



**2021-2022**

# **EMPLOYEE BENEFIT GUIDE**



# CONTACTS & NOTICES

<b>MEDICAL :: EMI Health</b> 800.662.5851	<a href="http://www.emihealth.com">www.emihealth.com</a>	<b>EAP :: UNUM</b> 800.854.1446	<a href="http://unum.com/lifebalance">unum.com/lifebalance</a>
<b>TELEHEALTH (WellVia) :: EMI Health</b> 877.872.0370	<a href="http://www.wellviasolutions.com">www.wellviasolutions.com</a>	<b>TELEHEALTH :: HealthiestYou</b> 866.703.1259	<a href="http://healthiestyou.com">healthiestyou.com</a>
<b>HSA :: Health Equity</b> 866.346.5800	<a href="http://www.healthequity.com">www.healthequity.com</a>	<b>IDENTITY THEFT PROTECTION :: MyIDCare</b> 800.939.4170	<a href="http://myidcare.com">myidcare.com</a>
<b>FSA :: NBS</b> 800.274.0503	<a href="http://www.nbsbenefits.com">www.nbsbenefits.com</a>	<b>PET INSURANCE :: Nationwide</b> 877.738.7874	<a href="http://www.petinsurance.com/stratushr">www.petinsurance.com/stratushr</a>
<b>DENTAL :: Dental Select</b> 800.999.9789	<a href="http://www.dentalselect.com">www.dentalselect.com</a>	<b>METLIFE LEGAL PLANS :: MetLife</b> 800.821.6400	<a href="http://www.metlife.com">www.metlife.com</a>
<b>VISION :: Opticare</b> 801.797.2538	<a href="http://www.opticarevisionservices.com">www.opticarevisionservices.com</a>	<b>AUTO &amp; HOME :: MetLife</b> 800.GET.MET8 (800.438.6388)	<a href="http://www.metlife.com/stratushr">www.metlife.com/stratushr</a>
<b>LIFE &amp; DISABILITY :: UNUM</b> 800.635.5597	<a href="http://www.unum.com">www.unum.com</a>	<b>Stratus.hr :: 8:30 am—5:30 pm (MST)</b>	
<b>ANCILLARY BENEFITS :: MetLife</b> 800.GET.MET8 (800.438.6388)	<a href="http://www.metlife.com">www.metlife.com</a>	<b>Human Resources :: 801.984.1331</b>	<a href="mailto:hr@stratus.hr">hr@stratus.hr</a>
		<b>Benefits :: 801.984.1326</b>	<a href="mailto:benefits@stratus.hr">benefits@stratus.hr</a>
		<b>Payroll :: 801.984.1328</b>	<a href="mailto:payroll@stratus.hr">payroll@stratus.hr</a>

## WELCOME TO YOUR 2021-2022 BENEFIT PACKAGE

The employee benefit programs described in this guide are effective **2021-2022**. The information in this guide is a summary of **Neighborhood House's** benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will prevail if there is any inconsistency between the information in this guide and the programs, policies, or contracts, or any subsequent change in such plans, programs, policies, or contracts.

If you have any questions, we encourage you to contact your HR Consultant, insurance provider, or Stratus.hr to clarify coverage or assist with any unresolved questions or concerns.

## IRS REGULATIONS

Failure to meet IRS deadlines will affect your insurance coverage! IRS regulations govern how and when an employee may make cafeteria plan elections and changes to those elections. These rules require that employers enforce firm deadlines with respect to employee benefit enrollment forms and the related cafeteria plan elections. This means that we cannot accept forms turned in after open enrollment ends. Furthermore, if you experience a qualifying event allowing you to add, drop or modify your coverage and related cafeteria plan election mid-year, we must be notified of such event and the required forms must be completed generally within **30 days** of such event, or you cannot make the change. In addition, please be aware that with the exception of birth, adoption or placement for adoption of a child, any cafeteria plan election changes can only be implemented prospectively, i.e., on the first paycheck or period of coverage following our receipt of the form. Therefore, if you are making a change based on a qualifying event other than a new child, and you want changes implemented as of the date of the event, you must inform us of the change and turn in your form before such event occurs. If you do not turn in your form on time, you will not receive coverage or be able to change your elections mid-year unless you have a special enrollment opportunity.

## NOTICES & DISCLOSURES

As an employee and participant in the employee benefit program(s), you and your beneficiaries may have various rights and privileges related to these programs. Laws governing health care require us to provide you with these notifications. The following is a summary of a few of the important notices. A complete listing may be found in the benefit library. See the plan administrator for further details.

## MEDICARE PART D

If you have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. For more information visit: [www.medicare.gov/part-d/](http://www.medicare.gov/part-d/) or contact Stratus.hr for more information.

## HIPAA PRIVACY NOTICE

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employee's rights with regard to their personal health information. If you have any questions regarding this Federal regulation please visit [www.hhs.gov/hipaa/](http://www.hhs.gov/hipaa/) or contact Stratus.hr.



# ENROLLMENT INFORMATION

## PLAN DETAILS

Benefits begin **April 1, 2021** and continue through **March 31, 2022**. You may change your benefit election as you desire until the enrollment period ends. **Once the Enrollment Period has ended, you may not make new or change existing benefit elections.** If you waived coverage at eligibility, want to make plan changes, or want to add a dependent, you may do so during open enrollment or at the time that you experience a qualified life event (see Qualifying Life Events for more details).

**Voluntary Benefits** are not sponsored by your employer, including for purposes of Federal and State law, therefore Federal ERISA law is inapplicable. Some Voluntary benefit premiums are taken on a post-tax vs. a pre-tax benefit basis. Any additional questions, please contact Stratus.hr.

**Please Note:** Federal law requires that you provide a valid Social Security Number (SSN), current address and date of birth for each person to be covered by any plan sponsored by your employer (yourself, your spouse, and all dependent children).

## ELIGIBILITY

Eligibility is determined at your date of hire. To be eligible to participate, you must be a full-time employee working at least **30 hours** per week. Coverage will begin the **first of the month following 60 days from date of hire** (provided online enrollment/forms are properly submitted). Employees hired after the plan year begins will select their coverage choices for the remainder of the Plan year at the time of eligibility. All necessary enrollment and change forms are available online through your employee portal.

