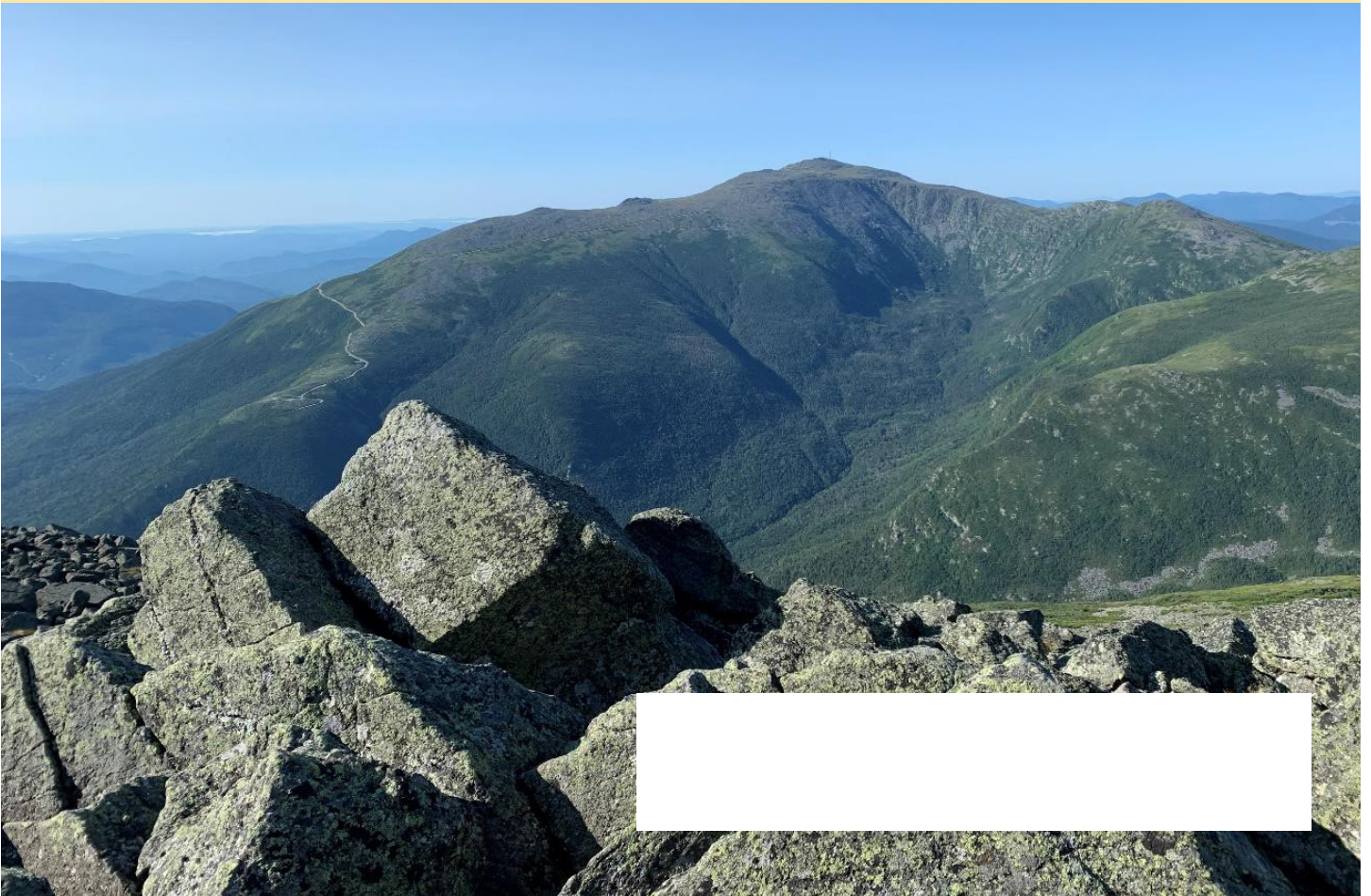


Benefits Plan Year 2023

Employee Benefit Program

MEDICAL | DENTAL | VISION | FSA | DISABILITY | LIFE | RETIREMENT



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That's why at MDS we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance.

Stay Healthy

- Medical, Prescription, Dental Care
- Deductible Reimbursement
- Flexible Spending Accounts
- Vision

Feeling Secure

- Life/Accidental Death & Dismemberment
- 403(b) Retirement Savings Plan

Work/Life Balance

- EAP
- Paid Time Off
- Holidays
- Sick Time
- Personal Days

Medical Insurance

Who is Eligible and When

Full-time employees are eligible for medical insurance on the 90th day of employment. Under ACA, employees who have worked an average of 30 hours per week for 12 months will become eligible for medical benefits.

Benefits You Receive:

This year MDS will continue to offer two Harvard Pilgrim benefits: the \$3,000 deductible ElevateHealth Options HMO plan and a \$3,000 Network-LP HMO plan, with the prescription drug plan through Southern Scripts.

