



2024-2025
FAMILYFORWARD
RECRUITMENT GUIDE



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2024 Updates At a Glance:

- All in-network mental health providers will be covered at the Primary Care Physician copay in both medical plan options with Aetna
- Slight increase to medical plan costs
- New FSA Vendor is ASI Flex



CONTACT INFORMATION

If you have any questions regarding your benefits, please contact the carrier, your FamilyForward Human Resources Representative, or our CBIZ representative(s) listed below.

MEDICAL INSURANCE

Aetna (Group #149024)
[aetna.com](https://www.aetna.com)
888.802.3862

DENTAL INSURANCE

Aetna
[aetna.com](https://www.aetna.com)
888.802.3862

VOLUNTARY VISION INSURANCE

Aetna
[aetna.com](https://www.aetna.com)
888.802.3862

FLEX SPENDING ACCOUNTS

ASI Flex
[asiflex.com](https://www.asiflex.com)
800.659.3035 (7am-7pm M-F and 9am-1pm Saturday)

BASIC LIFE/AD&D, VOL LIFE/AD&D, DISABILITY & VOLUNTARY WORKSITE INSURANCE

Mutual of Omaha
[mutualofomaha.com](https://www.mutualofomaha.com)
800.646.8882

FAMILYFORWARD

Desiree Lewis
desiree.lewis@familyforwardmo.com
314.962.2350 ext. 5220

CBIZ REPRESENTATIVE(S)

Tracy Biermann
tracy.biermann@cbiz.com

Hailey Oleson
hailey.oleson@cbiz.com



Want to learn more?



Throughout this guide, you'll find clickable video and link icons that will take you to resources that provide additional info on your available benefits.

MEDICAL INSURANCE

YOUR HEALTH PLAN OPTIONS

As a full-time employee of FamilyForward, you have the choice between two medical plan options: a Base plan and a Buy Up plan.

Both plan deductibles will run from JANUARY 1 – DECEMBER 31.

Only the Buy Up plan gives you the option of using out-of-network providers. You can save money by using in-network providers because Aetna has negotiated significant discounts with them. If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and Aetna's UCR (Usual, Customary and Reasonable) charge, plus your out-of-network deductible and coinsurance.

TIP Get the most out of your insurance by using in-network providers.

FREQUENTLY ASKED QUESTIONS

- ?** How many hours do I need to work to be eligible for insurance benefits?
You must be a full-time employee working a minimum of 30 hours per week on a regular basis.
- ?** Will I receive a new Medical ID card?
You will receive an ID card in the mail if you are electing medical coverage.
- ?** Does the deductible run on a calendar year or policy year basis?
A calendar year basis.
- ?** How long can I cover my dependent children?
Dependent children are eligible until the end of the month in which they turn age 26.
- ?** I just got hired. When will my benefits become effective?
Your medical insurance benefit will begin on the 1st of the month following thirty (30) days of employment for regular full-time employees.


HOW TO GET STARTED:

SELECT YOUR MEDICAL PLAN

- OPTION 1: BASE PLAN
- OPTION 2: BUY UP PLAN

 [Medical Plan FAQs](#)

MEDICAL INSURANCE

	Option 1: Base Plan	Option 2: Buy Up Plan
	Employee Cost Per Paycheck	Employee Cost Per Paycheck
Employee Employee + Spouse Employee + Child(ren) Employee + Family	\$92.83 \$324.90 \$269.69 \$490.52	\$101.35 \$354.72 \$294.19 \$536.33
	In-Network	In-Network
Deductible (1) Individual / Family <i>With HRA Reimbursement</i>	\$4,500 / \$9,000 <i>\$1,000 / \$2,000</i>	\$5,000 / \$10,000 <i>\$1,000 / \$2,000</i>
Coinsurance (Member Pays)	20%	0%
Out-of-Pocket Maximum (2) Individual / Family	\$6,850 / \$13,700	\$7,150 / \$14,300
Office Visits Preventative Care Primary Care Physician / Specialist Mental Health Diagnostic Lab / X-Ray Urgent Care	Covered at 100% \$30 / \$75 Copay \$30 Copay Deductible then 20% \$75 Copay	Covered at 100% \$15 / \$75 Copay \$15 Copay Deductible \$75 Copay
Hospital Visits Inpatient Care (Facility / Physician) Outpatient Surgery Major Diagnostics & Imaging Emergency Room	Deductible then 20% Deductible then 20% Deductible then 20% \$300 Copay	Deductible Deductible Deductible \$300 Copay
Prescription Drug Retail Tier 1 / 2 / 3 / 4 Copay Mail Order (90-day supply)	\$10 / \$35 / \$60 / \$150 \$25 / \$87.50 / \$150 / \$300	\$10 / \$35 / \$60 / \$150 \$25 / \$87.50 / \$150 / \$300
	Out-of-Network (3)	Out-of-Network (3)
Deductible Individual / Family	No Out of Network Benefits	\$10,000 / \$20,000
Coinsurance (Member Pays)	No Out of Network Benefits	30%
Out-of-Pocket Maximum Individual / Family	No Out of Network Benefits	\$14,300 / \$28,600

