# BENEFITS GUIDE

# 2022

CNS Healthcare

# Welcome to Your Benefits!

## Here's Where to Find ...



See page 28 for important information concerning Medicare Part D coverage.



This guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. This guide is a tool to answer most of your questions, see Human Resources for more detailed plan information.

# IMPORTANT INFORMATION

CNS Healthcare recognizes that your employee benefits are an important part of your total compensation. We have created a comprehensive, high-quality benefits package to meet your needs and the needs of your family. This brochure provides an overview and brief description of our Employee Benefits Plan and the options available to you and your dependents. Please review this information carefully. This is designed as a brief summary only, and detailed plan summaries are available from Human Resources.

At CNS, we have a strong culture and belief in treating our team members with trust and respect — it's the CNS way. Our shared values as a company and the passion we bring to our business form a foundation for everything we do, even the benefits we offer.

## Eligibility

If you are a full-time employee of CNS Healthcare who is regularly scheduled to work 32 hours a week, you are eligible to participate in medical and prescription drug coverage. You must be regularly scheduled to work 40 hours a week for dental, vision, life and disability plans, as well as additional benefits.

## Coverage Dates

Your elections are effective on the first of the month following 60 days of continuous employment. For the 403(b) Plan, participation is effective on your first day of employment. Benefits cannot be changed until the next enrollment period unless you experience a qualifying life event.

**Eligible Dependents:**

- Your Legal Spouse
- Domestic Partner. Requires an affidavit and/or certificate of domestic partnership
- Children up to the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom you or your spouse have legal guardianship). Coverage ends at the end of the month in which they turn age 26

## Making Changes to Your Benefits

Open Enrollment is the one time per year that you can make changes to your benefit elections without having had a Qualifying Life Event (QLE). QLE's are defined by the IRS and can allow you to enroll in health insurance or make changes to your elections outside of Open Enrollment.

Common qualifying events include:

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in a spouse's employment status (resulting in a gain or loss of coverage)
- A change in your legal marital status (marriage, divorce or legal separation)
- A change in employment status from full or part time, or part time to full time, resulting in a gain or loss of eligibility
- Eligibility for coverage through the Marketplace
- Entitlement to Medicare or Medicaid
- Turning 26 and losing coverage through a parent's plan

Reach out to CNS Healthcare's Human Resources team with questions regarding specific life events and your ability to request changes.

## Benefit Elections

Benefit elections are made through UKG (**www.time.cnshealthcare.org**) and must be elected within 30 days after your start date. Upon hire you will receive a workflow notification from Human Resources to begin this process. After your initial eligibility period, you will need to either wait for Open Enrollment or have a qualifying life event (QLE) in order to make changes to your benefit elections.

## Waiver Bonus

If you elect to waive CNS Medical and Prescription benefits, CNS will pay you a waiver bonus in the amount of $50 per pay for employee only, $100 per pay for two-person and $150 per pay for family coverage. To be eligible for the waiver bonus you must attest that you and your family have coverage elsewhere. Additionally, you must submit proof of enrollment in other health plan. Member ID cards are not acceptable.

## Payroll Deductions

Payroll deductions are effective on the first pay date after coverage is effective. If you have a qualifying life event, payroll deductions will take effect on the first payroll date after the change is effective. If you have elected Voluntary Life coverage that is subject to the Evidence of Insurability process, payroll deductions will begin on the first pay date after the coverage is approved.

You may elect to contribute towards your 403(b) plan on your first date of employment. Deductions will begin on the first pay date following your first date of employment.

## Termination of Benefits

CNS provides benefits to you and your family while you are an eligible employee. However, upon your termination, voluntary or involuntary, your benefits will end on the same day your employment ends with CNS. You will receive COBRA information in the mail following your last day. If you choose to elect COBRA coverage it will be effective retroactively to the day following your last day worked with CNS.



Note: Preventive care offered by an in-network physician, like well-woman exams or annual physicals, is often covered at 100%

# MEDICAL BENEFITS

Medical benefits are provided through Blue Cross Blue Shield of Michigan (BCBSM). You have three plans to choose from: the Simply Blue PPO, Core PPO and Buy-Up PPO. Below is a chart that summarizes some of the services provided by each plan. More detailed summaries are available in Human Resources.