The ElevateHealth Options plan, In-Network, uses the New Hampshire only limited network of providers and hospitals. These providers include Cheshire Medical Center, Monadnock Community Hospital and Dartmouth Hitchcock. You choose a primary care provider (PCP) for yourself and each family member. Once you have selected your PCP, he/she will provide or arrange for your care, including referrals for specialty care. Participating providers are called Easy Access providers. The network includes more than 700 PCPs, 3,300 specialists and 21 premier hospitals. To use the New Hampshire only limited network of providers, **Please call Harvard Pilgrim at 1-800-848-9995 or go to www.harvardpilgrim.org/elevatehealth for a list of providers and to see if your doctors are in the network, before you choose to enroll in this plan.**

You also have the option of going out of network to any provider covered by Harvard Pilgrim Health Care. If you choose to go out of network, you will be covered at 100% once ***your deductible is met.***

The Network-LP HMO plan has the FULL HARVARD PILGRIM NEW ENGLAND NETWORK. This plan offers typical HMO coverage and helps keep your out of pocket costs down by **covering in full** the cost of Low Cost Provider labs and **charging only \$75 for surgery** at participating Low Cost Surgical Centers. Please see the LP section of this guide for further information.

For both ElevateHealth Options and LP plans: Virtual Telemedicine/e-visits with your established providers will be a \$20 copayment per visit.

Please refer to the plan's Summary of Benefits for a full outline of coverage.

Preventive Care to Keep You Healthy

What preventive care can do for you

When you go to your physician on a regular basis you can:

- Prevent a serious health condition by detecting issues at an early stage or before you even feel sick
- Receive preventive services as they are recommended
- Help your physician recognize when changes should be made to reduce your risk – keeping you healthy.

Your preventive care coverage:

Your plan covers 100% of preventive care services
when they are received from network providers.

Some of the preventive services covered in full include*:

- Routine immunizations
- Nutritional counseling
- Smoking cessation counseling
- Routine lab, X-rays, and clinical tests
- Routine physical exams
- Routine well child care
- Breast feeding support, supplies and counseling
- Contraceptive services and supplies (FDA approved)
- Routine gynecological/obstetrical care
- Breast cancer screening, including routine mammograms
- Bone density screening
- Routine colorectal cancer screening, including sigmoidoscopies and colonoscopies
- Abdominal aortic aneurysm screening

Visit the Wellness section of our Health and Wellness resource library online at the website listed on the back of your member ID card for more information about recommended preventive care and immunization guidelines.

*This is a summary of covered preventive services. Please refer to your Summary Plan Description for a list of all terms, conditions, covered services, information about network providers.



Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.



MyAchieveWell®

Your Personalized Wellness Portal

HPI's interactive wellness portal provides you with easy-to-use tools to support a healthy lifestyle. MyAchieveWell®, powered by FitThumb, gives you a single source, mobile-friendly platform to support your personal wellness goals.

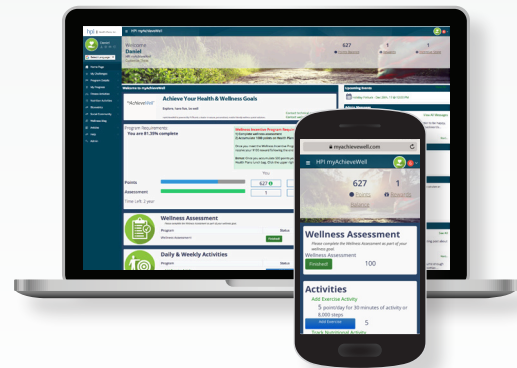
Portal Features

- Track and manage your wellness program activities, progress and rewards
- Upload your fitness data from popular trackers like Fitbit®, Garmin®, HealthKit and Under Armour®
- Share success stories, wellness tips, healthy recipes and more in the social communities
- Get guidance on maintaining and improving health by completing the wellness assessment
- Access fun tools and resources to help you improve your health, fitness, nutrition, stress, and weight management

Access MyAchieveWell through your HPI My Plan account!

- 1 Log in to your HPI My Plan account or visit the website on the back of your member ID Card to get registered.
- 2 After logging in, click on **MyAchieveWell** and follow the prompts to create your username and password (you'll need to register a new account on your first visit to MyAchieveWell).
- 3 Click **Continue** to get started on your wellness assessment or select **Skip for Now** to explore the portal.

MyAchieveWell®



Don't have an HPI My Plan account?

HPI members and non-members can go directly to MyAchieveWell.com to get started.



