



# Aegis Living

## Benefit Guide

CA/NV EMPLOYEES

April 1, 2020 – March 31, 2021

Access benefit information online!  
[www.aegislivingbenefits.com](http://www.aegislivingbenefits.com)

## Benefits Offered

Aegis Living considers our benefit programs to be an important part of our compensation package. We want to provide you with high quality coverage at an affordable cost.

This Benefit Guide covers the benefits offered for our plan year April 1, 2020 through March 31, 2021.

Benefit	Provider	Contact Information
Medical Prescription Drugs	Premera Blue Cross	Customer Service: 1-800-722-1471 Out of Area Travel: 1-800-810-2583 <a href="http://www.premera.com">www.premera.com</a> Group # 1007261
Mail Order Prescription Drugs	Express Scripts	Customer Service: 1-800-391-9701 MyPharmacyPlus at <a href="http://www.premera.com">www.premera.com</a>
24-Hour Nurseline	Premera Blue Cross	1-800-841-8343
On-demand primary healthcare	98point6	<a href="http://www.98point6.com/aegis3">www.98point6.com/aegis3</a>
Dental	Delta Dental	1-800-367-4104 <a href="http://www.deltadental.com">www.deltadental.com</a> Group # 09109
Vision	Vision Service Plan (VSP)	1-800-877-7195 <a href="http://www.vsp.com">www.vsp.com</a> Group # 12233736
Basic Life and Accidental Death & Dismemberment (AD&D)	The Hartford	1-888-563-1124 Group # 678078
Supplemental Life Voluntary AD&D		1-888-563-1124 Supplemental Life Group # 678078 Voluntary AD&D Group # ADD-S07510
Flexible Spending Accounts	Navia Benefit Solutions	Customer Service: 1-800-669-3539 <a href="http://www.naviabenefits.com">www.naviabenefits.com</a> Company code: AEG
401(k) Retirement Savings Plan	The Standard	1-800-858-5420 / <a href="mailto:savings@standard.com">savings@standard.com</a> <a href="http://www.standard.com/retirement">www.standard.com/retirement</a> For plan investment questions, contact: Rich Hultquist or Stephany Primitivo at AssuredPartners MCM 206-343-2323 / <a href="mailto:mcm.401k@assuredpartners.com">mcm.401k@assuredpartners.com</a>
Employee Assistance Program	The Hartford	1-800-964-3577 <a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Company/Organization ID: HLF902 Group # 678078

## Visit the Aegis Living Benefits Website

Our website will give you access to the various benefit summaries we offer as well as plan documents, forms, and links to each of our partners' websites. It is available anywhere using your computer, tablet or mobile device. Just go to [www.aegislivingbenefits.com](http://www.aegislivingbenefits.com).

## Other Resources

Benefit	Contact	Contact Information
Benefit Plan Eligibility and Enrollment	Aegis Living	<ul style="list-style-type: none"><li>Your Business Office Manager, or</li><li>Kim Stabler, Human Resources <a href="mailto:Kim.Stabler@aegisliving.com">Kim.Stabler@aegisliving.com</a></li></ul>
Employee Service Center	AssuredPartners MCM Employee Service Center	1-888-343-3330 <a href="mailto:mcm.aegis@assuredpartners.com">mcm.aegis@assuredpartners.com</a>

## The Employee Service Center

Aegis Living partners with AssuredPartners MCM, and the benefit experts in their Employee Service Center, who are available to answer benefit related questions for you and your family.

### Why Call?

- **What are my benefits?** What are the differences between the plans Aegis Living offers? How will a particular condition or disorder be covered? Why will my insurance pay only part of the claim?
- **I'm having problems with my pharmacy.** Why did my deductible apply? The information on my ID card is incorrect.
- **Why was my claim denied or only partially paid?** What exactly will my insurance pay? How do I resolve my insurance claims?
- **How do I get help resolving old or unpaid bills?** I need assistance correcting a billing error. How do I file an appeal for a denied service?

### If English is not my Native Language

The Employee Service Center provides advice and support in more than 200 languages.

