



# 2021-2022 EMPLOYEE BENEFITS GUIDE







*We've got you covered!*

# EXPLORE YOUR BENEFITS


PLAN YEAR: JULY 1, 2021 THROUGH JUNE 30, 2022

## THE ESR TEAM

For all general inquiries related to your employee benefits program, please contact Creative Benefits' Employee Service Representative (**ESR**) Team for assistance with:

-  **Plan coverage questions**
-  **Enrollment assistance**
-  **Questions regarding doctor bills**
-  **Denied claims**
-  **Ordering new ID cards**
-  **Finding in-network or participating providers**

Available Monday through Friday from 7:30 AM to 6:00 PM EST, you can reach out to the ESR Team via the following contact information:

-  **Phone: 844-231-8414**
-  **Email: [ESR@creativebenefitsinc.com](mailto:ESR@creativebenefitsinc.com)**

*Prior to calling, please be prepared to provide your information, the subscriber/patient's information, along with any information pertaining to your question.*

*In some cases, authorization is required for our team to speak on your behalf in regard to your benefits inquiry. \*To provide authorization, you must complete a HIPAA Privacy Authorization form. Please contact the ESR Team to complete the form.*

## BENEFITS AVAILABLE

Your benefits package includes the following: medical, prescription, health reimbursement account, dental, vision, flexible spending account, life and disability benefits. Use this guide to explore your benefits and weigh your options, to ultimately select the coverage that best meets your needs.

## HOW TO ENROLL

To enroll in the benefits you must complete the IRC Section 125 Form, and to make any changes to your current elections you must complete a Universal Election Form and return it to your Benefits Administrator.

Once enrolled, you cannot make changes until the next Open Enrollment, unless you experience a life event (i.e. marriage, divorce, birth, adoption or a child reaching the plan age limit of 26). Be sure to have the proper documentation to prove the occurrence of a life event. This must be completed within 30 days of the event or the change will not be processed.

# MEDICAL

## GEISINGER



Website: [www.thehealthplan.com](http://www.thehealthplan.com)



Phone: 1-800-275-6401

Plan:	Extra Solutions
Network	Extra HMO
Referral / Primary Care Physician (PCP)	Not Required / Required
Funding Account	Health Reimbursement Account - See page 4 for details
<b>In-Network</b>	
Total Out-of-Pocket Maximum*	\$8,550 Individual / \$17,100 Family
Annual Deductible	\$3,000 Individual / \$3,000 Family
Coinsurance	0%
Primary Doctor   Specialist Visits	\$15 copay PHN / \$30 copay Non-PHN   \$40 copay
Urgent Care   Emergency Room	\$30 copay   \$300 copay waived if admitted
Phys, Occ, Speech Therapy	\$40 copay
Chiropractic Services	\$30 copay (15 visits per year)
Laboratory	0% after deductible
Radiology   Complex Radiology	0% after deductible
Outpatient Surgery	0% after deductible
Inpatient Hospital	0% after deductible
<b>Out-of-Network</b> *Balance billing may apply should you choose a non-participating provider.	
Annual Deductible   Coinsurance	Limited to In-Network

\*Total Out-of-Pocket Maximum = the most you pay within a plan year including deductible, coinsurance and copays.



**Preventive Care** (as defined under the Affordable Care Act) is generally covered at 100%. Office visits, however, may be subject to applicable deductible or copays. The preventive schedule is subject to change.



Your medical coverage also includes a **routine eye exam** once every 12 months.



Utilize participating hospital and doctors within your network! Visit Geisinger's website to find in-network providers near you. For assistance, contact the ESR team.



Get rewarded for taking small steps every day that benefit your overall health and wellness. Visit Geisinger's website to learn more about their Accessories program which includes discounts for fitness centers, massage therapy and more.

# PRESCRIPTION

## GEISINGER



Website: [www.thehealthplan.com](http://www.thehealthplan.com)



Phone: 1-800-275-6401

Plan:	Extra Solutions
Formulary	Triple Choice
Retail Pharmacy — 30 Day Supply	
Tier 1	\$20 copay
Tier 2	\$40 copay
Tier 3	\$60 copay
Mail Order Pharmacy — 90 Day Supply	
Tier 1	\$40 copay
Tier 2	\$80 copay
Tier 3	\$120 copay
Self-Administered Injectables	
Specialty	\$150 copay per injection/infusion up to \$1,500 maximum

- **ID Card** — You will use the same ID card for your medical and prescription benefits.
- **Pre-Authorization/Step Therapy** — Some prescriptions require prior authorization or step therapy, which means you will need to try other medications before the prescribed medication can be approved. All prescriptions that require prior authorization or step therapy are reviewed annually. Your doctor will need to call-in after each 12 month period to extend the authorizations that are currently on file.
- **Contraceptive Coverage** — This plan allows for access to zero-cost contraceptives. Please note not all brands are covered at the no cost level.
- **Mail Order** — Mail Order is available for maintenance drugs. Maintenance medications are those prescribed for an extended period of time to treat a chronic condition (e.g. high blood pressure). The Mail Order program allows for up to a three month supply of medication to be delivered directly to your door. To get started with Mail Order, ask your physician to write a new 90-day prescription for each maintenance medication, with up to 3 refills.
- **Formulary** — Check your medication on the formulary list, so you know how it will be covered. Remember the formulary is subject to change.