You may enroll when you first become eligible for coverage i.e.: after your new hire waiting period, at open enrollment, or when you experience a life event (see Qualifying Life Events for more details). Employees may enroll eligible dependents; see your Summary Plan Description's definition of Dependent (children less than 26 years of age).

**QUALIFYING LIFE EVENTS** - You may qualify for a Special Enrollment Period for 30 days from the life event.

The following qualified life events allow you to change your benefits outside of open enrollment:

- Divorce or legal separation
- Marriage
- Change in number of dependents
- Change in employment status (employee, spouse or eligible dependent) that causes loss of eligibility
- Dependent ceases to satisfy eligibility requirements
- Change in residence that causes loss of eligibility
- Significant changes in company benefit plan(s), including cost change, significant coverage curtailment, additional or significant improvement of company-offered benefits
- Change in coverage under another employer plan (including mandatory or optional change from your spouse's employer and change initiated by your spouse)
- Loss of coverage from government plans/programs or educational institution
- COBRA qualifying event (termination/reduction of hours, employee death, divorce/legal separation, ceasing to be a dependent)
- Other changes resulting from a judgment, decree, or order; Medicare or Medicaid entitlement; or FMLA leave of absence
- Changes in CHIP eligibility or CHIP subsidy eligibility (60 days)

## WAIVING COVERAGE

If you decide that you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive your existing coverage. If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage, you may in the future be entitled to enroll yourself and/or your dependents on the plan(s), providing that you request enrollment within 30 days after your other coverage ends.

**ONLINE ENROLLMENT** - Directions for enrolling in your benefits:

You will need to use a laptop or desktop computer to complete this process. Please navigate to <https://stratus.hr/> and click on the blue login button in the top right hand corner. Once logged in, click on your profile image in the upper right corner and select "Benefits Portal". Our enrollment portal will open in a new tab so you will want to ensure you've allowed for pop-ups on our site. Click "Start your Enrollment" and follow each of the required steps to complete your enrollment. You will know when you have walked through your enrollment in full when you reach the page that states your enrollment is complete and you have the ability to view or print your confirmation statement.



Administered by Educators Health Plans Life, Accident, and Health, Inc.

EMI Health Customer Service 801-270-2880 or 1-800-662-5851

Self Funded Employee Medical Benefit Plan

All services are subject to the EMI Health Maximum Allowable Charge. When using a Non-participating Provider, the Covered Person is responsible for all fees in excess of the Maximum Allowable Charge.

Stratus.hr PEO 2020-2021 Contract Year Option 4	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
<b>GENERAL INFORMATION</b>	<b>YOU PAY</b>	
Benefit Accumulator	Calendar Year	
Dependent Age Limit	26	
Out-of-Pocket Maximum (Per Person/Family Per Year). Please note *	\$6,000 / \$12,000	\$12,000 / \$24,000
Medical Deductible (Per Person/Family Per Year). Please note ♦	\$1,000 / \$2,000	\$3,000 / \$6,000
Non-Preauthorization Patient Penalty	Not Applicable	50% Reduction in Benefits
Non-Preauthorization Provider Sanction	50% Reduction in Payment	Not Applicable
<b>PRESCRIPTION DRUG BENEFITS (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)</b>	<b>YOU PAY</b>	
Participating Pharmacy (30 day supply)	Generic - \$10 Preferred - 25% Non-Preferred - 50%	
Non-Participating Pharmacy	Not Covered	
Mail Order (90 day supply)	Generic - \$25 Preferred - 25% Non-Preferred - 50%	
Specialty Pharmacy (90 day supply) All fills must be purchased through Express Scripts Specialty Pharmacy.	25% (\$250 Max)	
Specialty Pharmacy SaveOnSP Program 1-800-683-1074 <a href="http://emihealth.com/pdf/saveon.pdf">http://emihealth.com/pdf/saveon.pdf</a>	Must enroll to receive: \$0 Copay	
<b>PREVENTIVE SERVICES</b>	<b>YOU PAY</b>	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Immunizations	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
<b>PHYSICIAN &amp; PROFESSIONAL SERVICES</b>	<b>YOU PAY</b>	
Physician Office Visits (primary care)	\$30	♦50%
Physician Office Visits (secondary care)	\$50	♦50%
Physician Office Visits (after hours)	\$50	♦50%
Physician Visits (Inpatient)	♦20%	♦50%
Physician Visits (Outpatient)	♦20%	♦50%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	♦20%	♦50%
Minor Diagnostic Test, Radiology, Lab (office)	Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Inpatient)	♦20%	♦50%
Minor Diagnostic Test, Radiology, Lab (Outpatient)	Covered 100%	♦50%
Injections (office)	Covered 100%	♦50%
Surgery (office)	Covered 100%	♦50%
Surgery (Inpatient)	♦20%	♦50%
Surgery (Outpatient)	♦20%	♦50%
Anesthesiology (office)	Covered 100%	♦50%
Anesthesiology (Inpatient)	♦20%	♦50%
Anesthesiology (Outpatient)	♦20%	♦50%
Routine Prenatal & Delivery (Dependent maternity included)	♦20%	♦50%
Home Health and Hospice Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	♦20%	♦50%
Rehabilitation Therapy (Outpatient physical, speech, occupational, cardiac, or pulmonary - 20 visits PER TYPE per Year)	\$30	♦50%
Chiropractic Therapy (30 visits per Year)	\$30	♦50%
Allergy Testing	20%	♦50%



