

# Benefit Guide 2024-2025

September 1, 2024 - August 31, 2025



### Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

#### Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

#### When Coverage Begins

- New Hires: You must complete the enrollment process within 30 days. If you enroll on time, coverage is available first of the month following 30 days from your date of hire. If you fail to enroll on time, you will <u>NOT</u> have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made to plan coverage are effective September 1, 2024 August 31, 2025.

#### **Benefit Terminology**

Understanding your benefits will allow you and your family to receive the best care possible. Click **here** to watch an informative video about the language surrounding your benefits.

#### **Choose Carefully!**

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- > You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

#### **Making Changes**

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes. Click here to watch an informative video about qualified life events.

\*If both you and your spouse work for Merit Academy, you are not allowed to enroll each other in voluntary benefits such as Voluntary Life/ AD&D or Voluntary Worksite Benefits.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Inside

Employee Resources Medical Health Savings Account Telemedicine Dental Vision Life/AD&D Disability Voluntary Benefits ID Theft Protection Cost of Benefits Benefit Hub Employee Navigator Contact Information

# Enrollment

Go to the website below to enroll in benefits

hub.employeenavigator.com

Company Identifier Merit Academy

### **Employee Resources**

#### Benefits can be difficult to navigate. These resources are intended to help you maximize and efficiently use your benefits.

#### How can I access my PEHP ID card?

Visit www.pehp.org and log into your personal account.

From the "My Benefits" menu, select "View ID Card".

Save the digital ID card on your phone or tablet for easy use or print a card for any individual on your plan. You also can request a card by mail by clicking the link at the bottom of the page.



### (The ID card pictured above is a sample. The ID card you receive might look different than the one pictured here)

#### Which type of healthcare provider should I be seeing?

#### How can I access my HealthEquity HSA card?

Upon the creation of your HSA, you will receive a member welcome kit including a HealthEquity Visa Health Account Card. Card activation instructions are included with the card. If you would like, you can speak to a HealthEquity account mentor to activate your card and receive additional insight to your account. Account mentors can be reached at (866) 382-3510.

Sign in to the member portal by visiting **my.healthequity.com**. For first-time visitors, select 'Begin Now' and follow the step-by-step process to verify your account. Once you are logged in, we encourage you to complete the following:

- Add a beneficiary to ensure your account savings benefit your loved ones in the event of your death.
- Elect to receive e-statements to save a monthly statement fee.

How do I make a life event change in Employee Navigator?

• Navigate through the portal and familiarize yourself with its features and capabilities.

Which type of healthcare provider should I be seeing?		How do I make a life event change in Employee Navigator?
Virtual Visit - \$ 24/7/365 access to a doctor through the convenience of phone/video consults. You can receive care for: • Cough, Cold, and Flu • Allergies • Skin Problems • Sinus Problems • Minor Fevers	<ul> <li>Doctor's Office (Primary Care) - \$\$ Routine care or treatment for a current health issue. You can receive care for:</li> <li>Routine Checkups</li> <li>Immunizations</li> <li>Preventive Services</li> <li>Manage Medications</li> <li>Lab tests</li> </ul>	<ul> <li>Log into hub.employeenavigator.com.</li> <li>Once you are logged in, click on the Life Event box.</li> <li>Read the Life Events summary at the top and then choose your reason for a Life Event change.</li> <li>Enter the date of event and make sure any other required information is entered.</li> <li>Click Save.</li> <li>Follow the on-screen prompts and answer all demographic questions. Click Save &amp; Continue</li> </ul>
Urgent Care Center - \$\$\$ You need medical care fast for a non-emergent medical issue. You can receive care for: • Migraines • Severe Back Pain • Vomiting and Diarrhea • Minor Broken Bones • Severe Cough • Wounds Requiring Stitches	<ul> <li>Emergency Room - \$\$\$\$</li> <li>For a true medical emergency that results in serious jeopardy to your health, impairment of bodily functions or organs. You can receive care for:</li> <li>Head Trauma</li> <li>Chest Pain</li> <li>Severe Abdominal Pain</li> <li>Severe Bleeding and Burns</li> </ul>	<ul> <li>Choose the health plan(s) you would like to enroll in and click Save &amp; Continue through each screen.</li> <li>Submit Pending Life Event Enrollment for HR Approval.</li> </ul>

### **Medical**

#### PEHP

We are proud to offer you a medical plan and two networks that provide comprehensive medical and prescription drug coverage. The plan also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of the plan. If electing the qualified high deductible health plan, your Health Savings Account is administered by HealthEquity.

