

# **Benefits & Wellness Guide**





"We are Shepherd Center." You are what makes Shepherd Center the special place it is. It is Shepherd's goal to provide you and your family access to quality and affordable healthcare. Each year we carefully review options available to provide you and your family the best benefits for the best cost.

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Note: This guide is intended to summarize the benefits provided to you and that are available to you from Shepherd Center. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This guide is not legally binding, is not a contract, and does not alter any original plan documents.

Please take the time to visit http://shepherdbenefits.com/ today! While you are visiting the site, check out the instructions to download our new mobile app, The Pocketpal.





You will have quick and easy access to your health and wellness partners with MYHR. Just call 404-352-MYHR (6947) and through a series of menu options you will be connected to our important benefit vendors.

One number that connects you to all your HR needs 404-352-MYHR (6947)

404-352-MYHR connects you to:

**Menu Options** 

1 - Employee Assistance Program (EAP) 2 - Bright Horizons - Child and Elder Care 3 - Medical 4 - Mail-Order Pharmacy 5 - Leaves/FMLA/STD

6-Teladoc

7 - 403b/Retirement

8-FSA/HSA 9 - Vision

0 - All other HR needs

## **Benefits Eligibility:**

All full-time and part-time employees who work a minimum of 16 hours or more per week are eligible for benefits offered by Shepherd. If you elect coverage, your dependents also are eligible for medical, dental, vision and life insurance coverage. Eligible dependents include:

- Your legal spouse
- However, spouses (person recognized as the covered employee's legally married husband or wife and does not include common law marriage) who have access to affordable healthcare as defined by the Affordable Care Act through another employer's health plan are ineligible for coverage under Shepherd's medical plan.
- Domestic partners are not considered to be eligible dependents under the Shepherd benefit plan.
- Legal child(ren) which includes your natural, adopted or foster child(ren), stepchild(ren), or any child for whom you have legal custody. Child(ren) are eligible: o Up to age 26

## New Hires must complete enrollment via Workday within 30 days of hire.

### Coverage Begins

Benefits, apart from Short- and Long-Term Disability, will become effective on your 31st day after hire. Short- and Long-Term Disability will become effective on your 91st day after hire.

#### **Enroll or Waive coverage in these plans:**

- Medical / Prescription
- Dental
- Vision
- Voluntary Supplemental Life (self, spouse and / or child)
- Health Savings Account (HSA)
- Health Care Flexible Spending Account (FSA)
- Dependent Day Care Flexible Spending Account (FSA)
- Commuter Benefits
- Voluntary Benefits (Accident, Hospital, Critical Illness, Legal and IDShield)

# You are automatically enrolled in these Center-paid benefits:

- Basic Life and AD&D Insurance
- Short-Term Disability
- Long-Term Disability
- Employee Assistance Program (EAP)
- 403b Retirement at 4%. You may waive or adjust % as desired

## **Qualifying Life Events**

You may only change coverage elections as a result of an IRS approved qualifying life event. You MUST make your change within 30 days of your life event through Workday. Qualifying Life Events include:

- Marriage, divorce or annulment, or death of spouse or dependent
- Birt of a child, placement of a foster child or child for adoption with you, or assumption of legal guardianship of a child
- Change in your spouse's or dependent's employment status that affects benefits eligibility
- You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid
- Change in your employment that affects benefits eligibility
- Loss of eligibility for a dependent



## **Medical**







## **Medical**

## (MYHR, Menu OPTION 3)

Shepherd Center will offer two medical plans from which to choose. A brief summary of each plan follows with a comparative chart on page 6.

- · Anthem Balance Plan
- Anthem Choice Qualified Health Plan (QHP) with an HSA component

Both plans utilize an Open Access network through Anthem. Both plans provide annual preventive care covered at 100%.

AmeriBen is our health plan administrator and will be your one point of contact for help with claims issues, help with tobacco cessation, price transparency, and care management assistance for employees with chronic or acute medical needs.

AmeriBen utilizes the Anthem Network which means your doctor will be "in network" if they take Anthem insurance; however, AmeriBen will serve as your service provider, representing you and your families first.

## **Contacting AmeriBen**

You may contact your AmeriBen Personal Health Advocate at 404.352.MYHR (6947) Menu option 3, 8:00 am – 8:00 pm EST, Monday – Friday.

Please visit <u>engageameriben,com</u> and register for easy and efficient access to your benefits.

#### **Contact your Advocate:**

- · For answers about your plan and benefits
- · Before any planned medical procedures
- · For billing and claims assistance
- To confirm precertification for an upcoming procedure to avoid any possible penalties or surprise billings

With your member portal:

- · You can verify coverage
- Request a copy of your ID card
- · Check claims status
- · Locate a provider
- · View lab results, care action plans and health





## Prescription Drug Coverage (MYHR, Menu OPTION 4)

Prescription drug coverage is provided automatically when you enroll in a Shepherd medical plan. For 2025, our prescription drug plan will continue to be provided through Maxor Plus. Your AmeriBen medical ID card will include your prescription benefit information with Maxor.

#### **Chains Available Nationwide**

Albertson's Sav-On Pharmacy, Kroger Pharmacy, Costco Pharmacy, Walgreen's Pharmacy, Walmart Pharmacy, CVS Pharmacy, Kmart Pharmacy

To locate a pharmacy near you, log onto <u>maxorplus.com</u> or contact MaxorPlus Member Services at 1.800.687.0707:

Monday - Friday 7:00 am to 9:00 pm Central Time Saturday 8:00 am to 6:00 pm Central Time Sunday 9:00 am to 5:00 pm Central Time

MaxorPlus also provides a 90-day home delivery benefit for your maintenance medication(s) which may provide you with a lower cost. To take advantage of this, ask your physician to write two prescriptions: one for a 30-day supply (to be filled at your local pharmacy to get you started), and one for a 90-day supply.

Login to <u>maxorplus.com</u> and set up your confidential member portal for helpful resources.

#### **Shepherd Apothecary**

You are able to get your prescriptions filled at the Shepherd Apothecary and pay lower copays! (See page 6.) Pharmacists are available in the Apothecary Monday through Friday and can be reached via:

Email: Apothecary@shepherd.org

Phone: 404.350.7743 Fax: 404.350.7514





#### **Preventive Health Care**

As previously mentioned, your medical plan covers certain annual preventive care services at 100%, with no cost to you. Such services are provided during a wellness exam. You and your doctor will determine what tests/health screenings are right for you based on your age, gender, personal health history and current health.

During your wellness exam you may receive services not considered to be preventive care services. For example, your doctor may determine you have a medical issue, therefore, requesting additional tests/screenings after a diagnosis is made. This is no longer considered preventive care services as such services must be part of routine, preventive care and mandated preventive labs not linked to diagnosing or monitoring a condition.

Questions? Talk with your doctor or call AmeriBen 404.352.MYHR (6947); menu option 3.



#### Tips on how you can save money on health care:

Commit to healthy living: eat well, exercise and avoid unhealthy habits such as smoking or excessive alcohol consumption.

Use a Primary Care Provider (PCP): patients with a PCP provider tend to have better management of chronic diseases, lower overall health care costs and a higher level of satisfaction with their care.

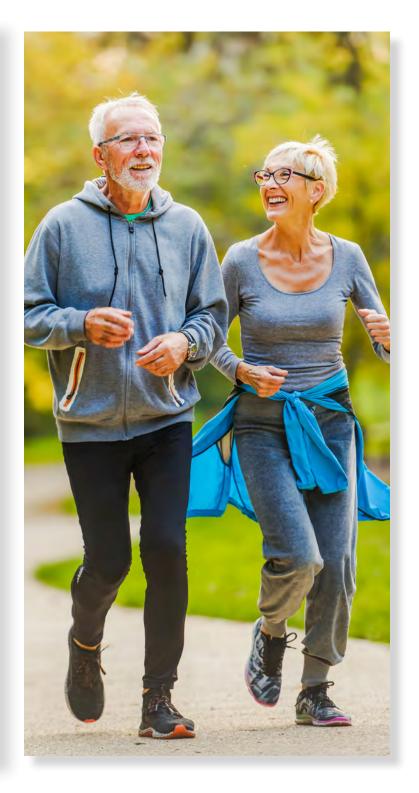
**Stay in Network:** be sure to find a provider and/or facility within the appropriate Anthem network; if you need help locating an in-network provider, contact AmeriBen.