(1) Family deductible is embedded; an individual covered in a family will not exceed the individual deductible

(2) Out-of-Pocket maximum includes all cost-sharing: deductible, coinsurance and copays

(3) All Out-of-Network services subject to deductible, coinsurance and balance billing

Premiums can be withheld from your paycheck on a pre-tax basis for Medical, Dental, and Vision insurance. Based upon your individual tax bracket, this could save you a considerable amount of money. Your election can only be changed during the plan year if you experience a qualifying life status change. **You must notify Human Resources within 30 days of the event.**

Both plans are detailed in Aetna's 2024 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

TELEHEALTH



TELEHEALTH SAVINGS

Retail Telehealth, or a “virtual visit,” lets you see and talk to a doctor from your mobile device or computer without an appointment. Aetna partners with Teladoc to bring you care from the comfort and convenience of your home or wherever you are.

Most visits take about 10-15 minutes, and your doctor can write a prescription, if needed, that you can pick up at your local pharmacy.



GET STARTED TODAY WITH TELADOC!

3 ways to connect with Teladoc Health



Web

Visit the Teladoc Health website to connect with a provider at your convenience.



Phone

Call [1-855-835-2362](tel:1-855-835-2362) to speak with a licensed Teladoc Health provider in minutes.*



App

Get started with Teladoc Health through the Aetna HealthSM app.



Conditions commonly treated through a virtual visit:

- Bladder infection/ urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat



RX SAVINGS

GOODRX

GoodRx compares prices for your prescriptions at pharmacies near you. GoodRx does not sell medications, they tell you where you can get the best deal on them.

GoodRx will show you prices, coupons, discounts, and savings tips for your prescriptions.

You can access GoodRx by going to www.goodrx.com, or by downloading the app.



MENTAL HEALTH RESOURCES

Mental health includes your emotional, psychological, and social well-being. It can affect how you think, feel, and act. It also determines how you handle stress, relate to others, and make healthy life choices. FamilyForward understands the importance of your mental health and offers the following resources:



RESOURCES FOR EVERYONE:

Aetna EAP

The Aetna Employee Assistance Program (EAP) offers services to help promote well-being and enhance the quality of life for you and your family. If you are experiencing stress, having financial difficulties, struggling at work or home, please call (888) 238-6232 to speak with someone. Scan the following QR Code to visit online:



If you are needing immediate help: call, text or chat 988 and you will be connected to a trained counselor with the Suicide & Crisis Lifeline.

National Alliance on Mental Illness

1-800-950-NAMI(96264)
www.nami.org/Home

Find unlimited support and Education here, both nationally and locally, including crisis line, online discussion groups, video resources and more.

You are NOT ALONE!

Millions of people are affected by mental illness each year.

- 1 in 5 U.S. adults experience mental illness
- 17% of youth (6-17 years) experience a mental health disorder.

Health Plan Participants - Good News!

Effective October 1, 2024, ALL in-network mental health providers will be covered at the Primary Care Physician copay in both plan options with Aetna.

MATERNITY RESOURCES

With the Aetna Maternity Program, you can count on them to help you have a healthy pregnancy. The program is included with your medical plan insurance, so you are getting support and resources at no extra cost to you! They can assist with:



- Making choices for a healthy pregnancy
- Lower your risk for early labor
- Cope with postpartum depression
- Stop smoking

Getting started is easy!

Log in to your member website at aetna.com and look under “Stay Healthy.” Or call Aetna at 1-800-272-3531 on weekdays from 7am–6pm CST.

Enroll early and receive a reward when you sign up by the 16th week of pregnancy.