## Medical Plan Summary

| | Simply Blue | Core | Buy-Up |
|---|---|---|---|
| Deductible | $1,000/$2,000 | $750/$1,500 | $500/$1,000 |
| Coinsurance | 80% | 80% | 90% |
| Coinsurance maximum | $2,500/$5,000 | $2,000/$4,000 | $1,500/$3,000 |
| Out-of-pocket maximum (includes deductible, coinsurance, copays) | $6,350/$12,700 | $6,350/$12,700 | $6,350/$12,700 |
| Preventive care | 100%, no deductible | 100%, no deductible | 100%, no deductible |
| OV Copay – PCP | $30 copay | $40 copay | $40 copay |
| Online Visits | 100%, no deductible or copay/coinsurance | | |
| OV Copay - Specialist | $50 copay | $40 copay | $40 copay |
| Urgent Care | $60 copay | $40 copay | $40 copay |
| ER Copay | $150 copay | $100 copay | $100 copay |

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM approved amount, less any applicable deductible and/or copay/coinsurance. For a complete description of benefits please see the applicable certificates and riders,

### About PPO Plans

- You can choose from a network of providers who offer a fixed copay for services
- “PPO” stands for Preferred Provider Organization
- There is coverage both in and out of network, but you get the most get the most value from your medical plan when you receive care from in-network PPO providers
- With a PPO, you can see any provider you want to see, even a specialist, without needing a referral or designating a Primary Care Physician. There is flexibility with this type of medical plan
- To find a list of in-network PPO providers, visit **www.bcbsm.com** and click on “Find a Doctor”

# Basic Insurance Terms

**COINSURANCE:** Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health plan pays the rest of the allowed amount.

**COPAY:** A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

**DEDUCTIBLE:** The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is $2,800, your plan won't pay anything until you've met your $2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

**EXPLANATION OF BENEFITS (EOB):** An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

**IN-NETWORK VS. OUT-OF-NETWORK:** A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

**OUT-OF-POCKET MAXIMUM:** The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

**PREVENTIVE CARE:** Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

# BCBSM MEMBER RESOURCES

## Access your Blue Cross member account online

Creating a Blue Cross member account will allow you to access information about your specific information and many services that BCBSM offers its members. To create an account, you can either go online or use the app.

Online: Go to **www.bcbsm.com/register** and select “Register Now”. Once your account is activated, you can set up one for each of your dependents.

Use the BCBSM app: Download the app from the App store or Google Play. Search for BCBSM.

## Using My Member Account

Once you create a member account, you can:

- Check your balances (deductible, coinsurance, out of pocket maximum)
- View Explanation of Benefits (EOB) statements
- Search for doctors and facilities in your plan’s network
- View your Member ID card
- Use your member discounts
- Get online health and well-being resources and information

## BCBSM Member Discounts

BCBSM membership includes access to a variety of discount programs, memberships and perks. Be sure to visit the BCBSM website to explore all of these valuable resources.

## 24-hour Nurse Line

As a BCBSM member, you can call 1-800-775 BLUE(2583) to connect with a registered nurse. They can answer questions about your general health or a specific condition. More specifically, they can:

- Share tips for healthy lifestyles
- Answer questions about upcoming surgeries and medical tests
- Provide health education about a variety of health conditions
- Teach you about preventive care such as mammograms, immunizations and prostate screenings

# PRESCRIPTION DRUGS

You and your eligible dependents are automatically enrolled in prescription drug coverage when you enroll for medical coverage. The prescription coverage is the same regardless of which medical plan you enroll in. ***Our prescription coverage is provided by ScriptGuide Rx. This means you will have two ID cards: one for medical coverage and one for prescriptions.***

Your cost is determined by the tier assigned to the prescription drug: generic, preferred brand, non-preferred brand and specialty. Below is a chart that summarizes our prescription plan.

## Prescription Drug Plan Summary

| Retail Rx (30- day supply) | Rx Copays |
|---|---|
| Generic | $10 |
| Preferred Brand | $40 |
| Non-preferred Brand | $80 |
| Preferred specialty | 15% to a maximum of $150 |
| Non-preferred specialty | 25% to a maximum of $300 |
| **Mail Order Rx (90 day supply)** | |
| Generic | $30 |
| Preferred Brand | $160 |
| **Out of Pocket Maximum** | |
| Individual | $1,350 |
| Family | $2,700 |

## Prior Authorization

Certain prescription drugs require prior authorization (prior approval), which means that your provider will need to contact ScriptGuide (SGRX) before you fill your prescription. If SGRX does not get the necessary information to satisfy the prior authorization, SGRX may not cover the drug. Drugs selected include those with a potential for alternative use or misuse (for example, growth hormones).

## Step Therapy

You may be required to try a less expensive but equally effective generic or preferred-brand medication before "stepping up" to a non-preferred brand medication.

## Mail Order Programs

This program allows you to receive a 90-day supply of maintenance medication. Maintenance medication is taken on a regular or long-term basis. For example, the following conditions may be treated with maintenance medication: high blood pressure, ulcers, arthritis, heart or thyroid conditions, emphysema, and diabetes.

SGRX's mail order pharmacy is Express Scripts. To enroll in mail order, you may go to **www.express-scripts.com** and click on the "register now" tab. Complete the requested information. You can also enroll by phone by contacting Express Scripts Member Services at 866-327-9791.