For technical support, email support@fitthumb.com



Medical Plan Highlights

HPI

	LP	ElevateHealth Options	
		Tier 1 Benefits	Tier 2 Benefits
Network	Please See following page for information regarding the Networks available for each plan option.		
Primary Care Physicians	Entire New England Network United Healthcare National Network	Easy Access Providers Only! (see www.healthplansinc.com/members/search-for-a-provider for list of ElevateHealth providers)	Entire New England Network
Office Visits	Copay Level 1 - \$25 Copay Includes PCPs, OB/GYN, Licensed mental health professionals, Certified midwives, Nurse practitioners (see summary of benefits for full list) Copay Level 2 - \$50 Copay Includes most outpatient specialty care	Copay Level 1 - \$25 Copay Includes PCPs, OB/GYN, Licensed mental health professionals, Certified midwives, Nurse practitioners (see summary of benefits for full list) Copay Level 2 - \$50 Copay Includes most outpatient specialty care	Deductible then no charge
Deductible	\$3,000/\$6,000/\$9,000	\$3,000/\$6,000/\$9,000	\$6,000/\$12,000
	(see page 19 for Deductible Reimbursement details)		
Out of Pocket Max (Includes Medical and Rx)	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000
Acupuncture	Copay Level 1: \$25/visit	Copay Level 1: \$25/visit	Deductible then no charge
	Acupuncture limited to 12 visits per calendar year		
Chiropractic Care	Copay Level 1: \$25/visit	Copay Level 1: \$25/visit	Deductible then no charge
	Chiropractic Care limited to 12 visits per calendar year		
Emergency Room	Deductible, then \$250 Copayment per visit	Deductible, then \$250 Copayment per visit	Deductible, then no charge
Hospital - Inpatient Services	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Laboratory Services	Select LP Providers: No charge Other Plan Providers: Deductible, then no charge	Covered in Full	Deductible, then no charge
Preventive Care, Services and Tests	No charge	No Charge	No Charge
Surgery - Outpatient	Select LP Providers: \$75 copay/visit Other Plan Providers: Deductible, then no charge	Freestanding Ambulatory Surgery Center: \$75 copay/visit Outpatient Hospital Facility: Deductible, then no charge	Deductible then no charge
Therapies: Physical/ Occupational/ Speech	Copay Level 2: \$50/visit	Copay Level 2: \$50/visit	Deductible then no charge
	Therapies limited to 60 visits combined per calendar year		
X-Rays, Advanced Radiology	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Urgent Care Copays	Convenience Care Clinic: Copay Level 1 - \$25/visit Urgent Care Clinic: \$25/visit Hospital Urgent Care Clinic: Deductible, then \$75/visit	Convenience Care Clinic: Copay Level 1 - \$25/visit Urgent Care Clinic: \$25/visit Hospital Urgent Care Clinic: Deductible, then \$75/visit	Deductible, then no charge

Plan Networks

Our Medical Plan options have specific network availability depending on the plan you choose and the tier of benefits you are receiving. Please see the network availability for both plans below.

LP Plan

Full Harvard Pilgrim New England Network
(New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island)
and the United Healthcare National Network

ElevateHealth Plan Options

Tier 1

ElevateHealth Options HMO Network of Primary Care Providers, Specialists and Leading Hospitals

Alice Peck Day Memorial Hospital	Lakes Region General Hospital
Androscoggin Valley Hospital	Littleton Regional Healthcare
Brattleboro Memorial Hospital (VT)	Monadnock Community Hospital
Catholic Medical Center	New London Hospital
Cheshire Medical Center	Parkland Medical Center
Concord Hospital	Portsmouth Regional Hospital
Cottage Hospital	Southern NH Medical Center
Dartmouth-Hitchcock Medical Center	St. Joseph Hospital
Elliot Hospital	Upper Connecticut Valley Hospital
Exeter Hospital	Valley Regional Hospital
Franklin Regional Hospital	Weeks Medical Center
Frisbie Memorial Hospital	Wentworth-Douglass Hospital

Tier 2

Full Harvard Pilgrim New England Network
(New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island)

ElevateHealth Options

How your plan works

Receive all of your care from ElevateHealth Options HMO and Harvard Pilgrim participating providers and hospitals. Your plan offers flexible, high-quality care and includes two tiers of coverage.

Tier 1 is the ElevateHealth Options HMO network, which has a large network of primary care providers, specialists and leading hospitals.

Tier 2 is the full Harvard Pilgrim network (New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island).

You don't have to enroll in a tier; what you pay depends on where you go for care. You pay less when you visit Tier 1 providers and hospitals, and you may have higher out-of-pocket costs when you visit Tier 2 providers and hospitals.

Emergency care and urgent care when traveling

You always have coverage in an emergency and when you have unforeseen issues when traveling. In a medical emergency, call 911 or go to the nearest emergency room. Once you are out of the hospital, be sure to follow up with a participating network provider for any additional care you may need. You have coverage for unexpected or unforeseen urgent care (e.g., earache, flu or sprain) when you're traveling. Otherwise, you must receive care from participating network providers and hospitals.

LP Plan

Low Cost Provider (LP) plans are designed to help save you money by working with select low-cost providers (LP) when you need services such as lab tests or outpatient surgery. This helps you to lower your out of pocket costs. With LP Plans, when you use one of Harvard Pilgrim's select low-cost providers, Harvard will waive your deductible for these services and instead cover lab tests at no charge or require a copayment of \$75 for outpatient surgery. Be sure to talk to your doctors. Let them know that you want to use one of Harvard Pilgrim's Low Cost Providers because it can save you money.

