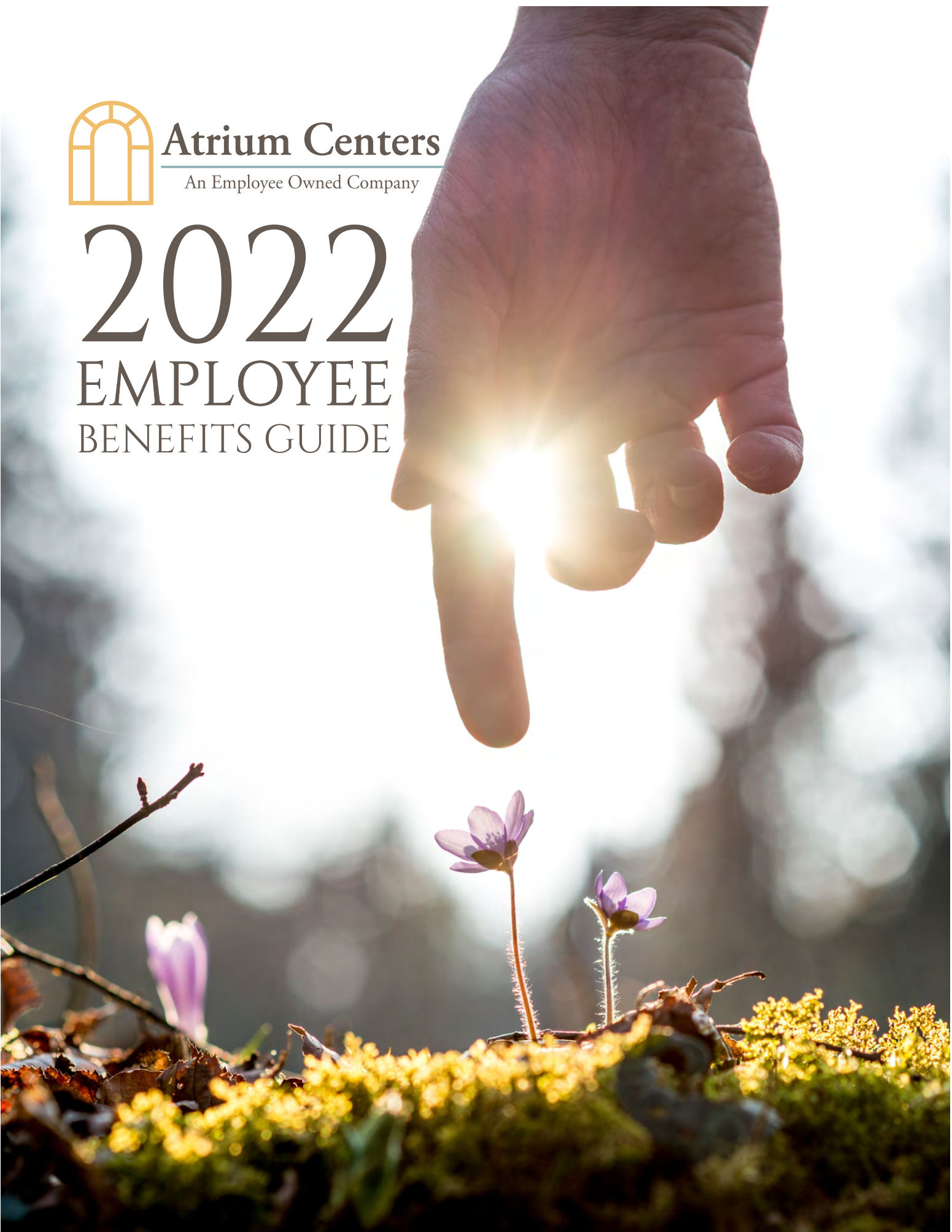




Atrium Centers

An Employee Owned Company

2022  
EMPLOYEE  
BENEFITS GUIDE



# Welcome to your 2022-2023 Employee Benefits!

Atrium Centers recognizes the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry and designed to protect your health, your family, and your way of life.

This guide was created to answer some of the questions you may have and provide the tools and resources you will need to take full advantage of the programs and plans being offered. Please read it carefully along with any supplemental materials you receive.

For any questions about the benefits outlined in the guide, please contact your Human Resources Department.

## What's Inside

Carrier Contacts .....	2
Eligibility .....	3
Benefit Change in Status .....	4
Medical .....	5
ElectRx.....	6
Voluntary Wellness Program .....	7
Physician Verification Form .....	8
Accessing Plan Information.....	9
LiveHealth Online .....	10
Health Savings Accounts .....	12
Dental.....	14
Vision .....	15
How to Register on MyBenefits .....	16
Basic Life .....	17
Voluntary Life .....	17
MetLife Advantages .....	18
Long-Term Disability .....	21
Employee Assistance Program.....	21
Employee Stock Ownership Plan (ESOP).....	22
Retirement Program .....	24
PerkSpot.....	26
Accident, Hospital, Critical Illness .....	27
Short-Term Disability .....	28
Voluntary Whole Life .....	28
Pet Insurance .....	28
Compliance Notices .....	29

*PLEASE NOTE: This booklet provides a summary of the benefits available but is not your Summary Plan Description (SPD). Your company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans since the written descriptions in the insurance contracts or plan documents will always govern.*

# Carrier Contacts

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. Follow these steps if you require assistance:

- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.
- For claims assistance, please contact the insurance carrier. You will need your ID number or Social Security number along with date of service and provider name.

Atrium Centers Carriers	Website	Phone
<b>Medical</b>		
Contigo Health	<a href="http://www.contigohealth.com">www.contigohealth.com</a>	888.994.3251
<b>Prescription Drugs</b>		
Express Scripts	<a href="http://www.express-scripts.com/login">www.express-scripts.com/login</a>	877.886.1705
<b>Specialty Brand Rx Voluntary Program</b>		
ElectRx	<a href="mailto:info@electrx.com">info@electrx.com</a>	855.353.2879
<b>Health Savings Account (HSA)</b>		
Fifth Third Bank	<a href="http://account.53hsa.com/login.aspx">http://account.53hsa.com/login.aspx</a>	888.350.5353
<b>Dental</b>		
MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800.438.6388
<b>Vision</b>		
MetLife	<a href="http://www.metlife.com/vision">www.metlife.com/vision</a>	855.638.3931
<b>Basic Life and AD&amp;D</b>		
MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800.638.6420
<b>Voluntary Life and AD&amp;D</b>		
MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800.638.6420
<b>Long-Term Disability</b>		
MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800.638.6420
<b>Voluntary Worksite</b>		
Aflac Group	<a href="http://www.aflac.com">www.aflac.com</a>	800.433.3036
MassMutual Life	<a href="http://www.massmutual.com/insurance/life-insurance/whole-life">www.massmutual.com/insurance/life-insurance/whole-life</a>	844.975.7522
Nationwide Pet Insurance	<a href="http://www.benefits.petinsurance.com/atriumlivingcenters">www.benefits.petinsurance.com/atriumlivingcenters</a>	800.540.2016
<b>401(k) Plan</b>		
Everhart Financial	Steve Murlin, Retirement Plan Consultant	614.717.9705
<b>Employee Assistance Program (EAP)</b>		
MetLife	<a href="http://metlifeeap.lifeworks.com">metlifeeap.lifeworks.com</a> User ID: metlifeeap Password: eap	888.319.7819
<b>Employee Discount Program</b>		
PerkSpot	<a href="http://www.atriumcenters.perkspot.com">www.atriumcenters.perkspot.com</a>	1.866.606.6057

# Eligibility

Atrium Centers shares in the cost by paying for a portion of the employee and dependent health insurance costs. Dependents are eligible to participate in the health & welfare plan. Your completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

Any elections made will remain in effect and cannot be changed or revoked until the next annual Open Enrollment period unless the change is due to and consistent with a family/life status change.