# DENTAL

CNS Healthcare offers an affordable dental plan from BCBSM. Find below a summary of the plan. To find a provider, please go to **www.mibluedentist.com** or call 888-826-8152.

| Calendar Year Maximum (Class I, II and III Services) | | |
|---|---|---|
| | Per Person | $2,000 |
| Covered Services | Class I<br>(Oral Exams, Cleaning, X-Rays, Sealants, Fluoride) | 100% |
| | Class II<br>(Fillings, Crowns, Oral Surgery, Root Canal, Scaling and root planing | 90% |
| | Class II<br>(Removable dentures, bridges, implants) | 50% |
| | Class IV<br>(Orthodontic Services for dependents under age 19) | 50% |
| Orthodontic Lifetime Maximum (Class IV) | | $2,000 |

You will have the highest value coverage if you choose a dentist in the Blue Dental PPO network. PPO dentists agree to accept the BCBSM approved amount as full payment for services. Most non-PPO (out-of-network) dentists accept the Blue Par Select payment arrangement, which means they participate with BCBSM on a “per claim” basis. If you visit a non-participating dentist, you should ask if they accept Blue Par Select payment before every treatment. Members who go to non-participating dentists are responsible for any difference between the BCBSM approved amount and the dentist’s charge.

# VISION

CNS Healthcare provides quality vision coverage for you and your family through EyeMed.

Benefits for exams, lenses and frames are available once every plan year. Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

To find a participating provider, call 866-804-0982 or go to **www.eyemed.com**.

| | Vision Care Coverage |
|---|---|
| | In-network |
| **Exam**<br>Once every plan year | Covered in full after $10 copay |
| **Lenses**<br>Once every plan year | |
| Single vision | Covered in full after $10 copay |
| Bifocal | Covered in full after $10 copay |
| Trifocal | Covered in full after $10 copay |
| Lenticular | Covered in full after $10 copay |
| **Frames**<br>Once every plan year | Up to $150<br>20% discount off balance |
| **Contacts**<br>(in lieu of frame and lenses)<br>Once every plan year | Up to $150 and 15% off balance |
| Medically Necessary | Covered 100% |
| Contact Lens Evaluation and Fitting | Up to $40; Covered 100% |

# FLEXIBLE SPENDING ACCOUNT (FSA)

## Health Care Flexible Spending Account (FSA)

The Health Care FSA allows you to set aside money from your paycheck on a pre-tax basis and then use those funds to reimburse yourself for out-of-pocket qualified health care expenses incurred by you and your family.

You decide before the start of the year how much to contribute to each account. Your contributions are withheld in equal amounts from your paychecks throughout the year. The money is deposited into an account set up in your name. You may use the account for items such as deductibles, coinsurance, office visit and prescription drug copays, and vision exams.

Certain over-the-counter medications may also be eligible if you have a physician's prescription.

Commencing with your employment you may contribute up to a maximum amount of $2,750 in the Health Care FSA this year.

You do not have to enroll in the Medical or Dental plan to participate!

**Health FSAs — Rollover Feature**
Health FSAs can now allow a limited carryover of unused account balances of up to $500 from one plan year to the next.

**The carryover takes place after the end of the 3-month period to submit claims (March 31, 2023).** If you have a remaining balance for the prior Plan Year, any amount up to $500 will be carried over to the next Plan Year.

The carryover feature applies only to the Health Care FSA. The carryover feature does not apply to the Dependent Care FSA.

The Health Care FSA is administered by iSolved Benefit Services which can be found at **www.isolvedbenefitservices.com**. You can manage your Health Care FSA online via the website, 24 hours per day, 7 days per week. You can view account activity, check claim status and much more.

**Helpful FSA Tips**

- **Fund Availability** – Under the Health Care FSA, medical expenses are reimbursed from your Health Care FSA based upon your annual election, not your actual account balance at the time of service. Your entire election amount is available on January 1.
- **No double dipping –** You cannot claim tax credits or deductions for expenses for which you are reimbursed through the Health Care FSA. Be sure to carefully evaluate which tax savings approach is best suited for your situation

Visit the largest online marketplace for guaranteed FSA-eligible products at the **www.fsastore.com**.

**Tax Savings**
A Health Care FSA allows you to pay for qualified expenses with pre-tax dollars, money that is deducted from your paycheck before taxes are taken out by the Company, saving you 20% to 40%, depending on your income tax bracket.

## Dependent Care FSA

iSolved Benefit Services also administers the Dependent Care Flexible Spending Account (DCFSA) account. DCFSA lets you pay eligible dependent care expenses with pre-tax dollars. Most child and elder care and companion services are eligible expenses.

Your dependents must be:

- **Under age 13 when the care was provided or mentally or physically unable to care for themselves**
- Spending at least 8 hours a day in your home
- Eligible to be claimed as a dependent on your federal income tax
- Receiving care when you are at work and your spouse (if you are married) is at work or is searching for work, is in school full-time, or is mentally or physically disabled and unable to provide the care

The most you can put into the DCFSA is $5,000 per calendar year. But if both you and your spouse work, the IRS limits your maximum contribution to a DCFSA.