Extra help for at-risk pregnancies



Visit the Maternity Support Center

This no-cost resource is available through your member website and offers information about the maternity journey. Whether you are planning for baby, already pregnant or postdelivery, it is personalized for you. It's where you can find:



Prepregnancy checklists



Coverage details, like ultrasound costs



Breastfeeding and postpartum support



Baby-care tips

FLEXIBLE SPENDING ACCOUNT (FSA)

SELECT YOUR FSA ACCOUNTS

- HEALTH CARE FLEXIBLE SPENDING ACCOUNT
- DEPENDENT CARE EXPENSE ACCOUNT

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse’s) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing your chance of incurring a large out-of-pocket expense early in the plan year. Be aware – any unused portion of the account at the end of the plan year is forfeited.

Eligible Expenses Examples

■ Coinsurance and copayments	■ Laboratory fees
■ Contraceptives	■ Licensed practical nurses
■ Crutches	■ Orthodontia
■ Dental expenses	■ Orthopedic shoes
■ Dentures	■ Oxygen
■ Diagnostic expenses	■ Prescription drugs
■ Eyeglasses, including exam fee	■ Psychiatric care
■ Handicapped care and support	■ Psychologist expenses
■ Nutrition counseling	■ Routine physical
■ Hearing devices and batteries	■ Seeing-eye dog expenses
■ Hospital bills	■ Prescribed vitamin supplements (medically necessary)
■ Deductible amounts	

HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to CBIZ, Inc. Reimbursement is issued to you through direct deposit into your bank account, or by check.

2024 Maximum Contributions

Health Care Flexible Spending Account	\$3,200 max
Dependent Care Expense Account	\$5,000 max

 [Click here for the full list of Healthcare FSA Eligible Expenses](#)

 [What Is a Flexible Spending Account?](#)

 [What is a Dependent Care FSA?](#)

DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, “Credit for Child and Dependent Care Expenses.” Children must be under age 13. Qualified care centers include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

CONTACT INFORMATION



Access a full statement of your accounts at any time by logging on to asiflex.com to review your FSA balance.

AT [ASIFLEX.COM](https://asiflex.com) YOU CAN:

- View account information and activity
- File claims
- Manage your profile
- View notifications
- Access forms



AETNA IS THE DENTAL CARRIER FOR 2024.

The dental plan is a PPO that offers coverage in and out-of-network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding Aetna’s negotiated fees, plus any deductible and coinsurance associated with your procedure.

Dependent children are eligible until the end of the month in which they turn age 26.

▶ What Is Dental Insurance?

In-Network Providers:

Provider is reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers:

Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

DENTAL INSURANCE PLAN OPTIONS AND COSTS

Aetna			
Employee Cost Per Paycheck	Base Plan	Buy Up Plan	
Employee	\$2.50	\$2.53	
Employee + Spouse	\$8.50	\$10.05	
Employee + Child(ren)	\$13.00	\$13.83	
Employee + Family	\$18.50	\$20.55	
In-Network	Base Plan	Buy Up Plan	
Deductible Individual / Family	\$50 / \$150	\$75 / \$225	Applies to Basic & Major Services
Annual Maximum	\$1,250	\$1,750	Applies to Preventative, Basic & Major Services
In-Network Dentist - Carrier Pays			
Diagnostic / Preventive Services	100%	100%	<ul style="list-style-type: none"> ■ Oral Evaluations ■ Cleanings ■ X-Rays ■ Fluoride Treatments (for dependents <19) ■ Sealants (for dependents <14) ■ Space Maintainers ■ Emergency Treatment (for temporary pain relief)
Basic Services	80%	90%	<ul style="list-style-type: none"> ■ Fillings ■ Endodontics ■ Periodontics ■ Simple & Surgical Extractions ■ General Anesthesia
Major Services	50%	60%	<ul style="list-style-type: none"> ■ Single Crowns ■ Inlays/Onlays ■ Bridges & Dentures ■ Prosthodontics
Orthodontia Services	50% up to the \$1,000 lifetime maximum	50% up to the \$1,500 lifetime maximum	<ul style="list-style-type: none"> ■ Diagnostics & Treatment (Dependents <19)

FIND A DENTAL PROVIDER

Please note: Non-network providers pay less for all level of treatment.

To find a Aetna Dental Provider in your area, register aetna.com, or continue as a guest and follow the below instructions:

- Under “Find a Doctor” click “Plan from an Employer”
- Under “Continue as a guest” enter your home location and click on “Search”
- Select a provider from the list



AETNA IS THE VISION CARRIER FOR 2024.

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

In addition, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers. To find a participating provider, go to [aetna.com](https://www.aetna.com).

▶ What Is Vision Insurance?