### Contact Them Today!

- Local: 206-343-4175 or Toll Free: 1-888-343-3330
- Email: [mcm.aegis@assuredpartners.com](mailto:mcm.aegis@assuredpartners.com)
- Monday-Friday 7:30 am to 5:00 pm Pacific Time



EMPLOYEE  
SERVICE  
CENTER

## Eligibility for Coverage\*

### Who is Eligible?

As an Aegis Living full time employee you are eligible for Aegis Living benefits on the first day of the month following your date of hire or following your change to full time status. If you are eligible and enroll in coverage, you may also cover the following dependents:

- Your lawful spouse
- Your same-sex or opposite-sex domestic partner. If you want to cover a domestic partner, please complete the Domestic Partnership Affidavit; you can request this form from your Business Office Manager or Human Resources.
- Your dependent children up to age 26, regardless of marital or student status
- Your disabled children, regardless of age, who are physically or mentally incapable of self-support

### When Does Coverage Begin?

Benefits begin on your eligibility date or on April 1 for changes made at open enrollment. You must complete and return the required enrollment forms within 30 days of your eligibility date or by the open enrollment deadline before coverage can begin. Return forms to your Business Office Manager or to Kim Stabler for Home Office employees.

### When Can I Make Changes?

- During open enrollment in early March.
- If you experience a change in status mid-year, in most cases coverage will take effect on the first of the month coinciding with or following your change in status. Some examples are:

Change in status	You must notify HR and provide documentation to HR within
New dependent by marriage	30 days after the marriage
New dependent by birth, adoption, or placement for adoption	60 days after the birth, adoption, or placement for adoption
Employee or Dependent – Loss or gain of other coverage (excluding Medicaid or State Children’s Health Insurance Program)	30 days after your coverage or your dependents’ coverage ends or begins
Employee or Dependent – Loss of coverage for Medicaid or State Children’s Health Insurance Program	60 days after your or your dependents’ coverage ends under Medicaid or a State Children’s Health Insurance Program
Employee or Dependent becoming eligible for Medicaid or a State Children’s Health Insurance Program	60 days after your or your dependents’ determination of eligibility for such assistance

Please refer to the Summary Plan Description (available at [www.aegislivingbenefits.com](http://www.aegislivingbenefits.com)) for a complete list and description of change in status events.

*Newly Eligible Employees or Enrollments Due to a Change in Status* – Even if you enroll within the allowable time period, paycheck deductions will be deducted retroactive to your benefit eligibility date. *Example:* You are eligible for benefits February 1, but enroll on February 20. You will owe premiums retroactive to February 1.

\* For all programs indicated on page 2.

## Medical Plans

Aegis Living offers you a choice of two medical plans with Premera Blue Cross: a Core Plan and a Buy-Up Plan. Both plans give you access to a network of providers and hospitals who have agreed to accept pre-negotiated fees for their services, called the Heritage Plus 1 network. When you see an in-network provider, the amount you pay out of your pocket is usually lower than if you see an out-of-network provider.

### What's the Difference Between the Plans?

The main differences between the Core Plan and Buy-Up Plan are the deductibles, out-of-pocket maximums, coinsurance, and your employee paycheck contributions. The Buy-Up Plan offers richer benefits, so you pay less out of pocket when you see the doctor or go to the hospital, but the employee contributions are higher. Refer to pages 6-7 for a comparison of the benefits.

### Which Network(s) are my Providers Participating in?

To find out which network(s) your providers and medical facilities participate in, go to [www.premera.com](http://www.premera.com) and follow these instructions:

- Click on Find a Doctor > Find a Doctor, Dentist, and More
- Scroll down to Search as a Visitor then click on
  - Heritage Plus 1 if searching for a provider in Washington or Alaska
  - BlueCard PPO if searching for a provider in any other state
- Type in your doctor's or hospital's name at the top and click on Search

## 24-Hour Nurseline – 1-800-841-8343

Take advantage of the 24-hour nurse line! This is available to employees and dependents enrolled in an Aegis Living medical plan with Premera.

### Why Call?

- **Treatment recommendations.** Get a recommendation from a registered nurse about when and where to seek treatment for an injury or illness.
- **Helpful information.** Nurses will answer your questions and offer the information you need to manage your health conditions.
- **Free and confidential.** All calls to the 24-Hour NurseLine are free and always remain confidential.
- **Accessible 24 hours a day, 7 days a week.** The 24-Hour NurseLine phone number is listed on the back of your Premera ID card for your convenience.