**Get preventive screenings:** annual well visits with your PCP will give you the opportunity to work on health goals, receive necessary medical advice and identify health concerns before they become major issues.

**Avoid the Emergency Room for non-emergencies:** if you need to see a doctor after hours or for a relatively minor issue, such as a sprained ankle, use an urgent care facility or for sore throat or cold remember to call Teladoc.

Consider generic medications: generic medications cost significantly less than brand medications; ask your provider or pharmacist to prescribe generics whenever possible. And remember to check out the Shepherd Apothercary.

Establish a Flexible Spending Account or Health Savings Account: these accounts can help save money because deductions are made before state, federal and Social Security taxes are withheld from your paycheck.







| In-Network  |                   |                                       | Anthem Network – Balance PPO |                      | Anthem Networl        | k – Choice HDHP      |
|---|-------------------|---------------------------------------|------------------------------|----------------------|-----------------------|----------------------|
| Embadded Deductible & OOP    \$3,000/Family   \$15,000/Family   \$6,600/Family   \$18,000/Family   \$18,000/Family   \$10,000/Family   \$10,000/Fam |                   |                                       | In-Network                   | Out-of-Network       | In-Network            | Out-of-Network       |
| Coinsurance Reimbursement   | Calendar Year     | Deductible                            | \$1,500/Single               | \$5,000/Single       | \$3,300/Single        | \$6,000/Single       |
| Out-of-Pocket         Calendar Year Maximum<br>(Includes Deductible, Coinsury)         \$5,000/Single<br>\$10,000/Family         \$50,000/Single<br>\$10,000/Family         \$50,000/Single<br>\$11,200/Family         \$50,000/Single<br>\$11,200/Family         \$50,000/Single<br>\$11,200/Family         \$50,000/Single<br>\$100,000/Family         \$50,000/Single<br>\$100,000/Family         \$50,000/Single<br>\$100,000/Family         20% after Deductible         40% after Deductible <td>(Embedded De</td> <td>eductible &amp; OOP)</td> <td>\$3,000/Family</td> <td>\$15,000/Family</td> <td>\$6,600/Family</td> <td>\$18,000/Family</td>   | (Embedded De      | eductible & OOP)                      | \$3,000/Family               | \$15,000/Family      | \$6,600/Family        | \$18,000/Family      |
| School/Single   School/Singl  | Coinsurance R     | Reimbursement                         | 80% Reimbursement            | 60% Reimbursement    | 80% Reimbursement     | 60% Reimbursement    |
| Since   Sinc  | Out-of-Pocket     | i                                     |                              |                      |                       |                      |
| ## Prysician Services  Office Visit   | Calendar Year     | Maximum                               | \$5,000/Single               | \$50,000/Single      | \$5,600/Single        | \$50,000/Single      |
| Physician Services         Office Visit         \$25 Copay         40% after Deductible         20% after Deductible         40% after Deductible           Specialists         \$50 Copay         40% after Deductible         20% after Deductible         40% after Deductible           Routine Physicals         100%         40%         100%         40%           Reimbursement         after Deductible         100%         40%           Pacility         20% after Deductible         20% after Deductible         40% after Deductible           Upparted Hospital Services           Facility         20% after Deductible         40% after Deductible         20% after Deductible         40% after Deductible           Emergency Care         S200 Copay         20% after Deductible         40% after Deductible           Urgent Care         \$50 Copay         20% after Deductible         40% after Deductible           Urgent Care         \$50 Copay         20% after Deductible         40% after Deductible           Urgent Care         \$50 Copay         20% after Deductible         40% after Deductible           Urgent Care         \$50 Copay         20% after Deductible         40% after Deductible           Urgent Care         \$50 Copay         20% after  | (Includes Dedu    | uctible, Coinsur-                     | \$10,000/Family              | \$100,000/Family     | \$11,200/Family       | \$100,000/Family     |
| Office Visit         \$25 Copay         40% after Deductible         20% after Deductible         40% after Deductible           Specialists         \$50 Copay         40% after Deductible         20% after Deductible         40% after Deductible           Routine Physicals         100%         40%         100%         40% after Deductible           Reimbursement         40% after Deductible         40% after Deductible         40% after Deductible           Inpatient Hospital Services           Facility         20% after Deductible         40% after Deductible         20% after Deductible         40% after Deductible           Copay         20% after Deductible         40% after Deductible         40% after Deductible         40% after Deductible           Emergency Care         \$200 Copay         20% after Deductible         40% after Deductible         40% after Deductible           Urgent Care         \$200 Copay         200 after Deductible         40% after Deductible         40% after Deductible           Urgent Care         \$200 Copay         20% after Deductible         40% after Deductible           Urgent Care         \$50 Copay         20% after Deductible         40% after Deductible           Urgent Care         \$50 Copay         20% after Deductible         40% after Deductible  | ance, and Med     | dical & RX Copays)                    |                              |                      |                       |                      |
| Specialists   | Physician Serv    | vices                                 |                              |                      |                       |                      |
| Routine Physicals   | Office Visit      |                                       | \$25 Copay                   | 40% after Deductible | 20% after Deductible  | 40% after Deductible |
| Reimbursement   Reimbursement   Reimbursement   Reimbursement   After Deductible  | Specialists       |                                       | \$50 Copay                   | 40% after Deductible | 20% after Deductible  | 40% after Deductible |
| Reimbursement   after Deductible   Reimbursement   after Deductible   Reimbursement   after Deductible   Ad% aft  | Pouting Physics   | als                                   | 100%                         | 40%                  | 100%                  | 40%                  |
| Pacility  | noutille Filysica | ais                                   | Reimbursement                | after Deductible     | Reimbursement         | after Deductible     |
| Prescription Drugs   Shepherd Apothecary   Sistemated  | Inpatient Hosp    | oital Services                        |                              |                      |                       |                      |
| Emergency Care  | Facility          |                                       | 20% after Deductible         | 40% after Deductible | 20% after Deductible  | 40% after Deductible |
| Seminary   | Outpatient Hos    | spital Services                       |                              |                      |                       |                      |
| Urgent Care   | Facility          |                                       | 20% after Deductible         | 40% after Deductible | 20% after Deductible  | 40% after Deductible |
| Urgent Care   | F                 |                                       | \$200                        | Copay                | 20% after Deductible  |                      |
| Telemedicine  | Emergency Car     | e                                     | (waived if                   | (waived if admitted) |                       | Deductible           |
| Name  | Urgent Care       |                                       | \$50 C                       | Copay                | 20% after             | Deductible           |
| Maxor Plus   Shepherd Apothecary   Maxor Plus   Shepherd Apothecary   Once the deductible is met, then)   Once the deductible is met, th  | Telemedicine      |                                       | \$                           | 0                    | \$55                  |                      |
| Shepherd Apothecary   | Prescription D    | rugs                                  |                              |                      |                       |                      |
| Tier 1 (Generic)   \$15 Copay   \$7.50 Copay   20% up to OOP Max   10% up to OOP Max  | 30 Day Supply     |                                       | Maxor Plus                   | Shepherd Apothecary  |                       |                      |
| Tier 2 (Preferred brand)         \$35 Copay         \$17.50 Copay         30% up to OOP Max         15% up to OOP Max           Tier 3 (Non-preferred brand)         \$65 Copay         \$32.50 Copay         40% up to OOP Max         20% up to OOP Max           Tier 4 (Specialty)         10% up to \$250 max         5% Up to \$125 Max         20% up to \$250 Max         10% up to \$125 Max           Mail Order (90 Days)         Maxor Plus         Maxor Plus         Shepherd Apothecary         Shepherd Apothecary         Conce the deductible is met, then)         Conce the deductible is met,   | Tior 1 (Coporio   | )                                     | \$15 Copey                   | \$7.50 Copay         |                       |                      |
| Tier 3 (Non-preferred brand) \$65 Copay \$32.50 Copay 40% up to OOP Max 20% up to OOP Max  Tier 4 (Specialty) 10% up to \$250 max 5% Up to \$125 Max 20% up to \$250 Max 10% up to \$125 Max  Mail Order (90 Days) Maxor Plus Shepherd Apothecary (Once the deductible is met, then) (Once the deductible is m  | ` `               | ,                                     |                              | , ,                  |                       |                      |
| Tier 4 (Specialty)  10% up to \$250 max  5% Up to \$125 Max  20% up to \$250 Max  10% up to \$125 Max  Maxor Plus  Shepherd Apothecary  (Once the deductible is met, then)  Tier 1 (Generic)  \$30 Copay  \$15 Copay  \$20% up to OOP Max  10% up to OOP Max  10% up to OOP Max  10% up to OOP Max  Tier 2 (Preferred brand)  \$130 Copay  \$35 Copay  \$65 Copay  40% up to OOP Max  20% up to OOP Max  20% up to OOP Max  15% up to OOP Max  15% up to OOP Max  16er 4 (Specialty) (30 day only)  10% up to \$250 Max  N/A  20% up to \$250 Max  10% up to \$125 Max  Employee Only  Employee + Spouse  Employee + Child(ren)  Family  60+ Hours  Balance PPO  \$65.00  \$148.00  \$117.00  \$211.00  Choice HDHP  \$40.00  \$74.00  \$243.00  \$191.00  \$317.00   |                   | · · · · · · · · · · · · · · · · · · · |                              |                      |                       | '                    |
| Mail Order (90 Days)         Maxor Plus         Shepherd Apothecary (Once the deductible is met, then)         Shepherd Apothecary (Once the deductible is met, then)         Shepherd Apothecary (Once the deductible is met, then)           Tier 1 (Generic)         \$30 Copay         \$15 Copay         20% up to OOP Max         10% up to OOP Max           Tier 2 (Preferred brand)         \$70 Copay         \$35 Copay         30% up to OOP Max         15% up to OOP Max           Tier 3 (Non-preferred brand)         \$130 Copay         \$65 Copay         40% up to OOP Max         20% up to OOP Max           Tier 4 (Specialty) (30 day only)         10% up to \$250 Max         N/A         20% up to \$250 Max         10% up to \$125 Max           Employee Only         Employee + Spouse         Employee + Child(ren)         Family           60+ Hours         \$40.00         \$74.00         \$59.00         \$106.00           32-59 Hours   | ` '               |                                       | , ,                          |                      |                       | '                    |
| Mail Order (90 Days)         Maxor Plus         Shepherd Apothecary         (Once the deductible is met, then)         (Once the deductible is met, then)           Tier 1 (Generic)         \$30 Copay         \$15 Copay         20% up to OOP Max         10% up to OOP Max           Tier 2 (Preferred brand)         \$70 Copay         \$35 Copay         30% up to OOP Max         15% up to OOP Max           Tier 3 (Non-preferred brand)         \$130 Copay         \$65 Copay         40% up to OOP Max         20% up to OOP Max           Tier 4 (Specialty) (30 day only)         10% up to \$250 Max         N/A         20% up to \$250 Max         10% up to \$125 Max           Employee Only         Employee + Spouse         Employee + Child(ren)         Family           60+ Hours           Balance PPO         \$65.00         \$148.00         \$117.00         \$211.00           Choice HDHP         \$40.00         \$74.00         \$59.00         \$106.00           82-59 Hours   | Her 4 (Specialty  | У)                                    | 10% up to \$250 max          | 5% Up to \$125 Max   |                       |                      |
| Tier 2 (Preferred brand) \$70 Copay \$35 Copay 30% up to OOP Max 15% up to OOP Max  Tier 3 (Non-preferred brand) \$130 Copay \$65 Copay 40% up to OOP Max 20% up to OOP Max  Tier 4 (Specialty) (30 day only) 10% up to \$250 Max N/A 20% up to \$250 Max 10% up to \$125 Max    Employee Only   Employee + Spouse   Employee + Child(ren)   Family   | Mail Order (90    | Days)                                 | Maxor Plus                   | Shepherd Apothecary  |                       |                      |
| Tier 3 (Non-preferred brand) \$130 Copay \$65 Copay 40% up to OOP Max 20% up to OOP Max  Tier 4 (Specialty) (30 day only) 10% up to \$250 Max N/A 20% up to \$250 Max 10% up to \$125 Max    Employee Only   Employee + Spouse   Employee + Child(ren)   Family   | Tier 1 (Generic   | )                                     | \$30 Copay                   | \$15 Copay           | 20% up to OOP Max     | 10% up to OOP Max    |
| Tier 4 (Specialty) (30 day only)  10% up to \$250 Max  N/A  20% up to \$250 Max  10% up to \$125 Max  Employee Only  Employee + Spouse Employee + Child(ren)  Family  60+ Hours  Balance PPO \$65.00 \$148.00 \$117.00 \$211.00 \$211.00 \$40.00 \$59.00 \$106.00  Balance PPO \$127.00 \$243.00 \$191.00 \$317.00  | Tier 2 (Preferred | d brand)                              | \$70 Copay                   | \$35 Copay           | 30% up to OOP Max     | 15% up to OOP Max    |
| Employee Only   Employee + Spouse   Employee + Child(ren)   Family  | Tier 3 (Non-pre   | ferred brand)                         | \$130 Copay                  | \$65 Copay           | 40% up to OOP Max     | 20% up to OOP Max    |
| Balance PPO         \$65.00         \$148.00         \$117.00         \$211.00           Choice HDHP         \$40.00         \$74.00         \$59.00         \$106.00           Balance PPO         \$127.00         \$243.00         \$191.00         \$317.00   | Tier 4 (Specialty | y) (30 day only)                      | 10% up to \$250 Max          | N/A                  | 20% up to \$250 Max   | 10% up to \$125 Max  |
| 60+ Hours         Choice HDHP         \$40.00         \$74.00         \$59.00         \$106.00           32-59 Hours         Balance PPO         \$127.00         \$243.00         \$191.00         \$317.00  |                   |                                       | Employee Only                | Employee + Spouse    | Employee + Child(ren) | Family               |
| Choice HDHP         \$40.00         \$74.00         \$59.00         \$106.00           32-59 Hours         Balance PPO         \$127.00         \$243.00         \$191.00         \$317.00  |                   | Balance PPO                           | \$65.00                      | \$148.00             | \$117.00              | \$211.00             |
| 32-59 Hours Balance PPO \$127.00 \$243.00 \$191.00 \$317.00   | 60+ Hours         |                                       | \$40.00                      |                      |                       | \$106.00             |
| 32-59 Hours   |                   |                                       |                              |                      | ·                     |                      |
|   | 32-59 Hours       | Choice HDHP                           | \$64.00                      | \$123.00             | \$96.00               | \$160.00             |