VOLUNTARY VISION INSURANCE PLAN OPTIONS AND COSTS

Aetna	Employee Cost Per Paycheck	
Employee		\$2.33
Employee + Spouse		\$4.43
Employee + Child(ren)		\$4.66
Employee + Family		\$6.84
	In-Network	Out-of-Network
Examination Copay	\$10 copay	<u>Reimbursement</u> Up to \$38
Frequency of Service	Every 12 months Every 12 months Every 24 months	
Lenses		<u>Reimbursement</u>
Single	\$10 copay; 100% covered	Up to \$28
Bifocal	\$10 copay; 100% covered	Up to \$44
Trifocal	\$10 copay; 100% covered	Up to \$72
Lenticular	\$10 copay; 100% covered	Up to \$72
Frames	\$0 copay; \$150 allowance, 20% off balance over \$150	<u>Reimbursement</u> Up to \$75
Conventional Contacts	\$0 copay; \$150 allowance, 15% off balance over \$150	<u>Reimbursement</u> Up to \$120
Medically Necessary Contacts	Covered in full	<u>Reimbursement</u> Up to \$200

FIND A VISION PROVIDER

To find a Aetna Vision Provider in your area, register [aetna.com](https://www.aetna.com), or continue as a guest and follow the below instructions:

- Under “Find a Doctor” click “Plan from an Employer”
- Under “Continue as a guest” enter your home location and click on “Search”
- Select a provider from the list



BASIC LIFE AND AD&D

FamilyForward provides 1x your annual earnings to a maximum of \$150,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance. There is a benefit reduction of 35% at age 65 and 50% at age 70. FamilyForward also provides \$5,000 of coverage for your spouse, and \$2,500 for child(ren) from birth to 26 years old.

This coverage is offered through Mutual of Omaha at no cost to you.

Employer provided group term life insurance in excess of \$50,000 for employees is considered by the IRS to be a benefit that is taxed as income. Section 79 of the Internal Revenue Code requires employers to calculate taxable income for employees that receive more than \$50,000 in term life coverage, which must be reported on the employee's W-2 form.



VOLUNTARY LIFE AND AD&D AND DEPENDENT LIFE

You can purchase additional Life and AD&D Coverage beyond what FamilyForward provides. Mutual of Omaha guarantees issued coverage during your initial enrollment period – which means you can't be turned down for coverage based on medical history.

- **Voluntary Employee Life & AD&D:** minimum \$10,000 to a maximum of 5x your annual salary, or \$500,000, in \$10,000 increments. Guarantee issue up to \$150,000.
- **Optional Spouse Life & AD&D:** minimum \$5,000 up to 50% of the employee amount, to \$250,000 maximum in \$5,000 increments. Guarantee issue up to \$25,000.
- **Optional Child Life & AD&D:** minimum \$2,000 up to \$10,000 maximum. Guarantee issue is \$10,000.

You must be enrolled in voluntary life and/or AD&D life coverage in order for your spouse, and/or eligible dependent children to enroll.

Please note: If you elect Voluntary Life for yourself and/or your dependents, Voluntary AD&D is an automatic election based on the voluntary life insurance amount.

2024 Open Enrollment:

Employees can increase their own voluntary life up to \$10,000 up to the maximum benefit amount. Employees who previously did not elect voluntary life must complete an EOI for ANY elected amount. The increased elected amount cannot exceed your maximum benefit amount.

- ⇒ Spouses are not eligible for the annual increase option
- ⇒ Amounts over the Guaranteed Issue will require EOI

- ADD YOUR SPOUSE
- ADD YOUR DEPENDENTS
- INCREASE YOUR COVERAGE

VOLUNTARY LIFE / AD&D AND DEPENDENT LIFE OPTIONS AND COSTS PER MONTH

Mutual of Omaha	Rates per \$1,000 of coverage		
	Age	Employee	Spouse
Voluntary Life	<24	\$0.039	\$0.039
	25-29	\$0.032	\$0.032
	30-34	\$0.036	\$0.036
	35-39	\$0.050	\$0.050
	40-44	\$0.075	\$0.075
	45-49	\$0.118	\$0.118
	50-54	\$0.184	\$0.184
	55-59	\$0.289	\$0.289
	60-64	\$0.393	\$0.393
	65-69	\$0.616	\$0.616
	70+	\$1.174	\$1.174
	Child(ren)	\$0.160/month for \$1,000 coverage	
Voluntary AD&D Per \$1,000	\$0.022 for Employee & Spouse \$0.040 for Child(ren)		



[What Is Life and AD&D Insurance?](#)

DISABILITY INSURANCE



VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Short-Term Disability insurance is offered through Mutual of Omaha. The plan benefit is 60% of basic weekly earnings up to a maximum of \$1,000 per week.