- If you file separate income tax returns, the annual contribution amount is limited to $2,500 per calendar year each for you and your spouse.
- If you file a joint tax return and your spouse also contributes to a DCFSA, your family's combined limit is $5,000 per calendar year.
- If your spouse is disabled or a full-time student, special limits apply.
- If you or your spouse earn less than $5,000, the maximum is limited to earnings under $5,000 per calendar year.

With a DCFSA, you can be reimbursed up to the amount that you have in your account. If you file a claim for more than your balance, you'll be reimbursed as new deposits are made.

Eligible dependent care expenses can either be reimbursed through the DCFSA or used to obtain the federal tax credit. You can't use both options to pay for the same expenses.

**FSA Claim Reimbursement**
Medical, dental and vision claims must be submitted to your insurance company first (provided you have insurance). Once you incur an out-of-pocket health care expense, you can request reimbursement. Each participant is responsible for keeping records to support his or her expenses.

**Claim Form Submission**

You can fax, mail or email the claim form and your itemized receipts to iSolved Benefit Services. The address and fax number are listed on the claim form. Go to **www.isolvedbenefitservices.com** and click on Resources, FSA and "Guides and FAQs" to access the claim form.

A reimbursement check will be mailed to you, or you may sign up for direct deposit.

# LIFE/AD&D & DISABILITY

## Basic Life Insurance

CNS provides a company-paid Basic Life/AD&D benefit for you. The plan is insured by The Hartford and pays 2 times your annual base salary up to a maximum benefit of $300,000.

Life insurance is extremely important if you have family members that depend on your income. Life insurance provides financial security for you in the event of your death while working for CNS.

Accidental Death and Dismemberment (AD&D) insurance pays an additional benefit if your death is a result of an accident. In addition, AD&D insurance will pay a portion of the benefit for a loss of limb, eyesight or both, if the loss is a direct result of an accident.

Your Basic Life and Optional Life insurance benefits reduce to 65% at age 65, 40% at age 70 and then to 25% of your original benefit at age 75.

Coverage effective dates and increases in coverage may be delayed if you are disabled or hospital confined on the date coverage is scheduled to take effect.

## Short Term Disability

Short Term Disability coverage is also provided by The Hartford. This is a valuable benefit designed to replace a portion of your income when you are unable to work because of a non-work related injury or illness*. If you become disabled, you can receive up to 24 weeks of benefits equal to 60% of your base open salary up to $1,000 per week. Benefits begin on the 15th day after a 14 day qualifying period. Call The Hartford at (800) 549-6514 to report a claim.

## Long Term Disability

If you are still disabled after 26 weeks or the end of your Short Term Disability Benefit Period, you may become eligible for long term disability. Long term disability begins after 26 weeks of disability and continues until you recover or reach age 65, whichever occurs first.

The Long Term Disability plan is insured through The Hartford and the insurance policy controls benefit eligibility. You can receive up to 60% of your base open salary up to $7,000 a month, whichever is less. Benefits are reduced by other income such as Social Security payments.

This is only a brief summary of some of the key terms and conditions found in the insurance policy with The Hartford. Please see HR with questions on policy details.

### YOU CAN'T TAKE IT WITH YOU… SO MAKE SURE IT GOES TO THE RIGHT PEOPLE

Check your life insurance beneficiary designations regularly to make sure they are still in line with your wishes. Complete a beneficiary form in the Benefits Portal.



* Work related injuries or illnesses are covered by workers' compensation.

## Additional Benefits through The Hartford

### Supplemental Life Insurance

CNS offers you the option to purchase additional Life/AD&D insurance for yourself and your spouse, and Life insurance for your dependent children.

- Employees must be actively at work on the day coverage takes effect
- Benefit reductions apply for employees age 65 and older; voluntary life insurance benefits will terminate at age 85 or when you retire, whichever occurs first
- Benefits for spouses terminate when the employee retires or at the age of 85
- Coverage effective dates and increases in coverage may be delayed if you and/or your dependents are disabled on the date coverage is scheduled to take effect
- Dependent children include your naturally born, legally adopted, foster or stepchild over the age of 14 days, who is unmarried and under the age of 21, or age 25 if a full-time student

Your request is subject to Evidence of Insurability if you:

- Request an amount above the Guaranteed Issue of $100,000 at any time
- Waive coverage, and later request coverage for yourself or your dependents more than 31 days after your initial eligibility date

| Summary of Benefits | | | |
|---|---|---|---|
| **Life Benefit** | **Employee** | **Spouse** | **Dependent** |
| Amount | Choice of $10,000 increments<br>Not to exceed the lesser of five times your annual salary to a maximum benefit of $250,000 | Choice of $5,000 increments<br>Not to exceed the lesser of 50% of employee elected amount or $125,000<br>Employee must elect coverage for themselves in order to elect spouse coverage | $10,000 flat benefit amount. Employee must elect coverage for themselves in order to elect Dependent coverage |
| Minimum Amount | $10,000 | $5,000 | $10,000 |
| Maximum Amount | $250,000 | $125,000 | $10,000 |
| Guaranteed Issue | $100,000 | 50% of the employees election or $50,000 which ever is less | $10,000 |
| **Benefit Reduction** | **Employee** | **Spouse** | |
| Benefits will reduce to: | 65% at age 65<br>An additional 40% of original amount at age 70<br>An additional 25% of original amount at age 75 | 65% at age 65<br>An additional 40% of original amount at age 70<br>An additional 25% of original amount at age 75 | |