#### **STAR \$2,000 HSA**

This High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Summit or Advantage network.** 

In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs or be enrolled in another non-qualified plan through a parent or spouse. See the plan documents for full details. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf. Here's how the plan works:



- Annual Deductible: You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- Coinsurance: Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- Out-of-Pocket Maximum: Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the year.
- Health Savings Account (HSA): You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses.

#### **PEHP Online Member Portal**

The online member portal is a powerful tool that gives you access to account management features. Using the member portal, you can find in-network doctors and facilities, explore benefits, estimate costs, and view your ID card.

https://www.pehp.org/MyPehp/Account/LogOn

### **Medical**

#### PEHP

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

	STAR \$2,000 HSA		
Key Medical Benefits	In-Network (Summit/Advantage)	Out-of-Network <sup>1</sup>	
Deductible and Out-of-Pocket Maximur	<b>n</b> (per plan year)		
Individual Coverage			
Deductible	\$2,0	000	
Out-of-Pocket Maximum	\$4,0	000	
Family Coverage (Individual / Family)			
Deductible	\$4,0	000 <sup>2</sup>	
Out-of-Pocket Maximum	\$8,0	0003	
Covered Services			
Office Visits (physician/specialist)	20%* / 20%*	40%*	
Routine Preventive Care	No charge	40%*	
Mental Health and Substance Abuse	20%*	40%*	
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	
Complex Imaging	20%*	40%*	
Chiropractic (20 visits per year)	20%*	Not covered	
Ambulance	20%*	20%*	
Emergency Room	20%*	20%*	
Urgent Care Facility	20%*	40%*	
Inpatient Hospital Stay	20%*	40%*	
Outpatient Surgery	20%* 40%*		
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier A / Tier B)			
Retail Pharmacy (30-day supply)	\$15* / \$30* / \$65* / 20%* / 30%*	The preferred co-pay after deductible plus the difference above the discounted cost.	
Mail Order (90-day supply)	\$30* / \$60* / \$130*	Not covered	

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk (\*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

2. NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.

3. NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum.

### **Health Savings Account**

#### HealthEquity

#### How does a Health Savings Account Work?

Click here to watch an informational video about health savings accounts. A High Deductible Health Plan (HDHP) offers comprehensive health care coverage at a lower premium and higher deductible than traditional health care plans. An HDHP also features a health savings account (HSA) that enables you to pay for current, qualified health care expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions.

#### **Eligibility**

To be eligible to participate and contribute to a HSA bank account, the IRS requires that you:

- Must be enrolled in a qualified high deductible health plan (HDHP)
- Do not have any other health coverage that is not an HDHP or permitted insurance
- Are not active military
- Cannot be claimed as a dependent on another person's tax return
- You are not covered if you fall into any of these categories:
  - You are already covered by a spouse's medical or pharmacy plan that is not an HDHP
  - You are already covered through Medicare Parts A, B, C and/or D, or TRICARE programs
  - You are already covered through a general purpose Flexible Spending Account (FSA) plan (such as your spouse's plan)

#### HSA Advantages - Triple Tax Advantage

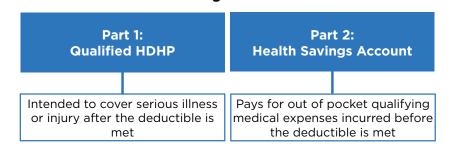
- You contribute pre-tax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.
- Funds grow tax-free, and unused funds roll over year to year.
- You can withdraw funds tax-free to pay for qualified health care expenses now and in the future— even in retirement.