Stratus.hr PEO 2020-2021 Contract Year Option 4	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Allergy Treatment/Serum	20%	◆50%
<b>HOSPITAL/FACILITY BENEFITS</b> (Physician & Professional Services are not included in this section.)	<b>YOU PAY</b>	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	◆20%	◆50%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	◆20%	◆50%
Skilled Nursing Facility (30 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	◆20%	◆50%
Medical/Surgical Care (Outpatient)	◆20%	◆50%
Emergency Room (ER)	\$350	\$350
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	◆20%	◆50%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	◆20%	◆50%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	Covered 100%	◆50%
Newborn	20%	50%
InstaCare/Urgent Care Clinic	\$50	◆50%
Eligible Preventive Services	Covered 100%	Not Covered
<b>REHABILITATION THERAPY BENEFIT</b>	<b>YOU PAY</b>	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (40 days per person per Year)	◆20%	◆50%
<b>ACCIDENT AND LIFE THREATENING CONDITION</b>	<b>YOU PAY</b>	
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	Covered as a Participating Benefit to the Maximum Allowable Charge
Ambulance Land/Air (Accident & Life-threatening)	◆20%	
Orthodontic Injury Treatment	◆*50%	
Dental Injury Treatment	◆20%	
<b>TRANSPLANT BENEFIT</b>	<b>YOU PAY</b>	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	Covered as any other condition	Not Covered
<b>MEDICAL SUPPLIES &amp; EQUIPMENT</b>	<b>YOU PAY</b>	
Diabetic Testing Supplies (90 day supply)	25%	◆50%
Medical Supplies	◆20%	◆50%
Medical Supplies (office)	Covered 100%	◆50%
Durable Medical Equipment/Prosthetics/Orthotic Devices	◆20%	◆50%
Orthotic Supplies (foot inserts & arch supports)	◆20%	◆50%
Growth Hormone	◆20%	◆50%
<b>MENTAL HEALTH &amp; DRUG/ALCOHOL TREATMENT</b>	<b>YOU PAY</b>	
Inpatient Services (non-residential)	◆20%	◆50%
Residential Treatment (30 days per Year)	◆20%	◆50%
Outpatient Services	◆20%	◆50%
Physician Office Visits Psychologist / LCSW / APRN / Psychiatrist	\$30	◆50%
<b>ADDITIONAL BENEFITS</b>	<b>YOU PAY</b>	
Adoption Indemnity Benefit	The Plan pays a maximum of \$4,000 towards adoption expenses.	
TMJ Syndrome diagnosis & non-surgical treatment	◆*50%	Not Covered
Orthognathic/Mandibular Osteotomy	◆*50%	Not Covered
Total Parenteral Nutrition (TPN)	◆*50%	Not Covered
Initial assessment and diagnosis of Primary Infertility	◆*50%	Not Covered
Reduction Mammoplasty	◆*50%	Not Covered
Autism Applied Behavior Analysis	◆20%	◆50%
Services designated ◆ are subject to first dollar Medical Deductible		
Services designated *, premiums, balance-billed charges, charges for services this Plan doesn't cover, amounts in excess of benefit limits, and penalties for failure to obtain Preauthorization, do not accumulate toward your Out-of-pocket Maximum.		
<b>PROVIDER NETWORK</b>		
Utah	EMI Health Care Plus	
Outside of Utah	Cigna PPO	

PLEASE NOTE: This is a summary only and does not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Plan document and in the Summary Plan Description (SPD)/handbook of the Plan. Any discrepancies between this summary, the SPD/handbook, and the Plan document are resolved in favor of the Plan document. For more information, including Preauthorization, refer to the SPD/ handbook or the Plan document, or contact EMI Health Customer Service Department.



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 EMI Health Customer Service 801-270-2880 or 1-800-662-5851  
 Self Funded Employee Medical Benefit Plan

**All services are subject to the EMI Health Maximum Allowable Charge. When using a Non-participating Provider, the Covered Person is responsible for all fees in excess of the Maximum Allowable Charge.**

Stratus.hr PEO 2020-2021 Contract Year Option 9 QHDHP	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
<b>GENERAL INFORMATION</b>	<b>YOU PAY</b>	
Benefit Accumulator	Calendar Year	
Dependent Age Limit	26	
Out-of-Pocket Maximum (Per Person/Family Per Year)	\$5,000 / \$10,000	\$10,000 / \$20,000
Medical Deductible (Per Person/Family Per Year). Please note ♦	\$3,000 / \$6,000	\$6,000 / \$12,000
Non-Preauthorization Patient Penalty	Not Applicable	50% Reduction in Benefits
Non-Preauthorization Provider Sanction	50% Reduction in Payment	Not Applicable
<b>PRESCRIPTION DRUG BENEFITS (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)</b>	<b>YOU PAY</b>	
Participating Pharmacy (30 day supply)	♦ Generic - \$7 ♦ Preferred - \$21 ♦ Non-Preferred - \$42	
Non-Participating Pharmacy	Not Covered	
Mail Order (90 day supply)	♦ Generic - \$7 ♦ Preferred - \$42 ♦ Non-Preferred - \$126	
Specialty Pharmacy (90 day supply) All fills must be purchased through Express Scripts Specialty Pharmacy.	♦ 25% (\$250 Max)	
<b>PREVENTIVE SERVICES</b>	<b>YOU PAY</b>	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Immunizations	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
<b>PHYSICIAN &amp; PROFESSIONAL SERVICES</b>	<b>YOU PAY</b>	
Physician Office Visits (primary care)	♦ \$15	♦ 40%
Physician Office Visits (secondary care)	♦ \$25	♦ 40%
Physician Office Visits (after hours)	♦ \$25	♦ 40%
Physician Visits (Inpatient)	♦ 20%	♦ 40%
Physician Visits (Outpatient)	♦ 20%	♦ 40%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	♦ 20%	♦ 40%
Minor Diagnostic Test, Radiology, Lab (office)	♦ Covered 100%	♦ 40%
Minor Diagnostic Test, Radiology, Lab (Inpatient)	♦ 20%	♦ 40%
Minor Diagnostic Test, Radiology, Lab (Outpatient)	♦ Covered 100%	♦ 40%
Injections (office)	♦ 20%	♦ 40%
Surgery (office)	♦ 20%	♦ 40%
Surgery (Inpatient)	♦ 20%	♦ 40%
Surgery (Outpatient)	♦ 20%	♦ 40%
Anesthesiology (office)	♦ 20%	♦ 40%
Anesthesiology (Inpatient)	♦ 20%	♦ 40%
Anesthesiology (Outpatient)	♦ 20%	♦ 40%
Routine Prenatal & Delivery (Dependent maternity included)	♦ 20%	♦ 40%
Home Health and Hospice Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	♦ 20%	♦ 40%
Rehabilitation Therapy (Outpatient physical, speech, occupational, cardiac, or pulmonary - 20 visits PER TYPE per Year)	♦ \$25	♦ 40%
Chiropractic Therapy (30 visits per Year)	♦ 20%	♦ 40%
Allergy Testing	♦ 20%	♦ 40%

