



IEH
Laboratories &
Consulting Group



EMPLOYEE BENEFIT GUIDE

February 1, 2022 – January 31, 2023



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.

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, 2022. You should read this SMM very carefully and retain this document with your copy of the SPD.

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 Employee Service Center at 206-343-4175 or mcm.esc@assuredpartners.com.



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/DPs only if they do not have access to their own employer-sponsored medical and dental insurance. Spouse/DPs exclusion doesn't apply to voluntary life/AD&D insurance.
- 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

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.

What You Need to Do:

To enroll in benefits, go to www.plansource.com/login

- Login Page – enter your username and password
- Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN
 - For example, if yours is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234
- Password: Your initial password is your birthdate in the YYYYMMDD format
 - So, if your birthdate is June 4, 1979, your password would be 19790604. This first time you log in, you will be prompted to change your password

Access Your Account Anytime to:

- Review your benefit elections
- Make life event changes (adding/removing dependents) within 30 days of these events:
 - 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
 - Any request for a change in coverage must be consistent with the change in your status.
- Review your flexible spending account elections
- Life insurance elections
- And more ...

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

If You Do Not Enroll ...

If you do not enroll by the stated deadline, you will automatically be enrolled only in the benefits that are paid for by the Company.

RESOURCES

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

AssuredPartners Employee Service Center

Benefit Advocates in the Employee Service Center 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.



**EMPLOYEE
SERVICE
CENTER**

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

Email: mcm.esc@assuredpartners.com

TTY/TDD: 1-855-877-4726

Translation services available

Due to HIPAA Privacy regulations, AssuredPartners may need to obtain your written authorization to assist with certain issues. Your Benefit Advocate will provide you with an authorization form, if needed. Please note, the AssuredPartners ESC cannot provide legal representation, legal advice, or medical reviews.

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
Deductible Per plan year*	\$2,500 Individual \$7,500 Family	\$3,350 Individual \$10,050 Family
Out-of-Pocket Maximum Per plan year* Includes deductible and copays**	\$7,000 Individual \$14,000 Family	No limit
Coinsurance***	20%	50%
Office Visits	Primary: \$20 copay Specialist: \$40 copay deductible waived	50%
Virtual Visits	Covered in full after \$10 copay	
Preventive Care Visits	Covered in full	50%
Emergency Room	Covered in full after \$300 copay	
Urgent Care	\$50 copay	50%
Outpatient Lab/X-ray Covered 100% if part of preventive visit	20% coinsurance	50%
Outpatient Hospital Care	20% coinsurance	50%
Inpatient Hospital Care	20% coinsurance	50%
Outpatient Rehabilitation Services 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, 2022 through January 31, 2023.

**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.

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.

HEALTH AND WELLNESS

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 or by calling PBD’s Member Service Department at 1-888-878-9172
- Online:
 - Wegmans Mail Order Pharmacy Services: www.Wegmans.com/Pharmacy
 - ProAct Pharmacy Services: www.proactpharmacyservicespbd.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
Deductible Per plan year*	No deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Class 1 – Preventive Exams, x-rays, etc.	Covered in full (deductible waived)		
Class 2 – Restorative** Periodontics, surgery, etc.	20%		
Class 3 – Restorative** Crowns, dentures, etc.	50%		
Annual Maximum Per plan year For all services combined	\$1,000 per person		

*The plan year runs from February 1, 2022 through January 31, 2023.

**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
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
Eye Exam Once every 12 months	\$10 copay, then covered 100%	\$50 allowance
Contact Evaluation and Fitting Once every 12 months	Up to \$60 copay, then covered 100%	\$150 allowance
Lenses* Once every 12 months	\$25 copay, then covered 100%	\$50–\$125 allowance depending on lenses
Frames Once every 24 months	\$130 allowance	\$70 allowance
Contact Lenses 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.

MONTHLY EMPLOYEE CONTRIBUTIONS

Up to \$30,000	Medical/Pharmacy	Dental	Vision
Employee	\$75.00	\$17.00	\$5.32
Employee + Spouse	\$424.00	\$64.00	\$8.51
Employee + Child	\$150.00	\$36.00	\$8.69
Employee + Children	\$183.00	\$36.00	\$8.69
Employee, Spouse, & Child	\$502.00	\$87.00	\$14.01
Employee, Spouse, & Children	\$616.00	\$87.00	\$14.01

\$30,001 to \$45,000	Medical/Pharmacy	Dental	Vision
Employee	\$104.00	\$17.00	\$5.32
Employee + Spouse	\$467.00	\$64.00	\$8.51
Employee + Child	\$177.00	\$36.00	\$8.69
Employee + Children	\$233.00	\$36.00	\$8.69
Employee, Spouse, & Child	\$552.00	\$87.00	\$14.01
Employee, Spouse, & Children	\$678.00	\$87.00	\$14.01