If you use a Low Cost Provider whenever you have a blood test, urine test, Pap test or biopsy, your share of the cost will be zero (\$0). You will not have to pay any deductible and/or coinsurance. These Low-Cost Providers include: LabCorp (888-522-2677) and Quest Diagnostics (Quest Labs), 391 West Street, Keene, NH (866-697-8378).

Whenever you have outpatient surgery or an outpatient procedure such as a colonoscopy, tonsillectomy or knee arthroscopy done at an eligible Outpatient Surgical Center your share of the cost will be \$100. You will not have to pay any deductible and/or coinsurance unless you have a hospital lab connected with your surgery. There can also be balance billing for certain types of anesthesia. Please call ahead of time when having surgery at an Ambulatory Surgical Center.

(cont.)

To find an eligible Outpatient or Ambulatory Surgical Center, go to www.harvardpilgrim.org/providerdirectory or call the phone number on the back of your member ID card. Harvard Pilgrim has an extensive network of Outpatient Surgical Centers in New Hampshire, Massachusetts, Maine, Rhode Island and Vermont.

Please note that this is a LP EPO plan with a national network of providers. United Healthcare's network will service those employees and dependents, including children up to age 26 (such as college students) living outside of the Harvard Pilgrim New England network. To locate providers outside of the Harvard Pilgrim New England Network and within the United Healthcare network, please call the number on the back of your member ID card.

Urgent and Convenience Care

As you know, in a medical emergency, you should always dial 911 or go to the nearest Emergency Room. But, when your condition isn't life threatening, there are many places where you may seek care that are far less expensive for you than the ER.

Urgent Care and Convenience Care Clinics are most like emergency rooms. Their doctors, assistants and nurses treat broken bones, cuts, fevers, and conditions that need immediate care. While your Emergency Room visit will go toward your deductible and if you've met your deductible you will then need to pay an expensive copayment, Convenience Care is only a \$25 copay (example: **CVS Minute Clinic**) and Freestanding Urgent Care Clinic copayment is only a \$25 (example: **Convenient MD** at 351 Winchester Street, Keene 603- 760-7450). Freestanding Urgent Care and Convenience Care Clinics save you considerable expense. Hospital Urgent Care Clinics (connected to a hospital) are the most expensive type of Urgent Care with costs first going toward your deductible, then once met, a \$75 copay per visit.

AchieveHealth™ (Comprehensive Pain Management Program)

If you are dealing with chronic and/or acute pain, the AchieveHealth™ Comprehensive Pain Management Program gives you access to a dedicated case manager who will provide you individual support and help you to better manage your pain.

Your Case manager will work with you to:

- Manage Pain
- Increase mobility
- Develop positive health behaviors and pain management strategies
- Improve your quality of life

The program might be right for you if you have:

- A musculoskeletal diagnosis
- A scheduled surgery
- Recently had surgery
- Chronic Pain
- Acute pain

Participation is free and voluntary for eligible members. If you are eligible a case manager may contact you to discuss if the program is right for you.

In 2023 MDS will continue to provide your Prescription Drug benefits through Southern Scripts. Southern Scripts offers you multiple ways to save on your prescription drugs. Using a First Choice network pharmacy is the most cost-effective way to get your prescriptions. Examples of First Choice pharmacies include Wal-Mart, CVS, Target, Hannaford, Osco & Sam's Club. Examples not in First Choice are Walgreens and Costco.

An additional benefit to your prescription coverage is The Variable Copay Program. This program is designed to combat the rising cost on high cost medications by the use of coupons provided by the manufacturer to greatly reduce costs for eligible medications such as Humira, Enbrel and Prolia, to name a few. Your copay may be greatly reduced with First Choice preferred pharmacies and the Southern Scripts Variable Copay network for over 2,000 variable copay medications. If you are eligible to receive this manufacturer variable copay subsidy, your copay for that drug will be the maximum manufacturer copay subsidy for that drug. If you are not eligible, your copay will be the copay amount listed for the drug according to the chart below.

The Pharmacy Locator, which will enable you to find a local in-network pharmacy, a mail order pharmacy and Variable Copay medication eligibility can be found at: www.southernscripts.net/members.php The Group Number which you will enter is B23.

Mail Order Pharmacy

Southern Scripts offers a mail order prescription option through Postal Prescription Services (PPS). With PPS you may purchase a 90 day supply of your medications. PPS may be reached at 800-552-6694, or you may go to ppsr.com to set up an account which will allow you to transfer prescriptions, order refills, review expense reports and view prescription histories for yourself and your family.

To set up an account:

1. Select "Register" from the upper right-hand corner of the PPS website
2. Enter your email address, create a password
3. Select "Create Account"

Ordering New or Transferred Prescriptions:

Once you have added a patient to your online PPS account, it is easy to add new prescriptions or transfer prescriptions from another pharmacy:

1. Select "Add a Prescription" from the left navigation menu and follow the on-screen steps for PPS to request a new prescription from your doctor or a transferred prescription from another pharmacy.
2. Your doctor can send a new prescription to PPS by electronic prescribing, fax, phone, or mail.
3. Or, if your doctor has given you a paper prescription, you should mail it to PPS at:

PPS Prescription Services
PO Box 2718
Portland, OR 97208-2718

Generally, it takes about 3-5 business days for PPS to contact your prescriber or pharmacy to obtain your prescription(s). If you requested a refill of these prescriptions, they will be sent as soon as the prescriptions are received and filled.

