

2024 Benefits

ENROLLMENT GUIDE

Building A Just and Healthy Community



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Benefit Eligibility

- To qualify for Lowell CHC's benefits, you must work a minimum of 24 hours per week.
- Benefits are prorated for part-time employees (24-39 hours).
- Eligibility for benefit enrollment is effective on your date of hire.
- For Summary Plan Documents you may refer to: Kronos>My Benefits>Benefit Plans

WHAT YOU NEED TO DO

If you want to enroll in Medical, Dental, Vision, Flexible Spending Accounts, or Voluntary Short-Term Disability plans(s), you must make an **enrollment election in Kronos**.

For Flexible Spending and Dependent Care Accounts, you must complete a contribution election form on an annual basis and submit to Human Resources.

Who is Eligible

You and your dependents are eligible to participate in our benefits program if you are budgeted to work at least 24 hours per pay period. Your benefits may include your:

- Legal Spouse and;
- Dependent children up to age 26

Children include your natural children, stepchildren and adopted children.

2024 Benefits Open Enrollment November 4 – November 15, 2024

Your once-a-year chance to:

- Make changes to your Medical, Dental, and Vision coverage(s)
- Elect short-term disability coverage (if eligible)
- Elect or reelect to participate in a Flexible Spending Account(s)



Benefit Eligibility

To qualify for Lowell CHC's benefits, you must work a minimum of 24 hours per week. Benefits are prorated for part-time employees (24-39 hours).

Paying for Benefits

You and Lowell CHC share the cost of your benefits coverage. Your share of the cost for medical and dental coverage and your contributions to a Flexible Spending Account are paid on a pre-tax basis.

Note that you pay any additional disability or life insurance coverages you elect with after-tax dollars.

Changes to Your Benefits In Between Open Enrollment Periods

To qualify for pre-tax benefits, we must comply with certain IRS guidelines.

Changes to your health benefits (medical, dental and vision) and Flexible Spending Account(s) cannot be made during the year unless you experience a qualifying life event:

- Birth, adoption or change in custody of a child;
- Change in a child's status;
- Marriage, legal separation or divorce;
- Death or the permanent disability of your spouse or dependent, or;
- Change in your own or your spouse's employment or eligibility for benefits.

If you experience a qualifying life event during the year, you must notify Human Resources within 30 days of the life event to change your benefits coverage.

Reminders

- **403(b) Annual Contribution Limits Have Increased in 2024**
 - The contribution limit for the 403(b) retirement plan increases to \$23,000
 - The catch-up contribution limit (for age 50+) remains at \$7,500, for a total contribution limit of \$30,500
 - Contribution changes can be made at any time during the year
- **Supplemental Life and Disability Insurance Coverage**
 - You can enroll in or change these coverages at any time during the year
 - Enrollments and or changes may be subject to evidence of insurability
 - For additional coverage details please refer to page 9 of this guide

Medical

You have a choice of two EPO Deductible plans and one PPO medical plans allowing you to decide which coverage option is best for you and your family. All our plans are administered through Health Plans Inc. (HPI).

