



BENEFITS GUIDEBOOK

JANUARY 1, 2024 - DECEMBER 31, 2024



TABLE OF CONTENTS

- 1 WELCOME**
- 2 PLAN NOTES**
- 3 MEDICAL BENEFITS**
- 5 HEALTH SAVINGS ACCOUNTS**
- 7 DENTAL BENEFITS**
- 8 VISION BENEFITS**
- 9 LIFE & DISABILITY BENEFITS**
- 10 ADDITIONAL BENEFITS**
- 12 FLEXIBLE SPENDING ACCOUNTS**
- 14 MODEL NOTICES**
- 15 PAYROLL CONTRIBUTIONS**
- 16 KEY CONTACTS**



WELCOME

At Southern Maryland Electric Cooperative (SMECO), we appreciate your commitment and contributions to our company's success. Each year, we strive to offer benefit plans to our employees that not only reward you for your hard work, but offer you and your family comprehensive and affordable health and wellness protection. We are confident that you will find our benefit offerings to be of excellent value to you and to your dependents.

In the following pages, you will find a summary of our benefit plans for the coming year. Please read this guidebook carefully as you prepare to make your elections to ensure that you select the coverage that is right for you.

WIRED FOR WELLNESS | ENERGIZING A HEALTHIER WORKFORCE

Our mission is to enhance organizational health by enabling and encouraging employees to initiate or expand healthy lifestyles; and to provide a diverse wellness program that meets a wide range of personal needs that will facilitate a developing awareness for balancing physical, mental and financial health. Our Wired for Wellness Magazine provides a schedule of events and valuable information regarding our programs.

The program will recognize employees for participating in healthy lifestyle activities and promote an enriched corporate culture that is focused on celebrating and improving the quality of life for all employees. We encourage all employees to review the Wellness program documents which are available on the Employee Intranet.

The Wired for Wellness Family Health Center is another component of your health and wellness offerings. SMECO has contracted with Marathon Health (previously Oracle/Cerner) to offer this service. The Family Health Center hours of operation are Monday to Friday, 8:00 am to 5:00 pm. The telephone number is 301.274.8168. You can also schedule appointments or review test results via the patient portal.

In good health,

Victoria

SMECO BENEFITS & WELLNESS TEAM



Victoria St. Arnold
Office: [301.274.4381](tel:301.274.4381)
Cell: [240.320.2605](tel:240.320.2605)



Crystal Jackson
Office: [301.274.4310](tel:301.274.4310)
Cell: [301.751.2885](tel:301.751.2885)



Paulette Ager
Office: [301.274.8163](tel:301.274.8163)
Cell: [301.643.8585](tel:301.643.8585)

PLAN NOTES

PLAN YEAR

SMECO's benefit plan year begins on January 1 and ends on December 31.

EMPLOYEE ELIGIBILITY

- All active, regular employees working 30 or more hours per week are eligible to enroll in medical benefits.
- All active, regular employees working 40 hours or more per week are eligible to enroll in all other benefits.
- New hire benefits are effective the first of the month following your date of hire.

DEPENDENT ELIGIBILITY

Your eligible dependents may include:

- Your legal spouse.
- Your child(ren) up to age 26 including natural children, legally adopted children, and stepchildren.
- Your child(ren) over age 26 who are not able to support themselves due to a physical or mental disability.

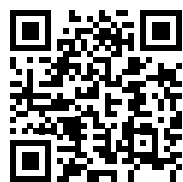
CHANGING YOUR BENEFITS

Any elections you make during open enrollment will be in effect January 1 through December 31. The elections you make during your enrollment period will remain fixed, unless you experience one of the following qualifying life events:

- Marriage, divorce, legal separation or annulment of marriage
- Birth, adoption or placement for adoption of an eligible child
- Loss of spouse's job or change in work status (when coverage is maintained through spouse's plan)
- A significant change in your or your spouse's health coverage that is attributable to your spouse's employment
- Death of spouse or dependent
- Loss of dependent status
- Change in Medicare status
- Receiving a Qualified Medical Child Support Order (QMCSO)

Qualifying life events allow you to make plan changes at any time during the year in which they occur. You must provide written notice to Human Resources of such enrollment changes within 30 days of the event. You may also need to provide proof of the event, depending on the type of event. If you do not contact Human Resources within these 30 days, you will not be allowed to change your benefit election(s) or add/drop dependents until the next annual enrollment period.

