



IEH
Laboratories &
Consulting Group



Employee Benefits

Open Enrollment 2023-2024

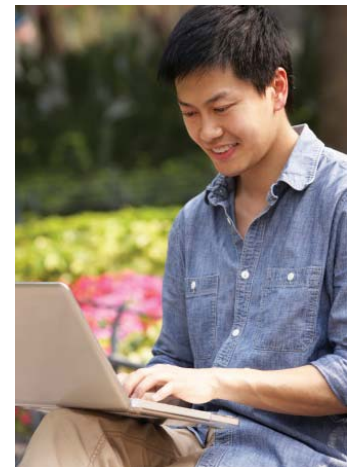
Agenda

- Open Enrollment & Eligibility
- What's New for 2023-2024
- What You Need to Do
- Q & A

OPEN ENROLLMENT & ELIGIBILITY

Open Enrollment

- **Open Enrollment: January 16-27, 2023**
- Once a year opportunity to make changes to your benefit elections, add or remove dependents or enroll for the first time
- If you sign up for benefits, you may not drop or change them during the plan year, unless you experience a qualifying event, such as:
 - Birth or adoption of a new child
 - Marriage, divorce or legal separation
 - Loss of child eligibility because of age or marriage
 - Loss or gain of eligibility (e.g., change in hours worked, class of employment, definition of eligibility, etc.)



Who is Eligible?

- **Employee Eligibility:**

- Medical & Pharmacy
 - Employees regularly scheduled to work 30 hours or more per week
 - Part-time employees working 30 or more hours a week during a defined measurement period will be eligible for benefits for a subsequent stability period in accordance with the Patient Protection and Affordable Care Act
- Dental, Vision and Life/Disability remains at 40 hours

- **Dependent Eligibility:**

- Lawful spouse/DP, **only if they do not have access to their own employer-sponsored medical and dental insurance.** This does not apply to voluntary life / AD&D insurance or vision insurance.
- Eligible children under age 26
 - Natural born children
 - Stepchildren
 - Adopted children or children for whom you are legal guardian

WHAT'S NEW FOR 2023-2024

Changes for 2023-2024

Payroll Contributions

- Employee contributions are decreasing in many salary tiers. MEI will continue to fund most of the cost of our 2023 benefit plans. The new contributions will be reflected in your second paycheck in February 2023.

New Travel & Lodging Benefit (UMR)

- If you are enrolled in medical coverage with UMR, you will now have access to a Travel & Lodging benefit.
- The benefit provides reimbursement up to \$2,000 annually for any covered service that requires you to travel 50 miles or more from your home address.
- To submit for reimbursement, you will need to fill out the Travel & Lodging Reimbursement form which is located on both UMR's portal & MEI's benefit website. You will be required to provide receipts.

Flexible Spending Accounts

- For the 2023-2024 plan year, the maximum contribution is \$3,050 and the maximum carry-over amount is \$610.

ADP Online Enrollment



- We have changed online enrollment from PlanSource to ADP
- **All employees will need to log into ADP to make their benefit elections before January 27, 2023, regardless of current enrollment status.**
- You are still able to review your currently elections in PlanSource to guide you in making your enrollment decisions for the new plan year.







A screenshot of the ADP login page. The page is white with a lock icon in the top left and 'English (US)' in the top right. The main heading is 'Welcome to ADP®'. Below it is a 'User ID' label and a text input field. Underneath the input field is a checkbox labeled 'Remember User ID' with an information icon. A 'Next' button is centered below the checkbox. At the bottom, there is a link for 'Forgot your user ID?' and a footer with 'New user ?' and a 'Create account' button with a plus icon. The page is decorated with abstract red, blue, and purple shapes on the left and right sides.