## 98point6 – Get Care Anywhere

Available to benefit-eligible employees and medical-benefit-enrolled spouses and dependents age one and over. 98point6 is on-demand primary care delivered through a highly secure in-app messaging experience on your mobile phone via text messaging. Board certified physicians answer questions, diagnose and treat acute and chronic illnesses, outline care options and order any necessary prescriptions or lab tests. Service is available 24 hours/day.

### How to use 98point6?

- Download the free 98point6 app from the Apple App Store or Google play.
- Sign in using a mobile number and create an account.
- Select the "Employer Benefit" option and search for "Aegis Living."
- Once registered, click "Start your visit" and begin a text-based visit, where an automated assistant will gather information on your symptoms and ask clarifying questions.
- The information gathered is delivered to one of the physicians, who will then join the visit and continue the text-based conversation.
- The physician will provide you with a diagnosis and treatment plan which could include: answers to your questions/concerns, prescriptions sent to your pharmacy, ordering of labs, a referral, or recommended self-care.
- Once enrolled, you do not need to enroll each year.

**Aegis Living pays the full cost of 98point6 on your behalf.**

## Medical Plan – Core Plan

Your deductible, out-of-pocket maximum, and visit limits accumulate between January and December of each year, and reset every January 1.

Core Plan		
Benefits	In-network	Out-of-network
<b>Annual deductible</b>	\$3,000 per person / \$9,000 per family	
<b>Out-of-pocket maximum</b> Includes deductible, medical & prescription copays	\$6,000 per person \$12,000 per family	No maximum
<b>Physician services</b>		
<b>Preventive care</b> Includes mammography - no copay	Covered in full (deductible waived)	No coverage
<b>Office visits*</b> Primary care, specialist, acupuncture, chiropractor	\$20 copay, then covered in full (deductible waived)	Covered at 50% after deductible
<b>Urgent care visits</b> At freestanding urgent care centers	\$35 copay, then covered in full (deductible waived)	Covered at 50% after deductible
<b>Diagnostic services</b>		
<b>Laboratory &amp; X-ray</b>	Covered at 70% after deductible	Covered at 50% after deductible
<b>Hospital services</b>		
<b>Inpatient &amp; outpatient</b>	Covered at 70% after deductible	Covered at 50% after deductible
<b>Emergency Room</b> Copay waived if directly admitted to hospital	\$250 copay, then covered at 70% after deductible	\$250 copay, then covered at 70% after deductible
<b>Mental health services</b>		
<b>Outpatient</b> Office visits	\$20 copay, then covered in full (deductible waived)	Covered at 50% after deductible
<b>Inpatient</b>	Covered at 70% after deductible	Covered at 50% after deductible
<b>Rehabilitation services</b>		
<b>Outpatient</b> 45 visits per member per calendar year	\$20 copay, then covered in full (deductible waived)	Covered at 50% after deductible
<b>Inpatient</b> 30 days per member per calendar year	Covered at 70% after deductible	Covered at 50% after deductible
<b>Prescription Drugs</b>		
<b>Formulary</b>	<b>Essentials (E4)</b>	
<b>Retail Pharmacy (30-day supply)</b>	Preferred Generic: \$15 copay Preferred Brand: \$30 copay Preferred Specialty: \$50 copay (first two fills available at retail, then must refill through Accredo Specialty Pharmacy) Non-Preferred: You pay 30%, deductible waived	Applicable in-network copay, plus 40% coinsurance, plus the difference between the pharmacy's billed charge and the allowable charge
<b>Mail Order Pharmacy (90-day supply)</b>	Preferred Generic: \$37.50 copay Preferred Brand: \$75 copay Non-Preferred: You pay 30%, deductible waived Specialty is not covered under the 90-day mail order program; must be filled through Accredo Specialty Pharmacy	Not Covered

## Medical Plan – Buy-Up Plan

Your deductible, out-of-pocket maximum, and visit limits accumulate between January and December of each year, and reset every January 1.