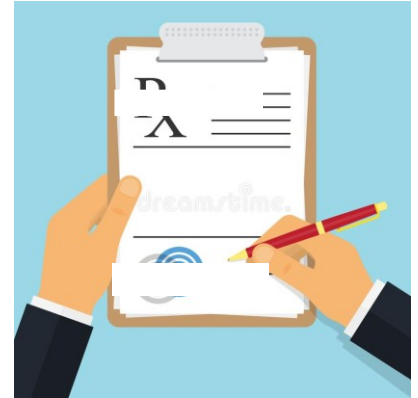
HPI	\$750 EPO Plan	\$1,000 EPO Plan	\$2,000 PPO Plan <i>(In-Network Benefits)</i>
Calendar Year Deductible	\$750 Single \$1,500 Family	\$1,000 Single \$2,000 Family	\$2,000 Single \$4,000 Family
Medical Out-of-Pocket Maximum	\$6,600 Single \$13,200 Family	\$6,600 Single \$13,200 Family	\$6,600 Single \$13,200 Family
Preventative Care, Wellness Exams, Office Visits, Labs & Testing, Other Services			
Routine Wellness Visit	\$0 Copay, Covered 100%	\$0 Copay, Covered 100%	\$0 Copay, Covered 100%
Office Visits	\$25 Copay	\$25 Copay	\$25 Copay
Chiropractic Visits <i>(12 visits per calendar year)</i>	35 Copay	35 Copay	35 Copay
Routine Vision Exam	\$25 Copay <i>(1 visit per calendar year)</i>	\$25 Copay <i>(1 visit per calendar year)</i>	\$25 Copay <i>(1 visit per calendar year)</i>
Laboratory & X-Rays	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Emergency Room <i>(Copay waived if admitted)</i>	\$250 Copay after deductible	\$250 Copay after deductible	\$250 Copay after deductible
Outpatient (Day) Surgery	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Inpatient Services	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Behavioral Health Office Visit	\$25 Copay	\$25 Copay	\$25 Copay
Behavioral Health <i>(Inpatient Service)</i>	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
High Tech Imaging (MRI, CT Scans, PET)	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Occupational, Speech and Physical Therapy <i>(PT and OT limited to 20 visits each per Calendar year)</i>	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Urgent Care	35 Copay	35 Copay	35 Copay
Ambulance	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Fitness Reimbursement	\$150 per person/ \$300 per family		

NOTE: This Summary provides you with an overview of your Plan benefits and is not a complete statement of all Plan provisions, limitations, and exclusions. Please refer to your Summary Plan Description and amendments for complete details. In the event of any inconsistency between this Summary and your Plan Document, the Plan Document and any applicable amendments will govern. Please refer to your Plan Document and Amendments for complete details as well as the services that require prior authorization.

2024 Medical Premiums

Effective January 1, 2024, your per pay period costs for medical coverage are:

HPI WEEKLY CONTRIBUTIONS		
\$750 Plan	30-40 Hours	24-29 Hours
Single	\$54.12	\$63.14
Two Person	\$108.22	\$173.16
Family	\$162.84	\$234.43
\$1,000 Plan	30-40 Hours	24-29 Hours
Single	\$53.55	\$62.48
Two Person	\$107.10	\$171.37
Family	\$154.67	\$232.00
\$2000 PPO Plan	30-40 Hours	24-29 Hours
Single	\$62.75	\$67.76
Two Person	\$125.50	\$185.85
Family	\$181.24	\$251.62



Prescription Drug Benefits

OptumRx provides your prescription drug benefits including mail order prescriptions.

PRESCRIPTION DRUG BENEFITS	
Retail Pharmacy (up to a 30-day supply)	\$15 (Generic) / \$30 (Preferred Brand) / \$50 (Non-Preferred Brand)
Mail Order (up to a 90-day supply)	\$30 (Generic) / \$60 (Preferred Brand) / \$100 (Non-Preferred Brand)
Specialty Drugs (up to a 30-day supply)	20% up to \$250
Specialty Drugs (up to a 30-day supply)	20% up to \$750

SUMMARY OF BENEFITS AND COVERAGES (SBCs)

The organization is required to provide updated SBCs at the beginning of the Open Enrollment Period for each of our medical plans. The SBC will provide more information about the benefits provided under each plan – so that you can easily compare our plans.

Dental

You may elect dental coverage under the MetLife Preferred Dentist Program (PDP) Plan.

The plan encourages preventive dental care by paying the full cost of routine exams and cleanings. It shares the cost of other Covered expenses with you.

You can visit any dental provider. However, you will receive maximum benefits if you receive care from a dentist who is in the MetLife Preferred Dentist Program (PDP) network.

Finding a Participating Provider

There are many advantages when you see a dentist who participates in the MetLife Preferred Dentist Program (PDP) network. For example, with a participating in-network dentist:

- No balance billing. You are not billed for charges in excess of MetLife’s negotiated rate for a particular service.

To find or confirm a provider is in the MetLife Preferred (PDP) in-network go to [metlife.com/members](https://www.metlife.com/members) and select “Find a Dentist.”

Dental ID Cards

Are available online for you to download and print at your convenience. Cards contain your name, employer’s name, and group number.

You can also notify your dentist that you’re enrolled in a MetLife dental plan with the PDP Network and your group number is 5723671.