# Telemedicine

(MYHR, Menu OPTION 6)



\* If you are enrolled in the Anthem Network Choice HDHP Plan there is a fee of \$55 to use Teladoc.

### **Telemedicine**

#### (MYHR, Menu OPTION 6)

Telemedicine will save you time and potentially money by avoiding visits to the ER, not waiting to schedule a doctor's appointment, the travel to and from an appointment, waiting to see your doctor and so on. Also, the telemedicine connection through Teladoc is available 24/7/365, and is available to employees and dependents enrolled in any of Shepherd's medical plans.

Telemedicine doctors can help with, but are not limited to treating, the following conditions:

|   | General         | Hea | alth:                    |  |
|---|-----------------|-----|--------------------------|--|
| • | Acne            |     | Insect Bites             |  |
|   | Allergies       | •   | Joint Aches              |  |
|   | Asthma          | •   | Nausea                   |  |
|   | Bronchitis      |     | Pink Eye                 |  |
|   | Cold & Flu      | •   | Rashes                   |  |
|   | Diarrhea        |     | Respiratory Infections   |  |
|   | Ear Aches       |     | Sinus Infections         |  |
|   | Fever           |     | Skin Infections          |  |
|   | Headache        |     | Sore Throat              |  |
|   | Infections      | •   | Urinary Tract Infections |  |
|   |                 |     |                          |  |
|   | Pediatric Care: |     |                          |  |
|   | Colds & Flu     |     | Nausea                   |  |
| • | Constipation    |     | Pink Eye                 |  |
|   | Ear Aches       |     |                          |  |

#### Virtual Care, Anywhere.

24/7/365 Access to Board Certified Doctors and Therapists.

