

BENEFITS GUIDE

2023





Welcome to Your Benefits!

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See page 25 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 paid at least 30 hours a week, you are eligible to participate in medical, prescription drug, dental, vision, life, and disability plans, as well as additional healthcare 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 or domestic partner'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.

Domestic Partner Affidavit

You will need to provide Human Resources with a domestic partnership application and supporting documentation before your domestic partner is eligible to enroll. Please contact Human Resources for the affidavit certifying your domestic partnership which also outlines potential tax implications of covering domestic partners and other eligible dependents relating to the domestic partnership.

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) and prescription out-of-pocket maximum.	\$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 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.

2023 CONTRIBUTION RATES

CNS 2023 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



BCBSM MEMBER RESOURCES

Access Your Blue Cross Member Account Online

Creating a Blue Cross member account will allow you to access your account information and the 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".

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:

- 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

Please note: The 24-hour nurse line should **not** be used for medical emergencies.





PRESCRIPTION DRUGS

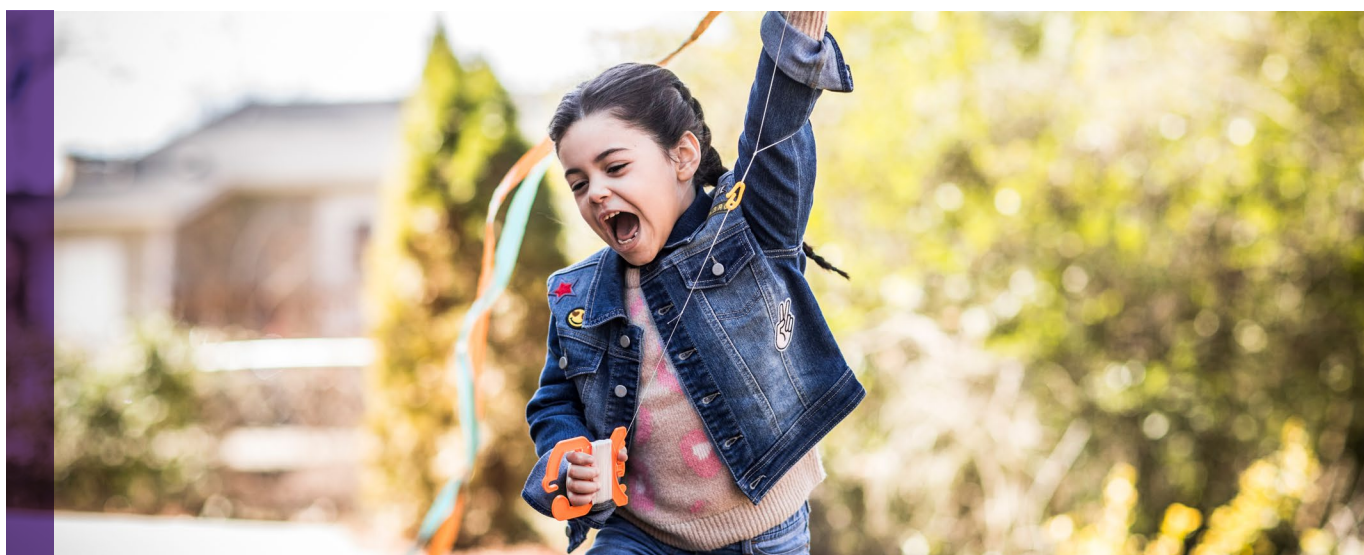
You and your eligible dependents are automatically enrolled in prescription drug coverage when you enroll for medical coverage. The prescription coverage is the same regardless of which medical plan you enroll in. ***Our prescription coverage is provided by ScriptGuide Rx.***

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

ScriptGuideRX uses prior authorization requirements to help ensure drugs are used as intended. If you encounter a drug that requires prior authorization, either you or your pharmacy will work with your provider to determine if your prescription will be approved as requested.