CLICK OR SCAN
TO LEARN ABOUT
QUALIFYING LIFE
EVENTS



MEDICAL/Rx BENEFITS

MEDICAL/Rx BENEFITS

SMECO is pleased to offer two medical plans through Cigna. You have the option of choosing from the Consumer Driven Health Plan (CDHP) or the PPO plan. Both plans provide you the flexibility to receive care from any provider you choose, whether or not they are part of Cigna's network. Please note your benefits are greater when you use a network provider.

Choose the Plan That's Right for You

The key difference between the plans is the amount of money you'll pay each pay period and when you need care. SMECO offers two medical plans—a PPO Option and a Consumer Driven Health Plan (CDHP/HSA) Option. Additional information and resources are available at www.myCigna.com and in Human Resources.

- » **PPO Option** – This plan has a deductible and coinsurance levels after the deductible has been met.
- » **CDHP/HSA** – This is a Consumer Driven Health Plan. You must meet the deductible before the plan starts to pay medical expenses. You can elect to fund a Health Savings Account (HSA) with pre-tax dollars. The reduced premiums also allow you to contribute even more money to your HSA.
- » You may also choose to waive the medical plans offered by SMECO and receive a \$100 Waive Medical Premium per month (paid the second Pay Date of the month). Please note that to be eligible for the Medical Waive Credit, you will need to provide proof of other eligible insurance.

Preventive Care

All plans cover preventive care at 100%, including routine screenings and checkups. Many of these services are covered as part of routine physical exams. These include regular checkups, routine gynecological visits and well-child exams. You will not have to pay anything for these services if you receive them from a provider that participates in Cigna's network.

PRESCRIPTION DRUG

Generic vs Preferred Brand vs Non-Preferred Brand

You can control your out-of-pocket cost based on the medications your physician prescribes. To get the greatest value from your prescription benefits, ask your doctor to prescribe generic medications whenever possible.

Mail Order & Maintenance Medications

Use Mail Order for maintenance medications that you routinely fill each month. You may be able to obtain valuable savings on 90-day supplies of medications.

MDLIVE

For quick, convenient access to a provider while you are at the office, or on the go, you can use Video Visit, a telemedicine service. Board certified doctors and pediatricians are available by secure video, phone, or mobile app—anytime, anywhere—and can treat non-emergency medical conditions such as:

- » Colds and flu
- » Allergies
- » Asthma
- » Pink eye
- » Ear infections
- » Sinus problems
- » Respiratory infections
- » Joint aches and pains
- » Vomiting and nausea

To access MDLIVE, visit www.mdliveforcigna.com or log into www.mycigna.com. You can also download the MDLIVE app from [Google Play](#) or the [App Store](#).