Buy-Up Plan		
Benefits	In-network	Out-of-network
<b>Annual deductible</b>	\$1,250 per person / \$3,750 per family	
<b>Out-of-pocket maximum</b> Includes deductible, medical & prescription copays	\$4,500 per person \$9,000 per family	No maximum
<b>Physician services</b>		
<b>Preventive care</b> Includes mammography - no copay	Covered in full (deductible waived)	No coverage
<b>Office visits*</b>	\$20 copay, then covered in full (deductible waived)	Covered at 60% after deductible
<b>Urgent care visits</b> At freestanding urgent care centers	\$30 copay, then covered in full (deductible waived)	Covered at 60% after deductible
<b>Diagnostic services</b>		
<b>Laboratory &amp; X-ray</b>	Covered at 80% after deductible	Covered at 60% after deductible
<b>Hospital services</b>		
<b>Inpatient &amp; outpatient</b>	Covered at 80% after deductible	Covered at 60% after deductible
<b>Emergency Room</b> Copay waived if directly admitted to hospital	\$250 copay, then covered at 80% after deductible	\$250 copay, then covered at 80% after deductible
<b>Mental health services</b>		
<b>Outpatient</b> Office visits	\$20 copay, then covered in full (deductible waived)	Covered at 60% after deductible
<b>Inpatient</b>	Covered at 80% after deductible	Covered at 60% after deductible
<b>Rehabilitation services</b>		
<b>Outpatient</b> 45 visits per member per calendar year	\$20 copay, then covered in full (deductible waived)	Covered at 60% after deductible
<b>Inpatient</b> 30 days per member per calendar year	Covered at 80% after deductible	Covered at 60% after deductible
<b>Prescription drugs</b>		
<b>Formulary</b>	<b>Essentials (E4)</b>	
<b>Retail Pharmacy (30-day supply)</b>	Preferred Generic: \$15 copay Preferred Brand: \$30 copay Preferred Specialty: \$50 copay (first two fills available at retail, then must refill through Accredo Specialty Pharmacy) Non-Preferred: You pay 30%, deductible waived	Applicable in-network copay, plus 40% coinsurance, plus the difference between the pharmacy's billed charge and the allowable charge
<b>Mail Order Pharmacy (90-day supply)</b>	Preferred Generic: \$37.50 copay Preferred Brand: \$75 copay Non-Preferred: You pay 30%, deductible waived Specialty is not covered under the 90-day mail order program; must be filled through Accredo Specialty Pharmacy	Not Covered

\*Acupuncture and chiropractic manipulations are limited to 12 visits per calendar year and only covered if medically necessary. Please refer to the Summary Plan Description for more information.

## How Will My Prescriptions Be Covered?

Our medical and prescription drug plans follow the Essentials drug formulary. Follow these steps to find out how your prescriptions will be covered:

1. Go to [www.premera.com/wa/visitor/pharmacy/drug-search/rx-search/](http://www.premera.com/wa/visitor/pharmacy/drug-search/rx-search/)
2. Scroll down to the “Search as a visitor” section
3. Select E4 from the “Drug list to search” drop down menu
4. Enter a drug name or select a therapeutic class to search
5. When you find the drug you are looking for, look at the “Status” column in the chart and refer to the “Definition of Status” description.

Once you are enrolled, you can search the Essentials formulary through your Premera member portal.



## Filling Your Prescription Drugs

If you elect medical coverage under either of the Premera Blue Cross plans, you automatically receive prescription drug coverage. You can fill prescriptions:

- At Premera Blue Cross participating retail pharmacies
- At non-participating retail pharmacies, but you will need to pay full-price for the drugs and submit a claim form for reimbursement

## Mail Order

- You can also choose to order your prescriptions through **Premera’s Mail Order Program**. With the mail order program you can receive a 90-day supply of medication for only two and a half copays (instead of three). You can also take advantage of the following features:
  - Refill reminders
  - Automatic screening for interaction with other prescription medications you order from the mail order program
  - Licensed pharmacists on call 24 hours a day to answer questions
- The Mail Order Program can be reached at 1-800-391-9701 or [www.premera.com](http://www.premera.com)



## Dental Plan

Aegis Living offers a comprehensive dental plan with Delta Dental of Washington to help you and your eligible family members pay for dental care services such as routine exams, fillings, X-rays and orthodontia.

Your deductible, out-of-pocket maximum, and visit limits accumulate between January and December of each year, and reset every January 1.

