

## General Benefit Information

This is a general summary of the benefits made available to you through The Senior Alliance (TSA) – it is not a contract. For complete details please see the official Summary Plan Descriptions or Certificates of Coverage which are located in Paycor Benefits. Should you have benefit coverage questions and/or require claim assistance, please contact the carriers via the information provided on the Provider Directory attached or, for further assistance, please contact HR. Employees should thoroughly review the options offered under TSA's benefit plans and make elections that are best suited for their personal or family circumstances.

## Health & Welfare Benefits

### The 1<sup>st</sup> of the month following 30 days of employment:

- Medical – Blue Care Network (BCN) / Healthy Blue Living (HBL)
- Dental – Delta
- Vision – VSP
- Short Term Disability – Dearborn National
- Long Term Disability – Dearborn National
- Life - Dearborn National
- Employee Assistance Program – Ulliance \*eligible 1<sup>st</sup> day of employment

We do offer an 'opt-out' stipend on Medical Only. Employees may choose medical opt-out and keep all other coverages. Employees MUST show proof of alternate coverage to qualify.

### Current Opt-Out Stipend:

- Single Coverage: \$55.72/bi-weekly pay
- Couple Coverage: \$128.15/bi-weekly pay
- Family Coverage: \$144.87/bi-weekly pay

## Retirement Benefits

### After date of hire or anytime thereafter:

- 403B Thrift Plan – Mutual of America - After one year of service Agency matches up to 3%.
- This is vested under the following schedule:
  - 25% after 2 years of service
  - 50% after 3 years of service
  - 75% after 4 years of service
  - 100% after 5 years of service

### The 1<sup>st</sup> of the month after one year of employment:

- The Agency will contribute 8.5% of gross wages. \*for eligible employees
- This is vested under the following schedule:
  - 25% after 2 years of service
  - 50% after 3 years of service
  - 75% after 4 years of service
  - 100% after 5 years of service

## Paid Time Off

- Less than 2 years: accrue 5.76923 hours per bi-weekly pay period, 20 days annually\*
- 3-4 years: accrue 7.21153 hours per bi-weekly pay period, 25 days annually\*

- 5+ years: accrue 8.6538 hours per bi-weekly pay period, 30 days annually\*
- 18 paid Holidays
  - Martin Luther King Day
  - Presidents Day
  - Good Friday
  - Memorial Day
  - Juneteenth
  - July 4<sup>th</sup>
  - Labor Day
  - Veterans Day
  - Indigenous Peoples Day
  - Thanksgiving and the Day after
  - Christmas Eve and Day
  - The 3 work days between Christmas Day and New Years Eve
  - New Year's Eve and Day

**\* For more information about time-off benefits, please refer to the TSA Handbook. - Part-time receive pro-rated amount based on hours worked**

### **What is the Premium Sharing Schedule?**

TSA currently pays 100% of the premium for medical, dental, EAP (Employee Assistance Program) and vision for eligible employees and their dependents. There are buy-up options available on the medical plan through payroll deductions. TSA also pays 100% of the premium for short and long term disability and life insurance for the employee. Please note that a fiscal review may take place from time to time and the premium contributions may change as deemed necessary at the discretion of management.

### **Life Changing Events**

Should a “Life Changing Event” occur, you must notify Human Resources within 30 days if you wish to change the status of your insurance coverage:

- Marriage, Divorce or Legal Separation
- Birth or Adoption of a Child
- Spouse changes coverage due to a change in employment
- Death of a Dependent
- Child no Longer Satisfies the Definition of Eligible Dependent

### **Where Do I Obtain Summary Plan Descriptions and Enrollment Forms?**

Please visit our “I” drive to view and print summary plan descriptions and enrollment forms. You may obtain them from the Human Resources Department upon request.

### **Blue Care Network –**

We offer 3 different medical plan options for you to choose from. Please see Summary of Benefit Coverages attached for each plan. These costs are bi-monthly costs.

	<b>BCN \$500/\$1000</b>	<b>BCN \$1000/\$2000</b>	<b>BCN \$2000/\$4000</b>
Single	\$133.53	\$69.06	\$ -
Couple	\$320.47	\$165.73	\$ -
Family	\$400.59	\$207.17	\$ -

**Delta Dental –**

<b>Benefit Summary</b>	<b>In Network Benefits</b>	<b>Out of Network Benefits</b>
<b>Office visit co-pay</b>	<b>None</b>	<b>None</b>
<b>Preventative</b>	<b>100%</b>	<b>100%</b>
<b>Basic</b>	<b>100%</b>	<b>80%</b>
<b>Endodontics</b>	<b>100%</b>	<b>80%</b>
<b>Periodontics</b>	<b>100%</b>	<b>80%</b>
<b>Major</b>	<b>60%</b>	<b>50%</b>
<b>Deductible</b>	<b>\$50/ \$150</b>	<b>\$50/ \$150</b>
<b>Annual Maximum</b>	<b>\$1,000</b>	<b>\$1,000</b>
<b>Waiting Period; New Hire</b>	<b>12 months on Major &amp; Ortho</b>	<b>12 months on Major &amp; Ortho</b>
<b>Orthodontics</b>	<b>50%, up to \$1,000</b>	<b>50%, up to \$1,000</b>
<b>Network</b>	<b>In Network Delta Preferred</b>	<b>Out of Network Delta Premier</b>