Benefits are paid after a waiting period of 14 days for an accident or sickness. Benefits can continue for up to 11 weeks.

Short-Term disability can be used for any disabling condition due to an accident or sickness. For example—recovering from childbirth, breaking a leg, recovering after a surgery.

Since you pay the premium for the voluntary short-term out of your paycheck post-tax; your disability income payments will be tax-free.

SHORT-TERM DISABILITY (rates per month)	
Rates per \$10 of Benefit	
Age	Employee
<24	\$1.089
25-29	\$1.175
30-34	\$0.995
35-39	\$0.850
40-44	\$0.790
45-49	\$0.743
50-54	\$0.876
55-59	\$0.982
60-64	\$1.115
65+	\$1.367



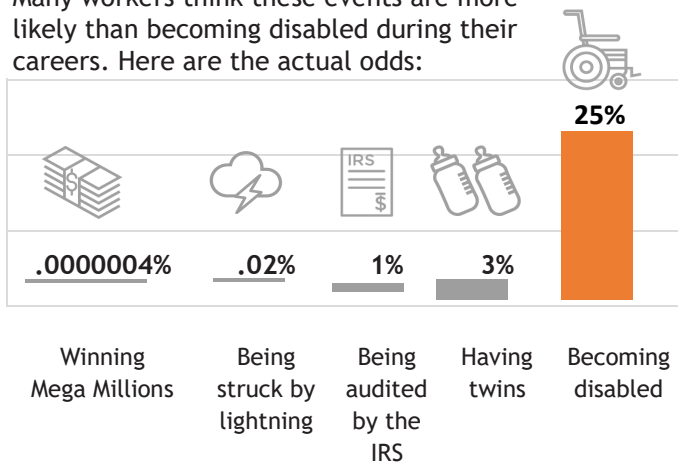
LONG-TERM DISABILITY INSURANCE

Long-Term Disability insurance is offered through Mutual of Omaha. FamilyForward pays 100% of the premium cost. The plan benefit is 50% of basic monthly earnings up to a maximum of \$10,000 per month for managers and above or \$7,500 for all other eligible employees.

The benefits begin after a 90 day waiting period. Benefits can continue up to the Social Security Normal Retirement Age.

WHAT'S MORE LIKELY?

Many workers think these events are more likely than becoming disabled during their careers. Here are the actual odds:



In fact, nearly **40 million** American adults live with a disability.

REVIEW YOUR DISABILITY COVERAGE

- VOLUNTARY SHORT-TERM DISABILITY
- LONG-TERM DISABILITY

COULD YOU PAY THE BILLS IF YOU WEREN'T WORKING?

Less than **1/4** of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

What Is Disability Insurance?

Nearly **70%** of workers that apply for Social Security Disability Insurance



VOLUNTARY COVERAGES

PROTECT YOUR FINANCES

- CRITICAL ILLNESS COVERAGE
- ACCIDENT INSURANCE
- HOSPITAL INDEMNITY



CRITICAL ILLNESS INSURANCE

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences such an illness may have on your personal finances.

While major medical insurance may pay for a good portion of the costs associated with the illness, there are a lot of expenses that are just not covered – from deductibles and copays to living expenses.

This Critical Illness insurance policy from Mutual of Omaha can help with the treatment costs of a covered critical illnesses – such as a heart attack or stroke. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

With the Critical Illness plan, you receive a \$10,000 cash benefit directly for the employee, \$10,000 for a spouse and up to \$3,000 for a child – giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.



ACCIDENT INSURANCE

If you're like most people, you don't budget for life's unexpected moments. One mishap can send you on an unexpected trip to your local emergency room – and leave you with a flurry of unexpected bills.

That's where Accident Insurance jumps in. In the event of a covered accident, the plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills – expenses major medical may not take care of.



HOSPITAL INDEMNITY

This coverage offers protection for hospitalization when a sickness or injury occurs. This is especially helpful when an insured is hospitalized before their major medical deductible has been met, proving a financial safety net.