## Who is eligible for Benefits?

- For new employees working 30 hours per week, benefits begin on the first of the month following 30 days of employment.
- All current employees working 30 hours per week

## Eligible Dependents

- A spouse to whom you are legally married
- A dependent child under the age of 26. Coverage terminates at the end of the month of the dependents 26<sup>th</sup> birthday (Dental extends coverage until the end of the year following 26<sup>th</sup> birthday)

Coverage for eligible dependents generally begins on the same day your coverage is effective.

*\*Additional carrier conditions may apply.*

**Please Note:** If you cover an individual on your benefit plan who is not an eligible dependent, this is considered fraud and theft. Claims may be reprocessed and become your responsibility. Providing false statements regarding Tobacco usage is against company policy. Anyone found providing false statements will be subject to discipline up to and including termination of employment.



# Benefit Change in Status

Atrium Centers sponsors a cafeteria plan which allows eligible employees to choose from a menu of different benefits to suit their needs and to pay for some or all of those benefits with pre-tax dollars.

Participant elections made under a cafeteria plan are generally irrevocable and run from the beginning of the Plan Year (or date of initial eligibility) through the end of the Plan Year. With the exception of HSA contribution elections, you will not be able to change or revoke your elections during the Plan Year unless you experience an IRS permitted qualifying event. Any change you make must be consistent with the qualifying event. Examples of qualifying events that may entitle you to make a mid-year change in your election during a Plan Year, include:

- Birth / Adoption
- Divorce
- Death
- FMLA Related Leave
- Dependent Child Age Limit
- Marriage
- Loss of Coverage
- Eligible for Medicare

Employers do not have to permit any exceptions to the election irrevocability rule for cafeteria plans. Please consult your Plan Administrator for the specific qualifying events permitted by your plan.



**You must notify your Human Resources Department within 30 days from the Status Change in order to make a change in your benefit selections.**



# Medical Insurance

Atrium’s health plans offer freedom of choice with access to Anthem’s national network of physicians, hospitals, and health care professionals (clinics, labs, care centers, etc.). Contigo Health is our claims administrator. For questions about claims or benefits, call Contigo at 888.994.3251.

To get the most out of your benefit plan, register online, and take advantage of the easy-to-use tools and resources available to members at [contigohealth.com/health-plan-members](http://contigohealth.com/health-plan-members).

	Basic HSA You Pay:		PPO Plan You Pay:	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> <i>(Individual / Family)</i>	\$6,000 / \$12,000	\$12,700 / \$25,400	\$3,750 / \$7,500	\$10,000 / \$16,000
<b>Out-of-Pocket Maximum</b> <i>(Individual / Family)</i>	\$6,850 / \$13,700	\$15,000 / \$30,000	\$8,150 / \$16,300	\$12,000 / \$20,000
<b>Physician Office Visits</b> <i>Primary Care / Specialist</i>	Deductible, then 0%	Deductible, then 40%	\$40 PCP/\$70 Specialist	Deductible, then 50%
<b>Telemedicine Visits</b>	Deductible, then 0%	Deductible, then 40%	\$0 Copay	Deductible, then 50%
<b>Preventive Care</b>	0%	Deductible, then 40%	0%	Deductible, then 50%
<b>Emergency Room Copay</b>	Deductible, then 0%	Deductible, then 0%	\$300 Copay then 40%, no Deductible	\$300 Copay then 40%, no Deductible
<b>Urgent Care Copay</b>	Deductible, then 0%	Deductible, then 40%	\$80 Copay	Deductible, then 50%
<b>Inpatient &amp; Outpatient Professional Services</b>	Deductible, then 0%	Deductible, then 40%	\$250 Copay + 40%	Deductible, then 50%
<b>Outpatient Surgery Hospital / Alternative Care Facility</b>	Deductible, then 0%	Deductible, then 40%	Deductible, then 40%	Deductible, then 50%
<b>Prescription Drugs</b>				
<b>Retail 30-day supply</b> <i>Tier 1 / 2 / 3 / 4*</i>	0% after Deductible		\$20 / \$50 / \$100 / 25% with \$300 Max*	
<b>Mail Order 90-day supply</b> <i>Tier 1 / 2 / 3</i>	0% after Deductible		\$50 / \$125 / \$200	
<b>Employee Contributions Per Pay (26)</b>	<b>Basic HSA Wellness Plan Participants</b>		<b>PPO Plan Wellness Plan Participants</b>	
Employee	\$34.42		\$83.79	
Employee + Spouse	\$96.42		\$201.70	
Employee + Child	\$85.21		\$167.86	
Family	\$107.62		\$235.53	
	<b>Basic HSA Wellness Plan Non-Participants</b>		<b>PPO Plan Wellness Plan Non-Participants</b>	
Employee	\$46.04		\$127.81	
Employee + Spouse	\$161.30		\$283.49	
Employee + Child	\$148.42		\$247.95	
Family	\$174.18		\$319.01	

Atrium offers a way for you to save on high-cost medications.

If you are enrolled in the Basic HSA or the PPO, this voluntary home-delivery prescription program for brand and specialty medication is provided through ElectRx. It's free and it's easy.

Call ElectRx Customer Service at 855.353.2879 , to find out if your medications are eligible to be delivered direct to your home, **at \$0 copay**.



**ElectRx Personal Importation Program**  
**Eligible Medications include:**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Humira    | <input type="checkbox"/> Ozempic                   |
| <input type="checkbox"/> Erleada   | <input type="checkbox"/> Genvoya                   |
| <input type="checkbox"/> Biktarvy  | <input type="checkbox"/> Taltz                     |
| <input type="checkbox"/> Eliquis   | <input type="checkbox"/> Latuda                    |
| <input type="checkbox"/> Odefsey   | <input type="checkbox"/> Basaglar                  |
| <input type="checkbox"/> Enbrel    | <input type="checkbox"/> Tresiba                   |
| <input type="checkbox"/> Nucala    | <input type="checkbox"/> Xarelto                   |
| <input type="checkbox"/> Jardiance | <input type="checkbox"/> Breo Ellipta              |
| <input type="checkbox"/> Orencia   | <input type="checkbox"/> Stelara                   |
| <input type="checkbox"/> Chantix   | <input type="checkbox"/> <i>Many more eligible</i> |



Call ElectRx Customer Service: 855.353.2879

- Easy enrollment in the program
- Have your medication list handy
- Answer questions regarding conditions and allergies



After you enroll, your Doctor will write a script with 3 refills and fax it directly to ElectRx at 833.353.2879



Questions? Email Customer Service at [info@ElectRx.com](mailto:info@ElectRx.com)



ElectRx will send an automated reminder notification of pending renewals/refills. Shipping takes 5-15 days from date of completed requirements

# VOLUNTARY WELLNESS PROGRAM 2022/2023

Because wellness is a way of life, our program is designed so you are always working to secure your discounted plan premium rate for the next year. Graduates from the program year 2021-22 will secure their discounts for the entire 2022-23 plan year, as long as you complete the first two requirements by December 31, 2022. Employees not completing the first two requirements will lose their discount in January 2023.