Stratus.hr PEO 2020-2021 Contract Year Option 9 QHDHP	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Allergy Treatment/Serum	♦20%	♦40%
HOSPITAL/FACILITY BENEFITS (Physician & Professional Services are not included in this section.)	YOU PAY	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	♦20%	♦40%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	♦20%	♦40%
Skilled Nursing Facility (30 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	♦20%	♦40%
Medical/Surgical Care (Outpatient)	♦20%	♦40%
Emergency Room (ER)	♦\$75	♦\$75
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	♦20%	♦40%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	♦20%	♦40%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	♦Covered 100%	♦40%
Newborn	♦20%	♦40%
InstaCare/Urgent Care Clinic	♦\$35	♦40%
Eligible Preventive Services	Covered 100%	Not Covered
REHABILITATION THERAPY BENEFIT	YOU PAY	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (40 days per person per Year)	♦20%	♦40%
ACCIDENT AND LIFE THREATENING CONDITION	YOU PAY	
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	Covered as a Participating Benefit to the Maximum Allowable Charge
Ambulance Land/Air (Accident & Life-threatening)	♦20%	
Orthodontic Injury Treatment	♦20%	
Dental Injury Treatment	♦20%	
TRANSPLANT BENEFIT	YOU PAY	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	Covered as any other condition	Not Covered
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY	
Diabetic Testing Supplies (90 day supply)	♦\$42	♦40%
Medical Supplies	♦20%	♦40%
Medical Supplies (office)	♦20%	♦40%
Durable Medical Equipment/Prosthetics/Orthotic Devices	♦20%	♦40%
Orthotic Supplies (foot inserts & arch supports)	♦20%	♦40%
Growth Hormone	♦20%	♦40%
MENTAL HEALTH & DRUG/ALCOHOL TREATMENT	YOU PAY	
Inpatient Services (non-residential)	♦20%	♦40%
Residential Treatment (30 days per Year)	♦20%	♦40%
Outpatient Services	♦20%	♦40%
Physician Office Visits Psychologist / LCSW / APRN / Psychiatrist	♦\$25	♦40%
ADDITIONAL BENEFITS	YOU PAY	
Adoption Indemnity Benefit	The Plan pays a maximum of \$4,000 towards adoption expenses.	
TMJ Syndrome diagnosis & non-surgical treatment	♦20%	Not Covered
Orthognathic/Mandibular Osteotomy	♦20%	Not Covered
Total Parenteral Nutrition (TPN)	♦20%	Not Covered
Initial assessment and diagnosis of Primary Infertility	♦20%	Not Covered
Reduction Mammoplasty	♦20%	Not Covered
Autism Applied Behavior Analysis	♦20%	♦40%

Services designated ♦ are subject to first dollar Medical Deductible

Services designated \*, premiums, balance-billed charges, charges for services this Plan doesn't cover, amounts in excess of benefit limits, and penalties for failure to obtain Preauthorization, do not accumulate toward your Out-of-pocket Maximum.

<b>PROVIDER NETWORK</b>	
Utah	EMI Health Care Plus
Outside of Utah	Cigna PPO

PLEASE NOTE: This is a summary only and does not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Plan document and in the Summary Plan Description (SPD)/handbook of the Plan. Any discrepancies between this summary, the SPD/handbook, and the Plan document are resolved in favor of the Plan document. For more information, including Preauthorization, refer to the SPD/ handbook or the Plan document, or contact EMI Health Customer Service Department.



# ADDITIONAL BENEFITS

## **METLIFE: ACCIDENT INSURANCE (100% Employee Paid)** Separate from the Employer Paid Accident Plan

Accident Insurance helps so you are better prepared to financially handle accidents when they occur.

Health Screening Benefit: This benefit pays \$50 if enrolled on the Low Plan and \$100 if enrolled on the High Plan, each year for each covered person. See Certificate of Coverage for more details

## **METLIFE: CRITICAL ILLNESS (100% Employee Paid)**

Critical Illness offers benefits to help with costs associated with critical illness when you or your insured loved ones are initially diagnosed for illnesses such as Cancer, Heart Attack, Stroke, and many more.

Health Screening Benefit: This benefit pays \$50 if enrolled on the \$15,000 Plan and \$100 if enrolled on the \$30,000 Plan, each year for each covered person. See Certificate of Coverage for more details.

## **METLIFE: HOSPITAL INDEMNITY (100% Employee Paid)**

Group Hospital Indemnity Insurance can complement your medical coverage by helping to ease the financial impact of a hospitalization. It provides a lump sum payment that can be used as you see fit for hospital admission and stays.

Health Screening Benefit: This benefit pays \$50 if enrolled on the Low Plan and \$100 if enrolled on the High Plan, each year for each covered person. See Certificate of Coverage for more details.

## **HEALTHIESTYOU: TELEHEALTH SERVICES (100% Employee Paid)** For those not enrolled in EMI medical

Did you know that over 70% of all ER, Urgent Care and Doctor's office visits can be safely and effectively handled over the phone? With HealthiestYou, you have access to a physician anywhere, any time. You also save money on medical expenses because you don't have to take time off work or pay a co-pay for a doctor's visit.

## **MYIDCARE: IDENTITY THEFT PROTECTION (100% Employee Paid)**

You're busy enough. The last thing you need to worry about is identity theft. MyIDCare provides identity theft protection to help keep you safe from fraud.