How to Enroll



- Sign into your ADP account at **workforcenow.adp.com**
- If you don't know your user ID, you can click on the link to recover it on the sign in page. If you don't know your password, you can click on the link to reset your password. If you are unsuccessful after trying both of these options, you can email your payroll representative for assistance:
 - IEH, Roka: iehpayroll@iehinc.com
 - JLA: jlapayroll@iehinc.com
 - ASI: lyudmila.goyko@iehinc.com
 - MEI, Microbio, Unitech: henry.mak@iehinc.com
- Once logged into ADP, click on **Myself** and then click on **Enrollments** under **Benefits**. Click on Start Enrollment to complete the guided enrollment process.
- Note that you will need to add information for any dependents that you plan to enroll in coverage (including date of birth and social security number). If you have previously had the dependent(s) enrolled in coverage, you will not be required to provide documentation again. You will only be required to provide documentation for newly enrolled dependents.
- You will also be required to add information for your beneficiaries including date of birth and social security number. Note that even if a beneficiary and dependent is the same person, you will need to add them in each category.

Benefit Plans and Carriers – No Changes

 A UnitedHealthcare Company	Medical
 An Independent Health company	Prescription
	Dental
 Vision care for life	Vision
	Life and Disability Employee Assistance Program (EAP)
	Flexible Spending Accounts (FSA) Commuter Benefits

PPO Medical Plan – UMR



A UnitedHealthcare Company

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, 2023 through January 31, 2024.

**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.

Prescription Drug Plan - PBD

When you enroll in the medical plan, you will also receive coverage for prescription drugs through Pharmacy Benefit Dimensions.

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. Please see the Benefit Guide for more details.

Dental – Delta Dental of WA



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, 2023 through January 31, 2024.

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

Vision – VSP



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.

Flexible Spending Accounts (FSA)

- Allows you to pay for Eligible Health Care and Dependent Care expenses with pre-tax dollars
 - **Health Care FSA (General Purpose)** – covers medical, prescription drug, and dental expenses
 - **Maximum Election: \$3,050**
 - **Maximum Carryover: \$610**
 - **Dependent Care FSA** – covers daycare 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
 - **Maximum Election: \$5,000**
 - **No Carryover allowed**



Commuter Benefit

- Seattle and New Jersey Associates
- Pre-tax elections for transit and vanpool expenses, **up to \$300 per month**
- Pre-tax elections for parking expenses, **up to \$300 per month**
- The money you set aside is not included in your taxable income. The deducted amount you elect from your pay will be forwarded to Navia Benefit Solutions.
- Eligible expenses for the purpose of transporting employees to and from work include:
 - Parking fees
 - Mass Transit
 - Van pools*
 - Taxi* (rides to/from work)

*IRS rules apply see benefit summary for details.

Basic Life/AD&D Insurance



- Eligibility: 40 hours/ week
- You are covered up 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
- **This benefit is provided at no cost to you**



Long Term Disability Insurance



- Eligibility: 40 hours/ week
- Your coverage is equal to 66 2/3% of your base monthly salary to a maximum monthly benefit of \$10,000
- Benefits will begin on the **91st day** of a qualifying disability due to a non-work-related illness or injury and may continue up to your Social Security Normal Retirement Age
- A 12-month waiting period will apply for pre-existing conditions treated within 3 months of your effective date of coverage
- **This benefit is provided at no cost to you**

LTD Tax Choice Option

- You have the option to elect a tax-free LTD benefit.
 - Since the premium for LTD benefits is paid by Molecular Epidemiology, your benefit is taxed, and income replacement can be significantly lower.
 - If you elect the Tax Choice option, your LTD benefit would not be taxable.
 - The employer-paid premium would be included in your taxable income. You would pay taxes on this premium, which would be deducted from your last paycheck of the year.

Voluntary Short-Term Disability



- You can elect a benefit amount equal to 50% of your basic weekly earnings up to \$1,500
- Benefits begin on the 15th day following your disabling condition and may continue 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
- If your disability lasts longer than 11 weeks, your claim will transfer to Long Term Disability with The Hartford
- **This benefit is employee-paid**

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 do not enroll when initially eligible, you will need to complete an Evidence of Insurability Form and your acceptance on the plan will be subject to The Hartford's approval.