CLICK OR SCAN
TO LEARN MORE
ABOUT YOUR
BENEFITS

MEDICAL/Rx BENEFITS

| | HSA-Eligible | | | |
|--|--|--|---|--|
| | CDHP HSA PLAN | | PPO PLAN | |
| Medical Coverage: | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible Individual / Family | \$1,600 / \$3,200 | \$3,200 / \$6,400 | \$500 / \$1,000 | \$1,000 / \$2,000 |
| Coinsurance Plan Pays / Member Pays | 80% / 20% | 60% / 40% | 90% / 10% | 70% / 30% |
| Out-of-Pocket Maximum Individual / Family | \$3,000 / \$6,000 | \$5,000 / \$10,000 | \$3,000 / \$6,000 | \$5,000 / \$10,000 |
| Office Visit Primary Care Physician Specialist Preventive Care | Deductible, then 20% Deductible, then 20% No charge | Deductible, then 40% Deductible, then 40% Deductible, then 40% | Deductible, then 10% Deductible, then 10% No charge | Deductible, then 30% Deductible, then 30% Deductible, then 30% |
| Labs & X-Rays | Deductible, then 20% | Deductible, then 40% | Deductible, then 10% | Deductible, then 30% |
| Imaging (CT/PET Scans, MRIs) | Deductible, then 20% | Deductible, then 40% | Deductible, then 10% | Deductible, then 30% |
| Urgent Care Center | Deductible, then 20% | Deductible, then 20% | Deductible, then 10% | Deductible, then 10% |
| Emergency Room | Deductible, then 20% | Deductible, then 20% | Deductible, then 10% | Deductible, then 10% |
| Outpatient Hospital Services | Deductible, then 20% | Deductible, then 40% | Deductible, then 10% | Deductible, then 30% |
| Inpatient Hospital Services | Deductible, then 20% | Deductible, then 40% | Deductible, then 10% | Deductible, then 30% |
| Prescription Drug Coverage | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | Combined with medical | N/A | None | N/A |
| Retail Pharmacy (30-day supply) Generic Preferred Non-Preferred Specialty | Deductible, then 20% Deductible, then 20% Deductible, then 20% Deductible, then 20% | Not Covered | \$0 copay \$20 copay \$40 copay \$100 copay | Not Covered |
| Mail Order Pharmacy (90-day supply) Generic Preferred Non-Preferred Specialty | Deductible, then 20% Deductible, then 20% Deductible, then 20% Not covered | Not Covered | \$0 copay \$40 copay \$80 copay Not covered | Not Covered |

Note: This summary is meant to provide a brief overview of benefits. In the event of a conflict, the plan documents will govern.



CLICK OR SCAN
TO LEARN MORE
ABOUT YOUR
BENEFITS

HEALTH SAVINGS ACCOUNT

HEALTH SAVINGS ACCOUNT (HSA)

Employees who participate in our Consumer Driven Health Plan (CDHP) are eligible to enroll in a Health Savings Account (HSA). A Health Savings Account is just what it sounds like—it's a personal, individual account that you can use to set aside money on a tax-advantaged basis, to use for health care expenses for you and your qualified dependents.

Employees enrolled in the CDHP HSA plan are eligible to enroll in an HSA so long as they are not covered by any non-Consumer Driven Health Plan; this includes Medicare and/or a Health Care Flexible Spending Account.

Making contributions to your HSA on a pretax basis reduces your taxable income in the same way that 401(k) contributions would, meaning that you can save on taxes. Unlike a 401(k) plan, however, your HSA money—including any interest it has earned—remains tax-free even when you withdraw it, so long as it is used for an eligible health care expense that is not paid for by any insurance plan.

Benefits of an HSA

- Contributions to an HSA are tax-free (federal tax and FICA).
- Interest earnings are tax-free.
- Anyone can contribute to your HSA.
- Unused funds roll over year after year.
- Your HSA account is fully portable—you keep it even if you discontinue your employment or disenroll from the CDHP.
- Money you save is available for health care purchases now, or at any time in the future, even if you no longer participate in a Consumer Driven Health Plan (though you may only contribute to an HSA while you are enrolled in a high deductible plan).

Eligible Health Care Expenses

- Medical expenses, including deductible, coinsurance, and copays
- Prescription drug copays
- Long-term care and Medicare insurance premiums (not Medigap)
- Retiree health expenses
- Dental expenses
- Vision expenses



CLICK OR SCAN
TO LEARN MORE
ABOUT YOUR
BENEFITS

HEALTH SAVINGS ACCOUNT

CONTRIBUTING TO YOUR HSA

You can contribute to your HSA through easy payroll deductions; simply determine how much you would like to contribute. With an HSA, there is no 'use it or lose it' rule like you see in flexible spending accounts. Money left unused at the end of the year will be rolled over to the next year.

