



# EMPLOYEE BENEFIT GUIDE

June 1, 2019 – January 31, 2020



*This guide contains an overview of the Molecular Epidemiology Inc. benefits program. If there is any discrepancy between this guide and the official plan documents, the official plan documents will govern in all cases.*

# WELCOME

At Molecular Epidemiology, Inc. (MEI), we recognize our ultimate success depends on our talented and dedicated employees. Our goal is to provide a comprehensive benefits program that meets the needs of you and your family. It is one of the many ways we recognize the value of your contributions.

This Benefit Guide is designed to provide you with information about your benefits so you can make informed choices about your coverage options. Please read it carefully. If you have any questions, please contact the AssuredPartners MCM Employee Service Center at 206-343-4175 or [mcm.esc@assuredpartners.com](mailto:mcm.esc@assuredpartners.com).



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**Summary of Material Modifications** The Benefit Guide in this packet describes changes to the Molecular Epidemiology, Inc. Benefit Plan and is intended to serve as a Summary of Material Modifications (SMM). The SMM supplements the Summary Plan Description (SPD) for the Molecular Epidemiology, Inc. Benefit Plan. The effective date of these changes is February 1, 2019. You should read this SMM very carefully and retain this document with your copy of the SPD.

# ENROLLING

## Eligibility Rules

MEI employees are eligible for medical coverage in accordance with the Affordable Care Act, as follows:

- If you are expected to average 30 or more hours per week, you may enroll in the health plan on the first day of the month that falls on or after your 60th day of employment.
- If it is not expected (or it is uncertain) that you will average 30 or more hours per week, we will measure your hours over the first 5 months of employment. This is called your initial measurement period. If you average 30 or more hours per week during this time, you will be eligible to enroll for a corresponding 6-month initial stability period.
- Thereafter, MEI monitors eligibility every six months. In general, employees that average 30 or more hours per week in a 6-month measurement period are eligible for a corresponding 6-month stability period.

If you are enrolled in medical coverage, you may also enroll the following family members:

- Your lawful spouse or state registered same or opposite gender domestic partner (SRDP). A \$100 monthly surcharge will apply if your spouse or SRDP is eligible for medical coverage through his or her employer.
- You or your spouse/SRDP's child who is under age 26, including a natural child, stepchild, a legally adopted child, a child placed for adoption, or a child for whom you or your spouse are the legal guardian (foster children are not eligible).
- You or your spouse/SRDP's unmarried child age 26 or over who is or becomes disabled and dependent upon you.

Importantly, enrolling an ineligible dependent on a MEI medical plan is considered fraud and theft, and may be grounds for termination of employment.

***For all other insurance plans including dental, vision, life, and disability, employees must work a minimum of 40 hours per week to be eligible to participate.***

## Enrolling

You have 31 days from the date you first become eligible to enroll in benefits. If you miss this deadline, your next opportunity to enroll will be during Open Enrollment in January. Open Enrollment is the only time during the year you may enroll in or make changes to your benefit elections, unless you experience a qualifying life event. Any request for a change in coverage must be consistent with the change in your status. Qualifying life events include, but are not limited to:

- Marriage, divorce, legal separation or annulment
- Birth, adoption, placement for adoption or legal guardianship of a child
- A change in your spouse's employment or involuntary loss of health coverage (other than coverage under Medicare or Medicaid programs) under another employer's plan
- Loss of coverage due to the exhaustion of another employer's COBRA benefits, provided you were paying premiums on a timely basis
- Your dependent child no longer qualifies as an eligible dependent

Please refer to your Summary Plan Description (SPD) for more information on qualifying events.

# ENROLLING

## What Do I Need To Do?

Please complete the following paperwork as applicable. *Newly eligible employees must return the completed paperwork to your Payroll Representative within 31 days of becoming eligible.*

### Required

- **Benefit Selection Form** - All employees are required to complete the Benefit Selection & Payroll Deduction Agreement Form, even if you are waiving coverage.
- **401(k) Enrollment Form** - All employees are required to complete the 401(k) Enrollment Form.