## **NATIONWIDE: PET INSURANCE (100% Employee Paid)**

My Pet Protection offers coverage for veterinary expenses as well as optional wellness coverage and is offered exclusively to employees and is not available to the general public. To learn more and get a free, no-obligation quote today, visit <http://www.petinsurance.com/stratushr> or call (877)738-7874

## **METLIFE: AUTO & HOME INSURANCE (100% Employee Paid)**

MetLife Auto & Home's group insurance program is available to you as a voluntary benefit through your employer. Maximize this company benefit and start saving up to an additional 10% right away with the Welcome Discount for NEW customers, qualify for a group discount of up to 15% off your policy, and much more. Call 1-800-GET-MET-8 (1-800-438-6388) or visit [www.metlife.com/stratus.hr](http://www.metlife.com/stratus.hr). To make the most accurate comparisons, please have your current policies with you when you call, and provide your discount code: EAQ.

## **METLIFE: METLIFE LEGAL PLANS (100% Employee Paid)**

With Metlife Legal Plans, you get access to experts who can assist you with a broad range of personal legal needs you might face throughout your life.



# HSA vs. FSA

	HSA	Stratus.hr FSA
Type of account	Health Savings Account	Health Flexible Spending Account
Who owns the account?	Individual/Employee	Employer
Who may fund the account?	Anyone can make contributions to an individual's HSA, including employer and/or employee.	Employer and/or Employee
What plans must be offered with the account?	A high deductible health plan (HDHP) that satisfies minimum annual deductible and maximum annual out-of-pocket expense requirements.	Most Health FSAs must qualify as excepted benefits to satisfy ACA reforms. To qualify as an excepted benefit, the FSA must meet a maximum benefit requirement and other group health plan coverage must be offered by the employer.
Open enrollment and plan changes	Enrollment begins when you elect the HSA account however, you must be enrolled in a HDHP plan to open an HSA. You may change your election amounts anytime throughout the year. To make changes, contact <a href="mailto:benefits@stratus.hr">benefits@stratus.hr</a> .	The enrollment window to enroll/re-enroll is November through December prior to the new plan year, unless you are a new hire and/or experience a qualifying change in Family Status as defined and limited by the IRS. The plan year for an Flexible Spending Account (FSA) runs from January 1 - December 31.
Is there an annual contribution limit?	\$3,600 Ind. \$7,200 Family (2021) <u>Catch-up contributions</u> \$1,000/year— age 55+ by end of tax year	For 2021, employees may not elect to contribute more than \$2,750 per year.
Can unused funds be rolled over from year to year?	Yes	No however, Stratus.hr's plan allows employees to carry over up to \$550 in unused funds into the next plan year.
What expenses are eligible for reimbursement?	Section 213(d) medical expenses, including: <ul style="list-style-type: none"> <li>• COBRA premiums</li> <li>• QLTC premiums</li> <li>• Health premiums while receiving unemployment benefits</li> <li>• If Medicare eligible due to age, health insurance premiums except medical supplement policies</li> </ul>	Section 213(d) medical expenses: <ul style="list-style-type: none"> <li>• Expenses for insurance premiums are not reimbursable.</li> <li>• Employer can define "eligible medical expenses"</li> </ul> <u>For HDHP Enrollees Only</u> <ul style="list-style-type: none"> <li>◆ A Limited Purpose FSA allows you to pay for dental deductibles and co-pays and vision expenses not covered by insurance. This plan does not allow you to pay for medical expenses until you have reached your HSA medical deductible. Only after your medical deductible has been met can you submit any medical-plan related expenses. Before then, you can use HSA dollars for your medical expenses.</li> </ul>
What website do I access to see eligible/non-eligible expenses?	<a href="https://www.irs.gov/publications/p502">https://www.irs.gov/publications/p502</a>	<a href="https://www.irs.gov/publications/p502">https://www.irs.gov/publications/p502</a>
Must claims be substantiated?	No	Yes
May the account reimburse non-medical expenses?	Yes, but taxed as income and 20% penalty (no penalty if distributed after death, disability, or age 65)	No
Does the uniform coverage rule apply?	No	Yes
Dependent Care	N/A	A Dependent Care FSA allows you to pay for eligible dependent care for a child under age 13, adult care expenses (including day care), care for a disabled spouse or dependent, etc. For more information on eligible and ineligible expenses visit: <a href="https://www.irs.gov/publications/p503/">www.irs.gov/publications/p503/</a>
Is there a Dependent Care annual contribution limit?	N/A	For 2021, employees may not elect to contribute more than \$5,000 per year.

Summary of Benefits for:

## UW/NEIGHBORHOOD HOUSE

### Co-Pay Plan

Gold Network

Contracted Dentist		Non-Contracted Dentist
<b>Preventive</b>		
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	See Out of Network Payment
<b>Basic</b>		
Fillings, extractions, oral surgery	Fixed Co-Pays Refer to Co-Pay Schedule	See Out of Network Payment
<b>Major</b>		
Crowns, bridges, dentures, endodontics, periodontics	Fixed Co-Pays Refer to Co-Pay Schedule	See Out of Network Payment
<b>Orthodontics</b>		
All Members:	Discounts May Apply; See Plan Notes	No Benefit
Lifetime Maximum:	No Maximum	
Waiting Period:	No Waiting Period	
<b>Maximum Benefit</b>		
<i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is: Per Calendar Year	No Maximum
<b>Deductible</b>		
<i>Applies to Basic and Major Services</i>	Per Year:	No Deductible

Summary of Benefits for:

## UW/NEIGHBORHOOD HOUSE

### PPO MAC Classic - MaxRewards

Platinum Network

Contracted Dentist		Non-Contracted Dentist
<b>Preventive</b>		
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	100% of Fee Schedule
<b>Basic</b>		
Composite fillings, extractions, endodontics, oral surgery, space maintainers, sealants	80%	80% of Fee Schedule
No Waiting Period		
<b>Major</b>		
Crowns, bridges, dentures, periodontics, implant alternate	50%	50% of Fee Schedule
No Waiting Period		
<b>Orthodontics</b>		
Children under 19	50%	50%
Waiting Periods	No Waiting Period	
Lifetime Maximum	\$1,000	
<i>All Members:</i>	Discounts May Apply; See Plan Notes	No Benefit
<b>Maximum Benefit</b>		
<i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is: \$1,500.00	
	Per Calendar Year	
<b>Deductible</b>		
<i>Applies to Basic and Major Services</i>	<i>Per Benefit Period</i>	
	Per Person: \$50.00	\$50.00
	Family Maximum: \$150.00	\$150.00