Dental Benefits	In-Network % of Negotiated Fee	Out-of-Network % of R&C Fee
Calendar Year Deductible Individual Family Limit	\$0 \$0	\$25 \$75
Calendar Year Maximum Benefit	\$1,500 per member	\$1,000 per member
Charges Covered for you (co-insurance)	In-Network	Non-Network
Type 1 Services Preventative, Diagnostic	Covered at 100%	Covered at 100%, no deductible
Type 2 Services Restorative, Endodontic, Periodontics, Oral Surgery, Adjunctive General Services	Covered at 80%	Subject to deductible, then Covered at 70%
Type 3 Services Prosthodontics, Major Restorative	Covered at 50%	Subject to deductible, then Covered at 40%
Orthodontia Services (Please note that age limits do apply. Please see Summary of Benefits for full details.)	Covered at 50% (Separate Lifetime Maximum: \$1,000)	Covered at 50% (Separate Lifetime Maximum: \$1,000)

2024 Dental Premiums

Effective January 1, 2024, your per pay period costs for vision coverage are:

DENTAL WEEKLY CONTRIBUTIONS		
MetLife Dental	30 – 40 Hours	24 - 29 Hours
Single	\$5.90	\$9.35
Two Person	\$11.81	\$17.72
Family	\$19.40	\$30.72



Vision Plan

You have the ability to purchase vision insurance for you and your family that offers a full range of vision care services provided through **EyeMed**. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of services and submit a claim form for reimbursement. Dependents are Covered until the last day of the month of their 26th birthday.

2024 Vision Premiums

Effective January 1, 2024, your per pay period costs for vision coverage are:

VISION WEEKLY CONTRIBUTIONS	
Single	\$1.52
Individual + Spouse	\$2.90
Individual + Child(ren)	\$3.06
Family	\$4.49

EyeMed Vision Care Services: In-Network Summary of Benefits

Benefit	In-Network Cost	Non-Network Reimbursement
Exam with Dilation As Necessary	\$10 Copay	Up to \$50
Frames	\$0 Copay; \$130 allowance, 20% off balance over \$130	Up to \$74
Standard Contact Lens Fit & Follow-up	\$40 (Premium: 10% off retail)	N/A
Conventional Contact Lenses	\$0 Copay, \$130 allowance, 15% off balance over \$130	Up to \$104
Frequency:	Exam, Once every 12 months; Lenses/Contacts, Once every 12 months; Frames, Once every 24 months	
Standard Plastic Lenses		
Single Vision Lenses	\$25 Copay	Up to \$42
Bifocal Lenses	\$25 Copay	Up to \$78
Trifocal Lenses	\$25 Copay	Up to \$130
Lenticular	\$25 Copay	Up to \$130
Standard Progressive Lens	\$25 Copay	Up to \$140
Please see official plan summary for further lens options!		
Additional Benefits		
Laser Vision Correction	15% off the retail price or 5% off promotional price	N/A
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and low price guarantee on discounted hearing aids	N/A



Spotlight

Employees can purchase eyewear, including sunglasses, at a 20% discount at the Lowell CHC's Niki Tsongas Eye Care Center.



Flexible Spending Accounts

Health Flexible Spending Account (FSA) allows you to set aside pre-tax dollars to pay yourself back for eligible health care and dependent care expenses.

Dependent Care Flexible Spending Account (DCA) allows you to set aside pre-tax dollars to pay towards childcare to an eligible provider.

Important things to remember regarding your FSA

- Elections cannot be changed during the plan year, unless you have a qualified change in family status (change in marital status, number of dependents, employment status, or change of dependent eligibility status). Plan carefully. In addition to the 2.5 month Health Care FSA grace period, participants have a 90 day, (3 month) time frame to submit expenses that were incurred by December 31, 2023.
- The IRS does not allow certain over-the-counter medical supplies or medication as eligible for reimbursement. Over-the-counter medications with a physician's prescription are still be eligible.