Benefits	PPO dentist	Premier dentist	Non-participating dentist
<b>Deductible</b>	\$25 individual / \$75 family	\$50 individual / \$150 family	\$50 individual / \$150 family
<b>Benefit maximum</b> Per person per calendar year	\$2,000	\$2,000	\$2,000
<b>Dental services</b>			
<b>Diagnostic &amp; preventive services</b> Cleanings, exams, x-rays, etc.	Covered in full (deductible waived)	Covered in full (deductible waived)	Covered in full (deductible waived)
<b>Restorative services</b> Restorations, endodontics, oral surgery, periodontics, etc.	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 80% after deductible
<b>Major services</b> Crowns, dentures, partials, bridges, etc.	Covered at 50% after deductible (12-month waiting period for new enrollees)	Covered at 50% after deductible (12-month waiting period for new enrollees)	Covered at 50% after deductible (12-month waiting period for new enrollees)
<b>Orthodontia</b> For children only	Covered at 50% after deductible (\$1,500 lifetime maximum per child)	Covered at 50% after deductible (\$1,500 lifetime maximum per child)	Covered at 50% after deductible (\$1,500 lifetime maximum per child)

### What's the Difference Between PPO, Premier, and Non-Participating Dentists?

#### Cost

PPO dentists receive payment based on pre-approved, discounted fees from Delta Dental and cannot charge you more than those fees. Premier dentists also cannot charge you more than their contracted fees, but your out-of-pocket costs may be higher because they are not part of Delta Dental's PPO network. You will be responsible to pay for non-participating dentists' charges above Delta Dental's maximum allowable fees. Delta Dental has no control over Non-Participating Dentists' charges.

#### Claim Forms

PPO and Premier dentists will submit claims for you and receive payment directly from Delta Dental. If you see a Non-Participating dentist you will be responsible for making sure the dentist completes a claim form and sends it to Delta Dental for processing.

### How Do I Find a Dentist?

You can find a participating dentist in your area by visiting the Delta Dental web site:

- Go to [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com)
- Click on the *Patients* tab and then on the *Find a Dentist* tab to begin your search
- Be sure to select the appropriate plan (Delta Dental PPO or Delta Dental Premier)

To find a network dentist outside of Washington State, click "search the national Delta Dental directory." Select "Delta Dental PPO" for the best benefit, or select "Delta Dental Premier."

## Vision Plan

Aegis Living offers a comprehensive vision plan with Vision Service Plan (VSP) to help you and your eligible family members with vision care costs for eye examinations and corrective eye wear. Your visit, lenses, and contacts limits reset every 12 months and your frame limit reset every 24 months, based on your last date of service.

Regular eye exams not only determine your need for corrective eye wear, but also may detect general health problems in their earliest stages. You will get the best value when you visit a VSP network doctor. If you decide not to see a VSP doctor you will receive a lesser benefit and may have to pay more out-of-pocket. You will also be required to pay the provider in full and submit a claim to VSP for partial reimbursement.

Benefits	VSP Provider (in-network)	Non-VSP Provider (out-of-network)
<b>Examinations</b>		
<b>Eye wellness examination</b> Once every 12 months	\$10 copay, then covered in full	\$10 copay, then reimbursed up to \$60
<b>Contact lens evaluation and fitting</b> Once every 12 months	Up to \$60 copay, then covered in full	Plan pays up to \$105*
<b>Hardware</b>		
<b>Lenses</b> Every 12 months <b>Single vision</b> <b>Lined bifocal</b> <b>Lined trifocal</b> <b>Standard progressive</b> <b>Premium progressive</b> <b>Custom progressive</b> <b>Other lens enhancements</b>	Covered in full Covered in full Covered in full \$50 copay \$80-\$90 copay \$120-\$160 copay 35-40% discount	Plan pays up to \$50 Plan pays up to \$75 Plan pays up to \$100 Plan pays up to \$75 Plan pays up to \$75 Plan pays up to \$75 Not available
<b>Frames</b> Every 24 months	Plan pays up \$120 for wide selection of brands or \$140 for featured brands**  20% discount on amount not paid by the plan	Plan pays up to \$70
<b>Contacts</b> Instead of lenses and frames, once every 12 months	Plan pays up to \$120	Plan pays up to \$105*

\* The \$105 allowance is for the contact evaluation, fitting, and contacts combined.