Please note, the Internal Revenue Service does limit the amount that can be deposited into an HSA each year. For 2024, single subscribers can deposit up to \$4,150, while employees in the 'Employee + Spouse,' 'Employee + Child(ren)' or 'Family' coverage tiers may deposit up to \$8,300. **These limits are a total of all contributions, including those made by your employer.**

SMECO will contribute to the following amounts at the beginning of the plan year to help offset the deductible and qualifying expenses:

- \$750 individual / \$1,500 family (year 1 only)
- \$500 individual / \$1,000 family (year 2+)

If you are 55 or older, you can make a "catch-up" contribution to your HSA of up to \$1,000 each year.

Please remember that the amount you can contribute to the HSA is directly related to your enrollment in the HDHP. If you are only enrolled in the HDHP for a few months of the year, you may only contribute the correlating amount into your HSA. To determine the amount you may allocate into the HSA, take the calendar year max contribution and divide by 12. This will provide a monthly maximum and then you will multiply that amount times the number of months you are enrolled in the HDHP.

The IRS does allow you to contribute the full amount for the calendar year, even if you were not enrolled in the HDHP for all 12 months. This is referred to as the "last-month rule". Under this rule, if you are enrolled in the qualified HDHP on the first day of the last month of the tax year (December 1), you are considered an eligible individual for the entire year and thus may contribute the entire annual maximum. If you are contributing the maximum for the year using the last-month rule, you must remain enrolled in the HDHP during the testing period (12 months: December 1st of the current year through December 31st of the following year).

| 2024 PLAN YEAR | |
|--|---|
| HSA Contribution Maximum Employee/Employer Combined | Individual: \$4,150 Family: \$8,300 |
| HSA Catch-Up Contribution Age 55 or older | \$1,000 |
| IRS CDHP Minimum Deductibles | Individual: \$1,600 Family: \$3,200 |
| SMECO CDHP Deductibles | Individual: \$1,600 Family: \$3,200 |
| IRS CDHP Maximum Out-of-Pocket Limits | Individual: \$8,050 Family: \$16,100 |
| SMECO CDHP Out-of-Pocket Limits | Individual: \$3,000 Family: \$6,000 |



CLICK OR SCAN
TO LEARN MORE
ABOUT YOUR
BENEFITS

DENTAL BENEFITS

DENTAL BENEFITS

Good dental health is important to your overall well-being. It is for this reason that SMECO offers employees a PPO dental plan through Delta Dental.

Delta Dental PPO Plus Premier Plan

The Delta Dental PPO Plus Premier plan offers a balance of savings and choice each time you receive covered dental care. You can receive care from dentists who belong to the Delta PPO Network or the Premier Network. These dentists accept Delta Dental's payment plus any cost sharing, as shown in the chart below. Dentists in the PPO Network have agreed to a lower reimbursement rate than those who participate in the Premier Network, therefore you will be able to receive more dental services before reaching the annual plan maximum.

There are two main advantages in using a provider that is part of the Delta Dental PPO Network. First, participating providers offer plan benefits based on negotiated fees. These fees are typically 10% to 35% less than the average cost for similar services provided by out-of-network dentists in your area. Second, these providers have agreed to file any claims on your behalf. If you choose to receive care from an out-of-network dentist, you will generally pay more for covered services as the provider may charge you more than the Reasonable and Customary (R&C) limits for covered dental services.

| | PPO | |
|--|--------------------------|--------------------------|
| | In-Network | Out-of-Network |
| Deductible Individual / Family | \$50 / \$150 | \$50 / \$150 |
| Calendar Year Maximum | \$2,000 per person | \$2,000 per person |
| Coinsurance | | |
| Class I: Preventive Services (Not included in Calendar Year Maximum) | No charge, no deductible | No charge, no deductible |
| Class II: Basic Services | 20% after deductible | 20% after deductible |
| Class III: Major Services | 40% after deductible | 40% after deductible |
| Endodontics | Covered as basic | Covered as basic |
| Periodontics | Covered as basic | Covered as basic |
| Implants | Covered as major | Covered as major |
| Class IV: Orthodontia | 50% no deductible | 50% no deductible |
| Orthodontia Lifetime Maximum | \$2,000 per person | \$2,000 per person |

Note: This summary is meant to provide a brief overview of benefits. In the event of a conflict, the plan documents will govern.