# OPTICARE PLAN:

## 10-110B

Products/Services	In-Network	Out-Of-Network
<b>Eye Exam</b>		
Eyeglass exam	\$10 Co-pay	\$40 Allowance
Contact exam	\$10 Co-pay	\$40 Allowance
Routine Dilation	100% Covered	Included above
Contact Fitting	Retail	Included above
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Bifocal (FT 28)	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
<b>Lens Options</b>		
Progressive (Standard plastic no-line)	\$50 Co-pay	
Premium Progressive Options	\$100 Co-pay	
Ultra-Premium Progressive Options	Up to 20% Discount	
Polycarbonate	25% Discount	
High Index	25% Discount	
<b>Coatings</b>		
Scratch Resistant Coating	\$10 Co-pay	
Ultra Violet protection	\$10 Co-pay	
Other Options	Up to 25% Discount	
A/R, edge polish, tints, mirrors, etc.		
<b>Frames</b>		
Allowance Based on Retail Pricing	\$110 Allowance	\$70 Allowance
<b>Additional Eyewear</b>		
Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	
<b>Contacts</b>		
Contact benefits is in lieu of lens and frame benefit.	\$110 Allowance	\$70 Allowance
Additional contact purchases:		
Conventional	Up to 20% Discount	
Disposables	Up to 10% Discount	
<b>Frequency</b>		
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months
<b>Refractive Surgery</b>		
LASIK	\$250 Off Per Eye	Not Covered

# OPTICARE PLAN:

10-150B

Products/Services	In Network	Out-Of-Network
<b>Eye Exam</b>		
Eyeglass exam	\$10 Co-pay	\$40 Allowance
Contact exam	\$10 Co-pay	\$40 Allowance
Routine Dilation	100% Covered	Included above
Contact Fitting	Retail	Included above
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Bifocal (FT 28)	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
<b>Lens Options</b>		
Progressive (Standard plastic no-line)	\$50 Co-pay	
Premium Progressive Options	\$100 Co-pay	
Ultra-Premium Progressive Options	Up to 20% Discount	
Polycarbonate	25% Discount	
High Index	25% Discount	
<b>Coatings</b>		
Scratch Resistant Coating	\$10 Co-pay	
Ultra Violet protection	\$10 Co-pay	
Other Options	Up to 25% Discount	
A/R, edge polish, tints, mirrors, etc.		
<b>Frames</b>		
Allowance Based on Retail Pricing	\$150 Allowance	\$95 Allowance
<b>Additional Eyewear</b>		
Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	
<b>Contacts</b>		
Contact benefits is in lieu of lens and frame benefit.	\$150 Allowance	\$95 Allowance
Additional contact purchases:		
Conventional	Retail	
Disposables	Retail	
<b>Frequency</b>		
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months
<b>Refractive Surgery</b>		
LASIK	\$250 Off Per Eye	Not Covered





# LIFE AND DISABILITY

## UNUM: VOLUNTARY LIFE & AD&D (100% Employee Paid)

***\* Stratus.hr is no longer providing the previous \$10,000 Basic Life Plan***

Employees will be eligible to enroll in voluntary life insurance for themselves and their eligible dependents first of the month following 60 days of full-time active employment. Supplemental Group Term Life insurance is available on a voluntary basis. This coverage is in addition to the company provided amounts and the premiums are 100% employee paid through payroll deduction. Coverage is available only to employees eligible for benefits and covered under the basic Group Term Insurance provided by Stratus.hr.

Employees may select coverage amounts (in \$10,000 increments) up to 5 x annual salary to a maximum of \$500,000. You can get up to \$250,000 with no health questions (this is your guaranteed issue amount). Spouse coverage is up to 50% of the employee's Supplemental Coverage amount up to \$250,000 (in \$5,000 increments). Get up to \$10,000 of coverage for your children.

See Certificate of Coverage for more details.

## UNUM: SHORT-TERM DISABILITY (STD) (100% Employee Paid)

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks. The coverage amount is 60% of your weekly income up to a maximum benefit of \$1,000 per week following 14 days of disability.

See Certificate of Coverage for more details.

## UNUM: LONG-TERM DISABILITY (LTD) (100% Employee Paid)

Long-Term Disability (LTD) Insurance replaces a percentage of your income on a monthly basis in the event you are unable to work due to an accident or illness. If you become disabled, you will be eligible to receive 60% of your gross salary to a maximum monthly benefit of \$6,000 following 90 days of disability.

See Certificate of Coverage for more details.

## IMPORTANT:

If you did not enroll in a Voluntary Life & AD&D, Short Term Disability, or Long-Term Disability Plan through your initial new hire enrollment you can still apply for coverage during your company's open enrollment each year, but will be required to complete the Evidence of Insurability (EOI) application. This form will be included in your online enrollment portal. Once complete, please return your form to [unumeoi@unum.com](mailto:unumeoi@unum.com). If you do not complete and return this form to UNUM within 60 days, your election will be rejected and marked as waived in our enrollment portal. If you need help completing this form, please contact our Benefits Department.

# ACCIDENT & AD&D

**METLIFE: (Employer Paid)**

## What is Accident Insurance?



Accident insurance is where enrolled employees receive a lump-sum benefit for accidental injuries. With the Stratus.hr MetLife Accident Plan, payments are provided for over 150 events in 5 different categories:

- Injuries
- Medical Services and Treatment
- Hospital
- Accidental Death and Dismemberment
- Loss and Paralysis

## Who is eligible?

To be eligible for the Stratus.hr MetLife Accident Plan, you must be an active, full-time employee. No medical exam, no age restrictions, no waiting period, no requirement to show proof of health insurance, and no hassle.