# LEGAL SHIELD & ID SHIELD

## LegalShield

The LegalShield® Membership Includes:

- Legal Advice – personal legal issues
- Letters/calls made on your behalf
- Contracts & documents reviewed (up to 15 pages)
- Residential Loan Document Assistance
- Attorneys prepare your Will, your Living Will and your Health Care Power of Attorney
- Moving Traffic Violations — assistance for speeding tickets and similar infractions (available 15 days after enrollment)
- Trial Defense including Pre-Trial & Trial
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- IRS Audit Assistance
- 25% Preferred Member Discount (Bankruptcy, Criminal Charges, Other Matters, etc.)
- 24/7 Emergency Access for covered situations

| Plan | Family Price | Individual Price |
|---|---|---|
| Legalshield | $18.95 | $16.95 |
| IDShield | $18.95 | $8.95 |
| Combined | $33.90 | $25.90 |

**A form is required to complete your enrollment for either of these services.

Above pricing is on a per pay basis.

## IDShield

Membership Includes:

**Full Service Restoration**
Complete identity recovery services by Kroll Licensed Private Investigators and our $5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

**Privacy Monitoring**
Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license and passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.

**Security Monitoring**
SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle.

**Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

## To Use Your Legal Shield Benefits

- Visit **www.legalshield.com**.
- Choose login.
- Create an account using your personal information. You only need one set of login credentials to access your LegalSheild and IDShield benefits.

# AFLAC

CNS also offers employees the opportunity to elect coverage through Aflac. These coverages are made available to you by being an employee of CNS but the cost is the responsibility of each employee.

Aflac is different from your medical insurance, as they are individual policies belonging to you and any covered dependent(s). The coverage provides you the following benefits:

- It pays you cash benefits to use as you see fit
- Benefits that can help with unexpected expenses.
- Processes claims quickly, usually within 2-3 days

Each line of coverage that is offered is outlined below.

## Critical Illness

- Pays a lump sum benefit for a covered critical illness: cancer, heart attack, stroke, major organ transplant and end-stage renal failure
- Pays a benefit for a recurrence of the same critical illness if separated by at least 12 months or an additional occurrence of a different critical illness if separated by at least 6 months, with no lifetime maximum
- Product and benefits vary by situs state. For a complete list of benefits available to your account, consult the product brochure.
- This is post-tax deduction

## Accident

- Medical Fees Benefit
- Accidental Death Benefit
- Hospital Admission Benefit
- Hospital Confinement Benefit and more.
- This is a pre-tax deduction

## Supplemental Hospital Indemnity

- Hospital Admission Benefit Hospital
- Confinement Benefit
- Hospital Intensive Care
- This is a pre-tax deduction

If you are interested in learning more about the coverages offered by Aflac please reach out to Human Resources for additional information.

# PAID TIME OFF

Eligible employees will be provided Paid Time Off (PTO) to cover periods of vacation, illness or other personal reasons.

As an employee of CNS you will begin to accrue PTO on a bi-weekly basis based on an established schedule in accordance with your employment status and length of service.

You start to accrue PTO with your first pay date. You are eligible to use your PTO as you accrue it, providing days are scheduled in advance and approved by your supervisor.

PTO will accrue on a bi-weekly basis as follows:

## Non-Exempt

| | |
|---|---|
| 0-5 yrs. service | 5.54 hours (18 days per year) |
| 5+ yrs. service | 7.08 hours (23 days per year) |

## Exempt – Non-Management

| | |
|---|---|
| 0-5 yrs. service | 7.08 hours (23 days per year) |
| 5+ yrs. service | 8.62 hours (28 days per year) |

## Management

| | |
|---|---|
| 0-5 yrs. service | 8.62 hours (28 days per year) |
| 5+ yrs. service | 10.15 hours (33 days per year) |

## Maximum Annual Accrual

| | | | |
|---|---|---|---|
| Non-exempt | 0-5 yrs. | 144 hrs. (18 Days) | 5+ yrs. 184 hrs. (23 Days) |
| Exempt | 0-5 yrs. | 184 hrs. (23 Days) | 5+ yrs. 224 hrs. (28 Days) |
| Managers | 0-5 yrs. | 224 hrs. (28 Days) | 5+ yrs. 264 hrs. (33 Days) |

## Use of PTO

PTO Requests must be submitted to your supervisor through the UKG. Scheduled PTO days should be requested as far in advance as possible giving at least two weeks' notice. Scheduled PTO must be approved by your supervisor. Non-scheduled PTO time must be captured in UKG the day you return to work.