Supplemental Life/AD&D



- You can elect the following coverage:
 - Employee: Increments of \$10,000 up to \$500,000
 - Spouse/Domestic Partner: Increments of \$5,000 up to \$100,000, not to exceed 50% of employee amount
 - Life for Dependent children: \$10,000 for children up to age 26
 - The guarantee issue amount is:
 - Employee: \$140,000
 - Spouse/Domestic Partner: \$30,000
- **This benefit is employee-paid**

If you do not enroll when initially eligible or apply for amounts over the GI, you will need to complete an Evidence of Insurability Form and your acceptance on the plan will be subject to The Hartford's approval.

Employee Assistance Program



- MEI offers the EAP **Ability Assist** through The Hartford and pays the full cost of your coverage
- Eligibility: 40 Hours
- Benefits include:
 - Up to 3 face-to-face sessions, per issue per year, with a local behavioral health provider through the ComPsych network
 - Assistance with marital and family issues, depression and anxiety, problems with substance abuse, family concerns, etc.
 - Legal and financial services discounts

Monthly Contributions

Employee Only	Medical	Dental	Vision	Medical, Dental, and Vision
<i>Employee Pay rate:</i>				
Up to \$30,000 a year	\$75.00	\$17.00	\$6.66	\$98.66
\$30,001 thru \$45,000	\$104.00	\$17.00	\$6.66	\$127.66
\$45,001 thru \$65,000	\$128.00	\$17.00	\$6.66	\$151.66
\$65,001 thru \$85,000	\$150.00	\$17.00	\$6.66	\$173.66
\$85,001 thru \$110,000	\$168.00	\$17.00	\$6.66	\$191.66
\$110,001 and up	\$168.00	\$17.00	\$6.66	\$191.66
Employee and Child	Medical	Dental	Vision	Medical, Dental, and Vision
<i>Employee Pay rate:</i>				
Up to \$30,000 a year	\$135.00	\$36.00	\$10.88	\$181.88
\$30,001 thru \$45,000	\$160.00	\$36.00	\$10.88	\$206.88
\$45,001 thru \$65,000	\$185.00	\$36.00	\$10.88	\$231.88
\$65,001 thru \$85,000	\$210.00	\$36.00	\$10.88	\$256.88
\$85,001 thru \$110,000	\$235.00	\$36.00	\$10.88	\$281.88
\$110,001 and up	\$235.00	\$36.00	\$10.88	\$281.88

Monthly Contributions

Employee and Children

Employee Pay rate:

	Medical	Dental	Vision	Medical, Dental, and Vision
Up to \$30,000 a year	\$183.00	\$36.00	\$10.88	\$229.88
\$30,001 thru \$45,000	\$226.00	\$36.00	\$10.88	\$272.88
\$45,001 thru \$65,000	\$262.00	\$36.00	\$10.88	\$308.88
\$65,001 thru \$85,000	\$297.00	\$36.00	\$10.88	\$343.88
\$85,001 thru \$110,000	\$333.00	\$36.00	\$10.88	\$379.88
\$110,001 and up	\$333.00	\$36.00	\$10.88	\$379.88

Employee and Spouse

Employee Pay rate:

	Medical	Dental	Vision	Medical, Dental, and Vision
Up to \$30,000 a year	\$382.00	\$64.00	\$10.65	\$456.65
\$30,001 thru \$45,000	\$420.00	\$64.00	\$10.65	\$494.65
\$45,001 thru \$65,000	\$459.00	\$64.00	\$10.65	\$533.65
\$65,001 thru \$85,000	\$497.00	\$64.00	\$10.65	\$571.65
\$85,001 thru \$110,000	\$536.00	\$64.00	\$10.65	\$610.65
\$110,001 and up	\$536.00	\$64.00	\$10.65	\$610.65