#### **Skip the Waiting Room**

Speak to a Doctor 24/7. Anytime, Anywhere.

#### **Feel Better Fast**

Teladoc doctors can send prescriptions right to the nearest pharmacy.

#### **Great Doctors, Great Results**

U.S. Board Certified doctors & pediatricians with an average of 15 years of experience.

Be sure to set up your Teladoc account at your earliest convenience so you will be ready to go if needed. You can set it up in 4 easy steps:

- 1) Download the app search for "Teladoc" in the App Store or on Google Play
- 2) Set up your account once you've downloaded the app, select "Set up your account"
- Enter basic contact information provide some information about yourself to confirm eligibility. Teladoc will confirm your benefits have been located and you will continue to create your account.
- 4) Create your account enter your address and phone number, create a username and password, choose security questions and agree to the terms and conditions!

You will be ready to talk with a doctor via the app or by calling 800.835.2362.



# **Benefits at Your Fingertips**

## Helpful Apps To Make Benefits More Convenient

By downloading any or all of the following suggested apps you will have immediate and convenient access to your benefit plans. All apps are at no cost and are available at the Apple Store, Google Play and the Windows Store.



#### **Ameriben Engage**

- Provider search for doctors, facilities & dentists
- Check status of your claims, deductibles,
   & out-of-pocket
- Review explanation of benefits & coverage details
- Digital ID cards
- Chat feature



#### Wex

- Check your FSA and HSA balances
- View charts summarizing accounts
- View claims requiring receipts



#### **Teladoc**

- · Schedule a virtual appointment
- Video consultation with a physician or nurse
- Tips and coaching for chronic diseases such as diabetes
- Devices and charting of your personal data



#### **Transamerica**

- Check your qualified plan balance
- Manage your investment allocations
- Request statements



#### **EyeMed**

- Provider search
- · Check status of your claims
- Be certain eyeglasses/contacts are obtained from in-network provider
- Obtain hearing aid discounts





#### Workday

- Update personal information
- · View and change benefit elections
- View pay stubs
- Manage tax withholdings
- Update 403b contributions
- Complete learning assignments



#### **MaxorPlus**

- Maintain prescription history in one location
- Pharmacy locator
- Specialty refills
- Frequently Asked Questions



#### Guardian

- Locate an in-network dental provider
- Obtain ID card
- Keep track of claims and claims processing



## **Dental**

# **8** Guardian

#### **Dental Insurance**

Shepherd Center offers dental insurance through Guardian. You have a choice between two plans, Plan A and Plan B. The primary differences between the two plans are the annual maximum amount (Plan A is \$1,500 and Plan B is \$2,500), Plan B does not include an orthodontia benefit and has a lower premium cost to you. Both plans allow in and out-of-network benefits. Please remember, using an innetwork provider will be more cost effective.





|   | Guardian Dental Coverage                       |  |  |
|---|--|--|--|
| Plan Attribute                            | Plan A   | Plan B   |  |
| Annual Deductible                         |  |  |  |
| Individual                                | \$50   | \$50   |  |
| Family                                    | \$150  | \$150  |  |
| Deductible<br>Applies To                  | Basic & Major                                  | Basic & Major                                    |  |
| Annual Maximum Benefit<br>Per Individual  | \$1,500  | \$2,500  |  |
| Preventive Services                       |  |  |  |
| Cleaning - 2 treatments per year          |  |  |  |
| X-rays - Bitewings & Full Mouth           | Paid at 100% of negotiated fees  No Deductible | Paid at 100% of negotiated fees<br>No Deductible |  |
| Fluoride Treatments for Adults & Children |  |  |  |
| Basic Services                            |  |  |  |
| Fillings                                  |  |  |  |
| Simple Extractions                        | \$50 Deductible Applies;                       | \$50 Deductible Applies;                         |  |
| Endodontics                               | 80% Reimbursement                              | 80% Reimbursement                                |  |
| Periodontics                              |  |  |  |
| Major Services                            |  |  |  |
| Crowns                                    |  |  |  |
| Bridges                                   | \$50 Deductible Applies;                       | \$50 Deductible Applies;                         |  |
| Dentures                                  | 50% Reimbursement                              | 50% Reimbursement                                |  |
| Implants                                  |  |  |  |
| Orthodontia                               |  |  |  |
| For Adults & Children                     | Plan pays 50% of negotiated fees Not Included  |  |  |
| Lifetime Max                              | \$2,500 N/A                                    |  |  |

|              |                | Dental Plan Cost (per pay period) - All will be pre-tax deductions |                   |                       | luctions |
|--------------|----------------|--|-------------------|-----------------------|----------|
|              |                | Employee Only  | Employee + Spouse | Employee + Child(ren) | Family   |
| 60 · Havina  | A - With Ortho | \$10.00  | \$20.00           | \$17.50               | \$32.00  |
| 60+ Hours    | B - w/o Ortho  | \$8.75   | \$17.50           | \$15.25               | \$28.00  |
| 00.50 Herrin | A - With Ortho | \$16.00  | \$32.00           | \$28.00               | \$51.00  |
| 32-59 Hours  | B - w/o Ortho  | \$14.00  | \$26.00           | \$24.50               | \$44.50  |



## Vision

## **Vision Insurance**

## (MYHR, Menu OPTION 9)

Shepherd Center offers two voluntary vision plans for your consideration. The plans are offered through EyeMed and allow for in-network as well as out-of-network providers. You will receive a more cost effective outcome for exams, frames and eyeglasses with an in-network provider.

To find a vision doctor in the EyeMed network, visit eyemed.com and reference the "Select" network.





| Vision Benefits   |  |                 |  |                 |
|---|--|-----------------|--|-----------------|
|   | Base   | Plan            | Buy-Low Plan   |                 |
|   | In-Network   | Out-of-Network  | In-Network   | Out-of-Network  |
| Eye Exams (every 12 months)                                     | \$10 co-pay  | \$30 allowance  | \$25 co-pay  | \$30 allowance  |
| Lenses (every 12 months)  |  |                 |  |                 |
| Single Lens   | \$25 co-pay  | \$25 allowance  | \$25 co-pay  | \$25 allowance  |
| Bifocal Lens  | \$25 co-pay  | \$40 allowance  | \$25 co-pay  | \$40 allowance  |
| Trifocal Lens   | \$25 co-pay  | \$60 allowance  | \$25 co-pay  | \$60 allowance  |
| Lenticular  | \$25 co-pay  | \$60 allowance  | \$25 co-pay  | \$60 allowance  |
| Frames (Base Plan every 12 months Buy-Low Plan every 24 months) | \$130 allowance + 20% off over \$130                       | \$65 allowance  | \$100 allowance<br>20% off balance over \$100              | \$50 allowance  |
| Standard Contact Lens (Fit and Follow Up)                       | Up to \$40   | N/A             | Up to \$40   | N/A             |
| Premium Contact Lens (Fit and Follow Up)                        | 10% off retail price                                       | N/A             | 10% off retail price                                       | N/A             |
| Contact Lenses:   |  |                 |  |                 |
| Conventional  | \$0 co-pay; \$120 allowance,<br>15% off balance over \$120 | \$96            | \$0 co-pay; \$100 allowance,<br>15% off balance over \$100 | \$80            |
| Disposable  | \$0 co-pay; \$120 allowance,<br>plus balance over \$120    | \$96            | \$0 co-pay; \$100 allowance,<br>plus balance over \$100    | \$80            |
| Medically Necessary   | \$0 co-pay, paid in full                                   | \$210 allowance | \$0 co-pay, paid in full                                   | \$210 allowance |

|              |              | Vision F      | Plan Cost (per pay perio | d) - All will be pre-tax ded | luctions |
|--------------|--------------|---------------|--------------------------|------------------------------|----------|
|              |              | Employee Only | Employee + Spouse        | Employee + Child(ren)        | Family   |
| 00.70 11.    | Base Plan    | \$2.57        | \$4.88                   | \$5.14                       | \$7.56   |
| 32-72+ Hours | Buy-Low Plan | \$1.62        | \$3.08                   | \$3.24                       | \$4.77   |





**Shepherd Center** 





## Flexible Spending Accounts (FSAs)

#### (MYHR, Menu OPTION 8)

A Flexible Spending Account (FSA) is funded with money you contribute on a pre-tax basis. You can use FSA funds to pay for qualified out-of-pocket healthcare costs for yourself and eligible dependents or dependent daycare charges. According to IRS regulations, each year, you must enroll during your annual benefits enrollment period if you want to participate in either a Healthcare FSA or a Dependent Care FSA. Note, if you are participating in a Health Savings Account (HSA; details on this page), you may participate in a limited Healthcare FSA whereby only dental and vision eligible expenses are reimbursed.