**VSP –**

<b>BENEFIT SUMMARY</b>	
<b>Eye Exam</b>	<b>\$10 co-pay; Once every 12 months</b>
<b>Frames &amp; Lenses</b>	<b>\$30 co-pay; Once every 24 months</b>
<b>Contacts/Elective</b>	<b>\$130 allowance; Once every 24 months</b>
<b>Contacts/Necessary</b>	<b>\$30 co-pay –requires pre-approval; Once every 24 months</b>

## Dearborn National:

Dearborn National – Short Term Disability	
Benefit Percentage	60%
Maximum Weekly Benefit	\$700 for non-management \$1,000 for management
Elimination Period	8 <sup>th</sup> day accident/ 8 <sup>th</sup> day illness
Benefit Duration	13 weeks
Pre-Existing Conditions Exc.	None

Dearborn National – Long Term Disability	
Benefit percentage	60%
Minimum benefit	\$100
Maximum monthly benefit	\$6,000
Survivor benefit	3 months
Mental Illness/Substance Abuse Benefit	24 months
Pre-Existing Conditions Exclusion	3/6/12
Elimination period	90 days

Pre-Existing Conditions Exclusion 3/6/12:

This policy will not cover any disability:

- a. Which is caused or contributed to by, or results from a pre-existing condition; and
- b. Which begins in the first 12 months after the insured's effective date, unless no treatment was received for 6 consecutive months after the insured's effective date. "Treatment" means consultation, care or services provided by a physician including diagnostic measures are taking prescribed drugs and medicines. "Pre-existing Condition" means a sickness or injury for which the insured received treatment within 3 months prior to the insured's effective date. Disabilities which arise from intentionally self-inflicted injuries, war, participation in a riot, or committing a felony are excluded from coverage.

Dearborn National – Life Insurance	
Benefits Summary	
Age 64 or younger	1xSalary, Maximum \$100,000
Ages 65-69	1xSalary x65%, Maximum \$65,000
Ages 70 or older	1xSalary x50%, Maximum \$50,000
Optional Term Life	
Ages 0 – 24	\$0.070
Ages 25 – 29	\$0.080
Ages 30 – 34	\$0.100
Ages 35 – 39	\$0.120
Ages 40 – 44	\$0.130
Ages 45 – 49	\$0.200
Ages 50 – 54	\$0.310
Ages 55 – 59	\$0.570
Ages 60 – 64	\$0.880
Ages 65 – 69	\$1.680

Ages 70 +	\$2.730
Child Rate	\$0.200
Guarantee Issue Amount	\$100,000
Maximum Benefit	\$300,000
Spousal \$150,000	50% of employee's amount up to
Spousal Guarantee Issue	\$20,000
Child \$10,000	50% of employees amount up to

## BASIC Flex Spending:

- The IRS established Section 125 to help reduce some of the burden of Medical, Dental, Vision, and Dependent Care bills.
- With BASIC Flex, you elect to have a certain dollar amount transferred from your paycheck into a special account to pay for expenses as they occur.
- The money is taken out from your gross pay prior to taxes
- **Medical Reimbursement:**
  - Maximum allowed for the Medical Flex Spending Account (FSA) is \$3050.00
- **Dependent Care:**
  - Can be used to pay for dependent child care costs up to the age of 13
  - Maximum allowed for the Dependent Care Account (DCA) is \$5000.00
    - May not exceed \$5000.00 or \$2500.00 if married filing separately

## Required Annual Notifications

### HIPAA

Protecting Your Privacy. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employers health plans to maintain the privacy of your health information and to provide you with a notice of the Plan's legal duties and privacy practices with respect to your health information.

Special Enrollment Rights. Notice to Employees Eligible for Benefits Under TSA's Plan – This notice is being provided so that you understand your right to apply for group health insurance coverage outside of the TSA open enrollment period. You should read this notice regardless of whether or not you are currently covered under the TSA Health Plan. HIPAA requires that employees be allowed to enroll themselves and/or their dependent(s) in an employer's Group Health Plan under certain circumstances, described below, provided that the employee notified the employer within 30 days of the occurrence of any of the following events:

- Loss of health coverage under another employer plan (including exhaustion of COBRA coverage);
- Acquiring a spouse through marriage;
- Change in marital status due to legal separation, divorce or death;
- Acquiring a dependent child through birth, adoption or placement for adoption or foster care placement;
- Loss of coverage under Medicaid or a state child health plan (see below).

Please note that once you terminate your enrollment in our group health plan, your dependent's (s') enrollment will also be terminated.

## MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

CHIP creates two new special enrollment rights for employees and/or their dependents. All group health plans must permit eligible employees and their dependent(s) to enroll in an employer plan if the employee requests enrollment under the group health plan due to the following events:

- If you or your dependent(s) lose coverage under Medicaid or a state child health plan, you may request to enroll yourself and/or your dependent(s) in our group health plan no later than 60 days after the date coverage ends under Medicaid or the state child health plan.
- If you and/or your dependent(s) become eligible for financial assistance from Medicaid or a state child health plan, you may request to enroll yourself and/or your dependent(s) under our group health plan, provided that your request is made no later than 60 days after the date that Medicaid or the state child health plan determines that you and/or your dependent(s) are eligible for such financial assistance.

If you and/or your dependent(s) are currently enrolled in our group health plan, you have the option of terminating your and/or your dependent's (s') enrollment in our group health plan and enroll in Medicaid or a state child health plan. Failure to notify us of your gain of eligibility for coverage under Medicaid or a state child health plan will prevent you from making any changes to your coverage elections until our next open enrollment period.

Please contact your State Medicaid or CHIP office, or dial 1.877.KIDSNOW (877.543.7663) or go to [www.insurekidsnow.gov](http://www.insurekidsnow.gov) with specific questions.

## **MEDICARE**

Medicare Part D and Employers that offer Group Prescription Drug Coverage. Medicare Part D is a prescription drug plan that is available to everyone with Medicare. You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>. If your employer offers prescription coverage that is credible, you would not need to enroll in a Medicare drug plan until the employer coverage ends. If you decide to join a Medicare drug plan and drop your current prescription coverage, be aware that you and your dependents will be able to get this coverage back. Please note that if you drop or lose your current coverage with TSA and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a high premium (a penalty) to join a Medicare drug plan later. If you lose your current creditable coverage through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

TSA has determined at this time your prescription drug plan(s) with Blue Care Network appears to be credible. This means that the prescription drug coverage under your current plan is, on average, for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare Part D coverage.

Coordination of Benefits for Medicare Eligible Members. Per Federal regulations, the employer sponsored plan will be the primary payer of claims for companies with more than 20 employees; enrollment in Medicare Part A is assumed. Companies with fewer than 20 employees, Medicare will be the primary payer of claims; group health plans assume Member is enrolled in both Medicare Parts A & B.

For more information about Medicare prescription coverage, visit [www.medicare.gov](http://www.medicare.gov) or call 800.633.4227

## **JANET'S LAW**

On October 21, 1998 Congress passed a bill called the Women's Health and Cancer Rights Act aka "Janet's Law". This law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include: reconstruction of the breast upon

which the mastectomy has been performed; surgery/reconstruction of the other breast to produce a symmetrical appearance; prostheses; and physical complications during all stages of mastectomy, including lymphedemas. In addition, the plan may not: interfere with a woman's rights under the plan to avoid these requirements; or offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law. Please note: the plan may apply deductibles and co pays consistent with other coverage provided by the plan. This law also requires written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This notice serves to fulfill that requirement.

## **GINA**

The Genetic Information Nondiscrimination Act (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allows by this law. To comply with this law, we are asking that you not provide any genetic information when responding to requests for medical information. "Genetic Information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving reproductive services.

## **MICHELLE'S LAW**

Effective November 1, 2010, if a full-time student engaged in postsecondary education loses their full-time student status due to a severe illness or injury, they will maintain dependent status until the earlier of (1) one year after the first day of a medically necessary leave of absence; or (2) the date on which such coverage would otherwise terminate under the terms of the plan. A medically necessary leave of absence or change in enrollment at that institution must be certified by the dependent's attending physician.

**\*\*\* The preceding notifications are meant to serve as a general guide. For specific information, please contact HR.**

## **TSA 2024 Benefits Provider Directory**

### **Medical**

Blue Care Network

Group No: 00154914 / sub-group 0001

Phone: 800.662.6667 (you will need your contract # from your BCN ID card)

Fax: 248.799.6327

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

### **Dental**

Delta Dental

Group No: 3152 Division 001

Phone: 800-524-0149

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

### **Vision**

VSP

Group No: 30031396/0001

Phone No: 800.877.7195

Website: [www.vsp.com](http://www.vsp.com) (then click on coverage on the left and select vision)

## **Group Term Life, Long Term Disability, & Short Term Disability**

Dearborn National

**Group No:**

**Phone No:** [www.dearbornnational.com/](http://www.dearbornnational.com/)

Other group insurance plan questions : contact plan administrator or written correspondence to Dearborn National address in certificate book

**Flexible Spending Account (Medical or Dependent Care)**

BASIC

Group No: 107041

Phone No: 800.444.1922

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

**Employee Assistance Program (EAP)**

Ulliance

Phone No: 800.448.8326

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

**Pension/403(b) Plans**

Mutual of America

Employer No: 053648

Phone No: Local Branch - 248.351.4190

Phone No: NY - 800.468.3785

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