## DESIGNATE AN ANTHEM NETWORK PRIMARY CARE PHYSICIAN

Your designation should be entered into the system during your enrollment call with a benefits advisor



## REGISTER WITH ANTHEM LIVE HEALTH ONLINE

Visit [www.livehealthonline.com](http://www.livehealthonline.com) or download the Live Health Online app. See pages 10-11 for more information about our tele-health benefits.



## COMPLETE AN ANNUAL PHYSICIAN WITH YOUR DESIGNATED NETWORK PRIMARY CARE PHYSICIAN

Complete the Physician Verification of Annual Exam form. Your physician will verify that annual preventive bloodwork and recommended screenings based on age/gender were completed, and sign the form. Submit your completed form to your Business Office Manager.

*\* Within 90 days of enrollment for new enrollees.*

### As of September 1, 2022:

- Current employees who participated in the health plan and completed the wellness program within the prior plan year will receive the wellness reduction on the first pay period of the month following the date they completed the wellness requirements.



- New employees (or newly enrolled employees) after 9/1/22 will have 90 days from the date they become eligible, to complete the wellness requirements and will receive the wellness reduction on the first pay period of the month following the date they completed the wellness requirements.
- Current employees who participated in the health plan but did not complete the wellness program within the prior plan year will receive the wellness reduction on the first of the month following the date they completed the wellness requirements.
- Employees who completed the wellness requirements with the period of 7/1/22 to 7/1/23 will receive the 9/1/23 wellness reduction beginning the first pay period with the 9/1/23 plan year.





## Physician Verification of Annual Exam

Your health is important to us. We understand maintaining optimal health in today's busy and stressful environment can be difficult. For that reason, we are providing you added the incentive of reduced health plan premiums when you see your primary care physician on an annual basis to make sure your biometric numbers are in check and to work with you on any risk factors.

If scheduled with an in-network provider as a **preventive visit**, there should be no out of pocket costs for the employee.

**Deliver the completed form to your Business Office manager by July 1, 2023, or within 90 days of initial enrollment, to receive the 2022/23 premium incentive.**

I hereby acknowledge that the undersigned patient has	
<ul style="list-style-type: none"><li>▪ Obtained preventive bloodwork and measurements (glucose, BMI, blood lipids) and I am working with this individual on any out of range numbers.</li><li>▪ Obtained breast, cervical, and colon cancer and general health risk status screenings as appropriate based on age, gender, and family medical history.</li></ul>	
(Please do <u>not</u> include any medical information with this form).	
Date of office/wellness clinic visit: _____ (must be between 7/1/2022 and 7/1/2023)	
Provider Signature: _____	Date: _____
Printed Name: _____	
License #: _____	Phone #: _____

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Atrium Facility Name: \_\_\_\_\_

*Please keep a copy for your records. It is your responsibility to verify that wellness act*



# How to Access Your Plan Information Online

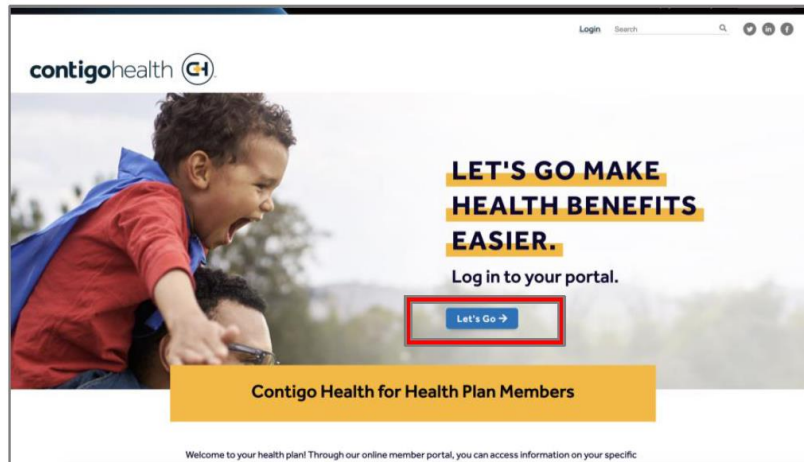
Welcome to your health plan! Using the online member portal, you can access your plan information<sup>1</sup> (the coverage that was selected through the employer-sponsored health plan in which you participate), including:

- Claims/Explanations of Benefits (EOBs)
- Eligibility
- Accumulators
- Secure messaging with Customer Service
- ID cards
- Benefits documents
- Outside vendor links
- FAQs
- Member forms (Coordination of Benefits, Accident, Claims Reimbursement)
- Instructional documents (How to read your EOB)

Follow the instructions, below, to log in to the member portal.

## Instructions:

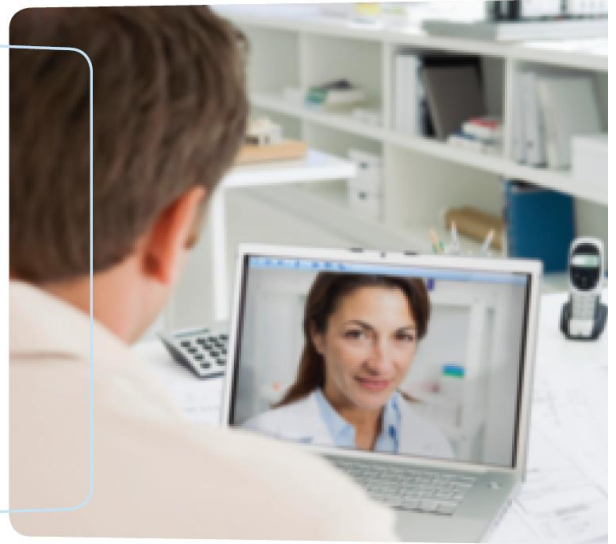
1. Visit <https://contigohealth.com/health-plan-members>.
2. Click the “Let’s go” button—located in the middle of the page—and select *Plan Member*.



<sup>1</sup>Information provided through the member portal is presented based on the benefit decisions and updates provided by your plan.

# No waiting room, no need to leave home.

You can also meet with board-certified Psychiatrists using LiveHealth Online!



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

## On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.<sup>1</sup> It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**<sup>2</sup> Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**<sup>3</sup> If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.

## You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

## Sign up for LiveHealth Online today – it's quick and easy

Go to [livehealthonline.com](https://livehealthonline.com) or download the app and register on your phone or tablet.



## Your account securely stores your personal and health information

You can be confident knowing you can easily connect with doctors when you need to consult about certain conditions, share your health history, and schedule online visits at times that fit your schedule.

### How to use LiveHealth Online for a video visit with a doctor



The steps to set up an appointment with a therapist using **LiveHealth Online Psychology** are very similar to seeing a doctor. You need to select **LiveHealth Online Psychology** to see available therapists and schedule an appointment.

### Questions about how to use LiveHealth Online?

Call toll free at **1-888-LiveHealth (548-3432)** or email [help@livehealthonline.com](mailto:help@livehealthonline.com). If you send us an email, please include your name, email address and a phone number where we can reach you.