HOSPITALIZATION BENEFITS:

- First day hospital confinement benefit
- Daily hospital confinement benefit

FEATURES:

- Benefits are paid directly to you, unless you choose otherwise
- Coverage is available for you, your spouse, and dependent children
- There is a 6/6 pre-existing conditions clause
- You can take your coverage with you if you change jobs or retire (with certain stipulations)
- Includes telephonic claims submission

WHAT MAKES FAMILYFORWARD OUT FRONT

VACATION

At FamilyForward, we believe that you should have opportunities to enjoy time off from work. Full-time employees begin accruing vacation time immediately, and they can accrue up to 15 days a year. Regular part-time employees can accrue up to 60 hours per year.

The amount of vacation you accrue each year is based on your length of service. Vacation is accrued as you work according to the schedule for full-time employees (right). Eligible part-time employees accrue 2.31 hours of vacation per pay period.

Years of Eligible Service	Maximum Accrual Per Year	Accrual per Pay Period
0-2	120 hours (15 days)	4.62
3-5	160 hours (20 days)	6.16
6-8	200 hours (25 days)	7.70
9 or more	240 hours (30 days)	9.24

FamilyForward also provides salaried overtime-exempt employees earned personal time for hours worked in excess of eighty (80) hours per pay period. Earned personal time will be allowed to accrue up to a maximum of forty (40) hours.

Eligibility and use of vacation, personal, or other paid time off is subject to FamilyForward's policies and procedures within our Employee Handbook.

HOLIDAYS

FamilyForward provides employees with 10 paid holidays which includes 2 floating holidays. Floating holidays can be used for any religious, cultural, state, or federal holidays not observed by FamilyForward.

Observed Holidays

New Year's Day	Labor Day
Dr. Martin Luther King Jr. Day	Thanksgiving Day
Memorial Day	Day after Thanksgiving Day
Juneteenth	Floating Holiday
Independence Day	Floating Holiday

WELLNESS WEEK

In addition to the above described time off, FamilyForward offices will be closed for business from December 25th to December 31st. Full-time and eligible part-time staff will receive paid time off during this week based on the eligibility requirements set forth in the Employee Handbook. If an eligible employee must work during this week they will receive that time back as additional vacation time to use at a later date.

HEALTH & WELLNESS LEAVE (SICK TIME)

In addition to Vacation, Wellness Week, and Holidays, FamilyForward offers their employees Health and Wellness leave, which will begin to accrue immediately. Regular full-time employees can accrue up to 15 days per year, and regular part-time employees can accrue up to 40 hours per year, subject to approval and eligibility standards.

EDUCATION ASSISTANCE

FamilyForward provides employees with \$5,000 to use towards education or tuition assistance annually, subject to approval and eligibility standards.

ASSEMBLY

Assembly helps us meet employees' needs in the workplace and guides us toward a culture that centers employee well-being. You can find leadership team announcements, updates, share your joy, photos of your pets, find and share resources, and more. With Assembly you can give recognition (in the form of points) to your peers as well as receive recognition. Earned points can be used to redeem rewards such as an extra day off, spa day, lunch for your team, a new book, and more!

VIDEO RESOURCES

MEDICAL PLANS

▶ Medical Plans Explained

▶ Primary Care vs. Urgent Care vs. ER

▶ PPO Overview

INSURANCE 101

▶ Benefits Key Terms Explained

▶ How To Read An EOB

▶ What Is A Qualifying Event?

TAX ADVANTAGE SAVINGS ACCOUNTS

▶ What Is A Flexible Spending Account?

ANCILLARY BENEFITS

▶ What Is Dental Insurance?

▶ What Is Vision Insurance?

▶ What Is Life And AD&D Insurance?

▶ What Is Accident Insurance?

▶ What Is Critical Illness Insurance?

▶ What Is Disability Insurance?

▶ What Is Hospital Indemnity Insurance?



GLOSSARY OF MEDICAL TERMS

INSURANCE TERMS



Coinsurance — The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and out-of-network services.



Copays — A fixed amount you pay for a covered health care service. Copays can apply to doctor's office visits as well as urgent care and emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.



Deductible — The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.



***Embedded Deductible** — The single team member deductible is *embedded* into the family deductible, meaning no one person covered under the plan can contribute more than the single amount towards the family deductible.



Lifetime Benefit Maximum — All plans are required to have an unlimited lifetime maximum.



Network Provider — A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.



Out-of-Pocket Maximum — The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.



Preauthorization (also known as Prior Authorization (PA)) — A process conducted by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior ap-



UCR (Usual, Customary and Reasonable) — The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

MEDICAL TERMS



Prescription Drugs — Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.



Urgent Care — Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe as to require emergency room care.



Emergency Room — Services you receive from a hospital for any serious condition requiring immediate care.



Preventive Services — All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.



Medically Necessary — Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.



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