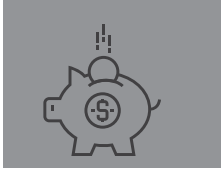
For questions regarding PTO and PTO requests please contact a member of the CNS Human Resources Team.

## Paid Parental Leave

Paid Parental Leave gives eligible staff that have completed one year of service with CNS, who become parents up to three continuous weeks of additional flexibility and time to bond with their new child, adjust to their new family situation and balance work/life obligations.

This policy will run concurrently with eligible leave under the Family Medical Leave Act (FMLA) and any other applicable leave type.

Please contact HR for more information.



# 403(b) PLAN OPTIONS

## Eligibility

All regular employees, both full-time and part-time are eligible to participate in CNS 403(b), Pre-tax (Traditional) and/or Post-tax (ROTH) plan options, administered by The Standard.

## 403(b) Plan Options

**Pre-tax (Traditional)**
The Pre-tax (Traditional) contribution option is an arrangement that allows you to set aside dollars for retirement purposes. When you withdraw or elect a distribution of these funds you will have to pay taxes.

**Post-tax (ROTH)**

- The Post-tax (ROTH) contribution option is an arrangement where taxed dollars are set aside for retirement purposes. When you withdraw or elect a distribution of these funds you will not have to pay taxes
- Employees can contribute to Traditional and Roth at the same time, or select one or the other

## Contributions

**Employee Contributions**

- Employees can contribute to Traditional and Roth at the same time, or select one or the other. Contributions can begin their first pay period
- There is a limit on how much you can contribute annually. Please see the plan documents for contribution maximums

## Employer Base Contribution – Full and Part Time Employees

CNS Contributes an amount equal to 2% of your salary to a 403(b) Pre-tax (Traditional) account regardless of whether you elect to participate.

**Employer Match**

- CNS will match up to 2% of your contributions.
- CNS will not contribute the match until you have met the following requirements:
- You have been employed with CNS for 1 year
- You must have worked a minimum of 1,000 hours in the plan year

## Enrollment

- Visit the Personal Savings Center at **www.standard.com/login**. Select “My Retirement Plan”. Under “I Have a Retirement Plan Through Work”, select “Create an Account”.
- A Standard representative visits each CNS site once a quarter to help with your elections and is also available via phone.
- You may make changes to your elections at your discretion, however please alert HR when you make a change to your elections

## Vesting

- You are fully vested after 3 years and any contributions made on your behalf from CNS belong to you at 100%
- Please feel free to contact The Standard at **www.standard.com/individual/retirement** or you may reach customer service at 800-858-5420

# PAID HOLIDAYS

As part of your full-time employment with CNS Healthcare (CNS) we provide fifteen (15) annual paid holidays. Below is a full list of the holidays CNS will observe:

- New Year's Day
- Martin Luther King Day
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day
- 3 Floating Holidays

**Eligibility for Paid Holidays:** Regular full-time employees are eligible for holiday pay. Compensation will be at 8.0 hours straight time pay for full day holidays. Holiday hours will not be counted as hours worked for the purposes of determining overtime in a 40 hour work week.

**Holiday Weekend Rule:** When the actual approved holiday falls on a Saturday, the holiday will be observed on the Friday preceding the holiday. When an actual approved holiday falls on a Sunday, the holiday will be observed on the following Monday. All other holidays will be observed on the day they occur.

**Floating Holidays:** The floating holidays allows employees to have additional time off to cover absences for personal reasons such as religious observances, birthday, parent-teacher conferences, or to supplement vacation, sick and holiday leave.

All full-time regular employees receive three (3) floating holidays per year in addition to the company's regular holidays. The floating holiday is available at the beginning of each calendar year. Floating holidays must be taken in eight (8) hours increments. An employee hired after September 30 will receive three floating holidays at the beginning of the next calendar year. It must be taken in the calendar year in which given. Under no circumstances will these days be carried over to the next calendar year, nor may they be cashed out if not taken or paid upon termination of employment. A floating holiday must be scheduled through the HRIS and approved in advance by the employee's immediate supervisor.

**Other Religious Holidays:** CNS believes that basic rights regarding religious preference should be extended to all employees. Therefore, every reasonable effort will be made to grant employees time off for celebrating holidays or attending worship services consistent with their expressed faith. It is the responsibility of the employee to notify their immediate supervisor of this preference and obtain approval at least two weeks in advance. An employee may elect to use accrued paid time off. Under no circumstances will an alternate holiday schedule result in more paid time off or more holiday pay than normally accrued or earned.

# TUITION REIMBURSEMENT

CNS Healthcare recognizes the importance of continuing education of employees to maintain or advance their skills while employed at CNS.