**Important:** Your combined contributions may not exceed the annual IRS limits listed below.

IRS HSA Contribution Limit	2024	2025
Employee Only	\$4,150	\$4,300
Family (employee + 1 or more)	\$8,300	\$8,550
Catch-up (age 55+)	\$1,000	\$1,000

#### **Company Contribution:** See below for your company's contribution amounts.

Employer HSA Contribution	Annual Amount
Employee Only	\$1,250
Employee + One	\$2,500
Family	\$2,500



**Utilizing Your HSA** 

#### How is an HSA used to pay for medical care?

1. Employee and/or employer funds an HSA account.

2. Employee seeks medical services.

3. A bill for medical services is submitted as a claim to your insurance carrier and paid in part according to your HDHP, subject to a deductible and coinsurance.\*

4. Employee can pay the remaining amount with a debit card or check from their HSA account.

\* Subject to plan design, check your Benefits Summary. Preventive care may be covered at 100%.

#### **Online Member Portal**

The online member portal is a powerful tool that gives you access to all account management features. Using the member portal, you can check your balance, review transactions, and much more! Visit the link below to view your member portal.

#### https://my.healthequity.com

### Telemedicine

#### Teladoc

Telemedicine provides access to doctors across the nation 24/7 365 days a year. About 70% of doctor visits and 40% of urgent care visits can be handled over the phone. This service gives you access to a U.S. board-certified doctor over the phone anytime, anywhere. All full-time employees, as well as their dependents, are eligible for this service. Use Telemedicine for common, non-life threatening ailments.

#### How it works

- Initiate: The member initiates through app, web or phone. Create your account online at www.teladoc.com or by calling 1-(800)-Teladoc. You can also download the app on either the Apple App Store or Google Play Store.
- **Request:** The member requests an on-demand visit or schedules a visit at their preferred time.
- Visit: The member visits with the physician via phone or video.
- Resolve: The physician will post a visit summary to the member's file and send a prescription to their local pharmacy if necessary.

#### **Meet Charlotte**

Mother of two. Avid runner. Breast cancer survivor. Charlotte wakes up one morning with a stuffy nose. She suspects a cold, but doesn't have time to visit her doctor's office as she has a busy day of work ahead.

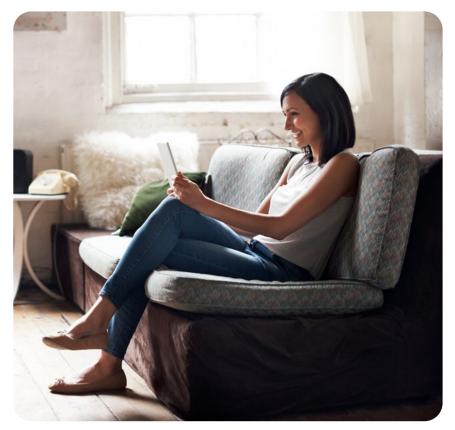
#### The solution? Telemedicine.

After reaching out to her organization's telehealth program, a doctor is able to diagnose Charlotte with a sinus infection over the phone. She also receives a prescription for an antibiotic, which she picks up at her local pharmacy. She's able to stay on track at work and home without skipping a beat!

#### **Common Reasons to use Telemedicine**

Even though Charlotte only had a stuffy nose, she could have used telemedicine for any of the following symptoms or illnesses. This is only a sample of what is covered. For a full list of qualifying symptoms, visit: **www.teladoc.com** 

Allergies	Diarrhea and constipation
Anxiety issues	Headaches and migraines
Back problems	Rash and skin problems
Bronchitis	Sore throat and stuffy nose
Cold and flu symptoms	Sprains and strains
Ear infections	Urinary tract infections



### Dental

#### PEHP

This plans offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the **PEHP Dental network**.

Following is a high-level overview of the coverage available.

	Dental Traditional Choice			
Key Dental Benefits	In-Network (PEHP Dental)	Out-of-Network <sup>1</sup>		
<b>Deductible</b> (per plan year)				
Individual / Family	\$25 / \$75	\$25 / \$75		
Benefit Maximum (per plan year; preventive, bas	Benefit Maximum (per plan year; preventive, basic, and major services combined)			
Per Individual	\$1,500	\$1,500		
Covered Services				
Preventive Services (Cleanings, X-Rays)	No charge	20%		
Basic Services (Endodontics)	20%*	40%*		
Major Services (Crowns, Bridges)	50%*	70%*		
Orthodontia (All Members)	50%*; \$1,500 Lifetime Benefit Maximum			
Waiting Periods				
Basic / Major / Orthodontia	None			
Find a Provider				
Visit the link in order to find a provider in your network	https://www.pehp.org/ProviderLookup			

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

### Vision

#### Opticare

The vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Select or Broad Network.** 

Following is a high-level overview of the coverage available.