# HEALTH REIMBURSEMENT ACCOUNT (HRA)



Website: [www.thehealthplan.com](http://www.thehealthplan.com)



Phone: 1-800-275-6401



Claims Email: [ESR@creativebenefitsinc.com](mailto:ESR@creativebenefitsinc.com)

## GEISINGER / CONNECTYOURCARE

Employees are eligible to utilize the HRA if enrolled in the following medical plan: **Extra Solutions**

HRA Plan	
In-Network Only	
Total Deductible Amount	\$3,000 Individual / \$3,000 Family
Employee Responsibility	First \$1,500 Individual / First \$1,500 Family
Employer HRA Responsibility	Last \$1,500 Individual / Last \$1,500 Family

### WHAT IS AN HRA?

Health Reimbursement Account (HRA) is an account that is funded to cover a portion of the in-network deductible for you and your family. This account is managed by ConnectYourCare.

### WHAT HEALTH SERVICES DOES THE HRA COVER?

Any service to which the in-network deductible applies. Any expenses that do not apply towards the deductible will not be eligible under the HRA.

### WHERE CAN I SEE MY BALANCE?

Log on to [www.connectyourcare.com](http://www.connectyourcare.com) and register as a member.

### HOW DOES THE HRA WORK?

With an integrated HRA, there is no need to file claims. When Geisinger receives notice of the claim, they will process it against your HRA and if an HRA payment is applicable, any payment will be automatically sent to your provider.

**PLEASE REMEMBER** to keep accurate records. Retain all copies of all bills, receipts, EOBs and claim submissions.

# DENTAL GUARDIAN



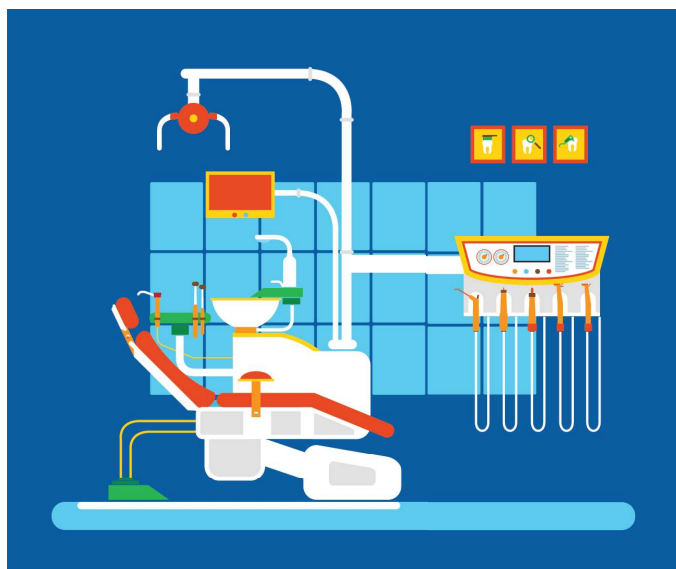
Website: [www.guardiananytime.com](http://www.guardiananytime.com)



Phone: 1-888-482-7342

Plan: Guardian PPO	
Network	DentalGuard Preferred
In-Network	
Annual Benefit Maximum	\$1,250 + Maximum Rollover
Deductible	\$0
Preventive   Diagnostic <sup>1</sup>	0%
Basic Services <sup>2</sup>	0%
Major Services <sup>3</sup>	50%
Orthodontia	50%
Ortho Lifetime Max	\$1,000
Out-of-Network	
Deductible	Combined with In-Network
Benefits	PD: 0% , B: 0%, M: 50%*

\* "PD" = Preventive Diagnostic, "B" = Basic, "M" = Major, "O" = Orthodontia.