Southern Scripts Prescription Plan			
	First Choice	Retail-Non-First Choice (limited to 30-day supply)	Mail Order (61-90 day supply)
Generic	1-30-Day: \$5 31-60 Day: \$10 61-90 Day: \$15	1-30 Day: \$10	\$10
Preferred	1-30 Day: \$35 31-60 Day: \$70 61-90 Day: \$105	1-30 Day: \$45	\$70
Compound	1-30 Day: \$50 31-60 Day: \$150 61-90 Day: \$150	1-30 Day: \$60	\$150
Non-Preferred	1-30 Day: \$50 31-60 Day: \$150 61-90 Day: \$150	1-30 Day: \$60	\$150
Specialty Meds are all limited to 30 day supply			
In-Network	\$50		
Out-of-Network	\$50		

INTLMailOrder

INTLMailOrder is a voluntary prescription drug program that is available to employees and their dependents enrolled in your employer's health plan. This program provides maintenance medication at no out of pocket expense. For more information and an enrollment form visit www.IntlMailOrder.com or call customer service at 1-866-488-7874.

FirstChoice – FirstChoice is the preferred pharmacy network of Southern Scripts, offering access to reduced prescription costs at 50,00+ participating FirstChoice pharmacies across the nation. Participating FirstChoice pharmacies offer, on average, lower cost on medications for covered drugs than a standard (non-preferred) pharmacy. FirstChoice consists of both independent (local/community) and retail (national/regional) pharmacies. Participating FirstChoice pharmacies also offer the added benefit of filling a 90 day supply of medications. Non-FirstChoice pharmacies are limited to a 30 day supply. Please see the Southern Scripts flyer for more details.

PPS – Postal Prescription Services is the mail order pharmacy for Southern Scripts. For further information go to ppsr.com, call 800-552-6694 or see the Southern Scripts flyer.

Variable Copay – Variable Copay utilizes manufacturer-provided coupons to significantly reduce the cost on eligible high cost brand and specialty medications. With Variable Copay, your out of pocket costs for prescription drugs may be reduced or eliminated by a drug manufacturer's coupon. The remaining drug coupon dollars are used to offset the costs to the employer. Please see the Southern Scripts flyer for more details.

Southern Scripts Member Portal – the Southern Scripts Member Portal provides a variety of helpful features that make it easy to manage all aspects of your prescription drug benefit. With this tool you may see your benefit details, manage your account and prescription history, locate a pharmacy, look up a drug price and request a new ID card. To access your Member Portal:

1. Visit southernscripts.net/members
2. Select Member Portal on the left navigation
3. Login to the Pharmacy Benefits Portal with your credentials. Note: First time users need to create an account by following the hyperlink on the Member Portal page

Price Check Tool – The Drug Pricing Tool allows members to price their prescription drugs at any pharmacy in a few easy steps. To access the Drug Pricing tool, please go to the Member Portal mentioned above or check the Southern Scripts flyer for more details.

1. Visit southernscripts.net/members
2. Select Member Portal on the left navigation
3. Login to the Pharmacy Benefits Portal
4. Select Pharmacy Locator on the top navigation
5. Enter Zip Code
6. Select Search Radius
7. Locate your desired pharmacy and select the Price Check option
8. Enter drug name, desired quantity and days supply for the drug
9. Select Search



INTLMailOrder

SAVINGS SIMPLE & SAFE

SIGN UP TODAY

Medications FREE to your door!
See reverse for a full list of medications.

CRX International is a voluntary international mail order prescription program that is available to eligible employees and dependents enrolled in a health plan through your employer.

Brand name medications, in the original factory-sealed manufacturers packaging, are delivered **DIRECT TO YOUR DOOR** from certified pharmacies in Canada, the United Kingdom and Australia. **YOU PAY NOTHING** thanks to the savings CRX brings to your plan.

Getting started is super easy!

1. Check to see if a medication is offered. Call **1-866-488-7874** and speak with a CRX representative or view the complete formulary and print enrollment material at www.crxintl.com (WebID: **INTLMAIL**).
2. Ask your doctor for a prescription for a 3-month supply, with 3 refills.
3. Submit documentation (completed enrollment form, prescription and a copy of your photo ID).
4. Sit back and relax...medication will be mailed direct to your home within 4 weeks!