\$45,001 to \$65,000	Medical/Pharmacy	Dental	Vision
Employee	\$128.00	\$17.00	\$5.32
Employee + Spouse	\$509.00	\$64.00	\$8.51
Employee + Child	\$205.00	\$36.00	\$8.69
Employee + Children	\$283.00	\$36.00	\$8.69
Employee, Spouse, & Child	\$603.00	\$87.00	\$14.01
Employee, Spouse, & Children	\$741.00	\$87.00	\$14.01

\$65,001 to \$85,000	Medical/Pharmacy	Dental	Vision
Employee	\$153.00	\$17.00	\$5.32
Employee + Spouse	\$552.00	\$64.00	\$8.51
Employee + Child	\$233.00	\$36.00	\$8.69
Employee + Children	\$330.00	\$36.00	\$8.69
Employee, Spouse, & Child	\$655.00	\$87.00	\$14.01
Employee, Spouse, & Children	\$803.00	\$87.00	\$14.01

\$85,001 to \$110,000	Medical/Pharmacy	Dental	Vision
Employee	\$180.00	\$17.00	\$5.32
Employee + Spouse	\$595.00	\$64.00	\$8.51
Employee + Child	\$261.00	\$36.00	\$8.69
Employee + Children	\$369.00	\$36.00	\$8.69
Employee, Spouse, & Child	\$705.00	\$87.00	\$14.01
Employee, Spouse, & Children	\$866.00	\$87.00	\$14.01

\$110,001 +	Medical/Pharmacy	Dental	Vision
Employee	\$187.00	\$17.00	\$5.32
Employee + Spouse	\$595.00	\$64.00	\$8.51
Employee + Child	\$261.00	\$36.00	\$8.69
Employee + Children	\$369.00	\$36.00	\$8.69
Employee, Spouse, & Child	\$705.00	\$87.00	\$14.01
Employee, Spouse, & Children	\$866.00	\$87.00	\$14.01

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).

Supplemental Life Rates

Age Band	per \$1,000 of benefit
Under 25	\$0.049
25-29	\$0.058
30-34	\$0.078
35-39	\$0.087
40-44	\$0.097
45-49	\$0.145
50-54	\$0.223
55-59	\$0.417
60-64	\$0.640
65-69	\$1.231
70-74	\$1.996
75+	\$1.996
Child(ren)	\$0.200

Voluntary AD&D Rates

	AD&D cost per	Monthly Rate
Employee	\$1,000	\$0.020
Spouse/DP	\$1,000	\$0.020
Child(ren)	\$1,000	\$0.020

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

INCOME PROTECTION BENEFITS

Voluntary Short Term Disability

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 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 per \$10 of Covered Weekly Benefit

Age Band	California	All Other States
Under 25	\$0.071	\$0.500
25-29	\$0.056	\$0.520
30-34	\$0.049	\$0.250
35-39	\$0.034	\$0.260
40-44	\$0.023	\$0.130
45-49	\$0.029	\$0.160
50-54	\$0.029	\$0.190
55-59	\$0.060	\$0.230
60-64	\$0.082	\$0.270
65+	\$0.046	\$0.300

- Associates in Washington may apply for paid leave benefits under the state's Paid Family and Medical Leave (PFML) program. In general, eligible associates may take up to 12 weeks of paid leave per year to care for themselves their family members or to bond with new children. For information about how to apply for benefits, please refer to the state's website at <https://www.paidleave.wa.gov/workers>.
- We currently offer a voluntary short-term disability plan through The Hartford. If you qualify for both PFML in WA or other short-term disability state-run programs and short-term disability benefits, the amount you receive from The Hartford will be reduced by any benefit payments you receive from Washington PFML or the state-run program.

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 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

Services include:

- Emotional or work-life counseling
- Financial information and resources
- Legal support and resources

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 \$2,850, per year to your Health Care FSA. You must submit claims no later than 90 days after the end of the Plan Year. The 2022-2023 plan year has a rollover provision, which allows you to roll over up to \$570 of unused Health Care FSA dollars to the subsequent year. Any Health Care FSA funds in excess of \$570 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 \$570 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.

Commuter and Transit Benefit

For associates working in Seattle and New Jersey, new Commuter Benefit Ordinances gives you the opportunity to make pre-tax elections for mass transit and parking expenses. In 2022, the IRS contribution limits are \$280 for parking expenses and \$280 for mass transit expenses. The money you set aside is not included in your taxable income. We will deduct the amount you elect from your pay and forward it to Navia Benefits Solutions. Unused amounts carry over from month to month.

Please refer www.navia.com for information on how to access your commuter funds.

Share this Employee Benefits Guide
with your family.



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