<sup>1</sup> Prescription availability is defined by physician judgment and state regulations. Visit the home page of [livehealthonline.com](http://livehealthonline.com) to view the service map by state.

<sup>2</sup> Appointments subject to availability of a therapist.

<sup>3</sup> Select a doctor licensed to practice in the state where you're physically located. If that doctor is seeing another patient, you can choose to go to an online waiting room or you can select another doctor who is available at that moment.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem.

Psychologists or therapists using LiveHealth Online cannot prescribe medications.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](http://anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in PDS policies offered by Compare Health Services Insurance Corporation (Compare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compare underwrites or administers HMO or PDS policies; WCIC underwrites or administers Well Priority HMO or PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

## What is a High Deductible Health Plan?

Sometimes referred to as consumer-driven health insurance, a HDHP still covers you for catastrophic illness and injury—what health insurance was originally intended to do.

Office visits and prescription drugs are subject to the deductible. This means you pay a negotiated discount price instead of a fixed co-pay until you reach your deductible.

## What is a Health Savings Account (HSA) and how does it work?

A Health Savings Account is a tax-advantaged trust account that allows you to take charge of your health, your savings, and your future.

It allows you to put away tax-free dollars to help pay for your eligible healthcare expenses including medical, prescription drugs, dental, vision, certain premium expenses like COBRA and Medicare premiums, etc., both today and in the future.

The 2021 maximum annual contribution to an HSA is \$3,600 for single coverage and \$7,200 for family coverage (combined between yourself and “the company”). The IRS determines the contribution maximums annually.

## Advantages of an HSA

- Money you put into your account is deducted pretax therefore reducing your taxable income.
- Money that stays in your account earns tax-free interest.
- Money you pay from your account to pay for your qualified healthcare expenses is not taxed.
- Money rolls over from year-to-year – no “use it or lose it” restriction.

## Who is eligible for an HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be covered by any other health plan that is not a qualified HDHP (certain exceptions). Disqualifying health plans include general-purpose health FSAs and HRAs provided by your employer or your spouse’s employer.
- You cannot be enrolled in Medicare or receiving Social Security.
- You cannot be claimed on another person’s tax return.
- You have not received VA medical benefits at any time over the past three months.

## Basic Benefits of the High Deductible Health Plan

- Your plan includes deductibles, coinsurance, and a limit on what you pay out-of-pocket.
- Annual routine preventive care services are included in your plan. You generally do not pay for these services.
- Certain Preventive Prescriptions are also included. On these the deductible is waived and you only pay the coinsurance.

## When do I use my HSA?

After visiting a physician, facility, or pharmacy, your medical claim will be submitted to your HDHP for payment. Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles and coinsurance) billed by the physician, facility, or pharmacy, or you can choose to save your HSA dollars for a future medical expense. In addition, HSA dollars are available to pay for dental, vision and other expenses as well.

## How does the HDHP Deductible Work?

Under the HDHP, your annual deductible and out-of-pocket maximum includes both medical and pharmacy expenses. All expenses are your responsibility until the deductible is reached (except qualified preventive care). For single coverage, your annual deductible is \$6,000 per covered person per year. For family coverage, the annual deductible is \$12,000 per calendar year for all covered persons in a family. For family coverage, expenses are your responsibility until the entire family deductible is satisfied. One or more persons may satisfy the family deductible.



# Health Savings Accounts *continued*

## How are benefits covered after the deductible is satisfied?

Once you have satisfied the in-network deductible, remaining qualified expenses are covered by the HDHP plan at 100 percent up to the out-of-pocket maximum. The in-network out-of-pocket maximum (including the deductible) is \$6,850 for single coverage and \$13,700 for family coverage.

## How does the HDHP work if I go out-of-network?

Out-of-network coverage is covered in the same manner as it is today under your current PPO plans. You must satisfy the out-of-network deductible then expenses are covered at the out-of-network coinsurance level of 60-percent.

## Can ineligible expenses be reimbursed from an HSA?

Ineligible disbursements from an HSA are subject to a 20-percent penalty. Neither the trustee, bank, insurance company nor Atrium Centers are required to determine if a claim submitted for reimbursement is a qualifying medical expense.

The employee is responsible to include the amount withdrawn from an HSA for a non-qualifying medical expense is added to the account beneficiary's income and subject to a 20-percent penalty. Where funds are distributed as a result of the account beneficiary's death, disability, or after he or she is eligible for Medicare, the 20-percent penalty does not apply.

## How do I enroll in a Fifth Third Bank HSA?

Login to [53hsa.com](https://53hsa.com) and click on Create New HSA Account then click Continue and enter employer code **FTB-149487** (case sensitive) and complete the online enrollment application. Be sure to download the mobile app and use the Tools & Support tab. There is no monthly service charge if your balance is \$4,000 or more. Otherwise, it ranges from \$2.00 - \$3.50 per month depending on your balance.

## Why should I elect an HSA?

- Tax Benefits
  - ✓ HSA contributions are excluded from federal income tax
  - ✓ Interest earnings are tax-deferred
  - ✓ Withdrawals for eligible expenses are exempt from federal income tax
- Unused money is held in an interest-bearing savings or investment account
- Lower employee contribution
- Company contribution

## Long-Term Financial Benefits

- Save for future medical expenses
- Funds roll over year to year
- This is your account. You take it with you if your employment at Atrium Centers ends.

## Choice

- You control and manage your healthcare expenses.
- You choose when to use your HSA dollars to pay for your healthcare expenses.
- You choose when to save your HSA dollars and pay healthcare expenses out of pocket.

## Who will administer the HSA?

Fifth Third Bank administers the HSA bank accounts for Atrium Centers employees that are enrolled in the qualified High Deductible Health Plan.



# Dental Insurance



With MetLife, you have freedom of choice when selecting a dentist. To find a participating dentist in the PDP Plus network, visit [www.metlife.com/dental](http://www.metlife.com/dental) or call 800.438.6388.

The dentist you select will determine the cost savings you receive when seeking care. You may choose any dentist, even if they do not participate in MetLife’s network.

Non-participating dentists are not contracted to accept MetLife’s negotiated fees as payment in full. If you choose a non-participating dentist, you will be responsible for any charges above the negotiated fee. You may also be required to pay in full at the time of service and submit a claim form to MetLife for reimbursement. Then the benefit payment will be mailed to you directly.

	Low Option	High Option
<b>Calendar Year Deductible</b>	Patient Pays \$50 per Person	Patient Pays \$75 per Person
<b>Maximum Benefit</b>	\$750 per Covered Member	\$1,000 per Covered Member
<b>Diagnostic &amp; Preventive Services</b> <i>(Exams and X-rays)</i>	0%	0%
<b>Minor Services</b> <i>(Routine fillings, simple extractions, oral surgery)</i>	20%	20%
<b>Major Services</b> <i>(Crowns, dentures, bridges, and implants)</i>	Not Covered	50%
<b>Orthodontic Services</b>	Not Covered	Not Covered



Employee Contributions Per Pay (26)	Low Option	High Option
<b>Employee</b>	\$6.00	\$10.21
<b>Employee + Spouse</b>	\$11.22	\$19.34
<b>Employee + Child(ren)</b>	\$15.50	\$20.10
<b>Family</b>	\$25.60	\$34.21

# Vision Insurance



Atrium Centers provides employees with vision coverage through MetLife. The plan provides rich, flexible vision plans covering exams and materials, making it more affordable to keep your eyes healthy. For more information or to locate a participating provider, please visit [www.metlife.com/vision](http://www.metlife.com/vision) or call 855.638.3931.