## What does this plan cover?

As a small sample of the 150 injuries covered, the Stratus.hr MetLife Accident Plan will pay the following \*benefit amounts to an enrolled employee:

Stratus.hr MetLife Accident Plan for Employees (Spouse and Dependent Accidental Death Benefit Included)			
Accidental Death Coverage		Employee Only Accident Coverage	
Type	Amount	Type	Amount
Basic Accidental Death		Ambulance	\$200
Employee	\$25,000	Emergency Care	\$50
Spouse	\$12,500	Surgical Repair: Torn Cartilage in Knee	\$500
Child	\$5,000	Admission to Hospital	\$500
Accidental Death Common Carrier		Confinement in Hospital	\$100/day
Employee	\$75,000	Inpatient Rehabilitation	\$75/day
Spouse	\$37,500	Concussion	\$200
Child	\$15,000	Skull Fracture	\$1500
Loss of one arm, leg, hand, or foot		Collar Bone	\$500
Employee	\$2,500	Knee (except patella)	\$1000
Spouse	\$2,500	Wrist	\$250
Child	\$2,500	Hip	\$1500
		Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	\$100
		Eye Injury	\$200
		Wheelchair / scooter	\$500

*\*This chart serves as a sample only. Please see benefit guide for complete details.*

Any accidents incurred from an **organized sports activity** will be paid an **extra 25% of eligible benefits**, subject to limitations described in the certificate.

# ACCIDENT & AD&D (cont.)

**METLIFE: (Employer Paid)**



## How do I collect my plan benefit in the event of an accident?

Submitting a claim is as easy as 1-2-3!

1



Visit [mybenefits.metlife.com](https://mybenefits.metlife.com) to view your certificate of insurance and to initiate your claim\* or call 866-626-3705 to obtain a claim form\*.

2



Answer some questions about your claim and upload your medical documentation to support your claim. The whole process takes just minutes!

3



Visit MyBenefits frequently to check claim status, letters and benefit payments.

## MetLife Advantages – Services or Discounts added at no additional cost:

- Digital Legacy (MetLife Infinity)
- As an added benefit your employees will be able to create an account from web, mobile and tablet devices where they can upload, store and share digital assets including pictures, videos, audio files and documents. Assets are stored in collections where employees can share with family and friends through scheduled releases now or in the future. An employee can also set up a “trusted” individual who can release collections if the user becomes unable to do so in their future.
- Funeral Discount and Planning Services As an added benefit your employees will have access to funeral discounts and planning services. Through Dignity Memorial, employees and family members will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.

# Preventive Care

## Preventive care detects potential problems early when they are easier to treat.

The Affordable Care Act (ACA) provides for preventive services rated A or B to be covered 100 percent when received by participating providers.

Preventive services are those provided when no symptoms or diagnosed medical conditions exist. For services to be covered as preventive, your doctor must bill claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copayments, coinsurance, or deductibles may apply.

## Here are some preventive services covered with no patient cost:

- Routine physical exam
- Routine vision exam
- Routine hearing exam
- Routine gynecological exam
- Routine Pap smear
- Screening mammogram
- Screening colonoscopy
- FDA-approved contraception

Immunizations recommended by the Advisory Committee on Immunizations Practices of the Center for Disease Controls and Prevention (CDC) are covered 100 percent if received from a participating provider. As of November 2017, those recommendations are as follows:

### Children

VACCINE	Birth	1 Mo	2 Mo	4 Mo	6 Mo	12 Mo	15 Mo	18 Mo	19-23 Mo	2-3 Yrs	4-6 Yrs	7-10 Yrs	11-12 Yrs	13-18 Yrs
Hepatitis B	HepB	HepB			HepB								HepB Catch Up	
Rotavirus			RV	RV	RV									
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP	DTaP Catch Up	DTaP	DTaP Catch Up
Haemophilus Influenzae Type b			Hib	Hib	Hib		Hib							
Inactivated Poliovirus			IPV	IPV		IPV					IPV			Poliovirus Catch Up
Measles, Mumps, Rubella						MMR					MMR			MMR Catch Up
Varicella						Varicella						Varicella		Varicella Catch Up
Pneumococcal			PCV	PCV	PCV	PCV								
Influenza											Influenza (Yearly)			
Hepatitis A							HepA (2 Doses)							HepA Catch Up
Meningococcal													MenACWY	MenACWY
Human Papillomavirus													HPV	HPV Catch Up

### Adults

VACCINE	19-26 Yrs	27-49 Yrs	50-59 Yrs	60-64 Yrs	≥ 65 Yrs
Diphtheria, Tetanus, Pertussis (Td/Tdap)	One dose of Tdap; then boost with Td every 10 years				
Influenza	One dose annually				
Pneumococcal	1 or 2 doses				1 dose
Zoster (Shingles)*		Shingrix® vaccine: 2-dose immunization after 50			
			Zostavax® vaccine: 1-dose after age 60		
IF NOT RECEIVED AS A CHILD					
Measles Mumps, Rubella	MMR				
Human Papillomavirus	HPV				
Varicella	Varicella				

\*Only one of the shingles vaccines are necessary. EMI Health covers both old and new vaccines. If you have already had the shingles vaccine, you do not need the new vaccine and a second, unnecessary vaccine is not covered by EMI Health.

Find the full list of preventive services at [http://bit.ly/USPSTF\\_AB](http://bit.ly/USPSTF_AB). The list is subject to change based on federal guidelines. This information does not apply to grandfathered plans. Please see your summary of benefits and member handbook on the details of your specific plan.

# TeleMedicine

**WELLVIA**  
**1-877-872-0370**

## Reach a doctor 24/7/365.

Some 70% of doctor visits can be handled over the phone, and 40% of urgent care visits can be managed using TeleMedicine. Save time and money while still getting the treatment you need through EMI Health TeleMed offered through WellVia.

## When to Use TeleMed

WellVia doctors diagnose acute, non-emergent medical conditions and prescribe medications when clinically appropriate.

Speak with a doctor anytime and pay no consultation fee rather than paying the high costs associated with office visits, urgent care visits, and emergency room visits.