The plan year runs for a 12-month period from January 1st ending December 31st. The Healthcare FSA allows rollover of unused funds. The amount of carry over is set each year by the IRS. For 2025, any leftover funds greater than \$660 will be forfeited.

**Important Note:** IRS requires all expenses to be substantiated (adequate documentation/receipts) – all unsubstantiated claims will become taxable income. <u>wexinc.com</u> (Group Number 31037)

## **Healthcare FSA**

You may contribute up to \$3,300 to your Healthcare FSA for 2025. Once you elect, all of your Healthcare FSA dollars are available for you to use the very first day of the plan year. For example, if you elect to contribute \$1,200 to your Healthcare FSA, your contributions will be deducted evenly across all of your paychecks for the year, but you have access to all \$1,200 on Day 1. Calculate carefully what you desire to have withheld pre-tax from your paycheck each pay period. Once determined, this amount cannot be changed. Eligible expenses include:

- · Prescription Drugs
- Hearing Aids
- · Dental & Orthodontic Charges
- Chiropractors
- Vision Expenses
- Copays, deductibles and coinsurance
- Over-the-counter drugs will require a physician prescription to be covered by your FSA

WEX link, <u>Eligible Expenses</u>, allows you to enter items to see if they are eligible, along with any comments or special rules that would apply.

## Dependent Care FSA

You may contribute up to \$5,000 to your Dependent Care FSA if you are single or married filing jointly. If married filing individually for tax purposes the maximum amount is \$2,500. Eligible dependents include children under the age of 13 who are claimed as a dependent for tax purposes and a disabled spouse/child of any age. Eligible dependent care expenses for eligible dependents include day care, after school programs, and day camp. Unlike the Healthcare FSA, the Dependent Care FSA requires that you have funds in your account before using. After each payroll contribution has been made, those funds are applied to your Dependent Care FSA and are available for reimbursement.

Don't forget to spend your FSA dollars. Dependent Care FSA does not allow for rollover of unused funds - unused funds will be forfeited.

Please visit <u>irs.gov</u> for a complete listing of eligible health and dependent care expenses.

## Health Savings Account (HSA) (MYHR, Menu OPTION 8)

Our Qualified Health Plan (QHP) is used in conjunction with an HSA and is designed to give you more control over how you manage your health care expenses. As long as you are enrolled in a QHP, you may continue to contribute money into your HSA, pre-tax, up to the maximum IRS limit. This money can be used to pay for eligible expenses including deductibles, coinsurance, prescription drugs, dental and vision expenses, etc.

For 2025, the maximum IRS limits you may defer to your HSA are \$4,300 for individual coverage and \$8,550 for all other tiers (employee + child, employee + spouse or family coverage). If you are age 55 or older, you may defer an additional \$1,000 which is considered a catch-up contribution.

#### **To Qualify for a Health Savings Account:**

- You must be enrolled in the HSA Plan.
- You cannot be claimed as a dependent on someone else's tax return.
- · You cannot be covered by your spouse's FSA.
- You cannot be covered by any other medical plan, including Medicare A and/or B. if you enroll in Medicare



A or B, you can no longer contribute pre-tax dollars to your HSA.

- However, you may continue to withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses, such as deductibles, premiums and coinsurance.
- To avoid a tax penalty, you should speak to your tax advisor about stopping your contribution to your HSA at least six months before you apply for Medicare.
- While you may cover a child up to age 26 under the HSA Plan, qualified medical expenses for payment from your HSA account are those incurred by you, your spouse and all dependents you claim on your tax return whether they are covered by the medical plan or not.



- Triple Tax Savings: (1) pre-tax deferrals from your paycheck; (2) tax-free earnings through optional investments; and, (3) tax-free withdrawals for qualified expenses.
- The money in your account is your money. You may take it with you if you change employers, health plans or retire.
- The funds roll over year to year; there is NO "use it or lose it" rule.
- Funds can also be used for dental and vision expenses.
- Funds can be used for dependent medical expenses even if the dependent is not covered under your health plan.
- Once you qualify for Medicare (A&B), the funds can be used to pay the premium on your Medical supplemental coverage. Once you have secured Medicare, however, you may no longer contribute to your HSA.

## **Limited Purpose FSA**

Shepherd Center provides a Limited Purpose FSA for those contributing to an HSA. This Limited Purpose FSA can be used to pay for eligible out-of-pocket dental and vision expenses. You may contribute up to \$3,300 to your Limited Purpose FSA.

The plan year runs for a 12-month period from January 1st ending December 31st. Plan carefully, any leftover funds greater than \$660 will be forfeited.





#### **Commuter Benefits**

Commuter costs can pile up quickly, especially in a large city like Atlanta. Instead of paying more for your commute to and from work, Shepherd Center has implemented a Commuter Benefits plan to help you save. This Commuter Benefit plan will allow you to set aside pre-tax dollars for qualified bus transit, van pooling and parking expenses.

You can pay your commuter benefits with a debit card provided by Discovery Benefits directly at the time of service. If a transit or parking facility does not accept debit card payments, you can pay out of pocket and submit a reimbursement request through the Discovery Benefits mobile app.

For 2025, the contribution limits for Commuter Benefits as determined by the IRS were:

Parking \$325 / monthTransit \$325 / month

For more information please visit wexinc.com

Throw Kindness around like Confetti



| Health Care FSA vs. Health Savings Account 2025 |   |   |  |  |
|---|---|---|--|--|
| Plan Attribute                                  | Health Care FSA   | Health Savings Account  |  |  |
| Ownership                                       | The FSA is owned by your employer. If you leave your employer, you lose access to the account unless you have a COBRA right.  | The HSA is owned by you. It is a savings account in your name and you always have access to the funds, even if you leave your employer.   |  |  |
| Eligibility & Enrollment                        | The employer determines eligibility for an FSA. You cannout make changes to your contribution during the Plan Year without a Qualifying Life Event.   | You must be enrolled in the HDHP Health Plan to be eligible to contribute money to your HSA. You cannout be covered by a spouse's non-High Deductible plan or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year. |  |  |
| Taxation  | Contributions are tax free via payroll deductions.  | The money in the account is  "triple tax free," meaning:  1. Contributions are tax free  2. The account grows tax free  3. Funds are spent tax free if used for qualified expenses  |  |  |
| Contributions                                   | You can currently contribute to the account according to the IRS limit of \$3,300.  | The contribution limit for 2025 is \$4,300 for individuals and \$8,550 for families. If you are 55 or older, you may make a "catchup" contribution of \$1,000 per year.   |  |  |
| Payment   | The account includes a Wex debit card to pay for eligible expenses. If not, you pay up front and get reimbursed from the account. You must submit you receipts for reimbursement.   | This HSA includes a debit card. You may use the debit card to pay for qualified expenses directly.  |  |  |
| Roll Over or Grace Period                       | The Shepherd plan will include the Rollover Feature for our Health and Limited Purpose FSA plans. This will allow you to rollover up to \$660 of any unused funds at year end into the 2026 plan year. Any amount over \$660 will be forfeited.   | The money in the account rolls over from year to year. Funds are always yours and may be used for future qualified expenses.  |  |  |
| Qualified Expenses                              | Physician services, hospital services, prescriptions, dental care and vision care. A full listing of eligible expenses is avaible at irs.gov  Physician services, hospital services, prescriptions, dental care and vision Medicare Part D plans, COBRA pre and long-term care premiums. A further of eligible expenses is avaible at irs.gov   |   |  |  |
| Other Types                                     | Limited FSA - Shepherd offers a limted FSA that only covers eligible dental and vision expenses. Limited FSAs are typically offered in conjunction with an HSA as the IRS does not allow someone to have a Health Care FSA and an HSA.  Dependent Care FSA - allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as day care and before and after-school care. | There is only one type of HSA.  |  |  |





## Life & Disability Insurance

Shepherd Center provides the following benefits at no cost to benefit eligible employees who are working 30 hours or more a week.