Health Care FSA

- You are eligible to elect up to the annual maximum, \$2,650, as set by the IRS, to receive reimbursement for out-of-pocket health care expenses for you and your family members
- These medical, dental, vision or other healthcare-related expenses cannot be eligible for reimbursement through any insurance or other benefit program
- Out-of-pocket healthcare expenses incurred by you and your family are eligible if the service occurred during the plan year and while you are contributing to the plan
- You can be reimbursed up to your full annual election, less any previous reimbursements

Dependent Care FSA

- You can elect up to \$5,000 and receive reimbursement to pay for dependent care, which allows you and your spouse to work outside your home, to seek employment or to attend school full-time
- Eligible expenses must be incurred during the plan year and while you are making contributions to the plan
- When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements

Pre-Tax Savings Example		
	Without FSA	With FSA
Gross Pay	\$25,000	\$25,000
Health Care FSA Contribution	\$0	-\$1,000
Taxable Income	\$25,000	\$24,000
Taxes*	-\$6,413	-\$6,156
Take Home Pay after Taxes	\$18,587	\$17,844
Health Care Expenses	-\$1,000	-\$1,000
Available Income	\$17,587	\$16,844
Tax-Free Re-imburement from FSA	\$0	\$1,000
Net Income	\$17,587	\$17,844

*Assumes federal withholding of 15% state withholding equal to 20% of federal and social security withholding of 7.65%. For illustrative purposes only. Actual dollar amounts and savings may vary.

Health Care FSA 2.5-month Grace Period

- Employees participating in the FSA plan have an additional 2 ½ months (75 days) after the end of the plan year to incur additional expenses. March 15th marks the annual grace period deadline for health care FSAs.
- REMINDER: You have 3 months (90 days) to submit claim forms for expense incurred during the plan year for reimbursement. All expense claims for the previous year must be filed by March 31st.

Planning For Retirement - 403(b) Retirement Savings Plan

Eligible Employee

All employees are eligible to participate.

Enrollment

You can enroll or change your 403(b) contribution election at any time.

Contributions

You can elect to contribute a percentage or set dollar amount of your pay to the 403(b) plan, and invest your contributions with funds administered by Empower.

IRS Contribution Limits

The amount you contribute cannot exceed the annual limit established each year by the Internal Revenue Service (IRS). If you will be age 50 or over during the calendar year, you are eligible to make an additional catch-up contribution.

Pre-Tax 403(b)

Contributions to the Pre-Tax 403(b) are deducted from your pay before income tax withholding is calculated. This reduces your current taxable income and lets you save money that otherwise would have gone toward income taxes. Current taxes on contributions to your account, and on interest and earnings from the account, are deferred until withdrawal or when you begin receiving regular payments from your 403(b) account. Tax-deferred earnings, coupled with the power of compounding, can provide greater growth than might be possible with taxable savings methods.

Post-Tax Roth 403(b)

Contributions to the Post-Tax Roth 403(b) are included in the taxable income reported on your paycheck and subject to state and federal taxes. Qualified distributions are tax free.

Are rollovers accepted?

Your plan may allow you to roll additional retirement assets into the plan at any time. For more information call your Participant Service Center at 1-800-528-9009, visit empower.com or contact your benefits administrator.

Loans

If you need to access your 403(b) savings while you are still working, the plan allows for loans from your Empower account.

Hardship Withdrawals

Under certain circumstances, hardship withdrawals are available from your 403(b) account; to help you meet an immediate and heavy financial need. The withdrawal amount is limited to the amount of funds needed to cover the expense, or your total plan contributions, whichever is lower. You may request a hardship withdrawal to pay for the following expenses:

- Medical expenses for yourself, your spouse, children, or dependents;
- Costs directly related to the purchase of your principal residence;
- Tuition, related fees, and room and board expenses for the next 12 months of postsecondary education for yourself, your spouse, children or dependents.



Note to new enrollees:

Any contributions made to a previous employer plan 401(k) or 403(b) during the calendar year will count towards this IRS limit.

Employees are responsible for their personal tax situation and any deferral impact.

Disability & Life Insurance Benefits

Disability insurance from Mutual of Omaha helps replace a major portion of your income when you are sick or injured and unable to work. Having disability insurance can provide a sense of security knowing, that if the unexpected should happen, you will still receive a monthly income.

Short-Term Disability (STD)

Short-Term Disability coverage provides benefits for an illness or non-work-related injury that keeps you out of work for fourteen (or more) consecutive calendar days. Benefits begin on the 15th day.