CLICK OR SCAN
TO LEARN MORE
ABOUT YOUR
BENEFITS

VISION BENEFITS

VISION BENEFITS

The Cigna vision plan provides you with access to affordable, quality vision care coverage. This plan allows you to receive a complete eye examination and materials (if needed). You can choose to receive care from a Cigna participating provider (in-network) or from any doctor of your choosing (out-of-network). Dollar for dollar, you get the best value from your vision benefit when you visit a Cigna participating provider. If you decide to see an out-of-network provider, you will receive a lesser benefit and you will typically pay more out-of-pocket.

| | CIGNA | | |
|--|---|--|--|
| | In-Network | Out-of-Network Reimbursement | Frequency |
| Eye Exams | Covered in full | up to \$45 | Once every 12 months |
| Lenses Single Vision Lined Bifocal Lined Trifocal | Covered in full Covered in full Covered in full | Up to \$32 Up to \$55 Up to \$65 | Once every 12 months |
| Frames | \$110 allowance + 20% off balance | Up to \$61 | Once every 12 months |
| Contact Lenses Medically Necessary Elective | No charge \$120 allowance | Up to \$200 Up to 100 | Once every 12 months (in lieu of glasses) |

Note: This summary is meant to provide a brief overview of benefits. In the event of a conflict, the plan documents will govern.

Benefits include:

- Employee Wellness Program
- Tuition Reimbursement
- 401k Retirement Plan
- Paid Leave
- Long-Term Disability and Optional Disability Programs
- Life Insurance
- Accidental Death & Dismemberment (AD&D) – company paid
- Business Travel Accident Insurance – company paid
- Employee Assistance Program (EAP)

people are driven by and trust.

Maryland
erative
D 20
440-3

CLICK OR SCAN TO LEARN MORE ABOUT YOUR BENEFITS

LIFE & DISABILITY BENEFITS

SMECO offers Life and Accidental Death and Dismemberment (AD&D) insurance, as well as Long-Term Disability insurance to all eligible employees. These benefits are insured by New York Life.

LIFE AND AD&D INSURANCE

You may purchase coverage for yourself, your spouse, or your dependent child(ren).

| BARGAINING UNIT EMPLOYEES | | MANAGEMENT EMPLOYEES | |
|---------------------------|---|-----------------------|---|
| Coverage | | Coverage | |
| Employee Benefit | 2x your base annual earnings up to a maximum of \$500,000 | Employee Benefit | Option 1: 1x your base annual earnings up to a maximum of \$50,000 Option 2: 2x your base annual earnings up to a maximum of \$500,000 Option 3: 3x your base annual earnings up to a maximum of \$500,000 |
| Spouse Benefit | Flat \$15,000 | Spouse Benefit | Flat \$15,000 |
| Child(ren) Benefit | Birth to 6 months: Flat \$500 6 months and older: Flat \$10,000 | Child(ren) Benefit | Birth to 6 months: Flat \$500 6 months and older: Flat \$10,000 |
| Employee AD&D Benefit | AD&D amount matches the Life election | Employee AD&D Benefit | AD&D amount matches the Life election |
| Guaranteed Issue | Equal to benefit amount | Guaranteed Issue | Equal to benefit amount |
| Age Reduction | At age 70, benefit reduces to 65% At age 75, benefit reduces to 50% At age 80, benefit reduces to 30% | Age Reduction | At age 70, benefit reduces to 65% At age 75, benefit reduces to 50% At age 80, benefit reduces to 30% |

Note: This summary is meant to provide a brief overview of benefits. In the event of a conflict, the plan documents will govern.