	Standard Plan	Premium Plan
<b>Routine eye exam (every 12 months)</b>	\$25	\$25
<b>Retinal Imaging</b>	Not to exceed \$39	Not to exceed \$39
<b>Diabetic EyeCare Plus Exam</b>	\$20 per Visit	\$20 per Visit
<b>Eyeglass Frames (every 24 months)</b>		
Retail Frame Allowance	\$130	\$150
Featured Frame Brand Allowance	\$150	\$170
Frame Discount	20% off Amount Over Allowance	20% off Amount Over Allowance
<b>Standard Plastic Lenses (every 12 months)</b>	\$25 Copay	\$25 Copay
Single, Bifocal, Trifocal, Lenticular	Covered in Full	Covered in Full
<b>Contact Lenses (every 12 months)</b>	In lieu of eyeglasses	
Contact Lens Fit & Follow-up	Not to Exceed \$60	Not to Exceed \$60
Elective	\$130	\$150
Medically Necessary	Covered in Full After Materials Copay	Covered in Full After Materials Copay

*Refer to your certificate of coverage for full details and out-of-network benefits.*

Employee Contributions Per Pay (26)	Standard Plan	Premium Plan
<b>Employee</b>	\$1.87	\$2.16
<b>Employee + Spouse</b>	\$3.74	\$4.35
<b>Employee + Child(ren)</b>	\$4.00	\$4.65
<b>Family</b>	\$6.39	\$7.43





# How to register on MyBenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLife-delivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information. As a first time user, you will need to register on MyBenefits, by following the steps outlined below.



## Registration Process for MyBenefits

### Step 1: Provide your group name

Access MyBenefits at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and enter the employer name and click to select it and then click **'Next.'**



### Step 2: The login screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on **'Log In'** at the top-middle of the page and on the next screen select **'Create New Account'** and complete the registration process. Going forward, you will be able to log-in directly.

### Step 3: Enter authentication information

Begin by entering your phone number, address, and e-mail to confirm your identity. You will then receive a code via email that you will need to enter to continue the registration process. Upon validation, you will be prompted to provide your SSN, first and last name, and date of birth.



### Step 4: Establish account credentials

You will need to create a unique user name and password for future access to MyBenefits. You will also need to choose and answer three identity verification questions, to be used in the event you forget your password. In addition to reading and agreeing to the website's Terms of Use, you will be asked to opt into electronic consent.

### Step 5: Process complete

Now you will be brought to the "Thank You" page.

Lastly, a confirmation of your registration will be sent to the email address you provided during registration.



We are committed to providing you with a trusted and secure customer experience. Multi-factor authentication is in place to:

- Strengthen site security
- Ensure devices are compliant and approved by the user
- Simplify the log-in process

[metlife.com/mybenefits](http://metlife.com/mybenefits)

# Basic Life and AD&D Insurance



Atrium Centers, Inc. provides a term life insurance benefit through MetLife for all full-time employees based on your job classification. Please contact Human Resources for details.

# Voluntary Life and AD&D Insurance



In addition to your company-paid life insurance, you may also purchase additional life insurance coverage through MetLife for yourself, your spouse, and your dependent children. Late enrollees or amounts over Guarantee Issue are subject to Evidence of Insurability (EOI) and underwriting approval. Contact 800.638.6420 for more information.

During Annual Enrollment, employees may elect up to an additional \$100,000 without EOI (not to exceed total of \$150,000).

Voluntary Life and AD&D	
<b>Employee Benefit</b>	Increments of \$10,000 up to the lesser of 5 X Base Annual Earnings or \$500,000 <b>Guarantee Issue - \$150,000</b> Coverage reduces 35% upon the person’s attainment of age 70, and terminates upon retirement
<b>Spouse Benefit</b>	Coverage is available in \$5,000 increments up to 50% of employee’s election up to \$250,000 <b>Guarantee Issue - \$25,000</b> Coverage reduces 35% upon the employee’s attainment of age 70 and will terminate upon the employee’s retirement.
<b>Child Benefit</b>	<b>\$10,000</b> One policy covers all of your children from 6 months until their 19th birthday—or until their 26th birthday if they are full-time students.

Age	Employee Rate per \$1,000	Spouse Rate per \$1,000
<25	\$0.050	\$0.050
25-29	\$0.060	\$0.060
30-34	\$0.080	\$0.080
35-39	\$0.090	\$0.090
40-44	\$0.130	\$0.130
45-49	\$0.210	\$0.210
50-54	\$0.350	\$0.350
55-59	\$0.555	\$0.555
60-64	\$0.700	\$0.700
65-69	\$1.270	\$1.270
70-74	\$2.060	\$2.060
75+	\$3.120	\$3.120
<b>Child(ren) Life</b>	<b>\$0.400</b>	
<b>Employee AD&amp;D</b>	<b>\$0.020</b>	
<b>Spouse AD&amp;D</b>	<b>\$0.200</b>	
<b>Child(ren) AD&amp;D</b>	<b>\$0.400</b>	

### Have you named a beneficiary?

The beneficiary will receive the benefit paid by a life insurance policy in the event of the policyholder’s death. It’s important to designate a beneficiary and keep that information up to date.

## Once Enrolled, You have Access to MetLife Advantages<sup>SM</sup> Services to Help Navigate What Life May Bring

### **Grief Counseling (all states except NY) To help you, your dependents, and your beneficiaries cope with loss**

You, your dependents, and your beneficiaries have access to grief counseling<sup>1</sup> sessions and funeral related concierge services to help cope with a loss — at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.<sup>1</sup> In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-888-319-7819 or log on to [www.metlifegc.lifeworks.com](http://www.metlifegc.lifeworks.com) (Username: metlifeassist; Password: support).

Download this helpful Funeral Planning Guide at <https://www.metlife.com/funeralplanning/funeral-guide/>.

### **Beneficiary Grief Counseling To help your beneficiaries cope with loss**

Personalized counseling sessions to meet your beneficiary's needs. Any beneficiary who receives the life insurance proceeds is eligible for up to 5 counseling sessions. These sessions can be in-person or by phone with one of LifeWorks' network of counselors who provide professional, confidential support during difficult times.

Download this helpful Funeral Planning Guide at <https://www.metlife.com/funeralplanning/funeral-guide/>

### **Funeral Discounts and Planning Services**

#### **Ensuring your final wishes are honored**

As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life — at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services — either online at [www.finalwishesplanning.com](http://www.finalwishesplanning.com), by phone (1-866-853-0954), or by paper — to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you.

### **Beneficiary Claim Assistance<sup>3</sup> For support when beneficiaries need it most**

This program is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for Massachusetts Mutual Life Insurance Company (Mass Mutual) financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.

