



HEALTH

WELLNESS

FINANCIAL

2021 BENEFITS GUIDE

January 1, 2021 — December 31, 2021

WELCOME Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You are eligible for benefits the first of the month following 60 days of full time employment.
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1—December 31, 2021.

Please see your Human Resources Department for forms to make changes, adds or deletes to your current elections.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).

Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Medical Plans

ATC Healthcare Services is proud to offer you a choice between two different medical plans.

Key Medical Benefits	Oxford Freedom UHC G FRDM NG 25/40/1500/80 PPO 21	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$6,300 / \$12,600	\$7,500 / \$15,000
Covered Services		
Office Visits (physician/specialist)	\$25 / \$40 copay	40%*
Routine Preventive Care	No charge	N/A
Outpatient Diagnostic (lab/X-ray)	Lab: No charge / X-ray: \$25*	40%*
Complex Imaging	\$100*	40%*
Ambulance	20%*	20%*
Emergency Room	\$500 copay	\$500 copay
Urgent Care Facility	\$75 copay	40%*
Inpatient Hospital Stay	20%*	40%*
Outpatient Surgery	20%*	40%*
Prescription Drugs (Tiers)		
Retail Pharmacy (30-day supply)	\$150 deductible per person Deductible applies to tier 2-3 \$10 / \$40 / \$80 / \$100	N/A

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

Dental Plans

ATC Healthcare Services is proud to offer you a dental plan through United Concordia Dental

Key Dental Benefits	United Concordia Dental DPPO	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$2,000	\$2,000
Covered Services		
Preventive Services	No charge	No charge
Basic Services	20%	20%
Major Services	50%	50%
Orthodontia (Child only)	50%; \$2,000 Max.	50%; \$2,000 max

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. Out of Network paid at 90% UCR

Vision Plan

You have an opportunity to enroll in the Eyemed vision plan.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$40
Lenses (once every 12 months)		
Single Vision		Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal		Up to \$70
Frames (once every 12 months)	\$130 allowance + 20% off balance	Up to \$91
Contact Lenses (once every 12 months; in lieu of glasses)	Up to \$40 fitting fee; \$130 allowance + 15% off balance	Up to \$130

Flexible Spending Accounts (FSA)

ATC Healthcare provides you with an opportunity to participate in two different Flexible Spending Accounts (FSAs) administered through PayFlex.

FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income tax, Social Security tax, and Medicare tax.

Health Care FSA

For 2021, you may contribute up to \$2,750 to cover eligible health care expenses incurred by you, your spouse, and your children up to age 26. **For a complete list of eligible health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf** NOTE: If you enroll in the HDHP HSA medical plan, you may only participate in the Limited Purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia, and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2021, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). **For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.**

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- Health Care FSA: Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will NOT be returned to you or carried over to the following year.
- Dependent Care FSA: Unused funds will NOT be returned to you or carried over to the following year.
- You must file your 2020 claims by March 15, 2021.

Life and AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you.

Benefit Amount	
	\$25,000

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Long-Term Disability

Provided at NO COST to you/an affordable group rate through UNUM

Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program (EAP)

Real Solutions are close at hand with the Employee Assistance Program. Unum's work-life balance offers unlimited access to Master's -level consultants by telephone, resources and tools online, and up to three fact-to-face visits with a consultant for afor help with a short-term problem.

- ◆ Locate child care and elder care services
- ◆ Speak with financial experts
- ◆ Work through complex, sensitive issues
- ◆ Personal coaching to reach long-term goals
- ◆ Guidance for work-related conflicts

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. Please refer to the separate insert rate sheet for your contributions.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Oxford UHC		www.oxhp.com
Dental	United Concordia Dental	888.222.2685	www.unumdental.com
Vision	Eyemed	866.804.0982	www.eyemed.com
Flexible Spending Accounts (FSAs)	PayFlex	800.284.4885	www.healthHub.com
Life/AD&D	Unum	866.679.3054	www.unum.com
Disability	Unum	866.679.3054	www.unum.com
Travel Assistance Program	Unum	800.872.1414	www.medservices@assistamerica.com
LifeWorks - (EAP)	Unum	800.854.1446	www.lifebalance.net

Human Resources

If you have additional questions, you may also contact Helaine Fox, in Human Resources at 516.750.1699 or hfox@athealthcare.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