LONG-TERM DISABILITY (LTD) INSURANCE

| BARGAINING UNIT EMPLOYEES | |
|---------------------------|--|
| Coverage | |
| Employee Benefit | 66.67% of your monthly salary, up to a maximum of \$10,000 per month |
| Elimination Period | 180 days |
| Benefit Duration | Bargaining Employees: 24 Months Management Employees: To age 65 |



CLICK OR SCAN
TO LEARN MORE
ABOUT YOUR
BENEFITS

ADDITIONAL BENEFITS

SMECO provides the opportunity to enroll in and/or utilize additional benefits and resources.

BUSINESS TRAVEL ACCIDENT INSURANCE

Benefits are payable for any accidental death while a covered person is traveling away from SMECO premises on authorized SMECO business.

- » **Exempt employee death benefit** – \$200,000 – 24-hour business and pleasure coverage
- » **Non-exempt employee death benefit** – \$50,000

CANCER AND INCOME SECURITY PROGRAM

SMECO offers employees the opportunity to purchase a variety of voluntary benefits that work with your medical plan to help provide the ultimate coverage in case of an accident, injury or illness.

- » **Accident Insurance** - This benefit is insured through Cigna, and provides a lump sum benefit, paid directly to you, if you experience a covered accident/injury.
- » **Critical Illness Insurance** - This benefit is insured through Cigna, and provides a lump sum benefit, paid directly to you, if you experience a covered illness.
- » **Hospital Indemnity Insurance** - This benefit is insured through Cigna, and provides a lump sum benefit, paid directly to you, if you need end up in the hospital for a covered injury or illness.
- » **Cancer Insurance** - This benefit is insured through Aflac, and provides a lump sum benefit, paid directly to you, if you experience a covered cancer diagnosis.

The lump sums paid to you can be used to help cover costs such as copays or coinsurances, mortgage payments, groceries, and more.

EMPLOYEE ASSISTANCE PROGRAM

Everyone needs a little help from time to time. That's why we offer you and your eligible family members access to licensed counselors through our Employee Assistance Program (EAP) through Cigna Health and Behavioral. Contact the Cigna EAP by calling [877.622.4327](tel:877.622.4327) or by visiting www.myCigna.com for help with the following:

- » Stress
- » Substance abuse
- » Aging parents
- » Marital or family problems
- » Financial issues
- » Pet care
- » Anxiety and depression
- » Child care issues

It's important to note that all EAP conversations are voluntary and strictly confidential. In addition, there's never a cost to you when you contact an EAP counselor; SMECO pays the full cost. However, if you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available.



CLICK OR SCAN
TO LEARN MORE
ABOUT YOUR
BENEFITS

ADDITIONAL BENEFITS

401(K) AND ROTH SAVINGS PLAN

SMECO's 401(k) and Roth savings plans are offered to full-time employees. Participants are allowed to contribute pre- and post-tax dollars through payroll deduction. You may elect to contribute from 0 to 65% of your annual straight time earnings (a maximum of 50% pre-tax or 50% Roth or some combination thereof for no more than 65% total) up to the IRS established annual limits. Please note: participants over 50 years of age are eligible to make an additional "catch up" contribution also subject to IRS established annual limits. Income Flex is also available in the 401(k) to participants age 50 and older. Please contact Prudential Retirement at 1.877.778.2100 to learn more about your plan and the options available. Prudential's website for participants is www.empower.com

SMECO provides Management employees with a 100% matching contribution up to the first 6%. Bargaining Unit receives a matching contribution of \$.50 on the dollar not to exceed 4% (effective January 1, 2024).

| 2024 CONTRIBUTION LIMIT | |
|---|----------|
| Limit on employee contributions to 401(k), 403b, or 457 plan | \$22,500 |
| Limit on age 50+ catchup contributions to 401(k), 403b, or 457 plan | \$7,500 |
| Traditional and Roth IRA contribution limit | \$6,000 |
| Traditional and Roth IRA age 50+ catchup contribution limit | \$7,000 |

All employees receive the SMECO non-elective contribution to their 401(k). The non-elective contribution is tiered by years of service, as follows:

| | |
|--------------------|-----------------|
| Fewer than 5 years | 3% of base pay |
| 5 to 19 years | 8% of base pay |
| 20 or more years | 10% of base pay |

TIME OFF | EXEMPT & NON-EXEMPT STAFF

Annual Leave

Annual leave can be carried from year to year to a maximum accumulation of two and one half years.