- ✓ **\$0 Copay**
- ✓ **450+ FREE Brand Name Medications**
- ✓ **Easy, convenient refills**
- ✓ **Refills only, no "new to you" meds**
- ✓ **No additional costs**

For More Information



1-866-488-7874
www.crxintl.com
WebID: **INTLMAIL**

September 2022

ABILIFY (G) 5MG	BYSTOLIC 20MG	EXFORGE HCT 160/12.5/5MG	LATUDA 40MG	PRISTIQ 100MG	TOBI PODHALER 28MG
ABILIFY (G) 10MG	CADUET 5/10MG	EXFORGE HCT 160/12.5/10MG	LATUDA 60MG	PROMETRIUM 100MG	TOBREX OINT 0.3%
ABILIFY (G) 15MG	CADUET 5/20MG	EXFORGE HCT 160/25/5MG	LATUDA 80MG	PROTOPIC OINT 0.03%	TOPICORT CREAM 0.25%
ABILIFY (G) 20MG	CADUET 5/40MG	EXFORGE HCT 160/25/10MG	LATUDA 120MG	PROTOPIC OINT 0.1%	TOVIAZ 4MG
ABILIFY (G) 30MG	CADUET 5/80MG	EXFORGE HCT 320/25/10MG	LESSCOL XL 80MG	QTERN 10-5MG	TOVIAZ 8MG
ACIPHEX 20MG	CADUET 10/10MG	FARESTON 60MG	LEXIVA 700MG	QVAR REDHALER 40MCG	TRADJENTA 5MG
ACTONEL 35MG	CADUET 10/20MG	FARXIGA 5MG	LIALDA 1.2GM	QVAR REDHALER 80MCG	TRAVATAN Z 0.004%
ACTONEL 150MG	CADUET 10/40MG	FARXIGA 10MG	LINZESS 72MCG	RANEXA 500MG	TRELEGY ELLIPTA
ACTOPLUS 15MG-850MG	CADUET 10/80MG	FELDEN 10MG	LINZESS 145MCG	RAPAFLO 4MG	100-62.5-25MCG
ACZONE 5%	CAMBIA 50MG	FELDEN 20MG	LINZESS 290MCG	RAPAFLO 8MG	TRELEGY ELLIPTA
ADCIRCA (G) 20MG	CARDURA XL 4MG	FETZIMA 20MG	LOTEMAX GEL 0.5%	RAPAMUNE 0.5MG	200-62.5-25MCG
ADVAIR DISKUS 100MCG	CARDURA XL 8MG	FETZIMA 40MG	LOTEMAX OINT 0.5%	RAPAMUNE 1MG	TRIBENZOR 20/5/12.5MG
ADVAIR DISKUS 250MCG	CELEBREX 100MG	FETZIMA 80MG	LOTEMAX SUSP 0.5%	RAPAMUNE 2MG	TRIBENZOR 40/5/12.5MG
ADVAIR DISKUS 500MCG	CELEBREX 200MG	FETZIMA 120MG	LOVENOX (G) 40MG	RELPAZ 20MG	TRIBENZOR 40/5/25MG
ADVAIR HFA 45/21MCG	CLARINEX 5MG	FINACEA GEL 15%	LOVENOX (G) 60MG	RELPAZ 40MG	TRIBENZOR 40/10/12.5MG
ADVAIR HFA 115/21MCG	CLIMARA PATCH 25MCG	FLAREX 0.1%	LOVENOX (G) 80MG	RENAGEL 800MG	TRIBENZOR 40/10/25MG
ADVAIR HFA 230/21MCG	CLIMARA PATCH 50MCG	FLOVENT 44MCG 50MCG	LOVENOX (G) 100MG	RENVELA (G) 800MG	TRINTELLIX 5MG
AFINITOR 2.5MG	CLIMARA PATCH 75MCG	FLOVENT 110MCG 125MCG	LUMIGAN 0.01%	RESTASIS MULTIDOSE 0.05%	TRINTELLIX 10MG
AFINITOR 5MG	CLIMARA PATCH 100MCG	FLOVENT 220MCG 250MCG	MESTINON TS 180MG	RESTASIS VIALS 0.05%	TRINTELLIX 20MG
AFINITOR 10MG	COMBIGAN 0.2-0.5%	FLOVENT DISKUS 100MCG	METRO CREAM 0.75%	RETIN A MICRO GEL PUMP	TRIUMEQ 600-50-300MG
AKLIEF 50MCG/G	COMBIVENT RESPIMAT	FLOVENT DISKUS 250MCG	METROGEL PUMP 1%	0.04%	TUDORZA PRESSAIR 400MCG
ALOCRIL 2%	20MCG/100MCG	FOSRENOL CHEW 500MG	MICARDIS HCT 40/12.5MG	RETIN-A MICRO GEL PUMP 0.1%	UCERIS 9MG