- · Basic Life / Accidental Death & Dismemberment
- · Short-term Disability and Long-term Disability

You will also have the opportunity to purchase additional life insurance for you, your spouse and your dependent children.

#### **Basic Life Insurance**

All benefit-eligible employees have life insurance and accidental death and dismemberment coverage in the amount of \$50,000 effective on the 31st day of employment. The cost for this benefit is paid in full by Shepherd Center.

This \$50,000 employer paid benefit will reduce to the % shown below based on attained age:

- 65% of the Life Insurance Benefit at age 65 (\$32,500)
- 40% of the Life Insurance Benefit at age 70 (\$20,000)
- 25% of the Life Insurance Benefit at age 75 (\$12,500)

Please review and make sure your beneficiary designation is current through Workday.



### Supplemental Life / AD&D Insurance

For benefit eligible employees, enrollment in the supplemental life program is purely voluntary and will be funded by you through after-tax payroll deductions. Evidence of insurability is required for those who have declined coverage in the past or are a late entrant. Any coverage requiring evidence of insurability will not become effective until approved by Lincoln. Once approved by Lincoln, your elections will occur the first payroll cycle after your approval date. You must purchase employee supplemental coverage in order to purchase coverage for your spouse.

#### Employee Supplemental Coverage

- You have the option of selecting coverage equal to a multiple of your annual salary (up to 5 times) to an overall maximum of \$800,000 with evidence of insurability.
- o At your date of hire, guarantee Issue amount is up to a maximum of \$400,000.
- o When you reach age 65, coverage is available at a reduced percentage of the elected coverage amount.

#### Voluntary Spouse Life Insurance

- o You may elect coverage for your spouse in increments of \$5,000, not to exceed 100% of the Employee Supplemental Life or a maximum of \$100,000.
- o At your date of hire, your spouse can get up to \$50,000 of coverage with no health questions.
- o When your spouse reaches age 65, coverage is available at a reduced percentage of the elected coverage amount.

#### · Voluntary Dependent Child(ren) Life Insurance

- o You may elect coverage for your eligible dependent child(ren) up to age 26 as follows:
  - Birth to 14 days: \$500
  - 15 days to 26 years: \$10,000
  - \$.88 per pay period for all children (not per child)

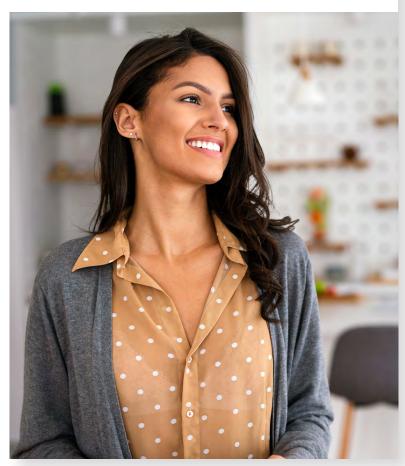


#### **Voluntary Life Coverage Will Cost per Month:**

| Age              | Employee & Spouse Cost per \$1,000 |
|------------------|------------------------------------|
| <29              | \$.05                              |
| 30 - 34          | \$.07                              |
| 35 - 39          | \$0.100                            |
| 40 - 44          | \$0.140                            |
| 45 - 49          | \$0.230                            |
| 50 - 54          | \$0.380                            |
| 55 - 59          | \$0.610                            |
| 60 - 64          | \$0.950                            |
| 65 - 69          | \$1.690                            |
| 70 - 74          | \$3.490                            |
| 75+              | \$3.989                            |
| Child(ren) - All | \$.88                              |

## **Voluntary AD&D Coverage Will Cost per Month:**

|                  | Cost per \$1,000 |
|------------------|------------------|
| Employee         | \$0.020          |
| Spouse           | \$0.028          |
| Child(ren) - All | \$0.88           |







## **Short-term Disability** & Long-term Disability

A disabling injury or illness that keeps you out of work could have a devastating impact on your income and jeopardize your ability to cover normal household expenses. To supplement your income if time away from work due to a non-occupational injury, illness or maternity leave is necessary, Shepherd Center provides Short-term Disability (STD) and Long-term Disability (LTD) for our benefit eligible employees, effective 90 days after hire.

#### **Short-term Disability**

| Short-term Disability  |   |  |
|--|---|--|
| Weekly Benefit   | 60% of base + diff wages  |  |
| Benefit Waiting Period (time away from work until benefit applies) | 14 Days for Accident and/or Illness   |  |
| Definition of Covered Earnings                                     | Employee's annual base salary, excluding extra compensation, bonus, or commissions. |  |
| Taxation of Benefits   | Benefit is not taxable due to gross up feature                                      |  |
| Maximum Benefit Period   | 26 Weeks for Accident and/or Illness  |  |
| Minimum Benefit  | \$25 per week   |  |
| Pre-existing Condition Limitation                                  | None  |  |

To request a short-term disability leave of absence call MYHR, Menu Option 5.

#### **Long-term Disability**

| Long-term Disability   |   |  |
|--|---|--|
| Monthly Benefit  | 60% to a maximum of \$10,000  |  |
| Benefit Waiting Period (time away from work until benefit applies) | 180 days (designed to dovetail behind STD)  |  |
| Definition of Disability   | 24 Months Own Occupation  |  |
| Definition of Covered Earnings                                     | Employee's annual base salary, excluding extra compensation, bonus, or commissions. |  |
| Taxation of Benefits   | Benefit is not taxable due to gross up feature                                      |  |
| Minimum Benefit  | Greater of \$100 or 10% of benefit  |  |
| Maximum Benefit Period   | Social Security Normal Retirement Age   |  |
| Benefit Reduction Schedule   | Social Security Normal Retirement Age   |  |
| Survivor Benefits  | 3 months lump sum   |  |
| Continuation of Insurance  | Family Medical Leave (12 weeks) Family Medical Military Leave (12 weeks)            |  |
| Pre-existing Condition Limitation                                  | 3 months prior / 12 months insured  |  |
| Mental Illness & Substance Abuse Limitation                        | 24 Month Lifetime Limitation  |  |



## **Time Away**

## Paid Days Off (PDO)

Providing you with time off to meet your personal needs is important to Shepherd Center. PDO provides you with the flexibility and choice to help you balance your work and personal life. You can use time off from your standard workweek for any of the following reasons:

- Vacation
- Holidays
- · Personal illness or family member's illness
- · School, religious or community activities
- · Appointments and other personal business

#### **Bereavement Leave**

Full-time / part-time employees may receive up to three (3) scheduled days, at your manager's discretion, to handle activities related to the death of an immediate family member.

## Family And Medical Leave (FMLA)

(MYHR, Menu OPTION 5)

FMLA is available for qualifying employees. In addition, Parental Care, Family Care and ADA Event Leave are available with approval for qualifying circumstances.

| Regularly<br>Scheduled Hours<br>Per Pay Period | 72+   | 64   | 60   | 56   | 48   | 40   | 32   | Full-time (72+ hours<br>per pay period)<br>totals |
|--|-------|------|------|------|------|------|------|---|
| 0-4 Years                                      | 7.38  | 5.90 | 5.54 | 5.17 | 4.43 | 3.69 | 2.95 | 192 hours or 24 8 hour<br>days/16 12 hour days    |
| 5-9 Years                                      | 8.92  | 7.14 | 6.69 | 6.24 | 5.35 | 4.46 | 3.57 | 232 hours or 29 8 hour<br>days/19.3 12 hour days  |
| 10+ years                                      | 10.46 | 8.37 | 7.85 | 7.32 | 6.28 | 5.23 | 4.18 | 272 hours or 34 8 hour<br>days/22.7 12 hour days  |



## **ProMotion Fitness**

Looking for a way to exercise, stay healthy and well? Look no further. We are proud to announce the ProMotion Fitness at Shepherd Center, a free service offered to all employees. (The family members rate is \$30.00 per month.)