Sick Leave

Accumulated at a rate of 4 hrs per pay period.
Maximum accumulation – 960 hrs.

Holidays

13 holidays which include Good Friday, the day after Thanksgiving, and a Personal Holiday.

Vacation

| BARGAINING UNIT & MANAGEMENT | |
|------------------------------|--|
| 1st – 5th years | 3 ½ hours per pay period or 91 hours per year |
| 6th – 12th years | 5 hours per pay period or 130 hours per year |
| 13th – 20th years | 6 ½ hours per pay period or 169 hours per year |
| 21st+ years | 8 hours per pay period or 208 hours per year |



CLICK OR SCAN
TO LEARN MORE
ABOUT YOUR
BENEFITS

FLEXIBLE SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNT (FSA)

SMECO lets you redirect a portion of your pay, through payroll deduction, into Flexible Spending Accounts (FSAs). The money that goes into an FSA is deducted from your pay on a pre-tax basis (before Federal and Social Security taxes are calculated). Because you do not pay these taxes on money that goes into an FSA, you decrease your taxable income and potentially increase your spendable income.

With a Health Care FSA, you can begin to use all or some of the total amount elected as soon as the plan year begins. With a Dependent Care FSA, you will be reimbursed only for dependent care services that you have already funded in your account. If you submit a claim for an amount that exceeds your Dependent Care account balance, you will be reimbursed on a pay period basis until you have made enough additional contributions to cover the expenses.

Health Care FSA

A Health Care FSA provides you with the ability to save money on a pre-tax basis for any IRS-allowed health expenses not covered by your medical benefits plan. These expenses include deductibles, copays and coinsurance payments, non-reimbursed medical, dental and vision expenses, qualified over-the-counter product costs, hearing care expenses and orthodontia. The maximum annual amount that you can contribute is \$3,200.

If you do not spend all the money in this FSA by March 31, per IRS regulations, unused dollars will be forfeited for pre-tax contributions. You may rollover up to \$640 of your unused health care FSA dollars from year-to-year. Unused amounts in excess of \$640 will be forfeited under the IRS "use-or-lose" rules.

Dependent Care FSA

A Dependent Care FSA provides you with the ability to set aside money on a pre-tax basis for day care expenses for your eligible dependent. Generally, expenses will qualify for reimbursement if they are the result of care for:

- Your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return; and/or
- Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care.

Please Note: This benefit may only be used to pay for dependent care services that enable both you and your spouse to work full-time, seek employment and/or attend school. This does not include overnight camp or overnight care. The maximum annual amount you can contribute to a Dependent Care FSA is \$5,000. Funds are forfeited if not used by the end of the plan year.



CLICK OR SCAN
TO LEARN MORE
ABOUT YOUR
BENEFITS

FLEXIBLE SPENDING ACCOUNTS

HOW AN FSA WORKS

As you incur expenses over the year, you may pay for them in one of two ways:

- Pay for eligible services out-of-pocket and then submit your expenses to CareFlex to receive reimbursement from your FSA. Expenses may be submitted online, by fax, by e-mail, or by mail.
- Pay for services directly using your CareFlex debit card (always be sure to save your receipts - they may be requested by CareFlex for verification).

IMPORTANT FEATURES

It is very important that you only elect to contribute an amount to the FSA that you can reasonably expect to spend in 2024. Before you elect to contribute to either a Health Care or Dependent Care FSA, please note the following important features of these plans.