Monthly Contributions

Employee, Spouse and Child

Employee Pay rate:

	Medical	Dental	Vision	Medical, Dental, and Vision
Up to \$30,000 a year	\$452.00	\$87.00	\$17.54	\$556.54
\$30,001 thru \$45,000	\$498.00	\$87.00	\$17.54	\$602.54
\$45,001 thru \$65,000	\$544.00	\$87.00	\$17.54	\$648.54
\$65,001 thru \$85,000	\$590.00	\$87.00	\$17.54	\$694.54
\$85,001 thru \$110,000	\$636.00	\$87.00	\$17.54	\$740.54
\$110,001 and up	\$636.00	\$87.00	\$17.54	\$740.54

Employee, Spouse and Children

Employee Pay rate:

	Medical	Dental	Vision	Medical, Dental, and Vision
Up to \$30,000 a year	\$555.00	\$87.00	\$17.54	\$659.54
\$30,001 thru \$45,000	\$611.00	\$87.00	\$17.54	\$715.54
\$45,001 thru \$65,000	\$668.00	\$87.00	\$17.54	\$772.54
\$65,001 thru \$85,000	\$724.00	\$87.00	\$17.54	\$828.54
\$85,001 thru \$110,000	\$780.00	\$87.00	\$17.54	\$884.54
\$110,001 and up	\$780.00	\$87.00	\$17.54	\$884.54

WHAT YOU NEED TO DO

What You Need to Do



Required:

- **ADP Online Enrollment:** All employees will need to log into ADP to make their benefit elections before January 27, 2023.

Reminders:

- **Supplemental Life/AD&D:** 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. Look for an email from The Hartford with the form attached.
- **Voluntary STD:** If you are applying for voluntary STD after your initial eligibility period, you must complete an Evidence of Insurability form. Look for an email from The Hartford with the form attached.

Enrollment due by Friday, January 27th

What You Need to Do



Reminders *(continued)*

- **Flexible Spending Account (FSA)-Healthcare, Daycare, Transportation Benefits:** To participate in the FSA for the 2023-24 plan year, you must complete enrollment via ADP. You must complete a new election every year even if you are currently enrolled in an FSA.
- **Spouse/Domestic Partner Affidavit:** If your spouse/DP has access to group health insurance through their current employer, they are not eligible for coverage on MEI/IEH's plans (other than voluntary life/AD&D). Spouses/DP who do not have access to their own employer sponsored health insurance can continue to enroll in this plan. Please complete the Spouse Coverage Affidavit form on ADP if enrolling an eligible spouse/DP and send to your payroll representative.
- **Enrolling Dependents for the first time:** You must provide a marriage certificate for a spouse and/or birth certificate for children. For domestic partners, you must provide proof of relationship status that is sufficient to meet the requirements as defined in the SPD. If you have not previously provided documentation for your enrolled dependents, you will be required to do so before they are enrolled for the 2023-24 plan year. Documents should be provided to your payroll representative.

Enrollment due by Friday, January 27th

AssuredPartners Employee Service Center

- Benefit Advocates are available to assist you with all your benefit questions.
- Monday through Friday, 7:30am – 5:00pm
- All calls are confidential

- **Why call?**
 - What are my benefits?
 - How will a particular condition be covered?
 - Why was my claim denied?
 - What exactly will my insurance pay?
 - I need help to resolve old bills.



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

Email: mcm.esc@assuredpartners.com

TTY/TDD: 1-855-877-4726

- *Translation services available*



EMPLOYEE
SERVICE
CENTER

Benefit Website

- Molecular Epidemiology offers you access to a benefit website.
- The website provides online tools and services:
 - Benefit summaries
 - Claim forms
 - Enrollment and beneficiary forms
 - Summary Plan Descriptions (SPDs)
 - Search library of health information

Website: mei-benefits.com



Questions?

