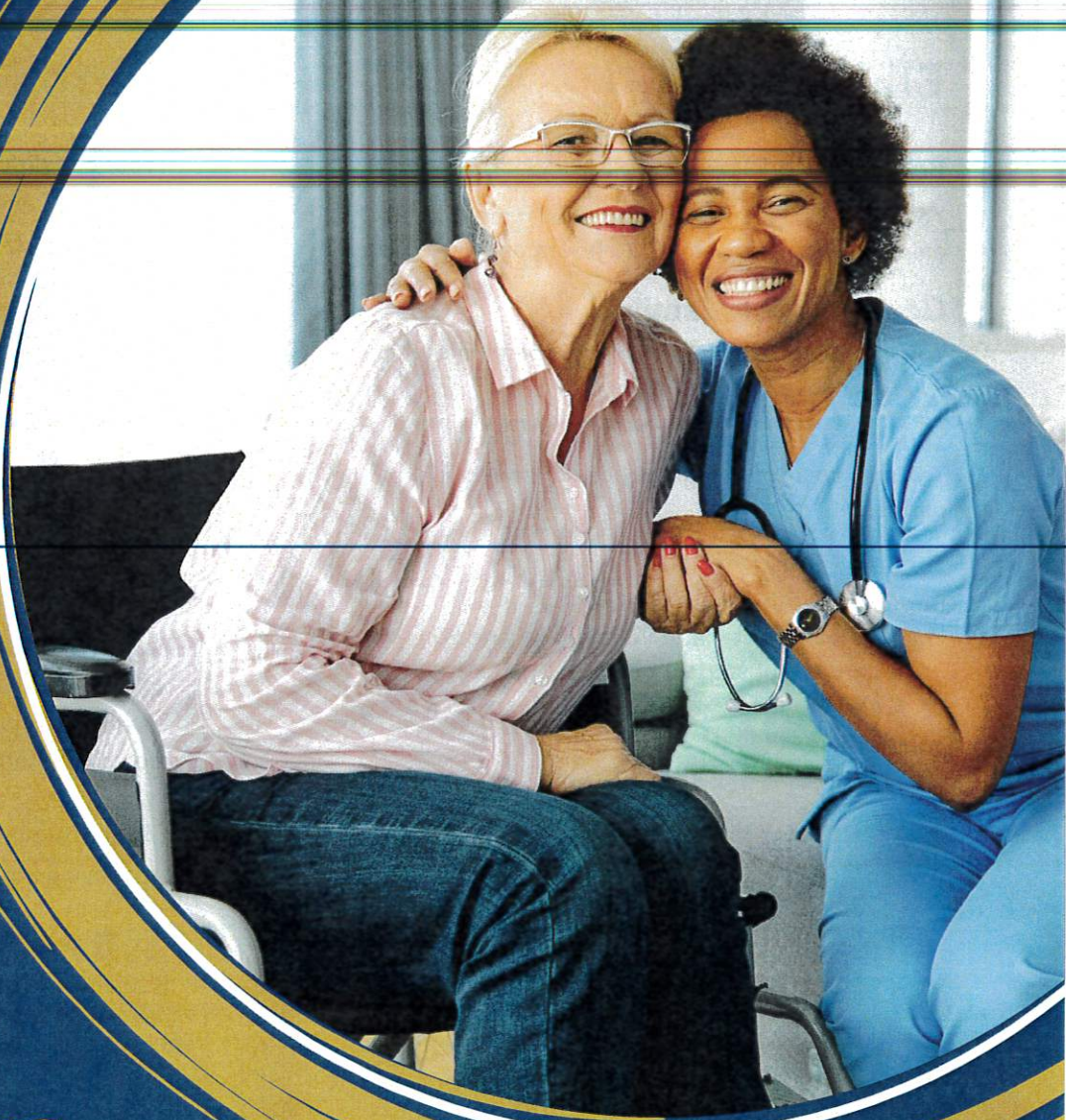


Villages Senior Care



Your Benefits

Effective September 2024 – August 2025

Getting started

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least **30 hours** per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.

Your children

Dependent children are eligible:

- **Medical, dental and vision:** until age 26 regardless of student or marital status
- **Child life insurance:** until age 21, or 26 if a full-time student

[Enroll Now](#)

Enrolling in coverage

Your benefit plans are in effect September 1 – August 31 each year. In general, there are **three times** you can make benefit selections:

① When you're first eligible

Your benefits begin on the first day of the month following 60 days of employment; this is your **effective date**. Be sure to submit your selections within your first 30 days of employment. Your benefit selections will be in effect through August 31.