CNS will reimburse eligible employees for tuition payments for coursework related to their employment with CNS.

## Eligibility

Regular full-time employees who have completed one year of service with CNS are eligible for tuition reimbursement under this policy. The maximum reimbursement is $3,000 in a revolving 12 month period and covers only tuition payments.

For questions regarding tuition reimbursement, please contact a member of the CNS Human Resources team.

## Procedure

CNS will reimburse an employee for all approved courses based on the following conditions. (Note: the course must be approved before the employee registers for the class):

- Employees must complete a “Tuition Assistance Reimbursement Form” and forward to their Departmental Manager for review and approval for the coursework prior to enrollment. The department manager may approve or deny the request
- The approved request form will be forwarded to Human Resources for review. Upon completion of the course human resources will conduct a final review of the request and submit the request to finance for reimbursement

# PROFESSIONAL DEVELOPMENT REIMBURSEMENT

CNS Healthcare will reimburse staff for a maximum payment/reimbursement of $300 per calendar year to cover the cost of registrations, certifications, licenses and memberships that are necessary for maintaining professional credentials or required as part of one's job or to promote professional growth. In addition, the $300 allowance may be used to cover the cost of job-related trainings and/or seminars that are relevant to the employee's professional development. For training and/or seminars, the allowance may be used for registration fees only and does not cover the cost of travel or lodging. The cost of an exam(s) are not eligible for reimbursement.

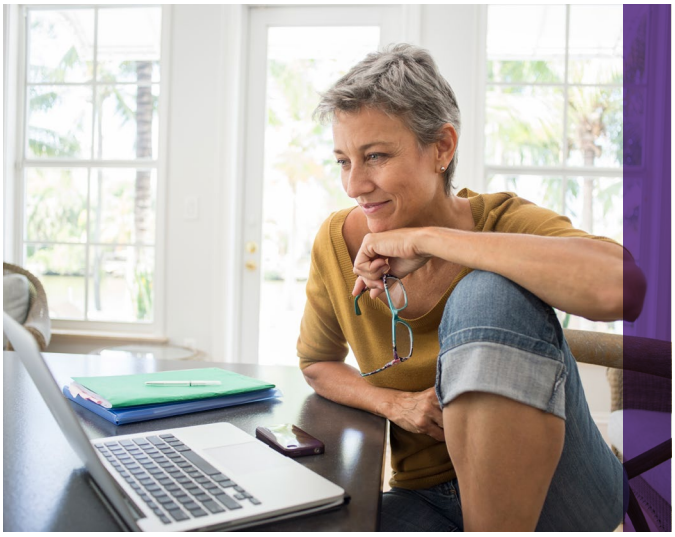
## Purpose

CNS Healthcare requires clinical staff to maintain professional certifications and licenses as a condition of continued employment in their respective disciplines. CNS Healthcare also supports staff membership in professional organizations that promote continued growth and development for staff. (This policy applies to non-physician clinical staff. Provisions for reimbursement of such expenses for physicians are included in their individual contracts).

## Procedure/Protocol

An employee requesting reimbursement for registrations, certifications, licenses and memberships must complete a "Employee Reimbursement form" form and must provide documentation for the application for the license, registration, certification or membership, and a copy of a canceled check or receipt of payment for the requested reimbursement.

If requesting payment for registrations, certifications, licenses and memberships must complete a "Check Request Form" the employee must attach an invoice or registration form with the request in advance.



The completed "Employee Reimbursement Form" or "Check Request Form" must be approved by the employee's Department Manager and then forwarded to the Finance Department for processing.

Employees must repay any reimbursement received in the last 12 months preceding their resignation, upon resignation.

# 2022 CONTRIBUTION RATES

## CNS 2022 Plan Year Rates & Contributions

| | Monthly Employee Contribution | Bi-weekly (26 pays) Employee Contribution |
|---|---|---|
| Medical/Rx | | |
| Core PPO | | |
| Single | $54.51 | $25.16 |
| Two Person | $124.24 | $57.34 |
| Family | $140.70 | $64.94 |
| Buy-Up PPO | | |
| Single | $85.89 | $39.64 |
| Two Person | $199.53 | $92.09 |
| Family | $234.85 | $108.39 |
| Simply Blue PPO | | |
| Single | $37.07 | $17.11 |
| Two Person | $82.33 | $38.00 |
| Family | $88.38 | $40.79 |

### NO COST DENTAL AND VISION COVERAGE

For 2022, CNS Healthcare is proud to offer dental and vision coverage at no cost to you. CNS Healthcare is assuming the entire cost of the premiums on your behalf!

Note: If you opt out of medical coverage for the 2022 plan year, you may be eligible for a per pay credit in the amount of $50 for employee only, $100 for two-person and $150 for family. Please see HR for eligibility and requirements.