Just call **1-877-872-0370**.

## Common Conditions

- Acid Reflux
- Allergies
- Asthma
- Bladder Infection
- Bronchitis
- Cold & Flu
- Constipation
- Cough
- Ear Pain\*
- Fever
- Gout
- Headache
- Hemorrhoids
- High Blood Pressure
- Joint Pain
- Nausea
- Pink Eye
- Rashes
- Sinus Conditions
- Sore Throat
- Stomach Virus
- Thyroid Conditions
- Urinary Tract Infections
- Yeast Infections

## Common Medications

- Albuterol
- Flonase
- Lipitor
- Allegra
- Ibuprofen 800 mg
- Nasonex
- Asthma
- Levaquin
- Many Others

\*In accordance with telemedicine guidelines, ear infections are only diagnosed for patients that are 18 years of age or older.



**Download the  
WellVia mobile app**



## Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



### Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™  
— helps you save on medical bills



### Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



## Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor\* who can help you.

### A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more

## Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

### Ask our Work/Life Specialists about:

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!
- And more

## Help is easy to access:

**Online/phone support:** Unlimited, confidential, 24/7.

**In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

## Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:  
1-800-854-1446 (multi-lingual)  
[www.unum.com/lifebalance](http://www.unum.com/lifebalance)

Turn to us, when  
you don't know  
where to turn.



\* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance.

Services are not valid after coverage terminates. Please contact your Unum representative for details. Insurance products are underwritten by the subsidiaries of Unum Group.



# FREQUENTLY ASKED QUESTIONS

**Q:** Is there a deadline for submitting my benefit elections?

**A:** Yes. You must elect your benefits and provide any necessary supporting documentation for family coverage prior to the end of the enrollment period.

**Q:** What if I miss the open enrollment window?

**A:** If you miss the open enrollment window, you will not be able to enroll until the next open enrollment or unless you experience a qualifying life event. In the event of a qualifying life event, changes must be submitted within 30 days of the date of the event.

**Q:** When will I receive my medical, dental and/or vision cards?

**A:** You will receive your ID cards 2 - 3 weeks after the enrollment window closes as long as you have submitted your enrollment documentation (if required).

**Q:** When will the premium deduction from my paycheck begin?

**A:** Premiums are collected beginning the first payroll of the month prior to the insurance plan effective date. If premium collection does not begin on time, the missed premiums will be collected over the next two months, in addition to the current month's premium.

**Q:** What is a Deductible?

**A:** It is the fixed dollar amount that you pay out-of-pocket each calendar year (January 1—December 31) before the plan will begin reimbursing for health expenses. After the deductible is met, you share the cost with the plan by paying co-insurance.

**Q:** What is Co-Insurance?

**A:** Coinsurance is your share of the health care services after you have met the Plan deductible. The amount of coinsurance is figured by a percentage of the amount the carrier allows for services.

**Q:** What is a Copay?

**A:** A copay is a fixed amount that you pay for health care services at the time you receive a service. The Plan determines the copay amount for different types of services. With some Plans you may need to meet the deductible before you pay a copay where on others, you may have to meet a copay before the deductible is met.

**Q:** What is an In-Network Provider?

**A:** An in-network/preferred provider has an agreement with the insurance plan. Health plans cover a greater share of the costs for an in-network provider.

**Q:** What is an Out-of-Network Provider?

**A:** Out-of-network/non-preferred providers do not have an agreement with the insurance plan. The plan may cover treatment out-of-network; however, you will pay more to use these types of services. Out-of-network providers may balance bill you, as well.

**Q:** Who do I contact if I have claims questions or issues about a claim?

**A:** For claims issues/questions, contact the carrier using the contact information found on page one of this document. If the claim question/issue is not resolved, please contact your Stratus.hr Benefits Representative for additional assistance.

**Q:** Who do I contact for benefit related questions?

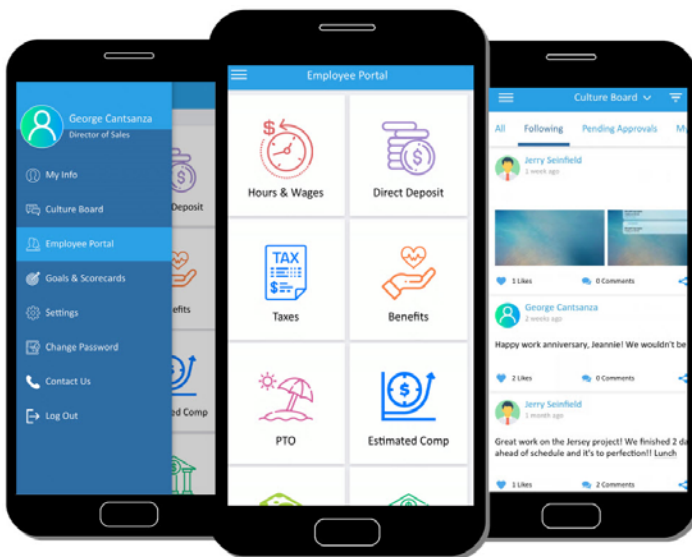
**A:** For questions regarding benefit coverage, enrollment, benefit changes, notification of change of status, and general carrier information, please contact Stratus.hr. Contact information may be found on page one of this document.

# Stratus.hr Mobile App

The Stratus.hr Mobile App Provides you with  
*On-The-Go-Access*  
To Your Employment Information

The Mobile App You Have Access To...

- Hours Worked
- Earnings, Deductions and Taxes
- Direct Deposit
- Benefit Enrollment Details
- Policy Information (including member IDs)
- FSA Balance
- Paid Time-off Hours Accrued & Hours Used
- Demographic Information



AND MUCH MORE!

To Login:

Enter your username and password (use the same credentials you use for the Employee Portal). The Stratus.hr mobile app has a secure touch ID feature to login making it easier to access your personal information.

To find the Stratus.hr app go to the App Store on your mobile device or scan the QR code below.

**iPhone**

**Android**

Download on the App Store

GET IT ON Google play

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Website:** [Stratus.hr](http://Stratus.hr)

