who wish to pursue advanced education. For more information, speak with your local HR Business Partner.

### 401(k)

Empower is the administrator for LifeCare's 401(k) savings plan. Through the plan, you have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio. LifeCare periodically reviews the 401(k) plan to ensure the fund lineup is performing to the standards defined in LifeCare's investment policy.



Empower provides online transactions, portfolio reviews, investment research, links to educational resources and services, and online statements.

### Plan Provisions

- To participate, associates must be at least age 21, classified as Full-time or Part-time, and have completed two months of service with LifeCare.
- PRN associates aged 21 or older, with at least 12 months of service, who worked at least 1,000 hours during that period are also eligible to participate in the plan.
- **New hires are auto-enrolled at a 3% pre-tax contribution rate** directed to one of the Blackrock Index Select Moderate Fund. New hires are also enrolled in the Automatic Increase Program, which automatically increases the amount you defer by 1% annually (to a maximum of 6%).
- To make changes to the items above, to increase or decrease deferral percentages, change investments, or opt out of the plan, contact Empower directly at **800-338-4015**.

### Vesting Schedule

Associates are immediately 100% vested in their contributions to the LifeCare 401(k) plan, plus any earnings, and become vested in the employer's contributions according to the schedule effective 1/1/2020.

Years of Service	Vested Percentage
0-2 Years	0%
3 Years	33.33%
4 Years	66.67%
5 Years	100%

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## **Financial, Legal, and Estate Support**

New York Life Group Benefits Solutions provides financial, legal, and estate support at no additional costs. Contact 800-344-9752 or [guidanceresources.com](http://guidanceresources.com). (Web ID: NYLGBS)

FinancialConnect provides unlimited access to qualified experts, including CPAs, CFPs, and other financial professionals, to help guide you.

LegalConnect provides unlimited phone consultation with a staff of attorneys who can provide legal guidance.

EstateGuidance is a user-friendly online tool for writing your last will and testament, living will, and documents outlining your final wishes quickly, easily, and cost-effectively.

## **Additional Protection When You Travel**

NYL GBS Secure Travel offers pre-trip planning, travel assistance, and emergency medical transportation benefits for covered persons traveling 100 miles or more from home. To learn more, call 888-226-4567.

## **Survivor Assistance**

Survivor assurance for beneficiaries from New York Life. Losing a loved one is difficult. NYL provides survivor support for the beneficiaries when they need it most.

<http://www.nylgbssurvivorassurance.com>.

For bereavement support, contact the bereavement program at 888-842-4462 x 1013382.

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# Regulatory Information

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Date: January 1, 2024

Name of Entity: LifeCare 2.0 Management Services, LLC

Contact: Human Resources

Address: 15305 Dallas Parkway, Suite 1000  
Addison, TX 75001

Phone: 469-907-6010

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## **WOMEN'S HEALTH AND CANCER RIGHTS ACT**

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- Reconstruction of the breast on which a mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Protheses
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same annual deductibles and coinsurance provisions which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Human Resources at 469-907-6010.

## **HIPAA PRIVACY AND SECURITY**

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. The Notice of Privacy Practices has been recently updated. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at contact your HR representative.

## **HIPAA SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

### **PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.



If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

### **SUMMARIES OF BENEFITS AND COVERAGE**

As part of the Affordable Care Act (ACA), Summaries of Benefits and Coverage (SBCs) were created to provide easy-to-understand descriptions of the medical plan coverage available to you. They are designed to help you better understand, compare, and evaluate your medical plan choices.

You may find the SBCs for your medical plan choices as well as a helpful Glossary of Health Coverage and Medical Terms during your enrollment window at [www.Paycom.com](http://www.Paycom.com).