### Optional

- **Benefit Enrollment Form** - If you want to enroll in one of the medical, dental, vision, supplemental life/AD&D and/or voluntary short term disability (STD) plans for the first time, or are making changes, complete this enrollment form\*.
  - If you are applying for supplemental life/AD&D after your initial eligibility period and/or applying for additional coverage, you will also need to complete the Evidence of Insurability form (request a copy from Payroll Representative).
  - If you are applying for voluntary STD after your initial eligibility period, you must also complete an Evidence of Insurability form (request a copy from Payroll or HR).
- **Flexible Spending Account (FSA)** - To enroll in an FSA for the 2019-20 plan year complete the Navia Benefit Solutions Enrollment Form. You must complete a new enrollment form even if you are currently enrolled in an FSA.
- **Working Spouse/Domestic Partner Affidavit** - To enroll a working spouse on the plan for the 2019-20 plan year please turn in this completed form.
- **Enrolling New Dependents** - You must provide a marriage certificate for a spouse and/or birth certificate for children to your Payroll Representative. A state domestic partnership registration is required if you want to enroll your domestic partner.

*\*If you do not enroll in the supplemental life/AD&D and/or voluntary short term disability benefits when you are first eligible, but decide to enroll at a later date, you will be required to provide proof of good health (Evidence of Insurability).*

## Where Do I Send My Paperwork?

IEH Employees	All Other Employees
Kelcy Charlson	Chris Chong
15300 Bothell Way NE Lake Forest Park, WA 98155 <a href="mailto:kelcy.charlson@iehinc.com">kelcy.charlson@iehinc.com</a> Fax 206-306-8883	15300 Bothell Way NE Lake Forest Park, WA 98155 <a href="mailto:cjc@iehinc.com">cjc@iehinc.com</a> Fax 206-306-8883

# RESOURCES

Coverage	Carrier	Contact
Medical Benefits	<b>UMR</b> Group # 76-413976 Network: UnitedHealthcare Choice Plus	Customer Service: 800-826-9781 <a href="http://www.umar.com">www.umar.com</a>
Prescription Drug Benefits	<b>Pharmacy Benefit Dimensions</b>	Member Services Department: 888-878-9172 <a href="http://www.pbdrx.com">www.pbdrx.com</a>
Dental Benefits	<b>Delta Dental</b> Group # 09440	Customer Service: 800-554-1907 <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>
Vision Benefits	<b>VSP</b> Group # 30002541	Customer Service: 800-877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
Life and Disability Benefits	<b>The Hartford</b> Group # 877501	Customer Service: 800-423-6789 Claims: 800-243-5860 <a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>
Flexible Spending Account	<b>Navia Benefit Solutions</b>	Customer Service: 800-669-3539 <a href="http://www.naviabenefits.com">www.naviabenefits.com</a>
MEI Benefits Website	Username: mei Password: benefits	<a href="http://www.mei-benefits.com">www.mei-benefits.com</a>

## AssuredPartners MCM Employee Service Center

AssuredPartners MCM's Benefit Advocates can assist with benefit questions and claim issues for you and your covered family members. They are specially trained individuals who can help answer your insurance questions. This is a confidential service provided at no cost to you.



### Your Benefit Advocates

in AP MCM's Employee Service Center

Phone: 206-343-4175 or 1-888-343-3330

Confidential email: [mcm.esc@assuredpartners.com](mailto:mcm.esc@assuredpartners.com)

TTY/TDD: 206-748-9578 or 1-855-877-4726

Monday-Friday

7:30 AM to 5:00 PM PST

Language Interpretation Services Available

*Due to HIPAA Privacy regulations, we may need to obtain your written authorization in order to assist with certain issues. Your Benefit Advocate will provide you with an authorization form, if needed.*

# HEALTH AND WELLNESS

## Medical Benefits

MEI provides a medical plan through UMR. UMR is a third-party administrator, which means they process our claims and provide members access to United Healthcare's network of providers and facilities. UMR is owned by United Healthcare but operates separately. The plan provides the highest level of coverage when you visit doctors and hospitals that are part of the UnitedHealthcare Choice Plus network.

UMR		
Plan	PPO Plan	
Provider Network	In Network	Out of Network
<b>Deductible</b> Per plan year*	\$2,500 Individual \$7,500 Family	\$3,350 Individual \$10,050 Family
<b>Out-of-Pocket Maximum</b> Per plan year* Includes deductible and copays**	\$7,000 Individual \$14,000 Family	No limit
<b>Coinsurance***</b>	20%	50%
<b>Office Visits</b>	Primary: \$20 copay Specialist: \$40 copay deductible waived	50%
<b>Virtual Visits</b>	Covered in full after \$10 copay	
<b>Preventive Care Visits</b>	Covered in full	50%
<b>Emergency Room</b>	Covered in full after \$300 copay	
<b>Urgent Care</b>	\$50 copay	50%
<b>Outpatient Lab/X-ray</b> Covered 100% if part of preventive visit	20% coinsurance	50%
<b>Outpatient Hospital Care</b>	20% coinsurance	50%
<b>Inpatient Hospital Care</b>	20% coinsurance	50%
<b>Outpatient Rehabilitation Services</b> Physical, speech, occupation therapy - <i>combined</i> <i>20 visit limit, pre-authorization required</i> Cardiac therapy - <i>unlimited visits</i>	\$25 copay	50%

\*The plan year runs from February 1, 2019 through January 31, 2020.