## Employee Assistance Program

### **For those times you may need help with life's challenges.**

You and the members of your household will have access to the Employee Assistance Program (EAP) to help with the everyday challenges of life that may affect your health, family life and desire to excel at work. You are entitled to 5 consultations with a licensed clinician per incident per individual per calendar year. And depending on your plan, you can choose between telephonic consultations, for maximum convenience and anonymity, or web-video consultations, for convenience with the warmth of a face-to-face conversation.

Additionally, you can access a web service to offer you a private, online solution to work, life and health challenges.

You can access these services by calling 1-888-319-7819 or log on to [www.metliffeap.lifeworks.com](http://www.metliffeap.lifeworks.com) (Username: metliffeap; Password: eap).

## Life Settlement Account

### **For immediate access to death proceeds**

The Total Control Account<sup>®</sup> (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

## Will Preparation

### **To help ensure your decisions are carried out**

When you enroll for supplemental term life coverage, you will automatically receive access to Will Preparation Services at no extra cost to you. Both you and your spouse will have unlimited in-person or telephone access to one of MetLife Legal Plans, Inc nationwide network of 14,000+ participating attorneys for preparation of or updating a will, living will or power of attorney.\* When you use a participating plan attorney, there will be no charge for the services.\* Like life insurance, a carefully prepared will (simple or complex), living will and power of attorney are important.

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensure your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves. Also called an "advanced directive," it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures and to appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and unable to communicate your wishes.
- Powers of attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated

Call 1-800-821-6400 and a Client Service Representative will assist you.

\* You also have the flexibility of using an attorney who is not participating in the MetLife Legal Plans, Inc. network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney's fees that exceed the reimbursed amount.

## Estate Resolution Services<sup>SM</sup> (ERS)

### Personal service and compassion assistance to help probate your and your spouse's estates.

MetLife Estate Resolution Services<sup>SM</sup> provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee's estate and the estate of the employee's spouse. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

## WillsCenter.com

### Self-service online legal document preparation

Employees and spouses have access to WillsCenter.com, an online document service to prepare and update a will, living will, power of attorney, funeral directive, memorandum of wishes or HIPAA authorization form in a secure 24/7 environment at no additional cost. This service is available with all life coverages. Log on to [www.willscenter.com](http://www.willscenter.com) to register as a new user.

## Accelerate Benefits Option

### For access to funds during a difficult time

If you become terminally ill and are diagnosed with 12 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)).<sup>10</sup>

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

## Conversion

### For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your plan administrator/employer for more information.

# Voluntary Long-Term Disability Insurance



The Company also offers full-time employees in Class 1 or Class 2 the opportunity to purchase long-term disability income benefits. In the event you become disabled from a non-work-related injury or sickness, disability income benefits can replace a portion of your lost income.

Long-Term Disability	
Benefits Begin	After 90 days of disability
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Percentage of Income Replaced	60% of your earnings to a maximum of \$7,500 per month

Age as of 9/1	Rate per \$100 covered payroll
<25	\$0.16
25-29	\$0.27
30-34	\$0.49
35-39	\$0.72
40-44	\$1.12
45-49	\$1.43
50-54	\$1.71
55-59	\$1.96
60-64	\$1.94
65-69	\$1.47
70+	\$1.46

**Survivor Benefit:** If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

**Waiver of Premium:** If you're disabled and receiving benefit payments, MetLife waives your cost until you return to work.

**How does it work?** This coverage pays a monthly benefit if you have a covered illness or injury and you can't work for few months – or even longer. You're generally considered disabled if you're unable to do important parts of your job – and your income suffers as a result.

**Why is this coverage so valuable?** You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses, and more.

## Employee Assistance Program (EAP)

When you have questions, concerns, or emotional issues about your personal or work life, you can count on MetLife's LifeWorks employee assistance program (EAP) to offer help. This program offers access to telephone, resources and tools online, and up to three face-to-face visits with a consultant for help with a short-term problem.

- Help for personal challenges, big or small:
- Locate children or elder care services
- Speak with financial experts
- Work through complex, sensitive issues
  - Personal or work relationships
  - Depression, grief, substance abuse
- Get a referral to a local attorney
- Unlimited access to [metlifeeap.lifeworks.com](http://metlifeeap.lifeworks.com) for articles, videos, and newsletters



[metlifeeap.lifeworks.com](http://metlifeeap.lifeworks.com)  
 User ID: metlifeeap  
 Password: eap  
 888.319.7819

# Employee Stock Ownership Plan (ESOP)



Atrium Centers Inc.

## ***Atrium Centers Employee Stock Ownership Plan***

### **PLAN HIGHLIGHTS**

<b>Type of Plan</b>	Employee Stock Ownership Plan												
<b>Eligibility</b>	<p>Anyone who is an active employee on January 1<sup>st</sup> 2021, that is age 21, and that has worked 1000 hours, will be immediately eligible.</p> <p>Employees hired after January 1<sup>st</sup> 2021, will be eligible upon the completion of 1 year of service, 1000 hours and attainment of age 21.</p> <p>Only Atrium Centers' non-unionized employees are eligible.</p>												
<b>Entry Dates</b>	The entry date is January 1 or July 1 immediately following when the employee has met the eligibility conditions listed above.												
<b>Employee Contributions</b>	There is no option to defer into this plan. Employees may and are encouraged to continue to participate in our 401(k) Plan.												
<b>Employer Contributions</b>	<p>Atrium will make an employer contribution for the benefit of all participants who meet the allocation conditions listed below on a pro-rata basis based on a points formula. The contribution will be made in employer stock or cash.</p> <p>Participants must complete 1,000 Hours of Service in each plan year and, except in the case of death, disability, or retirement, must be employed at the end of the plan year (December 31<sup>st</sup>) to be eligible to share in any employer contributions for that year.</p>												
<b>Vesting</b>	<p>6-year graded vesting on Employer Contributions as follows:</p> <table><tr><td>Year 1</td><td>0%</td></tr><tr><td>Year 2</td><td>20%</td></tr><tr><td>Year 3</td><td>40%</td></tr><tr><td>Year 4</td><td>60%</td></tr><tr><td>Year 5</td><td>80%</td></tr><tr><td>Year 6</td><td>100%</td></tr></table>	Year 1	0%	Year 2	20%	Year 3	40%	Year 4	60%	Year 5	80%	Year 6	100%
Year 1	0%												
Year 2	20%												
Year 3	40%												
Year 4	60%												
Year 5	80%												
Year 6	100%												
<b>Investment Options</b>	Employer stock is the only investment option available in the plan. Upon reaching age 55 and 10 years of participation, you will be allowed to diversify a portion of your account to something other than Company Stock.												

## **Distributions**

When a participant leaves due to normal retirement, death, or disability, distribution of your ESOP account will start no later than the end of the calendar year which follows the calendar year in which termination for retirement, death or disability occurred. If a participant leaves for any other reason, generally the vested account balance will be paid within six years following the year that the participant leaves Atrium Centers. These may be paid in installments over a designated period of time. In the event of your death, your account balance will be paid to your beneficiary.

As this plan is designed to provide you with additional retirement benefits, distributions can occur upon termination, death, disability or retirement.

There are no other “In-Service” distributions available.

- Hardship not available
- In-Service not available
- Loans not available

## **Statement Frequency**

Annually – estimated to begin in Fall/Winter of 2022.