② At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

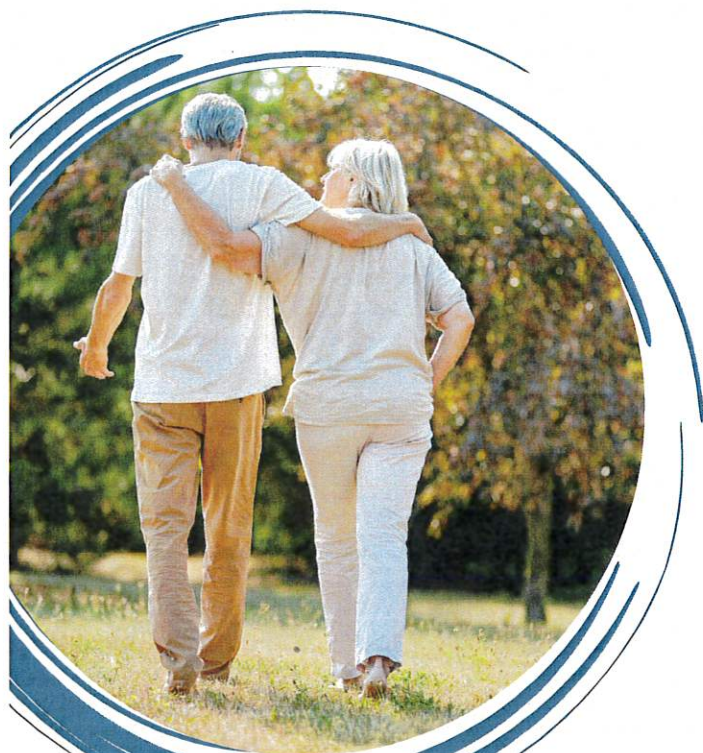
Your choices are in effect from September – August of the following year unless you have a qualifying life event.

③ If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within 30 days of your life event (60 days for changes involving Medicaid eligibility). Documentation may be required.



Getting started

Helpful terms & resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Referral/pre-authorization

Some specialty medical providers and services require a referral from a primary doctor. These may include – but are not limited to – cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).

Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Villages.

You can request a paper copy at no charge from:

Robbi Siggers - HR Director
rsiggers@villagemailbox.com
817-645-0668 ext 3005



How to handle
medical bills (4:46)



[Download now](#)

Getting started

Contact information

Your advocate, Catlin Kellerman, is here to help you with claims, ID cards, coverage questions, and more!

501.912.5325
ckellerman@onedigital.com

Monday - Friday, 8am-5pm CST
Bilingual (Spanish) assistance is available



Medical insurance	Blue Cross Blue Shield Texas	1-866-292-6745 www.bcbs.com
Health Savings Account (HSA)	Paylocity	1-800-631-3539 www.bat.paylocity.com
Flexible Spending Accounts (FSAs), Dependent Care Account (DCA)	Paylocity	1-800-631-FLEX www.bat.paylocity.com
Dental insurance	Guardian Group: 039153	1-800-600-1600 www.guardiananytime.com
Vision insurance	Guardian Group: 039153	1-800-600-1600 www.guardiananytime.com
Life and AD&D insurance	Guardian Group: 039153	1-800-600-1600 www.guardiananytime.com
Disability insurance	Guardian Group: 039153	1-800-600-1600 www.guardiananytime.com
Accident, Cancer, Critical Care, Hospital Choice	AFLAC	Ashley Morrow 1-214-578-5819 ashley_morrow@us.aflac.com

Medical insurance

Mental health support

Select from four medical options through Blue Cross Blue Shield

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your **annual maximum cost for care** (out-of-pocket maximum).