Step Therapy

Your pharmacy will alert you if a drug you are taking is included in the step therapy program. ScriptGuideRX has selected some drugs to be used first as they have been proven clinically effective and are more affordable. If a drug in this category does not work for you, your physician can request an alternative for you. Contact ScriptGuideRX if you would like more information about a drug you have been prescribed.

Mail Order Programs

ScriptGuideRX offers a mail-order pharmacy program. This service allows you to receive a 90-day supply of your maintenance medication conveniently delivered to your home.

ScriptGuideRX'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 (oral exams, cleaning, x-rays, sealants, fluoride)	100%
	Class II (fillings, crowns, oral surgery, root canal, scaling and root planing)	90%
	Class III (removable dentures, bridges, implants)	50%
	Class IV (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.

CNS Healthcare absorbs the cost of dental coverage for you and your eligible dependents. Therefore, no premium deduction is taken from your paycheck.





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 Once every plan year	Covered in full after \$10 copay
Lenses Once every plan year	
Single, bifocal, trifocal and lenticular	Covered in full after \$10 copay
Frames Once every plan year	Up to \$150 20% discount off balance
Contacts (in lieu of frame and lenses) Once every plan year Medically necessary	Up to \$150 and 15% off balance Covered 100%
Contact lens evaluation and fitting	Up to \$40; Covered 100%

CNS Healthcare absorbs the cost of vision coverage for you and your eligible dependents. Therefore, no premium deduction is taken from your paycheck.





FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSA) are a way to pay for certain healthcare and/or dependent care expenses on a pre-tax basis. An FSA lets you redirect a portion of your salary on a pretax basis into a reimbursement account, saving you money on taxes. You can then reimburse yourself for out of pocket expenses such as deductibles and copays, and/or day-care costs.

The IRS sets contribution limits each year. For 2023, the maximum you can contribute are as follows:

Healthcare Flexible Spending Account (HCFSA)	\$3,050
Dependent Care Flexible Spending Account (DCFSA)	\$5,000 (\$2,500 if married but filing separately)

CNS Healthcare offers two types of FSAs that can help you save on a pretax basis for out of pocket expenses.

Healthcare Flexible Spending Account (HCFSA)

Use the funds you set aside to pay for out of pocket medical and prescription expenses tax-free. iSolved administers the CNS Healthcare FSA program and makes it easy for you to reimburse yourself for eligible expenses.

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

Dependent Care Flexible Spending Account (DCFSA)

Use funds you set aside to pay for day care expenses so that you or your spouse can work or attend school full-time. You must contribute money through payroll deduction before you can spend it. iSolved administers the CNS Healthcare FSA program and makes it easy for you to reimburse yourself for eligible expenses.

Healthcare FSAs — Rollover Feature

Healthcare FSAs are a use-it-or-lose-it account, meaning any funds remaining in the account following the close of the plan year will be forfeited. All services must be incurred from Jan. 1, 2023, through Dec. 31, 2023. Claims must be submitted by March 31, 2024. Our plan has a carryover feature that allows up to \$610 of your unused funds to be carried forward to the following plan year. These carryover dollars can be used for expenses incurred at any point within the new plan year. Any unused amount over \$610 will be forfeited.

The carryover feature applies only to the Healthcare FSA. The carryover feature does not apply to the dependent care FSA.

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



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 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. 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.

Basic Life/AD&D Insurance, Short Term Disability and Long Term Disability coverage is provided to you by CNS Healthcare at no cost to you. You are automatically enrolled; This coverage is provided by CNS Healthcare on your behalf.

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.