- The amount you elect may not be changed during the plan year unless you experience a qualifying life event.
- You may not transfer funds between a Health Care and a Dependent Care FSA.
- This is a use-it or lose-it benefit. Dependent Care is forfeited but \$640 may be rolled over of the Health Care FSA into 2025.

| | SAVINGS EXAMPLE | |
|------------------------------|-------------------|---------------|
| | Non-Participating | Participating |
| Annual Salary | \$60,000 | \$60,000 |
| Annual FSA Contribution | \$0 | -\$2,500 |
| Taxable Income | \$60,000 | \$57,500 |
| Estimated Taxes (25%) | -\$15,000 | -\$14,375 |
| Take-Home Pay | \$45,000 | \$43,125 |
| Medical/Health Care Expenses | -\$2,500 | \$0 |
| Spendable Income | \$42,500 | \$43,125 |

\$625 saved by using the FSA



CLICK OR SCAN
TO LEARN MORE
ABOUT YOUR
BENEFITS

REQUIRED MODEL NOTICES



SMECO MODEL NOTICES

Click or scan the QR code to view your legally required model notices. Your notices include the following:

- ADA Notice Regarding Wellness Program
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- General Notice of COBRA Rights
- General FMLA Notice
- Genetic Information Nondiscrimination Act (GINA) Disclosures
- Health Insurance Exchange Notice
- Medicare Part D Creditable Coverage Notice
- Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure
- Michelle's Law Notice
- Newborns' and Mothers' Health Protection Act Notice
- Your Rights and Protections Against Surprise Medical Bills
- Notice of Patient Protections
- Notice of Privacy Practices
- Notice of Special Enrollment Rights
- USERRA Notice
- Wellness Program Disclosure
- Women's Health and Cancer Rights Act (WHCRA) Notices



PAYROLL CONTRIBUTIONS

| PER PAY PERIOD CONTRIBUTIONS | |
|------------------------------------|------------------------------------|
| Medical Plan: CDHP HSA | |
| Individual Only | \$36.75 |
| Individual + Spouse | \$77.75 |
| Individual + Child(ren) | \$60.24 |
| Family | \$131.14 |
| Medical Plan: PPO | |
| Individual Only | \$95.43 |
| Individual + Spouse | \$229.66 |
| Individual + Child(ren) | \$208.15 |
| Family | \$295.12 |
| Dental Plan | |
| Individual Only | \$3.99 |
| Individual + Spouse | \$9.69 |
| Individual + Child(ren) | \$9.22 |
| Family | \$10.37 |
| Vision Plan | |
| Individual Only | \$0.00 |
| Individual + Spouse | \$0.00 |
| Individual + Child(ren) | \$0.00 |
| Family | \$0.00 |
| Life & Disability Plans | |
| Basic Life | Cost shared by individual/employer |
| Accidental Death & Dismemberment | 100% employer paid |
| Long-Term Disability | 100% employer paid |



CONTACT INFORMATION

MEDICAL | CIGNA

📞 800.244.6224 🌐 www.mycigna.com

HEALTH SAVINGS ACCOUNT | CAREFLEX

📞 888.577.2762 🌐 www.mycareflex.wealthcareportal.com

DENTAL | DELTA DENTAL

📞 800.932.0783 🌐 www.deltadentalins.com

VISION | CIGNA

📞 877.478.7557 🌐 www.mycigna.com

LIFE & DISABILITY | NEW YORK LIFE

📞 800.225.5695 🌐 www.newyorklife.com

FLEXIBLE SPENDING ACCOUNTS | CAREFLEX

📞 888.577.2762 🌐 www.mycareflex.wealthcareportal.com

EMPLOYEE ASSISTANCE PROGRAM | CIGNA

📞 877.622.4327 🌐 www.mycigna.com

401(K) RETIREMENT | EMPOWER

📞 877.778.2100 🌐 www.empower.com



Prepared by



This benefit brochure is only intended as a brief summary of your benefits. Please note that all Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts of the carriers. If this summary conflicts in any way with the carrier Certificate of Coverage (COC), Riders and/or Amendments, those documents shall prevail. It is highly recommended that you review the carrier COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.