	Base PPO plan	HMO plan
In-network care	See plan details	See plan details
Network name:	Blue Choice PPO	Blue Advantage HMO
Annual Deductible (DED)	\$5000 per person \$14,700 family max	\$2,500 single coverage \$7,500 with dependents
Out-of-pocket maximum	\$7,350 per person \$14,700 family max	\$5,500 per person \$14,700 family max
Pre-tax account availability	Health care FSA	Health Care FSA
Preventive care	100% covered	100% covered
Primary care visit	\$45 copay	\$10 copay
Specialist visit	\$90 copay	\$60 copay - referral required
Virtual visit	\$0 copay	\$0 copay
Urgent care	\$75 copay	\$75 copay
Emergency room	\$500 copay DED then you pay 20%	\$500 copay DED then you pay 20%
Inpatient hospital care	DED then you pay 20%	DED then you pay 20%
Prescription drugs	30 days	30 days
Generic	\$10 copay	\$10 copay
Preferred brand	\$50 copay	\$50 copay
Non-preferred brand	\$100 copay	\$100 copay
Out-of-network care		Balance billing applies
Annual deductible	\$10,000 / \$29,400	Not Covered
Out-of-pocket maximum	Unlimited	Not Covered
Your cost for coverage	Per paycheck	Per paycheck
Employee only	\$ 75.14	\$ 32.17
Employee + Spouse	\$ 431.07	\$ 349.44
Employee + Child(ren)	\$ 256.50	\$ 193.84
Employee + Family	\$ 612.43	\$ 511.10

See your plan documents for out-of-network benefits.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Medical insurance

Mental health support



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- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your **annual maximum cost for care** (out-of-pocket maximum).

	HDHP plan - HSA	Buy Up PPO plan
In-network care	See plan details	See plan details
Network name:	Blue Choice PPO HSA	Blue Choice PPO
Annual Deductible (DED)	\$4,000 per person \$8,000 family max	\$1,500 single coverage \$4,500 with dependents
Out-of-pocket maximum	\$4,000 per person \$8,000 family max	\$4,500 per person \$13,500 family max
Pre-tax account availability	Health Savings Account (HSA)	Health Care FSA
Preventive care	100% covered	100% covered
Primary care visit	DED then plan pays 100%	\$35 copay
Specialist visit	DED then plan pays 100%	\$70 copay
Virtual visit	DED then plan pays 100%	\$0 copay
Urgent care	DED then plan pays 100%	\$75 copay
Emergency room	DED then plan pays 100%	\$500 copay DED then you pay 20%
Inpatient hospital care	DED then plan pays 100%	DED then you pay 20%
Prescription drugs	30 days	30 days
Generic	DED then plan pays 100%	\$10 copay
Preferred brand	DED then plan pays 100%	\$50 copay
Non-preferred brand	DED then plan pays 100%	\$100 copay
Out-of-network care		Balance billing applies
Annual deductible	\$8,000 / \$16,000	\$3,000 / \$9,000
Out-of-pocket maximum	Unlimited	Unlimited
Your cost for coverage	Per paycheck	Per paycheck
Employee only	\$ 75.94	\$ 121.14
Employee + Spouse	\$ 432.78	\$ 540.39
Employee + Child(ren)	\$ 257.76	\$ 334.77
Employee + Family	\$ 614.61	\$ 754.01

See your plan documents for out-of-network benefits.

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Additional perks

There's more to love with these extra benefits.

- **Blue365**
- **Blue Access for Members**
- **Mental Health Matters**

*Members enrolled in the HMO will not have access to BCBS member rewards



Blue365

[See plan details](#)

Blue Access for Members

[See plan details](#)

Mental Health Matters

[See plan details](#)

Health Savings Account (HSA)

You can participate in a HSA only if you elect the High Deductible Health Plan (HDHP)

Save pre-tax money for health care expenses – or retirement!



Contributions

You may contribute tax-free funds to your Health Savings Account (HSA) when you elect the HDHP medical plan and meet IRS eligibility requirements. These funds can help pay for current or future healthcare expenses – and retirement!

	If you cover yourself only	If you cover dependents
2024 IRS maximum contribution	\$4,150	\$8,300

55 or older? You can contribute an extra **\$1,000** per year in catch-up contributions.

Eligibility

In order to make contributions to a Health Savings Account (HSA), you must:

- be enrolled in a qualified High Deductible Health Plan (HDHP),
- not be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- not be anyone else's tax dependent, and
- not be enrolled in Medicare A or B, Tricare, or VA benefits.

HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is **always yours** and available for qualified health care expenses – even if you change jobs or health plans. Before retirement, any funds used for non-healthcare expenses are subject to tax penalties. **Keep your receipts!**

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free, and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties.