## Services include but are not limited to:

<sup>1</sup>Diagnostic: Bitewing X-rays, Cleanings, Fluoride, Sealants

<sup>2</sup>Basic: Fillings, Simple Extractions, Endodontics, Periodontics

<sup>3</sup>Major: Crowns, Inlays, Onlays, Bridges, Dentures

- **In-Network vs. Out-of-Network** — You may select dentists in- or out-of-network. If you utilize a participating dentist, you will receive greater discounts and lower out-of-pocket expenses.
- **Balance Billing** — You may be balanced billed the difference between the carrier's allowance and the provider's charge for all out-of-network services.
- **Limitations** — Benefits may be subject to age or frequency limitations.
- **Benefit Basis** — All benefits are based on the plan year.
- **Maximum Dental Rollover** — Guardian will increase your annual maximum by rolling over a portion of a member's unused max amount. Contact Guardian for more information.

# VISION

## VSP

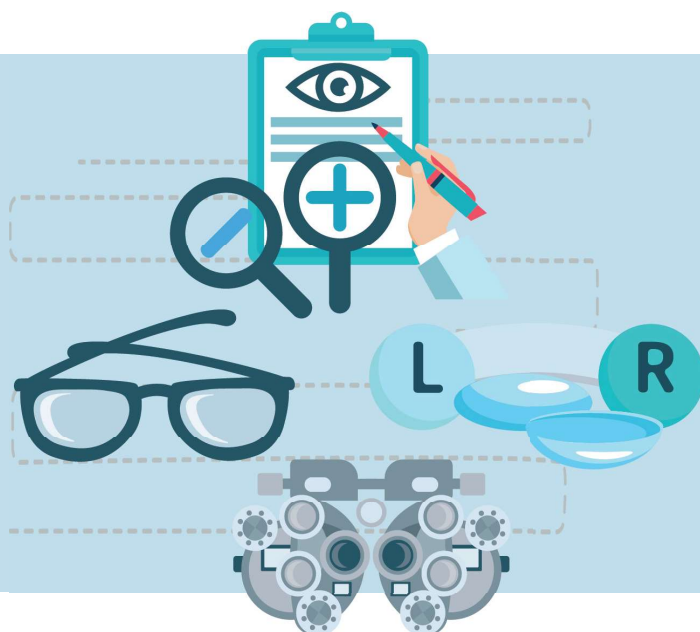


Website: [www.vsp.com](http://www.vsp.com)



Phone: 1-800-877-7195

Plan: VSP PPO	
Network	VSP Choice
In-Network	
Exams/Refractions	
Frequency	12 months
Exam	\$10 copay
Lenses	
Frequency	12 months
Single, Bifocal, Trifocal	\$10 copay
Contact Lenses, Evaluation & Fitting (in lieu of glasses)	
Frequency	12 months
Covered Allowance	No Copay / Up to \$130 Allowance
Fitting	\$10 copay / Up to \$60 allowance
Frames	
Frequency	24 months
Covered Allowance	\$130 allowance
Out-of-Network	
	Reimbursements available



# FLEXIBLE SPENDING ACCOUNT (FSA)

DEHEY MCANDREW

 Website: [www.deheymcandrew.com](http://www.deheymcandrew.com)  
 Phone: 570-346-9960  
 [simon.mcandrew@deheymcandrew.com](mailto:simon.mcandrew@deheymcandrew.com)

Designate an amount of money to be withheld pre-tax from each paycheck to pay for eligible healthcare or dependent care expenses. Visit [www.irs.gov](http://www.irs.gov) for a full list of eligible expenses.

Healthcare FSA		Dependent Care FSA
How much can I contribute?		
	\$2,750	\$5,000
When are funds available?		
	Annual elected amount is available on the 1st day of the plan year	Funds are available when deducted from your paycheck
How can I withdraw funds?		
	Via your healthcare FSA debit card or you can submit a claim	You must submit a claim
What can I use the funds for?		
	Examples of qualified expenses covered by an FSA are as follows: <ul style="list-style-type: none"> <li>• Copayments</li> <li>• Prescriptions</li> <li>• Laser eye surgery / Eyewear</li> <li>• Hearing aids</li> <li>• Orthodontics / dental expenses</li> <li>• Over the counter medications</li> <li>• Menstrual products</li> </ul>	Supervisory care for your dependents up to age 13 or the care of a mentally or physically disabled dependent. A general rule is that dependent care must be necessary so that you and/or your spouse can work outside the home. For example: <ul style="list-style-type: none"> <li>• Day care</li> <li>• In-home or Away-From Home Daycare</li> </ul>
What happens to the remaining balances at end of plan year?		
	You can roll over up to \$550 into new plan year.	Any balance is forfeited at the end of the plan year.
What is the time frame for incurring and submitting claims?		
Claims can be incurred until:	06/30/2022; If terminated mid year, claims can be incurred until 06/30/2022	06/30/2022; If terminated mid year, claims can be incurred until 06/30/2022
Claims must be submitted by:	06/30/2022; If terminated mid year, claims can be submitted until 06/30/2022	06/30/2022; If terminated mid year, claims can be submitted until 06/30/2022



FSAs allow you to set aside pre-tax dollars from your pay to cover some eligible expenses.