\*\*Prescription drug coinsurance does not apply towards the medical out of pocket maximum.

\*\*\*The coinsurance reflects the member's percentage of cost after the deductible.



# HEALTH AND WELLNESS

## Preventive Care Services

MEI covers preventive care services in full for adults and children when they are received from an in-network provider and billed as routine preventive services. This includes healthy diet and physical activity counseling to prevent cardiovascular disease, blood pressure screening, cholesterol checks, and breast cancer screenings.

**Remember!** During your preventive exam, your physician may discover an issue or problem that requires further testing or screening for an accurate diagnosis. Additional diagnostic tests often require you to pay a share of the costs.

## Prescription Drug Benefits

When you enroll in the medical plan, you also receive coverage for prescription drugs through Pharmacy Benefit Dimensions. The prescription drug plan gives you coverage for a wide range of prescriptions, as well as access to prescription discounts.

In Network Benefits	In Network	Out of Network
Deductible	No deductible applies	Not Covered
Out of Pocket Maximum	Unlimited	
Tier 1 - Generics Retail 30-day supply / Mail Order 90-day supply	20% coinsurance	
Tier 2 - Preferred Brand Name Retail 30-day supply / Mail Order 90-day supply	30% coinsurance	

## Prescription Mail Order

You can get a 90-day supply of your medications shipped to you at no additional cost through Wegmans Mail Order Pharmacy Services or ProAct Pharmacy Services. *Express shipping is available for an additional charge.*

### First Time Registration

You will have to register with the mail order pharmacy of your choice. Please have your member ID number available:

- **Mail:** fill out the registration form for the mail order of your choice. Forms are available online in the “Members” section at [www.pbdrx.com](http://www.pbdrx.com) or by calling PBD’s Member Service Department at 1-888-878-9172
- **Online:** Wegmans Mail Order Pharmacy Services: [www.Wegmans.com/Pharmacy](http://www.Wegmans.com/Pharmacy)  
ProAct Pharmacy Services: [www.proactpharmacyervicespbd.com](http://www.proactpharmacyervicespbd.com)
- **Phone:** Wegmans Mail Order Pharmacy Services: 1-888-205-8573 (TTY: 1-877-409-8711)  
ProAct Pharmacy Services: 1-888-425-3301 (TTY: National 711 Relay Service)

### Obtaining Prescriptions

- You will first need a new prescription for your doctor. Request a 90-day supply, plus refills for up to one year (if applicable).
- Please note: after placing your initial order, it can take up to 2 weeks to receive your first shipment.
- You may easily pay your prescriptions using credit card, check, or money order.

**Pharmacy Benefit Dimensions’ Member Service Department: 1-888-878-9172**

# HEALTH AND WELLNESS

## Dental Benefits

MEI offers you dental benefits through Delta Dental. You may seek care from any licensed provider; however, there is no deductible if you see a Delta Dental PPO Dentist.

Delta Dental			
Provider Network	PPO Dentist	Premier Dentist	Non-participating Dentist
<b>Deductible</b> Per plan year*	No deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
<b>Class 1 - Preventive</b> Exams, x-rays, etc.	Covered in full (deductible waived)		
<b>Class 2 - Restorative**</b> Periodontics, surgery, etc.	20%		
<b>Class 3 - Restorative**</b> Crowns, dentures, etc.	50%		
<b>Annual Maximum</b> Per plan year For all services combined	\$1,000 per person		

\*The plan year runs from February 1, 2019 through January 31, 2020.

\*\*The coinsurance reflects the member's percentage of cost after the deductible.

### Looking for a Delta Dental PPO Dentist?

1. Go to [www.deltadentalwa.com](http://www.deltadentalwa.com)
2. Click on the Patients tab
3. Click on Find a Dentist
4. Select Delta Dental PPO as the network

## Vision Benefits

MEI provides vision benefits through Vision Service Providers (VSP). You will receive greater benefits if you see an in network provider.