\*\* Featured frame brands include Bebe, Calvin Klein, Cole Haan, Lacoste, Nike, Nine West, and more. Visit [www.vsp.com](http://www.vsp.com) to find a location that carries these brands.

## Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Aegis Living provides basic life and AD&D insurance to all eligible employees. This coverage is provided through The Hartford and is available to you at no cost. Enrollment is automatic, however please complete the Beneficiary Designation section on the back of the Benefit Enrollment Form.

### What is Basic Life and AD&D Insurance?

Life insurance pays your beneficiary a benefit if you die while you are covered. AD&D insurance provides benefits due to certain injuries (e.g. loss of limbs, sight, speech, or hearing, paralysis, etc.) or death from an accident.

### What is my Benefit?

Aegis Living provides you \$10,000 of basic life insurance and \$10,000 of AD&D insurance.

## Supplemental Life Insurance

Aegis Living offers you the opportunity to purchase additional supplemental life insurance for yourself and your dependents with The Hartford. You must be enrolled to enroll dependents. Your cost for coverage is shown on your personalized Supplemental Benefits Enrollment Form.

### For You

You may purchase supplemental life insurance in units of \$10,000. You may apply for as many units as you want, up to five times your basic annual salary or \$500,000, whichever is less.

### For Your Spouse/Domestic Partner

You may purchase supplemental life insurance for your eligible spouse or domestic partner in units of \$5,000. You may apply for up to 50 units or \$250,000. This amount may not exceed 100% of your supplemental life coverage amount.

### For Your Children

You may purchase supplemental life insurance for your eligible children.

- \$10,000 for children age 6 months to 26 years
- \$1,000 for children from live birth to 6 months of age

You only have to pay one monthly premium to insure all your eligible children, regardless of the number of children you have.

## Voluntary AD&D Insurance

Aegis Living offers you the opportunity to purchase voluntary AD&D insurance for yourself with The Hartford. Voluntary AD&D insurance provides financial protection for your family in the event of your accidental death or for you in the event of any other covered loss (e.g. loss of speech and hearing, loss of limb). Your cost for coverage is shown on your personalized Supplemental Benefits Enrollment Form.

### For You

You may purchase voluntary AD&D insurance in units of \$10,000. You can apply for as many units as you want, up to 10 times your basic annual salary or \$500,000, whichever is less.

## How Do I Enroll?

Complete and submit your customized Supplemental Benefits Enrollment Form to enroll in Supplemental Life and/or Voluntary AD&D insurance. You may also need to submit a Personal Health Application (PHA) if:

- **Your supplemental life coverage election exceeds the guarantee issue amount.** The guarantee issue amount is the benefit level that The Hartford will automatically cover without receiving proof of good health: any amount over \$200,000 for employees and any amount over \$50,000 for a spouse or domestic partner.
- **You waived supplemental life coverage for yourself or dependent(s) when first eligible or you want to increase coverage.** A PHA is required for any election made after your initial eligibility date, even if under the guarantee issue amounts.

If you need to submit a PHA, it will be mailed to your home address. Coverage will take effect and premiums will be deducted once your PHA has been approved by The Hartford.



### Why Buy Supplemental Life Insurance?

In the event of your death, life insurance benefits can:

- Provide a continuous source of income for your family.
- Assure payment for your children's higher education.
- Pay off the mortgage on your home.
- Settle outstanding debt.
- Pay for funeral expenses for those covered.

## Flexible Spending Accounts

Aegis Living offers flexible spending accounts (FSA) through Navia Benefit Solutions. An FSA allows you to set aside money on a pre-tax basis to pay for qualified out-of-pocket health and dependent care expenses. Putting money in an FSA helps you save by reducing your taxable income and therefore, reducing your taxes. The money that funds your account is deducted from your paycheck before federal, Social Security and Medicare taxes are calculated. Because you don't pay taxes on those deductions, your savings (what you would have paid in taxes) is returned in each paycheck.

### Health Care FSA

You can use a health care FSA to pay for qualified medical, prescription drug, dental or vision expenses such as copays, deductibles, and coinsurance for you and your tax dependents – regardless of if they are covered on your medical plan. The health care FSA is a pre-funded benefit. This means you have access to your full annual election amount on your effective date.