You will receive a debit card that can be used for eligible expenses. It is highly advisable to retain your receipts.

*\*Over the counter drugs without a prescription, weight loss drugs and vitamins are NOT eligible for your Healthcare FSA. School fees and overnight camps are not eligible expenses for your Dependent Care FSA.*



# LIFE & DISABILITY BENEFITS

## CIGNA/NY LIFE

Outlined below are employer paid benefits offered to all eligible employees.

### Life and AD&D Insurance - Please remember to keep your beneficiary information updated!

#### For all eligible employees — 100% employer paid

Benefit	The Life and AD&D benefits are 1 X your annual earnings to a maximum of \$100,000.
Conversion	Included
Waiver of Premium	Included
Portability	Not Included
Age Reduction	Benefits reduce to 65% at age 65; 50% at age 70.

### Long Term Disability Insurance

#### For all eligible employees — 100% employer paid

Benefit	The monthly benefit is 60% up to \$4,000 of basic monthly earnings.
Pre-Existing Limitation	Pre-Existing Limitation is 3/12 and defined as a condition you sought treatment for 3 months prior to being covered and for which disables you in the first 12 months that you are covered under the plan.
Elimination Period	Benefit starts after the elimination period when the 90th day is satisfied for an illness or accident and payable as approved until Social Security Normal Retirement Age.

# EMPLOYEE ASSISTANCE

## CIGNA/NY LIFE



Website: [www.cignabehavioral.com/cgi](http://www.cignabehavioral.com/cgi)



Phone: 1-800-538-3543

Through the CIGNA/NY Life Assistance/Employee Assistance Program (EAP), you and your family have access to unlimited, confidential and professional counseling at no cost to you. Licensed counselors are available 24/7, 365 days a year.

### WHAT ISSUES CAN THE EAP ASSIST WITH?

- Family and parenting issues
- Stress and anxiety
- Emotional well-being
- Marital and relationship problems
- Substance abuse

- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation

### QUESTIONS

Licensed Professional Counselors are easy to reach. To seek assistance, reach out via the contact information above.

### The Employee Assistance Program Can Help With:



**FAMILY & PARENTING  
ISSUES**



**STRESS, ANXIETY  
& EMOTIONAL WELL-BEING**



**MARITAL & RELATIONSHIP  
PROBLEMS**



**SUBSTANCE  
ABUSE**



**FINANCIAL & LEGAL  
CONCERNS**



**IDENTITY THEFT  
& FRAUD**

# PAYROLL CONTRIBUTIONS

## BI-WEEKLY

Outlined below are payroll contributions for the medical, dental and vision plans.

Medical Plan Options*: 12 month Employees		10 month Employees	10 month w/ Summer Work
Tier	Per Pay Cost	(10 month / Summer)	(10 month / Summer)
Single	\$45.00	\$49.00 / \$10.00	\$49.00 / \$10.00
Employee + Child(ren)	\$76.00	\$82.00 / \$65.00	\$82.00 / \$41.00
Employee + Spouse	\$181.00	\$196.00 / \$124.00	\$196.00 / \$82.00
Family	\$204.00	\$221.00 / \$149.00	\$221.00 / \$97.00

Dental Plan Options: 12 month Employees		10 month Employees
Tier	Per Pay Cost	Per Pay Cost
Single	\$1.97	\$2.56
Employee + Child(ren)	\$17.23	\$22.40
Employee + Spouse	\$15.72	\$20.44
Family	\$33.51	\$43.57

Vision Plan Options: 12 month Employees		10 month Employees
Tier	Per Pay Cost	Per Pay Cost
Single	\$2.95	\$3.83
Employee + Child(ren)	\$4.72	\$6.14
Employee + Spouse	\$4.82	\$6.26
Family	\$7.77	\$10.10

\*Waiving medical insurance allows you to receive \$110/pay over 26 pay dates for the 12-month employees, and \$143/pay over 20 pay dates for 10 month employees.

Pay Dates:

- 12 months - 7/9/2021 - 6/24/2022 - 26 pays
- 10 months - 9/4/2021 - 5/27/2022 - 20 pays



### **Information Provided By Creative Benefits, Inc.**

Ellis Preserve, 3809 West Chester Pike, Suite 190, Newtown Square, PA 19073  
31 North Gates Avenue, Kingston, PA 18704  
Toll Free Number: 866-306-0200

### **Connect with us!**

[www.creativebenefitsinc.com](http://www.creativebenefitsinc.com)