VSP		
Provider Network	In Network	Out of Network
<b>Eye Exam</b> Once every 12 months	\$10 copay, then covered 100%	\$10 copay, then \$50 allowance
<b>Contact Evaluation and Fitting</b> Once every 12 months	Up to \$60 copay, then covered 100%	\$150 allowance
<b>Lenses*</b> Once every 12 months	\$25 copay, then covered 100%	\$50-\$125 allowance depending on lenses
<b>Frames</b> Once every 24 months	\$130 allowance	\$70 allowance
<b>Contact Lenses</b> Once every 12 months In lieu of lenses and frames	\$130 allowance	\$105 allowance (combined allowance for evaluation, fitting, and contacts)

\*Lenses include single, lined bifocal, and lined trifocal. There are additional out of pocket costs for progressive lenses.



# INCOME PROTECTION BENEFITS

## Basic Life/AD&D Insurance

MEI provides Basic Life/Accidental Death & Dismemberment (AD&D) insurance to all eligible employees through The Hartford. **This benefit is provided at no cost to you.** The amount of your life insurance is equal to one times your annual salary, to a maximum benefit of \$100,000. The minimum benefit is \$50,000. Benefit reductions due to age begin at age 70.

## Long Term Disability Insurance

MEI provides Long Term Disability (LTD) insurance to all eligible employees through The Hartford. **This benefit is provided at no cost to you.** In the event of disability, you would receive 66 2/3% of your base monthly salary, to a maximum monthly benefit of \$10,000. Benefits begin on the 91st day of a qualifying disability due to a non-work-related illness or injury, and continue up to your Social Security Normal Retirement Age, as long as your condition continues to meet the definition of disability under the terms of the plan. A 12-month waiting period applies for pre-existing conditions treated within 3 months of your effective date of coverage.

You have the option to elect a tax-free LTD benefit. Since MEI pays the LTD premium, any disability benefits you may receive would be subject to taxation, resulting in a reduced benefit. Because disability often results in financial hardship, MEI has established a Tax Choice option to provide a tax-free benefit. If you elect the Tax Choice option, your LTD benefit would not be taxable. The employer-paid premium would, however, be included in your taxable income. Tax on the LTD premium would be deducted from your last paycheck of the year. Please check the appropriate box on the Benefit Selection & Payroll Deduction Agreement Form. You can change your Tax Choice election only during open enrollment.

## Supplemental Life/AD&D Insurance

MEI provides you the opportunity to purchase Supplemental Life and Supplemental Accidental Death & Dismemberment (AD&D) insurance for yourself and your spouse/domestic partner (DP) through The Hartford. Supplemental Life is also available for your dependent children. You can elect coverage in increments of \$10,000 up to \$500,000 for yourself. You may also elect spouse/DP coverage in increments of \$5,000 up to \$100,000, not to exceed 50% of your amount. Supplemental Life for your dependent children is available at the flat amount of \$10,000 for children from birth to 26 years.

The guarantee issue amount is \$140,000 for you, \$30,000 for your spouse/domestic partner (DP), and \$10,000 for your children. If you apply for amounts of coverage over the guarantee issue amount and/or enroll for the first time after your initial eligibility period, you will need to complete an Evidence of Insurability form to provide proof of good health (look for an email from The Hartford).

Monthly Rates		
Age Band	Employee & Spouse/DP* Rates per \$1,000 of Benefit	Child Rates
Under age 25	\$0.0490	\$0.200
25 - 29	\$0.0580	\$0.200
30 - 34	\$0.0780	
35 - 39	\$0.0870	
40 - 44	\$0.0970	
45 - 49	\$0.1450	
50 - 54	\$0.2230	
55 - 59	\$0.4170	
60 - 64	\$0.6400	
65 - 69	\$1.2310	
70 - 74	\$1.9960	
75+	\$1.9960	
AD&D	\$0.0200	Not Available

\*Spouse/Domestic Partner rates are based on the employee's age.

# INCOME PROTECTION BENEFITS

## Voluntary Short Term Insurance

MEI also offers you the opportunity to purchase Voluntary Short Term Disability insurance through The Hartford. You can elect a benefit amount equal to 50% of your basic weekly earnings up to \$1,500 per week. Benefits begin on the 15th day following your non work related illness or injury and may continue for up to 11 weeks. Premiums are deducted after taxes from your paycheck, making this a tax-free benefit to you in the event of your disability. A pre-existing condition limitation applies from the date you become eligible for coverage. Benefits will only be paid for up to 4 weeks for disabilities caused by a pre-existing condition. If you enroll for the first time after your initial eligibility period, you will need to complete an Evidence of Insurability form to provide proof of good health (request from HR).