## **Normal Retirement Age**

Once you reach Normal Retirement Age, your ESOP benefit automatically becomes 100% vested. Normal Retirement Age is determined by your date of hire with Atrium:

- If you were an active employee on January 1<sup>st</sup> 2021, your Normal Retirement Age is 65
- If you were hired after January 1<sup>st</sup> 2021, your Normal Retirement Age is 65, and also requires the completion of 5 years of service

**NOTE: For complete details of the Plan or a copy of the Summary Plan Description, please see your Plan Administrator. Should there be any difference between these Highlights and the Plan Document, the Plan Document takes precedence. The Employer also reserves the right to amend or terminate the Plan, or any provision thereof, at any time and for any reason.**



# 401(k) Retirement Plan

Atrium Centers 401(k) plan makes it easier to build the type of retirement nest egg you and your family can depend on. There are many excellent reasons to start contributing to the 401(k).

- Company matching contributions
- Tax-deferred savings set aside for retirement
- Investment options include professionally managed funds
- Payroll deductions make saving easier

Atrium provides a 401(k) match of 25% of your deferral up to 1% of income. (This is capped at 4%, so any deferral amount above 4% is not matched.)

4% = 1%  
3% = .75%  
2% = .50%  
1% = .25%

## Who is eligible?

You must be a full- or part-time employee who is at least 21 years of age and has completed 180 days of continuous employment. PRN workers and temporary employees are not eligible to participate.

## How do the contributions work? How much can I contribute?

Upon enrollment, you may choose to designate a certain percentage of your income (up to 100% based on yearly maximum annual contributions), on a pre-tax basis. Contributions are payroll deducted and may be stopped at any time. You may also increase or decrease the amount you are contributing quarterly.

It is your responsibility to read the Summary Plan Description (SPD) and become familiar with the provisions of the plan.





# Traditional vs. Roth

	Traditional Pre-tax <sup>2</sup>	Roth <sup>1</sup>
<b>Contributions</b>	Pre-tax	After-tax
<b>Distributions</b>	Taxed upon withdrawal	“Qualified”=Tax free
<b>Investment Earnings</b>	Tax deferred	Tax free
<b>Income Limits</b>	N/A	N/A
<b>Contribution Limits<sup>3</sup></b>	\$19,500 Age 50+: \$26,000	\$19,500 Age 50+: \$26,000

**Pre-Tax contributions** should be considered if...

- Tax rate at retirement will be lower than what it is today
- You're income currently is at its highest peak
- More beneficial by lowering your current taxable income

**Roth contributions** should be considered if...

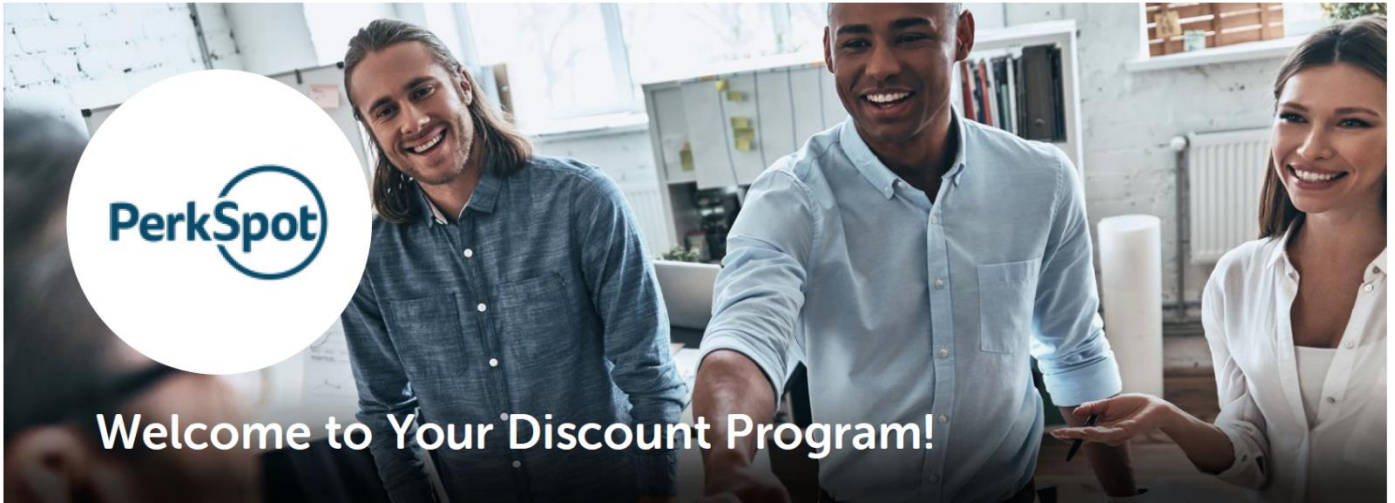
- You're further away from retirement and have many years ahead of you to invest
- Too high of an income level to be contributing to a Roth IRA
- You expect to be in a higher tax bracket during retirement

<sup>1</sup>A participant must satisfy the 5-year holding period and either attain age 59½, die or become disabled in order to be eligible to receive a tax-free, qualified Roth distribution.

<sup>2</sup>Ordinary income taxes due upon withdrawal. Withdrawals before the age of 59½ may be subject to an early distribution penalty of 10%.

<sup>3</sup>You can save an annual total of \$19,500 (or \$26,000 if you're 50 or older) through pre-tax contributions, Roth contributions, or a combination of both.

# PerkSpot



## What is the PerkSpot Discount Program?

Your Atrium Centers Discount Program through PerkSpot is a one-stop-shop for thousands of exclusive discounts in more than 25 different categories. That means there's something for everyone!

### How to Navigate Your Discount Program



#### Local Offers

Located in the Quick Links section, Local Offers allow you to use your location to see all of the discounts near you, wherever you are! Discounts can be filtered by category and distance.



#### Interests

Let us know what you're interested in so we can ensure you're seeing the perks you'll most enjoy, front and center on your Discount Program Home Page.



#### Brands

Looking for something specific? The Brands tab, found in the Quick Links section, is an easy and quick way to search for all the discounts available to you.



#### Suggest a Business

Don't see what you're looking for? Head to the Suggest a Business page, found in the upper right-hand corner of your Home Page, to suggest your favorite brands and local spots be added to your Discount Program.



#### Need Some Help? Reach Out To Us!

PerkSpot's customer service team works tirelessly to help you access your Discount Program and redeem deals easily. Call or email us!



#### Hours

Monday - Friday  
9am - 6pm



#### Phone Number

866-606-6057



#### Email

[cs@perkspot.com](mailto:cs@perkspot.com)



#### Support\*

[support.perkspot.com](https://support.perkspot.com)

*If you've still got some questions, visit [support.perkspot.com](https://support.perkspot.com) to submit a request. Our bilingual Customer Service team will reach out and can answer questions in both English and Spanish.*

**PerkSpot for Atrium Center employees will be live as of September 1, 2022, at [atriumcenters.perkspot.com](https://atriumcenters.perkspot.com)**

Watch for your enrollment email,  
or go to [atriumcenters.perkspot.com](https://atriumcenters.perkspot.com) to start saving!

# Accident Insurance



While Aflac cannot prevent accidents from happening, Aflac can help prepare you for those unexpected expenses associated with an accident. Our promise is that when the unexpected happens, Aflac is there. And in today's world, it's comforting to know Aflac will be there to help provide peace of mind that's backed by a brand that people know and trust. Benefits listed below are what is paid to the Policyholder for a covered accident.