	0-10-130C+		
Key Vision Benefits	In-Network (Select)	In-Network (Broad)	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	No charge	\$10	\$45 Allowance
<b>Lenses</b> (once every 12 months) Single Vision			\$85 Allowance
Bifocal	No charge	\$10	\$85 Allowance
Trifocal			\$85 Allowance
Frames (once every 12 months)	\$130 Allowance	\$120 Allowance	\$80 Allowance
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	\$130 Allowance	\$120 Allowance	\$95 Allowance
Lasik	20% Off Retail	Not Covered	Not Covered
Find a Provider			
Visit the link in order to find a provider in your network	https://www.opticarevisionservices.com/find-a-provider/		

## Life/AD&D

#### UNUM

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

#### Basic Life/AD&D (Company-paid)

Employee	\$25,000 / \$25,000	
Spouse	\$20,000	
Child	The maximum benefit for children from live birth to 6 months is \$1,000. The maximum benefit for children 6 months and older is \$10,000.	

#### Voluntary Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members.

Coverage	Benefit Option	Guaranteed Issue*
Employee	\$10,000 up to 5x the employee's annual earnings or \$500,000 in increments of \$10,000	\$50,000
Spouse	\$5,000 up to \$500,000 in increments of \$5,000 (can't exceed 100% of employee)	\$15,000
Child(ren)	6 Months to 19 years old: \$2,000 to \$10,000 in \$2,000 increments Live birth to 6 months: receive \$1,000	N/A

\*Guarantee issue for new hires (and eligible dependents): new employees who apply for voluntary life & AD&D coverage during initial enrollment period are guaranteed up to the amount shown without having to submit evidence of insurability (EOI) or proof of good health. EOI or proof of good health is required if enrolling after initial eligibility and/or for amounts above guarantee issue. See navigator system or HR for detail on required EOI forms and how to submit.

#### Voluntary AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members.

Benefit Option		
Employee	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings	
Spouse	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments.	
Child(ren)	Get up to \$10,000 of AD&D coverage for your children in \$2,000 increments.	

### Disability

#### UNUM

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability		
Benefit Percentage	60%	
Weekly Benefit Maximum	\$1,000	
When Benefits Begin	After 14th day of disability due to injury or sickness	
Maximum Benefit Duration	11 weeks	
Pre-Existing Condition Restrictions	3 months / 12 months	

Employer-Paid Long-Term Disability		
Benefit Percentage	60%	
Monthly Benefit Maximum	\$4,000	
When Benefits Begin	After 90th day of disability	
Maximum Benefit Duration	Social Security Normal Retirement Age	
Pre-Existing Condition Restrictions	3 months / 12 months	



#### UNUM

Voluntary benefits are designed to complement your health care coverage and allow you and your family with additional coverage on top of your medical plan.

#### Accident

You never expect an accident to happen. But if it does, your focus should be on recovery – not medical bills. Accident Insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. For a full list of covered benefits, see your plan summary.

Initial & Emergency Care Benefits	Benefit Amount	
Emergency Room	\$100	
Physician Follow-Up Visits (Maximum of 2 visits)	\$75	
Medical Imaging - Tier 1 (X-rays or Ultrasound)	\$50	
Ground Ambulance/Air Ambulance	\$300 / \$1,000	
Hospitalization Benefits		
Hospital Admission	\$1,000	
Short Stay	\$200	
Intensive Care Admission	\$1,000	
Fractures and Surgery		
Fractures, Surgical Repair - Payable as a % of the applicable injury benefit	100%	
Surgical Repair same bone maximum incurred per accident	1 Fracture	
Surgical repair maximum payable multiplier for multiple bones	2 times	
General Surgery - Abdominal, Thoracic, or Cranial	\$1,500	
General Surgery - Exploratory	\$150	
General Surgery - Incidence per covered accident 1 Per Insured		
Be Well Benefit (once per covered person per calendar year)		
\$50		

#### UNUM

Voluntary benefits are designed to complement your health care coverage and allow you and your family with additional coverage on top of your medical plan.