### Dependent Care FSA

You can use a dependent care FSA to pay for qualified care expenses like daycare centers, in-home child care, day camps, preschool, and before or after school care. Expenses can be for your dependent children 12 and under, and in some cases elder care, and must be enabling you to work, actively look for work or be a full-time student. You can only access dependent care FSA money once funds are placed into your FSA. All caregivers must have a Tax ID or Social Security Number.

### Important!

- You cannot change your FSA election during the plan year, unless you have a change in status
- Unused amounts will be forfeited at the end of the plan year after the 2.5 month grace period (6/15/2021), so plan carefully before making your election
- FSA funds can be used only for dependents you claim on your tax return

FSA Contributions	
What can I use my FSA funds for?	See the list of qualified expenses at <a href="http://www.naviabenefits.com">www.naviabenefits.com</a> or <a href="http://www.aegislivingbenefits.com">www.aegislivingbenefits.com</a>
Contributions	<b>Health care FSA:</b> minimum \$100, maximum \$2,750 <b>Dependent care FSA:</b> minimum \$500, maximum \$5,000  Your election will be evenly deducted from your paycheck, pre-tax, throughout the plan year
Plan year	4/1/2020 - 3/31/2021
Grace Period	2.5 months (you can incur claims through 6/15/2021 and apply them to your 2020-21 plan year FSA)

### How Do I use my FSA?

You'll get a Navia Benefit Card for your health care FSA. Swipe it for eligible expenses and funds will come directly out of your FSA to pay the provider. Some swipes require Navia to verify the expense, so hang on to your receipts. If Navia needs to see it, they will send you an email or notification via their smartphone app.

You can submit dependent care FSA claims online, through the Navia mobile app, email, fax or mail. You'll need to include documentation that clearly shows the date, type and cost of the service.

## Employee Assistance Program

Aegis Living offers a comprehensive, confidential Employee Assistance Program (EAP) to all benefit eligible employees. The EAP is available through The Hartford's Ability Assist Program with ComPsych.

### Why Use the EAP?

- **Personal answers:** Emotional and work-life counseling for family or marital conflicts, depression, effective parenting, child care, and more.
- **Legal answers:** Get help for legal concerns including buying a home, divorce, and adoption.
- **Financial answers:** Receive financial planning support for budgets, savings, debt, and more.

### How to Use the EAP?

You are automatically enrolled in the EAP once eligible. To access:

- **By phone:** 1-800-964-3577 (counselors available 24/7)
- **Face to face:** Three face-to-face confidential visits with a counselor and/or advisor per issue per person per year
- **Online:** [www.guidanceresources.com](http://www.guidanceresources.com)
  - Click on Register to create your confidential username and password
  - Enter the Organization Web ID: HLF902
  - Enter the organization identification on the following page: abili
  - Select the Ability Assist Program on the next page and click Submit
  - Create your profile to access the EAP

**Aegis Living pays the full cost of the EAP on your behalf.**



## Other Benefits

Aegis Living offers the following additional benefits. Go to [www.aegislivingbenefits.com](http://www.aegislivingbenefits.com) for more information.

- Pet Insurance
- Employee Cash Advance Program – PayActiv

## 401(k) Retirement Savings Plan

Aegis Living offers a 401(k) retirement savings plan through The Standard. Employees age 18 or older are eligible to participate in the Plan as soon as the first day of the month following your date of hire or the date you turn age 18.

Once eligible, you'll be able to save for retirement in this plan. You decide what percentage of your salary you want to contribute directly from your paycheck, up to \$19,500 in 2020 with before-tax or after-tax (Roth) contributions, or up to \$26,000 in 2020 if you are over the age of 50 in the year. You may start contributing to the plan through payroll deductions at any time after your eligibility date. And you may change your payroll contributions at any time.

### Does Aegis contribute to my 401(k)?

Aegis offers a matching contribution equal to 50% of your contribution, up to 4% of pay contributed to the plan. To be eligible you must be employed for at least one year. You vest (earn ownership of the match) at the rate of 20% for each year you work 1,000 hours for Aegis. The matching contribution for 2020 will be made in 2021.

### What is the difference between pre-tax and after-tax contributions?

Pre-tax contributions lower your taxable income at the time the deduction is taken from your pay. For example, if you contribute \$100 from every paycheck in pre-tax deductions, it may cost you only \$75 in actual take-home pay because the money is deducted directly from your paycheck before you pay any taxes (assuming you pay 25% in taxes). You will pay income taxes on withdrawals when you retire.