ALOMIDE 0.1%	COMTAN 200MG	FOSRENOL CHEW 750MG	MICARDIS HCT 80/12.5MG	REXULTI 0.25MG	ULORIC 80MG
ALPHAGAN-P 0.15%	CRESTOR (G) 5MG	FOSRENOL CHEW 1000MG	MICARDIS HCT 80/25MG	REXULTI 0.5MG	UROCIT-K 10MEQ
ALREX 0.2%	CRESTOR (G) 10MG	FOSRENOL POWDER 750MG	MIGRANAL 4MG/ML	REXULTI 1MG	URSO 250MG
ALVESCO 80MCG 100MCG	CRESTOR (G) 20MG	FOSRENOL POWDER 1000MG	MIRAPEX ER 0.375MG	REXULTI 2MG	VAGIFEM 10MCG
ALVESCO 160MCG 200MCG	CRESTOR (G) 40MG	PROVA 2.5MG	MIRAPEX ER 0.75MG	REXULTI 3MG	VALTRELX (G) 500MG
AMPYRA 10MG	CRINONE GEL 8%	GENVOYA	MIRAPEX ER 1.5MG	REXULTI 4MG	VALTRELX (G) 1000MG
ANAPROX DS 550MG	DALIRESP 500MCG	GILENYA 0.5MG	MIRAPEX ER 2.25MG	RINVOQ 15MG	VECTICAL 3MCG/GM
ANORO ELLIPTA 62.5/25MCG	DETROL 1MG	GLUCAGON HYPOKIT 1MG	MIRAPEX ER 3MG	RINVOQ 30MG	VELPHORO 500MG
APTOM 200MG	DETROL 2MG	GLUMETZA ER 1000MG	MIRAPEX ER 3.75MG	RYBELSUS 3MG	VENTOLIN HFA 90MCG
APTOM 400MG	DETROL LA 2MG	GLYXAMBI 10MG/5MG	MIRAPEX ER 4.5MG	RYBELSUS 7MG	VESICARE (G) 5MG
APTOM 600MG	DETROL LA 4MG	GLYXAMBI 25MG/5MG	MIRVASO 0.33%	RYBELSUS 14MG	VESICARE (G) 10MG
APTOM 800MG	DEXILANT DR 30MG	IBRANCE 75MG	MOTEGRITY 1MG	SAPHRIS 5MG	VIIBRYD 10MG
ARNUITY ELLIPTA 100MCG	DEXILANT DR 60MG	IBRANCE 100MG	MOTEGRITY 2MG	SAPHRIS 10MG	VIIBRYD 20MG
ARNUITY ELLIPTA 200MCG	DIFFERIN CREAM 0.1%	IBRANCE 125MG	MULTAQ 400MG	SEASONIQUE 0.15/0.03/0.01MG	VIIBRYD 40MG
AROMASIN 25MG	DIFFERIN GEL 0.3%	ILEVRO 0.3%	MYRBETRIQ 25MG	SEGLUROMET 2.5MG-500MG	VIMOVO 375/20MG
ARTHROTEC 50MG	DIPENTUM 250MG	IMITREX NASAL SPRAY 5MG	MYRBETRIQ 50MG	SEGLUROMET 2.5MG-1000MG	VIMOVO 500/20MG
ARTHROTEC 75MG	DIPROLENE OINT 0.05%	IMITREX NASAL SPRAY 20MG	NAMENDA 10MG	SEGLUROMET 7.5MG-500MG	VIREAD (G) 300MG
ASACOL HD 800MG	DIVIGEL 0.25MG	IMITREX STATDOSE 6MG/0.5ML	NASONEX 50MCG	SEGLUROMET 7.5MG-1000MG	VIVELLE-DOT 25MCG
ASMANEX TWISTHALER 110MCG	DIVIGEL 0.5MG	INCRUSE ELLIPTA 62.5MCG	NATAZIA 3/2-2/2-3/1MG	SENSIPAR (G) 30MG	VIVELLE-DOT 37.5MCG
ASMANEX TWISTHALER 220MCG	DIVIGEL 1MG	INVEGA 3MG	NESINA 6.25MG	SENSIPAR (G) 60MG	VIVELLE-DOT 50MG
ASTAGRAF XL 5MG	DOVATO 50MG-300MG	INVEGA 6MG	NESINA 12.5MG	SEREVENT DISKUS 50MCG	VIVELLE-DOT 75MCG
ATACAND 4MG	DUAVEE 0.45-20MG	INVEGA 9MG	NESINA 25MG	SEROQUEL XR (G) 50MG	VIVELLE-DOT 100MCG
ATACAND 8MG	DULERA 100MCG/5MCG	INVOKAMET 50MG-500MG	NEUPRO 1MG	SEROQUEL XR (G) 150MG	VRAYLAR 1.5MG
ATACAND 16MG	DULERA 200MCG/5MCG	INVOKAMET 50MG-1000MG	NEUPRO 2MG	SEROQUEL XR (G) 200MG	VRAYLAR 3MG
ATACAND 32MG	DYMISTA 137/50MCG	INVOKAMET 150MG-500MG	NEUPRO 3MG	SEROQUEL XR (G) 300MG	VRAYLAR 4.5MG
ATACAND HCT 16MG/12.5MG	EDARBI 40MG	INVOKAMET 150MG-1000MG	NEUPRO 4MG	SEROQUEL XR (G) 400MG	VRAYLAR 6MG