#### **Critical Illness**

With Critical Illness Insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more. The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

Individual Covered	Benefit Amount		
Employee	\$10,000, \$20,000 or \$30,000 as applied for by the employee and approved by Unum		
Spouse	50% of employee coverage amount		
Children	50% of employee coverage amount		
Covered Conditions	Benefit Amount		
Invasive Cancer (including all Breast Cancer)	100%		
Skin Cancer	\$500		
Heart Attack	100%		
Stroke	100%		
Coronary Artery Disease (Major/Minor)	50% / 10%		
Dementia (including Alzheimers Disease)	100%		
Amyotrophic Lateral Sclerosis (ALS)	100%		
Parkinson's Disease	100%		
Multiple Sclerosis	100%		
	Be well Benefit (once per covered person per calendar year)		
	Employee coverage amount of \$10,000: \$50 Employee coverage amount of \$20,000: \$75 Employee coverage amount of \$30,000: \$100		

### **Voluntary Benefits - Hospital Indemnity**

#### UNUM

Voluntary benefits are designed to complement your health care coverage and allow you and your family with additional coverage on top of your medical plan.

#### **Hospital Indemnity**

For many, health insurance premiums and deductibles are skyrocketing while coverage is staying the same or worsening. Hospital indemnity insurance helps offset these additional costs by paying benefits for covered surgeries and hospital stays or services.

Included Benefits	Benefit Amount	
Admission ( 1 day per year)	\$1,500	
Daily Stay (per day up to 365 days )	\$100	
Be Well Benefit (once per covered person per calendar year)		
\$50		
<ul> <li>Be Well Screenings include but are not limited to: <ul> <li>Cholesterol and Diabetes screenings</li> <li>Cancer screenings</li> <li>Cardiovascular Function screenings</li> <li>Imaging Studies</li> </ul> </li> <li>Annual Examinations by a Physician <ul> <li>Immunizations</li> <li>For a full list of covered</li> </ul> </li> </ul>		



### **ID Theft Protection**

#### Allstate

Identity theft can be emotionally devastating and take years to resolve without help from an experienced professional. But with help from **Allstate's** experienced team, available 24/7, restoration takes place quickly and effectively, giving you peace of mind. This benefit is paid entirely by you.

#### **Privacy Management Benefits**

Allstate Digital Footprint Identity Health status Junk mail removal & Do not call Digital exposure reports

#### Credit Benefits

Unlimited TransUnion credit scores Credit freeze assistance Tri-bureau credit monitoring Credit lock (adults and minors) Annual tri-bureau report and score Credit report disputes TransUnion credit monitoring Credit score tracking

#### ID Theft Website and Resources

https://www.allstateidentityprotection.com/

#### **Identity Monitoring Benefits**

IP address monitoring Social Media Monitoring Social account takeover Sex offender alerts Auto-on monitoring Rapid alerts High-risk transaction monitoring Student loan activity alerts Lost wallet protection Dark web monitoring with human-sourced intelligence Data breach notifications Deceased family member coverage

### **Monthly Cost of Benefits**

#### You can also visit hub.employeenavigator.com for your contributions.

Benefit Type	Plan	Coverage	Employee Cost
Medical (PEHP)	STAR \$2,000 HSA Summit or Advantage Network	Employee Employee + One Family	\$0.00 \$294.68 \$495.73
Telemedicine (Teladoc)	Teladoc	Employee Employee + Dependents	100% Employer Paid (Must be a full-time employee)
Dental (PEHP)	Dental Traditional Choice	Employee Employee + One Family	\$0.00 \$9.93 \$28.92
Vision (Opticare)	0-10-130C+	Employee Employee + One Family	\$3.03 \$7.83 \$15.02
	Basic Life/AD&D	Employee Employee + Dependents	100% Employer Paid
Life/AD&D (UNUM)	Voluntary Life	Employee Employee + Dependents	See Employee Navigator
	Voluntary AD&D	Employee Employee + Dependents	See Employee Navigator

### **Monthly Cost of Benefits**

#### You can also visit hub.employeenavigator.com for your contributions.

Benefit Type	Plan	Coverage	Employee Cost
Disability (UNUM)	Voluntary Short-Term Disability	Employee	See Employee Navigator
	Long-Term Disability	Employee	100% Employer Paid
Voluntary Benefits (UNUM)	Accident	Employee Employee + Spouse Employee + Child(ren) Family	\$13.99 \$25.03 \$30.76 \$41.80
	Critical Illness	Employee Employee + Spouse Employee + Child(ren) Family	See Employee Navigator
	Hospital Indemnity	Employee Employee + Spouse Employee + Child(ren) Family	\$24.26 \$45.04 \$35.03 \$55.81
ID Theft Protection (Allstate)	Protection Pro +	Employee Employee + Dependents	\$9.95 \$17.95