# LEGAL NOTICES

## Qualified Changes in Status/Changing Your Pre-Tax Contribution Amount Mid-Year

We sponsor a program that allows you to pay for certain benefits using pre-tax dollars. With this program, contributions are deducted from your paycheck before federal, state and Social Security taxes are withheld. As a result, you reduce your taxable income and take home more money. How much you save in taxes will vary depending on where you live and on your own personal tax situation.

These programs are regulated by the Internal Revenue Service (IRS). The IRS requires you to make your pre-tax elections before the start of the plan year January 1 – December 31. The IRS permits you to change your pre-tax contribution amount mid-year only if you experience a change in status, which includes the following:

- Birth, placement for adoption, or adoption of a child or being subject to a Qualified Medical Child Support Order which orders you to provide medical coverage for a child
- Marriage, legal separation, annulment or divorce
- Death of a dependent
- A change in employment status that affects eligibility under the plan
- A change in election that is on account of, and corresponds with, a change made under another employer plan
- A dependent satisfying, or ceasing to satisfy, eligibility requirements under the health care plan

The change you make must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage. If your spouse's employment terminates and he/she loses employer-sponsored coverage, you may elect coverage for yourself and your spouse under our program. However, the change must be requested within 30 days of the change in status. If you do not notify Human Resources within 30 days, you must wait until the next annual enrollment period to make a change.

These rules relate to the program allowing you to pay for certain benefits using pre-tax dollars. Please review the medical booklet and other vendor documents for information about when those programs allow you to elect or cancel coverage, add or drop dependents and make other changes to your benefit coverage, as the rules for those programs may differ from the pre-tax program.

## HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

The Children's Health Insurance Program Reauthorization Act of 2009 added the following two special enrollment opportunities:

- The employee's or dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
- The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP

It is your responsibility to notify Human Resources within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined. More information on CHIP is provided later in this document.

## Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act (WHCRA) of 1998 is also known as "Janet's Law." This law requires that our health plan provide coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient

Benefits will be payable on the same basis as any other illness or injury under the health plan, including the application of appropriate deductibles, coinsurance and copayment amounts. Please refer to your benefit plan booklet for specific information regarding deductible and coinsurance requirements. If you need further information about these services under the health plan, please contact the Customer Service number on your member identification card.

## Michelle's Law

Effective November 1, 2010, if a full-time student engaged in a post-secondary education loses full-time student status due to a severe illness or injury, he/she will maintain dependent status until the earlier of (1) one year after the first day of a medically necessary leave of absence; or (2) the date on which such coverage would otherwise terminate under the terms of the plan. A medically necessary leave of absence or change in enrollment at that institution must be certified by the dependent's attending physician.

## Protecting Your Privacy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employer health plans to maintain the privacy of your health information and to provide you with a notice of the Plan's legal duties and privacy practices with respect to your health information. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Human Resources.

## Summary of Material Modification

The information in this document and in the benefit guide applies to the CNS Healthcare, Plan Number 501. This information meets the requirements for a Summary of Material Modification as required by the Employee Retirement Income Security Act (ERISA).

# Important Notice from CNS About Your Prescription Drug Coverage and Medicare

Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CNS and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. CNS has determined that the prescription drug coverage offered by Blue Cross/Blue Shield is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current CNS coverage may be affected. For more information, please refer to the benefit plan's governing documents.

If you do decide to join a Medicare drug plan and drop your current CNS coverage, be aware that you and your dependents may not be able to get this coverage back. For more information, please refer to the benefit plan's governing documents.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**
You should also know that if you drop or lose your current coverage with CNS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage**
Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through CNS changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage**
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your state Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare and You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

# CONTACT INFORMATION

## Medical Plan

**Blue Cross Blue Shield of Michigan**

Customer service: 313-225-9000
Website: www.bcbsm.com

## Prescription Services

**ScriptGuide Rx**

Customer service: 855-855-7479 (SGRX)
Website: www.sgrxhealth.com

## Dental

**Blue Cross Blue Shield of Michigan Dental**

Customer service: 313-225-9000
Website: www.mibluedentist.com

## Vision

**EyeMed**

Participant center: 866-804-0982
Website: www.eyemed.com

## FSA

**iSolved Benefit Services**

Customer service: 866-370-3040
Website: www.isolvedbenefitservices.com

## Life and AD&D

**The Hartford**

Customer service: 800-523-2233
Life Claims: 888-563-1124
Disability claims: 800-549-6514

## Pre-Paid Legal

**LegalShield/IDShield**

Customer service: 800-654-7757

## Critical Illness, Accident Supplemental Hospital Indemnity

**Aflac**

Customer service: 800-433-3036
Website: www.aflacgroupinsurance.com

## 403(b) & Roth 403(b)

**The Standard**

Customer service: 800-858-5420
Website: **www.standard.com/individual/retirement**

# NOTES

## Questions?
## Email: HRconfidential@cnshealthcare.org

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the information from the carrier responsible for each benefit, the carrier information will govern.

CNS Healthcare

kc: 83816