Additional Benefits through The Hartford

Supplemental Life Insurance

CNS offers you the option to purchase additional Life/AD&D insurance for yourself, your eligible spouse/ domestic partner, 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/Domestic Partner	Dependent
Amount	Choice of \$10,000 increments Not to exceed the lesser of five times your annual salary to a maximum benefit of \$250,000	Choice of \$5,000 increments Not to exceed the lesser of 50% of employee elected amount or \$125,000 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 An additional 40% of original amount at age 70 An additional 25% of original amount at age 75	65% at age 65 An additional 40% of original amount at age 70 An additional 25% of original amount at age 75	



ULLIANCE EMPLOYEE ASSISTANCE PROGRAM (EAP)

We all know that life can be challenging at times. Issues like illness, debt and family problems can leave us feeling worried or anxious and not able to be at our best. The Life Advisor EAP, sponsored by Ulliance, provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your well-being.

The Ulliance Resolution EAP Model

This program provides short-term counseling with a flexible number of visits. This means you are not limited by a fixed number of counseling sessions or conversations! Ulliance has a solution-based approach focused on resolving or managing your situation

The Ulliance Life Advisor EAP offers:

- **COUNSELING:** Speak to state-licensed and/or certified professionals specializing in short term treatment. You can connect in-person, telephonically, or via video.
- **COACHING:** Get assistance with goal setting and other life achievements via telephonic coaching
- **CRISIS SUPPORT:** 24/7/365 access to a counselor to assist with an urgent issue or crisis.

Referrals

- **WORK-LIFE TRANSITIONS:** Get help balancing your work/life commitments. For instance, assistance with aging loved ones, child- care, relationships, parenting, special needs, moving, getting married or having a baby
- **FINANCIAL:** Free 30-minute telephonic or in-person consultation with a financial counselor to talk about topics such as debt management, financial education, budgeting, or financial planning
- **LEGAL:** Free 30-minute consultation with a local attorney with a 25% discount on their normal hourly rate. Services include simple dispute resolution, simple will preparation, and other items.

Ulliance

For more information and resources:

Download the mobile App

Call: 800.448.8326

Go online: www.lifeadvisoreap.com



LEGAL SHIELD & ID SHIELD

CNS offers employees the opportunity to elect LegalShield and/or ID Shield coverage. These coverages are made available to you by being an employee of CNS but the cost is the responsibility of each employee.

LegalShield

The LegalShield® Membership Includes:

- Legal advice — personal legal issues
- Letters/calls made on your behalf
- Contracts and 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 LegalShield and IDShield benefits.

Above pricing is on a per pay basis.



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.

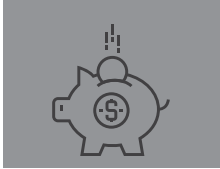
Paid Parental Leave

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. Participation is effective on the first date of your employment with CNS Healthcare.

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
- Juneteenth

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 \$6,000 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 approved cost of registrations, certifications, licenses and memberships that are necessary for maintaining professional credentials required as part of one's job or to promote professional growth. CNS Healthcare will reimburse staff to cover the cost of registration for job-related training and/or seminars that are relevant to the employee's professional development. In addition, CNS Healthcare will reimburse the cost of exam fees upon receipt of documentation confirming a successful passing score.

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.





LEGAL NOTICES

Required Notices

Important Notice from CNS Healthcare About Your Prescription Drug Coverage and Medicare under the Blue Cross Blue Shield of Michigan Plans

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 Healthcare 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 Healthcare has determined that the prescription drug coverage offered by Blue Cross Blue Shield of Michigan Simply Blue PPO, Core and Buy Up plan(s) 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 to 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 Healthcare coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may be able to get this coverage back.

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 Healthcare 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 at the end of these notices 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 Healthcare 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 & 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 Medicare Part D 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).

Date:	October 1, 2022
Name of Entity/Sender:	CNS Healthcare
Contact—Position/Office:	Human Resources
Address:	24230 Karim Blvd. Suite 100 Novi, MI 48375
Phone Number:	248-745-4900

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 248-745-4900.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 248-745-4900.

HIPAA 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 later 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).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 at 248-745-4900.

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

Ulliance Life Advisor EAP

Call: 800.448.8326
Website: www.lifeadvisor.eap.com

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.