- You may elect the voluntary short-term disability through payroll deductions. You may choose between 40% or 60% of your weekly earnings. Benefits are paid for up to 11 weeks.
- You pay the full cost of any optional short-term disability coverage you elect. This coverage stays in effect until you cancel it.

Long-Term Disability (LTD)

If you are unable to return to work after a 90-day waiting period from date of disability, Long-Term Disability (LTD) will cover a portion of your income up to Social Security normal retirement age. Lowell CHC pays for all employees, which covers 60% of your monthly earnings.

Group Life Insurance

Lowell CHC pays the full cost of your basic life insurance. This basic coverage equals one or two times your annual base pay, rounded up to the next \$1,000 (maximum of \$500,000).

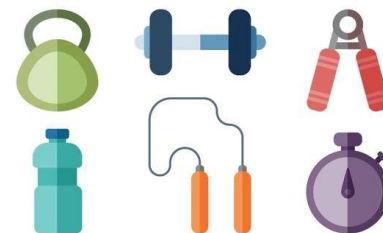
Voluntary Life Insurance

In addition, you may elect voluntary life insurance, 100% paid by you, the employee, as follows:

- **For yourself:** You have the option to purchase additional life insurance in the amount of up to a maximum benefit of \$500,000 (minimum \$10,000), not to exceed 5x your annual salary.
 - Guarantee issue for new hires, up to 5x your annual salary, up to \$150,000 without evidence of insurability.
- **For your spouse:** You have the option to elect coverage in the amount of 100% of the employee's elected benefit (minimum \$5,000), not to exceed \$250,000.
 - Guarantee issue for new hires, up to 100% of the employee's elected benefit up to \$25,000 without evidence of insurability.
- **For your children:** For dependent children to the age of 21, or the age of 25 if a Student, unless the child is incapacitated; you may elect a benefit of 100% of employee coverage to a maximum of \$10,000 (minimum \$2,000).



Lowell CHC Offers Additional Benefits:



Group Auto and Homeowners Insurance (through Farmers Insurance)

- Program provides you with special savings and a full suite of products to meet your diverse insurance needs
- Automatic payment discount through your checking account

Life Insurance (through Mutual of Omaha)

- Travel Assistance
- Hearing Discount Program
- Will Preparation

Employee Assistance Program (EAP)

- Includes a variety of counseling and support services that are Solution-focused
- Services are designed to help you and/or your family member through difficult times and toward better health and wellness

Fitness Reimbursement (through HPI)

- 150 per person/\$300 per family reimbursement per calendar year
- HPI members or your dependents covered under your plan
- Must belong to a qualified health and fitness club for four months in a calendar year

Down Payment Mortgage Assistance Program

- Zero interest loans for first time Lowell homebuyers
- 50% of the down payment to a maximum of \$5000
- All employees are eligible; however, certain participant requirements and loan terms apply

RESOURCES	CARRIER	POLICY NUMBER	PHONE NUMBER	WEBSITE
Medical Insurance	HPI	<ul style="list-style-type: none"> • \$750 Plan • \$1,000 Plan • \$2,000 Plan 	800-532-7575	hpiTPA.com
Dental Insurance	MetLife	5723671	800-GET-MET8 (800-438-6388)	metlife.com
Vision Insurance	EyeMed	9808189	866-9EYEMED (866-939-3633)	eyemedvisioncare.com
Life and Disability Insurance	Mutual of Omaha	G000A25C	800-769-7159	mutualofomaha.com
Flexible Spending Accounts, Health Reimbursement Account	VOYA/Benefit Strategies	Lowell Community Health Center	888-401-3539	benstrat.com
Employee Assistance Program	KGA	N/A	800-648-9557	my.KGALifeServices.com
Home & Auto Insurance	Farmers Insurance (formerly MetLife)	N/A	Kait Couture 978-455-2924	kaitlin.couture@farmersinsurance.com
Retirement Planning	Empower	Lowell Community Health Center	800-338-4015	empower.com
Down Payment Mortgage Assistance Program	Merrimack Valley Housing Partnership	N/A	978-459-8490	mvhp.org