- Initial Treatment
- X Ray Follow-Up Treatment
- Initial Hospitalization
- Daily Hospital Confinement
- Specific Sum Injury Benefit
- Major Diagnostic Exam
- Epidural Pain Management
- Physical Therapy
- Rehabilitation
- Chiropractic & Alternative Medicine
- Appliance Benefit
- Ambulance (actual charges incurred)
- Blood and Plasma
- Transportation
- Day Family Lodging
- Accidental Dismemberment
- Accidental Life Insurance
- Pays regardless of other insurance
- Wellness Benefits

# Hospital Indemnity Insurance

- Hospital Confinement Benefit
- Hospital Intensive Care Benefits
- Rehab Facility Benefits
- Will help with hospital deductible
- Coverage for maternity
- Guaranteed Issue for New Hires

# Critical Illness Insurance

- Lump Sum option between \$5,000 and \$30,000 for an upfront payout in the event of a covered illness
- Covered Critical Illnesses include Cancer, Heart Attack, Sudden Cardiac Arrest, Stroke, End Stage Renal, Severe Burns, Paralysis, Coma, Loss of Sight, Loss of Speech, Loss of Hearing and Major Organ Transplant
- Re-occurrence Benefit
- Health Screening Benefit
- Can help with out-of-network expenses that may be associated with specialized care



# Short-Term Disability



Atrium Living Centers offers voluntary Short-Term Disability (STD) through Aflac. A common misconception is that disability insurance is only for those who are severely injured or have an extended illness. This is not always the case. Like accidents, disabilities can happen when least expected. If an employee is unable to work for days or months due to a disability, how will financial obligations – such as house or rent payments, groceries, and utility bills – be met?

- Your Aflac plan stays with you even when you change or leave your job
- Monthly Benefits: \$300-\$5,000 (subject to income requirements)
- Benefit Period: You have an option of 3 months
- Elimination Periods (Injury/Sickness): 7/7
- Guaranteed Issue for New Hires

# Voluntary Whole Life Insurance



- Permanent Whole Life Insurance
- Guaranteed Issue up to \$100,000 for Newly Eligible employees
- Individually owned and portable with no change in coverage or cost should you leave
- Best in class historical dividend that helps you build a meaning cash value
- Guaranteed Issue underwriting means no medical questions to qualify
- Term Life option available for Spouse and Children as well (portability for all)

# Pet Insurance – My Pet Protection



- Get cash back on eligible vet bills Choose a reimbursement level: 90%, 70% or 50%
- Annual Deductible: \$250 with Maximum Annual Benefit of \$7,500
- Same price for pets of all ages, with multiple pet discounts available
- Use any vet, anywhere – no networks or pre-approvals
- Optional wellness coverage available (includes spay/neuter, dental cleaning, exams, vaccinations & more)
- Includes VetHelpline, VitusVet mobile exams via app, The Companion magazine, discounts on pet products

# Compliance Notices

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myalhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: [http://dhss.alaska.gov/dpa/Pages/medicaid/de\\_fault.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/de_fault.aspx)

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>  
Phone: 1-916-445-8322  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Ctr: 1-800-221-3943/ State Relay 711 CHP+ <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI) <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-in-program>  
HIBI Customer Service: 1-855-692-6422

### FLORIDA – Medicaid

Website: <https://www.flmedicaidrecovery.com/flmedicaidrecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

### GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162 ext 2131

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <http://www.in.gov/Medicaid/>  
Phone 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/Medicaid-ato-z/hipp>  
HIPP Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884

### KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)  
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov>

### LOUISIANA – Medicaid

Website: [www.Medicaid.la.gov](http://www.Medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

### MAINE – Medicaid

Enrollment Website: <http://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-442-6003 TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740 TTY: Maine relay 711

### MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/info-details/masshealth-premium-assistance-pa>  
Phone: 1-800-862-4840

### MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

### MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

### MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

### NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

### NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>  
Medicaid Phone: 1-800-992-0900

### NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oi/hipp.htm>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

### NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.nifamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

### NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

### NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

### NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

### OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

### OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

### PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/providers/pages/medicaid-hipp-program.aspx>  
Phone: 1-800-692-7462

### RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)

### UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

### VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

### VIRGINIA – Medicaid and CHIP

Website: <http://www.coverva.org/hipp>  
<https://www.coverva.org/en/hipp>  
Medicaid Phone: 1-800-432-5924  
CHIP Phone: 1-855-432-5924

### WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

### WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>  
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

### WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
Phone: 1-800-362-3002

### WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/prgrams-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022 or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare and Medicaid  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1.877.267.2323, Menu Option 4, Ext.61565

## Continuation of Coverage under COBRA

Employers who employ 20 or more employees are subject to the continuation provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA").

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end because of certain "qualifying events", such as termination of employment for reasons other than gross misconduct, reduction in hours, divorce, legal separation, death, or a child ceasing to meet the definition of dependent under the group health plan coverage. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if group health plan coverage is lost because of the qualifying event. Qualified beneficiaries who elect COBRA continuation coverage Choose and Enter Appropriate Information: must pay for COBRA continuation coverage.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

For more information about your rights and obligations under COBRA, you should review the Plan's Summary Plan Description or contact Kristie Chesney, Director of Human Resources at 248.977.9783 or E-mail [kchesney@atriumlivingcenters.com](mailto:kchesney@atriumlivingcenters.com).

## Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent, because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or the Children's Health Insurance Program (CHIP), or when you and/or your dependents gain eligibility for state premium assistance. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, contact Kristie Chesney, Director of Human Resources at 248.977.9783 or E-mail [kchesney@atriumlivingcenters.com](mailto:kchesney@atriumlivingcenters.com).

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your medical carrier and the phone number listed on the back of your ID card.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your medical carrier at the phone number listed on the back of your ID card.

## Providers Choice

Anthem through Quantum Health generally requires/allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Quantum Health.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from name of group health plan or issuer or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Quantum Health.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Atrium Centers may use aggregate information it collects to design a program based on identified health risks in the workplace, will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) [in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Specify any other or additional confidentiality protections if applicable. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your plan administrator.

## Important Notice About Your Voluntary Wellness Program

The Atrium, Inc. Program is voluntary and available to all employees on the health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others.

Various health assessments and screenings are available and voluntary as a part of the wellness program. You are not required to complete these or other medical examinations. However, employees who choose to participate are eligible for rewards. The health testing and assessment options that are either a part of or encouraged by the wellness program include a health risk assessment and preventive tests. If you think you might be unable to meet the standard for the reward under this wellness program or for program alternatives, contact HR and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

The information from the health testing can help you understand your current health and potential risks and determine appropriate lifestyle goals. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Atrium, Inc. may use aggregate information to design a program based on identified health risks in the workplace. Your physician and the vendors who administer and provide screenings will not disclose any of your personal information either publicly or to the employer, except as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. In addition, all health information obtained through the wellness program will be maintained separately from your personnel records, stored electronically, and encrypted, and not be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You will not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor will you be subjected to retaliation if you choose not to participate.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving a reward. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. Atrium may be provided with an aggregate report (summary of results with no identifying information) or a list of names of participants for programs where participation is tracked for the purposes of distributing rewards.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, contact HR.