Roth after-tax contributions allow you to contribute to your retirement account on an after-tax basis. Your contributions will be deducted from your paycheck after taxes are calculated. Money in the Roth account and any earnings will be distributed tax-free if withdrawn after age 59½, death, disability and at the end of the five-year taxable period during which the participant's contribution is first deposited into the Roth 401(k) account.

Don't delay any further and start saving now! The sooner you start saving and the longer you stay invested in the plan, the greater likelihood you'll have reaching your retirement goals.

### Questions?

For any plan or investment questions contact our plan advisors, Rich Hultquist or Stephany Primitivo, of APMCM directly at 206-343-2323. You may also contact The Standard at 1-800-858-5420 or via email at [savings@standard.com](mailto:savings@standard.com) with any questions about the website or to make changes to your account. To access your online account visit [www.standard.com/retirement](http://www.standard.com/retirement).

## Cost Sharing

The amount you pay for medical, dental, and vision coverage depends on the plans you elect and how many dependents you enroll.

- Contributions for medical, dental, and vision come out of your paycheck on a pre-tax basis. Pre-tax deductions mean you don't pay Federal Income, Social Security, and Medicare taxes on those benefits.
- Aegis Living pays the cost for Basic Life/AD&D insurance, the Employee Assistance Program, and 98point6.
- The premiums for the Supplemental Life and Voluntary AD&D insurance products that you elect are paid for entirely by you and are deducted from your paycheck on a post-tax basis.

Based on IRS regulations, employees may not pay for domestic partner health insurance premiums with pre-tax dollars unless the partner qualifies as a dependent under IRS rules. In addition, amounts paid by Aegis Living for domestic partner coverage are treated as taxable income to the employee. Please contact Human Resources if you have any questions.

## 2020-2021 Cost of Coverage (per pay period)\*

How much you pay  
per pay period\*



### Medical/Rx – Premera

	Total Cost	Aegis Living's share of the Total Cost	Your Share of the Total Cost
<b>Core Plan – Heritage Plus 1 Network</b>			
Employee only	\$261.81	\$204.31	\$57.50
Employee + spouse	\$559.33	\$325.83	\$233.50
Employee + child(ren)	\$436.75	\$260.75	\$176.00
Employee + spouse + child(ren)	\$780.08	\$482.58	\$297.50
<b>Buy-Up Plan – Heritage Plus 1 Network</b>			
Employee only	\$326.07	\$167.07	\$159.00
Employee + spouse	\$697.97	\$308.47	\$389.50
Employee + child(ren)	\$544.45	\$263.95	\$280.50
Employee + spouse + child(ren)	\$972.27	\$436.77	\$535.50

### Dental – Delta Dental

	Total Cost	Aegis Living's share of the Total Cost	Your Share of the Total Cost
Employee only	\$27.98	\$7.98	\$20.00
Employee + spouse	\$52.34	\$14.93	\$37.41
Employee + child(ren)	\$53.37	\$15.22	\$38.15
Employee + spouse + child(ren)	\$76.17	\$21.73	\$54.45

### Vision – VSP

	Total Cost	Aegis Living's share of the Total Cost	Your Share of the Total Cost
Employee only	\$3.78	\$0.37	\$3.41
Employee + spouse	\$6.04	\$1.47	\$4.57
Employee + child(ren)	\$6.17	\$1.59	\$4.58
Employee + spouse + child(ren)	\$9.95	\$2.59	\$7.36

\* Premiums are deducted from 24 pay periods per year.



**Aegis Living - Home Office**

415 118th Avenue SE  
Bellevue, WA 98005  
1-888-252-3447  
[www.aegisliving.com](http://www.aegisliving.com)

**DISCLOSURE** *This guide contains an overview of the Aegis Living benefit program. If there is any discrepancy between this guide and the official plan documents, the official plan documents will govern in all cases. Although we intend to continue this program, Aegis Living reserves the right to change and/or terminate any portion of the benefits program at any time for any reason. Participation in the benefit program does not give anyone the right to continued employment with Aegis Living. This guide does not guarantee any benefits.*