Learn how HSAs can help you save for today and tomorrow.



Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through vendor.

Health and dependent care expenses can add up. Paying with tax-free funds can help. Enroll in one or more flexible spending accounts (FSAs) depending on your needs.

Eligible expenses

Health care

Health care FSA

Pay for eligible medical, prescription, dental, and vision expenses.

2024 maximum contribution \$3,200

Annual rollover amount \$0

You have until March 31, 2025 to spend any unused money in your FSA account at the end of the year.

Enrolled in an **HDHP** plan and eligible for HSA contributions? You're not eligible for a health care FSA; you can contribute to a limited purpose FSA instead.

Dependent care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2024 maximum contribution \$5,000

Married filing separately: contribute up to \$2,500 per person.

Only the amount you've **actually contributed** is available for use at any one time.

Estimate carefully! Unused funds will be forfeited at the end of the year per IRS regulations.



Total wellbeing: caring for all of you

Support for your health, finances, and life.

Telehealth: virtual health care that fits your schedule

[See plan details](#)

Access quality care in the convenience of your own home, on your lunch break, or on the way to your child's soccer game!

Whether it's a nagging cough, middle-of-the-night fever, or a suspicious-looking mole or rash — telehealth through MDLive is here when you need it. Connect with a board-certified physician 24 hours a day, 7 days a week.

Your cost per visit depends on your medical plan:

Base PPO plan	HMO plan	HDHP plan	Buy Up PPO plan
\$0 copay	\$0 copay	DED then you pay 20%	\$0 copay

The recipe to living well

There are **five** ingredients to wellbeing — each is just as important as the others:



Social & Emotional

Healthy, supportive relationships with family, friends, and most importantly, yourself. Effectively managing feelings and emotions and practicing healthy ways to manage stress and adapt to challenges



Physical

Having good health and the energy to perform your job life outside of work, such as spending time with family and friends, or participating in activities you enjoy. Think of physical wellbeing as nutrition, staying hydrated, getting rest, avoiding illness through vaccines, preventive screenings, and following doctors' orders!



Financial

The ability to effectively understand and plan for day-to-day expenses, short-term, and long-term goals, like paying back student loans, saving for a house, sending children to college, retirement, or caring for aging family members



Purpose

Connection to your passion, the reason you get out of bed every day.



Community

Feeling connected to where you live, work and play through activities such as volunteering and mentoring.



Mental health care is essential health care.

Managing work, family, relationships, and finances can be tough.

Our Employee Assistance Program (EAP) provides you and your family with no-cost, confidential assistance with all things related to your life. 24/7/365. See next page for details.

Employee Assistance Program (EAP)

Care for your mind – and your life – with support through vendor.

Confidential care designed for all that life brings.

[See plan details](#)

Everyone needs support sometimes (even superheroes)

Our Employee Assistance Plan (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support online, through live chat, or over the phone. 24/7/365.



24/7/365 access to care.

1-800-386-7055

worklife.uprisehealth.com

Access Code: worklife

EAP features:

- **Confidential.** No one at Villages will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.
- **Face-to-face visits.** When needed, each person can receive up to **3** face-to-face (or virtual) visits with a licensed counselor per issue per year. **At no cost.** Additional visits – if needed – will go through your health insurance.

MEC Plan

Your mec plan is through ABA

Minimum Essential Coverage, MEC, provides the following benefits:

- an annual physical
- four \$10 copay in-network doctor visits; go to www.multiplan.us to find in-network doctors. Select network: "PHCS"; Select "Limited Benefit Plan"
- unlimited uses \$0 copay telemedicine visits - Call 1-866-223-8831
- Call 1-800-247-7114 to access services that may be able to provide lower cost hospital services at nonprofit hospitals.



MEC plan

In-network care

[See plan details](#)

Annual Deductible (DED)	Not applicable
	Not applicable
Out-of-pocket maximum	Not applicable
	Not applicable
Preventive care	100% covered for limited services
Primary care visit	\$10 copay limited to 4 visits per year
Specialist visit	Not covered
Virtual visit	\$0 copay
Urgent care	Not covered
Emergency room	Not covered
Inpatient hospital care	Not covered
Prescription drugs	30 days
Generic	Not covered
Preferred brand	Not covered
Non-preferred brand	Not covered

Out-of-network care

Annual deductible	Not applicable
Out-of-pocket maximum	Not applicable

Your cost for coverage

Per paycheck


Employee only	\$ 11.54
Employee + Spouse	\$ 18.92
Employee + Child(ren)	\$ 21.23
Employee + Family	\$ 23.54

Dental insurance

Your dental coverage is through Guardian

You'll get in-network preventive care at 100% along with coverage for basic and major dental services.