### **Benefit Hub**

#### Your home for amazing deals on all the brands you love!

Your discount marketplace houses "real and relevant" deals offering something for everyone. Employees can find incredible savings of up to 60% on hotels, 39% on movie tickets, 60% on apparel and more!

With thousands of national brands in over 20 categories and 110 subcategories, employees find amazing deals on what they want, when they want it. Nike, Gap, Hertz, Sprint, Curves, Disney and many more.

To enrich the amazing discounts, over 70% of the offers provide cash back, too! Tracked in the portal for easy access and redeemable at any time, cash back is a big engagement booster.

#### Explore great deals in many categories, including:

- Travel
- Tickets
- Auto
- Electronics
- Food
- Entertainment
- Local Deals
- Hotels

#### How to access your benefits:

- Go to https://meritacademy.benefithub.com/
- Enter Referral Code: FLZ13E
- Register

#### **Questions?**

- > You can call 1-866-664-4621 or
- You can email customercare@benefithub.com



### **Employee Navigator**

#### Enrolling in benefits with Employee Navigator is easy! Follow the steps below to elect or waive coverage for the current plan year.

#### **Step 1: Getting started**

- Access your benefits portal by visiting hub.employeenavigator.com
- You will need to provide your username and password. If you have misplaced or forgotten your credentials, you can reach out to HR for that information. You can also select the "Forgot Username" and "Forgot Password" options on the login screen to reset your credentials.

#### If you are a new user, click "New User Registration" and create your account. You will need the following information:

- First Name
- Last Name
- Company Identifier: Merit Academy
- Last four digits of your Social Security Number
- Birthdate

On the home screen, once registered and logged in, look for "Start Enrollment" to begin enrolling in benefits.

#### Info needed when adding dependents

- Name
- Social Security Number(s)
- Dates of Birth
- Home Address (if separate from yours)

#### Step 2: Verify your personal dependent information

- Personal information: validate that all information is accurate
- Dependent information
  - To update information click "Edit". Upon completion click "Save".
  - Select "Add Dependent" if you currently do not see them listed.
- Once all of your dependents have been added/updated, click "Save and Continue".
- **Important:** If your company offers voluntary life insurance, you need to add your spouse and children as dependents in this screen

#### Step 3: Making your open enrollment elections

- Enroll or decline each eligible benefit option in benefits
- Review benefit elections in summary and click "Agree" to electronically sign

#### Making changes due to a Qualified Life Event

- Go to hub.employeenavigator.com. Log in using username and password.
- Click on the life events icon
- Employees can then make changes that have to do with qualified life events. Employees can add or drop coverage from there.



### **Contact Information**

Coverage	Carrier	Phone #	Website
Medical	PEHP	(800) 765-7347	www.pehp.org
Health Savings Account	HealthEquity	(866) 346-5800	www.healthequity.com
Telemedicine	Teladoc	(800) 835-2362	www.teladoc.com
Dental	PEHP	(800) 765-7347	www.pehp.org
Vision	Opticare	(800) 363-0950	www.opticarevisionservices.com
Life/AD&D	UNUM	(866) 679-3054	www.unum.com
Disability	UNUM	(866) 679-3054	www.unum.com
Voluntary Benefits	UNUM	(866) 679-3054	www.unum.com
ID Theft Protection	Allstate	(800) 789-2720	www.allstateidentityprotection.com

### **Benefits Website**

Our benefits website **hub.employeenavigator.com** can be accessed anytime you want additional information on our benefits programs.

### **Questions?**

If you have additional questions, you may also contact:

Rylie Lazaga - Finance at (801) 491-7600 rylie.lazaga@meritacademy.org

Kindra Knight - Account Executive at (385) 415-5031 kindra.knight@hubinternational.com



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to each insurance carrier's plan documents, medical plan SBC's, benefit summaries and your employer's Summary plan for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