### Monthly Rates per \$10 of Covered Weekly Benefit:

Age Band	Rate
Under age 25	\$0.9800
25 - 29	\$1.0100
30 - 34	\$0.4900
35 - 39	\$0.5100
40 - 44	\$0.2500
45 - 49	\$0.3100

Age Band	Rate
50 - 54	\$0.3800
55 - 59	\$0.4500
60 - 64	\$0.5300
65 - 69	\$0.5800
70 - 74	\$0.5800
75+	\$0.5800

## Ability Assist Counseling Services

Each person's life includes its own unique set of challenges. To help you cope with these challenges, we offer The Hartford's Ability Assist Counseling Services, offered by ComPsych. **Enrollment is automatic for eligible employees and MEI pays the full cost for your coverage.** Service includes three face-to-face emotional or work-life counseling sessions per occurrence per year.

By telephone: 1-800-964-3577

Online: Visit [www.guidanceresources.com](http://www.guidanceresources.com) to create your own personal username and password. First time users will be asked to provide the following information on the profile page:

- In the Company/Organization field, use: **HLF902**
- Then, create your own confidential user name and password
- Finally, in the Company Name field at the bottom of personalization page, use: **abili**

Ability Assist Counseling Services	
<b>Emotional or Work-Life Counseling</b>	<p>Helps address stress, relationship or other personal issues you or your family members may face. It is staffed by GuidanceExperts<sup>SM</sup>—highly trained master's and doctoral level clinicians—who listen to concerns and quickly make referrals to in-person counseling or other valuable resources.</p> <p>Situations may include job issues, relationship/marital conflicts, work/school disagreements, substance abuse, and child and elder care referral services.</p>
<b>Financial Information and Resources</b>	<p>Provides support for the complicated financial decisions you or your family members may face. Speak by phone with a Certified Public Accountant and Certified Financial Planners on a wide range of financial issues.</p> <p>Topics may include managing a budget, getting out of debt, saving for college, and retirement.</p>
<b>Legal Support and Resources</b>	<p>Offers assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your family members. If you require representation, you'll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter.</p> <p>Topics may include: debt and bankruptcy, buying a home, divorce, guardianship, and divorce.</p>

# FLEXIBLE SPENDING ACCOUNTS

MEI sponsors a Flexible Spending Account (FSA) through Navia Benefit Solutions. An FSA allows you to pay for eligible health care and dependent care expenses with pre-tax dollars. We offer two FSA options:

1. **Health Care FSA** – covers medical, prescription drug, dental and vision expenses.
2. **Dependent Care Assistance Program (DCAP)** – covers day care expenses for dependent children under age 13 or adult dependents (such as your parent or spouse) who are physically or mentally incapable of self-care. Dependent care expenses are for services that allow you to work, attend school full-time or look for work.

## Here is how it works:

Estimate your expenses for health care and/or dependent care for the coming plan year and enroll in an FSA for that amount. The amount you contribute is prorated over each paycheck you receive during the year or the remaining paychecks in the plan year at the time you enroll. Your contribution will be deducted out of your paycheck on a pre-tax basis, so you don't pay FICA, Federal Income Tax, or state income tax (in most states). This means you reduce your taxable income, and therefore, your income tax.

## Health Care FSA

You can contribute a minimum of \$360, up to a maximum of \$2,700, per year to your Health Care FSA. You must submit claims no later than 90 days after the end of the Plan Year. The 2019-2020 plan year has a rollover provision, which allows you to roll over up to \$500 of unused Health Care FSA dollars to the subsequent year. Any Health Care FSA funds in excess of \$500 will be forfeited. This provision is not available on balances from DCAPs.

## Dependent Care Assistance Program (DCAP)

You can contribute a minimum of \$100, up to a maximum of \$5,000, per year to your DCAP. The amount you contribute to this account cannot be greater than your income or your spouse's income, whichever is less. If your spouse contributes to a Dependent Care Spending Account through his or her employer, your combined contributions for the year may not exceed \$5,000.

## FSA RULES

**In return for the tax advantages, the IRS has strict rules:**

- You cannot stop or change the amount you contribute to either account until the next plan year, unless you experience an event that permits a mid-year change (e.g. marriage, divorce, birth or adoption).
- Transfers of money from one account to the other are not allowed.
- "Use It or Lose It" – Any money left in a Health Care FSA in excess of the \$500 roll over allowance or DCAP at the end of the plan year will be forfeited.
- If you terminate employment, only expenses incurred before you terminated are eligible for reimbursement from your FSA, unless you elect to continue your Health Care FSA through COBRA.

**Share this Employee Benefits Guide  
with your family.**



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