Orthodontic care is covered.

 [Learn about dental care categories](#)



Dental plan

In-network care

Network name:	Guardian
Annual Deductible (DED)	\$50 per person \$150 family max
Annual maximum benefit	\$1000 per person
Preventive care	100% covered
Basic care	DED then you pay 20%
Major care	DED then you pay 50%
Orthodontic care	
Coverage	DED then you pay 50%
Lifetime maximum benefit	\$1,000
Your cost for coverage	Per paycheck
Employee only	\$ 11.46
Employee + Spouse	\$ 23.26
Employee + Child(ren)	\$ 31.84
Employee + Family	\$ 46.77



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Vision insurance

Your vision coverage is through Guardian

You'll get an annual exam with coverage for lenses and frames, or **contacts in lieu of glasses**.



	Vision plan	
Network name:	VSP	
	In-network	Out-of-network (reimbursement)
Annual eye exam (every 12 months)	\$10 copay	Up to \$39
Materials copay (lenses & frames)	\$25 copay	N/A
Lenses (every 12 months)	Included in materials copay	Up to \$23 / \$37 / \$49
Frames (every 12 months)	\$150 allowance	Up to \$46
Contact lenses (every 12 months)	Elective: \$150 allowance Med. nec: 100% covered	Up to \$100 Up to \$210
Your cost for coverage	Per paycheck	
Employee only	\$ 3.75	
Employee + Spouse	\$ 7.10	
Employee + Child(ren)	\$ 7.23	
Employee + Family	\$ 11.45	

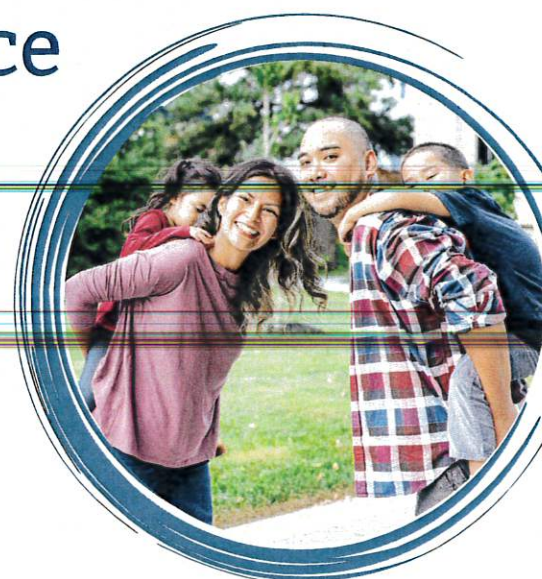
Your vision plan covers either glasses (lenses and frames) **or** contact lenses each year.

If you receive contact lenses, they will be instead of your glasses benefit.

Life and AD&D insurance

Financial peace of mind through Guardian

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.



Basic life and AD&D insurance

Villages Senior Care provides life and AD&D insurance at no cost to you.

Basic Life/AD&D

Villages Senior Care provides

\$15,000

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Voluntary life and AD&D insurance

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	\$5,000	\$5,000
Coverage maximum	5x your annual earnings to \$500,000	Your (employee) coverage amount to \$500,000	\$10,000
Medical question limit	\$100,000	\$25,000	Does not apply

Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

[Completing EOJ online](#)

Disability insurance

Protect your paycheck with disability insurance through Guardian

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.



Short-term disability

Short-term disability coverage can replace part of your paycheck if you're unable to work for a shorter period of time.

Benefits begin	Accident or Illness: After 14 days of inability to work
Coverage amount	60% of your income up to \$1,000 per week
Payments may continue	Up to 13 weeks if you're unable to return to work

Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.

Long-term disability

Long-term disability coverage can provide lasting income protection if you remain unable to work.

Benefits begin	After 90 days of inability to work (once short-term disability ends)
Coverage amount	60% of your income up to \$6,000 per month
Payments may continue	Lesser of 5 years or to age 70



Wish you knew more about finances? Now you can – at no cost!



NOTES



2024-2025 benefits