Facilities include a weight room, indoor track, full-court gymnasium, and swimming pool. Through land and aquatic classes, personalized programs, private lessons, or personal training, ProMotion Fitness attempts to improve its members' fitness and quality of life. The facility is completely accessible, allowing people with physical disabilities to participate in all programs as appropriate. Professionally trained and certified staff is available to ensure that all members receive the highest quality assistance.

## CARROT

## **Carrot**

Shepherd Center has partnered with Carrot to provide comprehensive support and access to care from maternity through menopause and pre-pregnancy through parenting. Carrot provides personalized care for every fertility and family building journey.

Carrot offers support/guidance with:

- · Perimenopause and menopause
- Low testosterone (low T)
- · Pregnancy and postpartum
- Infant care and parenting (ages 0-12)
- Fertility health and wellness (e.g., hormone testing, trying to get pregnant)
- Preservation (egg, embryo, or sperm freezing)
- · Assisted reproduction, like IVF and IUI
- Adoption
- · Donor assistance

Through Carrot, you'll get:

- Personalized advice from Carrot Experts to help you make the most of your benefit
- A Carrot Plan customized next steps to help you move forward

- Unlimited, free virtual chats with medical experts and specialists
- · Help finding providers near you
- · Expert-produced educational resources
- Carrot Rx, powered by Alto, which offers up to 40% off and price matching on key fertility medications, 24/7 clinician support, and fast home delivery on all prescriptions
- · Exclusive partnerships and discounts

Please visit *get-carrot.com/signup* to get started.



## **DAILYPAY**

DAILYPAY allows you to access your pay on-demand. With DailyPay, you can track, save, and transfer your earnings on your own schedule. Benefits of DailyPay include the ability to get paid on day one, track your daily income with updates after every shift you work, transfer your pay instantly or next-day, and automatically save a portion of your paycheck. You can also use DailyPay to avoid late fees and interest charges, and to help you plan for expenses. Please visit <u>dailypay.com</u> to get started.

## **Northstar Financial Advisor**

All Full/Parttime employees have access to Northstar, a company provided financial wellness platform. A dedicated Northstar Advisor (Certified Financial Planner) can help you with planning and reaching your financial and life goals. Northstar can help with budgeting, saving, debt management, and investing. Some examples of topics Northstar can help with include:

| Confidential Support and Guidance |                            |  |  |  |
|-----------------------------------|----------------------------|--|--|--|
| 403(b) Decisions                  | Building Emergency Savings |  |  |  |
| Paying Off Debt                   | Using your HSA/FSA Funds   |  |  |  |
| Paying for Child's Education      | Buying a Home/Refinancing  |  |  |  |
| Tax Decisions                     | And More!                  |  |  |  |

For more information visit *northstarmoney.com* and select "Sign Up".





## **Employee Assistance Program (EAP)**

(MYHR, Menu OPTION 1 or 1-888-881-5462)

Sometimes you simply don't know where to turn. Shepherd Center, therefore, provides an EAP with SupportLinc to help you with such issues on a strictly confidential and professional basis. They provide eight (8) free counseling sessions per issue per year.

SupportLinc will provide you with work/life balance resources as well as emotional wellbeing support.

Confidential support and guidance for:

| Confidential Support and Guidance |                |  |  |  |
|-----------------------------------|----------------|--|--|--|
| Anxiety, Depression               | Stress         |  |  |  |
| Relationships                     | Grief and loss |  |  |  |
| Substance Abuse                   | And much more! |  |  |  |

Knowledgeable specialists can help with and offer referrals for:

| Specialist and Referrals |                     |  |  |  |
|--------------------------|---------------------|--|--|--|
| Legal consultation       | Financial expertise |  |  |  |
| Child and/or elder care  | Home repair         |  |  |  |
| Housing needs            | Pet care, adoption  |  |  |  |
| And much more!           |                     |  |  |  |

You choose how to access care:



And, SupportLinc is always online. Access the web portal and mobile app (eConnect® mobile app) 24/7/365 to access program services, search engines, financial calculators, numerous articles and tip sheets and much more.

Be sure to register at <u>supportlinc.com</u>. Code: shepherd (all lowercase)



## **ADDITIONAL LINCOLN BENEFITS**

The following benefits are available to all benefit-eligible Shepherd employees. You do not have to be enrolled in a medical plan to access these benefits.

## **LifeKeys Services**

LifeKeys® services from Lincoln can offer you support and guidance when life doesn't go as planned. They provide five (5) free sessions per year.

| Advice & Support   | Legal, financial,<br>family & career<br>support                     | Working<br>Advantage<br>discount network  |
|--|---|---|
| Grief counseling     Guidance on financial & legal matters     Help with finding child care, elder care, moving/relocation | Online will preparation Estate planning Budgeting Health & wellness | Electronics     Health & fitness     Home & garden     Broadway shows     And more! |

#### To access LifeKeys® services:

guidanceresources.com (Web ID: LifeKeys), or Download the GuidanceNow mobile app, or Call 855.891.3684

## Online Will Preparation

Having a Will allows you to designate who will receive your property after your death. It will provide comfort to you and your heirs. Lincoln's trusted partnership with LifeKeys® includes GuidanceResources online Will preparation services. It is easy to get started and you can make unlimited revisions at no cost.

- Go to <u>guidanceresources.com</u>; first-time users should register with access code LIFEKEYS and navigate to the EstateGuidance tile.
- 2) Select Create last Will and Testament Free. Click Get Started
- 3) Provide required information to create an online account
- Answer preliminary questions. You can also add a living will or final arrangements for an additional cost. Click Get Started to proceed.
- Enter your personal information, click Next to move through all eight sections
- 6) Download the completed document to your computer or have it emailed to you at no cost

Be sure to sign and date your Last Will and Testament in the presence of a qualified witness and notary public.



#### **Travel Protection**

Emergencies can happen while traveling but with Lincoln's Lincoln Travel Connect®, help is only a phone call away, 24/7, 365 days a year from wherever you are in the world. In an emergency you can even call collect. All of the program services are available when you travel over 100 miles from home. You can use your Lincoln TravelConnect services by calling the phone number on your ID card available via *myoncallportal.com*. Group ID: LFGTravel123

#### **Coverage Highlights**

- · Replacement of lost or stolen travel documents
- 24 / 7 nurse help line
- · Emergency medical evacuations
- Evacuations for natural disasters and political emergencies
- · Transportation of remains
- Return of children and pets to their home following a medical emergency

| Medical  | Safety   | Travel  |
|--|--|---|
| Assistance   | Services   | Services  |
| Worldwide medical, dental & pharmacy referrals Treatment monitoring Hospital payment facilitation Relay of insurance & medical information & records Transportation from a medical facility that cannot provide adequate treatment to one that can, and transportation, with an escort of needed, for unattended minor children and pets to their home | If at site of a natural disaster, evacuation to nearest safe haven location Codging at the safe haven location Travel arrangements | Before the trip:  Travel & health information, including visas and vaccination requirements  Security intelligence to help arrive safely & wisely  Destination information, including currency & weather  During the trip: Translation services Legal referrals Emergency travel fund assistance Identity recovery assistance |





## **Additional Benefit Offerings**

## 403(B) Tax Deferred Savings Plan

#### (MYHR, Menu OPTION 7)

Building a healthy financial future is just as important as taking care of your health care needs. That's why Shepherd Center is honored to offer our valued employees the Shepherd Center 403(B) Tax Deferred Savings Plan. Our plan offers tax deferred employee contributions along with generous employer match to qualified employees to increase savings opportunities.

All employees are eligible to participate in the plan from the first date of employment regardless of PRN, full-time, or part-time status. Full-time/part-time employees regularly scheduled to work 32 hours or more per pay period and have one year of service are eligible for an employer match as follows:

| YEARS OF SERVICE | SHEPHERD CENTER<br>MATCH* |  |  |
|------------------|---------------------------|--|--|
| 1 – 4            | 25 %                      |  |  |
| 5 – 9            | 35 %                      |  |  |
| 10+              | 50 %                      |  |  |

<sup>\*</sup>Employees are always fully vested in their own contributions and are fully vested in the employer match after three (3) years of employment.

For plan year 2025, the maximum IRS limit is \$23,500; if you are over age 50 or older at the end of the calendar year you may contribute an additional \$7,500 to your account; if you are age 60-63, you may contribute up to \$11,250 to your account. This maximum does not apply to the amount contributed by Shepherd Center.

Funds are managed by TransAmerica. To enroll in our 403(B) plan or to make changes to your existing account, visit Workday. To check account balance, investment performance and/or loan information, please visit <a href="mailto:transamerica.com/portal/home">transamerica.com/portal/home</a> to create an account.

All benefit eligible new hires will be automatically enrolled in the 403b plan at 4%. You may waive or adjust the % at any time. Employees may opt out at any time. All employees are encouraged to regularly review their investment options and contribution levels.



## **Bright Horizons**

Shepherd Center's partnership with Bright Horizons provides employees with additional benefits through their Back-Up Care Advantage Program and Bright Horizons CareDirect.

These programs are provided to Shepherd Center employees at no cost. Additionally, Shepherd Center subsidizes these benefits so that any costs an employee may incur as a result of using services found through Bright Horizons is especially affordable.

Register Today at No Cost careadvantage.com/shepherd Back-Up Username: Shepherd Back-Up Password: care4you 877-BH-CARES (242-2737)

## **Back-Up Care Advantage**

Back-Up Care Advantage acts as a safety net. It is a program that can help with temporary care arrangements when disruptions to your regular dependent care arrangements (child or adult) occur and you need to get to work. It is a quick, dependable solution for these types of urgent situations.

Additionally, activate your membership to **sittercity** (sittercity.com) and find someone to help your family during the workday, weekends, or after school.

#### **Bright Horizons CareDirect**

Bright Horizons CareDirect can connect you with additional resources to help locate ongoing care and support for your entire family, including your four-legged family members. These resources can help you with:

| Bright Horizons CareDirect                         |  |  |  |  |
|--|--|--|--|--|
| Center-based Child Care                            | Pet Care   |  |  |  |
| Preferred Enrollment at<br>Bright Horizons Centers | Tutoring, Test Prep & Homework Help                    |  |  |  |
| Babysitters, Nannies & Housekeepers                | Family Matters Resource<br>Room for family life topics |  |  |  |
| Elder Care   |  |  |  |  |



## **Educational Assistance Program**

Education reimbursement is a benefit which provides eligible employees with an incentive to complete course work at accredited institutions of higher learning to enhance the employee's knowledge and skills and increase the performance in the position held, or to enable the employee to apply for future positions within Shepherd Center. A standing committee will approve applications approved upon yearly budgets, eligibility, and program requirements.

## **Active & Fit Direct**

The Active&Fit Direct Program provides employees direct access to a national network of over 12,500 participating fitness centers for just \$28/month. Plus, you have the option to join any of the 8,500+ premium exercise studios and get 20-70% discounts on most memberships. No long-term contract gives you flexibility to switch fitness centers and cancel when you need to.

The Active&Fit Direct Program provides Shepherd Center and their members with the following services:

- Members can directly purchase a fitness center membership at over 12,500 Active&Fit contracted fitness centers nationwide. Members will be responsible for an initial enrollment fee (\$25) and a monthly fee (\$28), plus any applicable taxes, payable to Active&Fit Direct by credit card or through PayPal. The member must enroll for a minimum of three months.
  - o Available fitness center types include coed facilities, gender-specific facilities, and exercise centers.
  - o If the member wants to tour the facility before enrolling, the ActiveAndFitDirect.com fitness center directory indicates which facilities offer a free guest pass for the member to use before making a commitment.
- Active & Fit offers access to 12,000+ FREE on-demand workout videos (yoga, cardio, strength, dance, cycle, Tai Chi, meditation, etc.). The only requirement is that you register with Active & Fit, no gym membership required and no monthly fees!
- Active&Fit Connected! An online data aggregator tracks members' exercise, and other independent activity data collected by 150+ wearable wireless fitness devices, exercise equipment, and mobile applications.

 Member Enrollment. Shepherd Center employees can easily navigate over to Active and Fit by going to Shepherd Central / Human Resources / Benefits / Active and Fit link embedded on this page.



## **ID Shield & Legal Shield**

In an effort to protect you and your family, Shepherd Center is offering our employees access to ID Shield and Legal Shield at a discounted rate. This benefit is offered at time of open enrollment only.

## **ID Shield**

Millions of people lose their identities every year. Identity theft has been the top consumer complaint filed with the Federal Trade Commission (FTC) for 16 years straight. Victims are spending an exorbitant amount of time and money dealing with it. Criminals are getting smarter. IDShield membership provides the following benefits with a \$5 million service guarantee:

- Privacy Monitoring of your name, SSN, date of birth, email addresses and phone numbers (up to 10), driver license and passport numbers, and medical ID numbers (up to 10)
- Security Monitoring of your SSN, credit cards (up to 10), bank accounts (up to 10), financial activity alerts and quarterly credit score tracking. With the family plan, Minor Identity Protection is included and provides monitoring for up to eight (8) children under the age of 18.
- Consultation and counseling is available 24 hours a day in the event of an identity theft emergency.
- Full Service Restoration of complete identity recovery by Kroll Licensed Private Investigators with a \$5 million service guarantee that if your identity is stolen, it will be restored to its pre-theft status.

## **Legal Shield**

Expected and unexpected legal issues arise every day. As a member of LegalShield, you will have access to talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without the worry of high hourly fees. Your LegalShield Membership includes:

- Personal legal advice, letters, and calls on unlimited issues on your behalf
- Contracts and documents reviewed (up to 15 pages)
- Lawyers can prepare your Will, Living Will and Health Care Powers of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- · IRS audit assistance
- Trial defense (if named defendant/respondent in a covered civil action suit)
- Uncontested divorce, separation, adoption and/or name change representation (available 90 days after enrollment in Family Plan)
- 25% preferred member discount if you use your Provider Law Firm for legal situations that extend beyond plan coverage
- 24/7 emergency access for coverage situations

| Monthly Premium | Individual | Family  |
|-----------------|------------|---------|
| LegalShield     | \$16.95    | \$18.95 |
| IDShield        | \$8.95     | \$18.95 |
| Combined        | \$25.90    | \$33.90 |



## **Voluntary Work Site Products**

#### **Accident Insurance**

Designed to supplement your employer sponsored health coverage, accident insurance pays specific benefit amounts for expenses resulting from covered non work-related injuries and accidents. Benefits are paid in a lump sum, tax-free to you and typically increase with the severity of the accident. Coverage is available for you, your spouse, and/or your children.

This plan includes a wellness benefit of \$50 per year for each covered family member when they complete a Health Assessment Test such as your annual physical exam, dental preventive exam, eye exam, osteoporosis screening, and others. Child Health Assessment Test also includes a school or sports physical, child immunizations, concussion screening and others.

#### **Critical Illness Insurance**

Group Critical Illness insurance provides cash benefits if you are diagnosed with a covered critical illness, such as cancer, heart attack, or stroke. More importantly, the plan helps you focus on recuperation instead of the costs of medical and personal bills. Cash benefits are paid directly to the insured upon diagnosis of a covered critical illness. Your children age 25 or less are automatically covered at 50% of your benefit election. They should be added during enrollment.

You can choose a benefit of \$10,000, \$20,000 or \$30,000 of coverage. You may purchase Critical Illness for your spouse equal to 50% of the employee coverage.

This plan includes a wellness benefit of \$50 per year for each covered family member when they complete a Health Assessment Test such as a stress test, colonoscopy, mammography, pap smear, hepatitis screening, specific blood tests for breast cancer, ovarian cancer, prostate cancer, colon cancer and others.

## **Hospital Indemnity Insurance**

Hospital Indemnity Insurance is designed to help provide financial protection for covered individuals by paying a benefit due to hospitalization. You can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump sum benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of treatment. The option of electing spouse and/or dependent coverage is also available.

What's included?

- \$1,000 for covered hospital admission (one per year)
- \$100 for each day of your covered stay, up to 65 days
- \$200 for each of intensive care stay, up to 20 days

## One Number to Remember...

With **MYHR** you will have quick and easy access to your health and wellness partners. Just call **404-352-MYHR (6947)** and through a series of menu options you will be connected to our important benefit vendors.