ATACAND HCT 32MG/12.5MG	EDARBI 80MG	INVOKANA 100MG	NEUPRO 6MG	SIMBRINZA 1%/0.2%	VYTORIN 10/10MG
ATELVIA DR 35MG	EDARBYCLOR 40MG/12.5MG	INVOKANA 300MG	NEUPRO 8MG	SOOLANTRA 1%	VYTORIN 10/20MG
ATROVENT HFA 20UG	EDARBYCLOR 40MG/25MG	IRESSA 250MG	NEVANAC 3MG/ML	SPIRIVA 18MCG	VYTORIN 10/40MG
AVODART (G) 0.5MG	EDECIN 25MG	ISENTRESS 400MG	NEXIUM (G) 20MG	SPIRIVA RESPIMAT 2.5MCG	VYTORIN 10/80MG
AZELEX 20%	EDURANT 25MG	JAKAFI 5MG	NEXIUM (G) 40MG	STEGLATRO 5MG	WELCHOL 625MG
AZILECT 0.5MG	EFFIENT (G) 5MG	JAKAFI 10MG	NEXIUM DR (G) 10MG	STEGLATRO 15MG	WELCHOL PACKET 3.75G
AZILECT 1MG	EFFIENT (G) 10MG	JAKAFI 15MG	NEXLETOL 180MG	STEGLUJAN 5MG-100MG	WELLBUTRIN XL (G) 150MG
AZOPT 1%	ELESTAT 0.05%	JAKAFI 20MG	NEXLIZET 180MG-10MG	STEGLUJAN 15MG-100MG	WELLBUTRIN XL (G) 300MG
AZOR 20/5MG	ELIDEL 1%	JALYN 0.5MG/0.4MG	NORITATE CREAM 1%	STIOLTO RESPIMAT 2.5/2.5MCG	XADAGO 50MG
AZOR 40/5MG	ELIQUIS 2.5MG	JANUMET 50/500MG	ODEFSEY 200MG-25MG-25MG	STRATTERA 10MG	XADAGO 100MG
AZOR 40/10MG	ELIQUIS 5MG	JANUMET 50/1000MG	OMNARIS 50MCG	STRATTERA 18MG	XALATAN 50MCG/ML
BANZEL 200MG	ELMIRON 100MG	JANUMET XR 50MG/500MG	ONGLYZA 2.5MG	STRATTERA 25MG	XARELTO 2.5MG
BANZEL 400MG	ENABLEX 7.5MG	JANUMET XR 50MG/1000MG	ONGLYZA 5MG	STRATTERA 40MG	XARELTO 10MG
BECONASE AQ 42MCG	ENABLEX 15MG	JANUMET XR 100MG/1000MG	ORILISSA 150MG	STRATTERA 60MG	XARELTO 15MG
BENICAR 20MG	ENTRESTO 24MG-26MG	JANUVIA 25MG	ORILISSA 200MG	STRATTERA 80MG	XARELTO 20MG
BENICAR 40MG	ENTRESTO 49MG-51MG	JANUVIA 50MG	OSPHENA 60MG	STRATTERA 100MG	XELJANZ 5MG
BENICAR HCT 20MG/12.5MG	ENTRESTO 97MG-103MG	JANUVIA 100MG	OTELZA 30MG	STRIVERDI RESPIMAT 2.5MCG	XELJANZ 10MG
BENICAR HCT 40MG/12.5MG	EPIDUO FORTE 0.3%/2.5%	JARDIANCE 10MG	PENTASA 500MG	SYNAREL NASAL	XELJANZ XR 11MG
BENICAR HCT 40MG/25MG	EPIDUO GEL PUMP 0.1%/2.5%	JARDIANCE 25MG	PRADAXA 75MG	SYNJARDY 5MG/500MG	XENICAL 120MG
BETIMOL 0.25%	PIPIEN 0.3MG	JENTADUETO 2.5MG-500MG	PRADAXA 150MG	SYNJARDY 5MG/1000MG	XIGDUO XR 5/1000MG
BETIMOL 0.5%	PIPIEN JR 0.15MG	JENTADUETO 2.5MG-850MG	PRED FORTE 1%	SYNJARDY 12.5MG/500MG	XIGDUO XR 10/500MG
BETOPTIC S 0.25%	EPIVIR / HBV 100MG	JENTADUETO 2.5MG-1000MG	PREMARIN 0.3MG	SYNJARDY 12.5MG/1000MG	XIGDUO XR 10/1000MG
BEYAZ	ESTROGEL 0.06%	JUBLIA 10%	PREMARIN 0.625MG	TASIGNA 150MG	XIIDRA 5%
BIJUVA 1MG-100MG	EUCRISA 2%	JULUCA 50MG-25MG	PREMARIN 1.25MG	TASIGNA 200MG	YASMIN 28
BIKTARVY 50MG-200MG-25MG	EVIATA 60MG	KAZANO 12.5/500MG	PREMARIN CREAM 0.625MG/GM	TASMAR 100MG	YAZ 3/0.02MG
BINOSTO 70MG	EVOTAZ 300MG-150MG	KAZANO 12.5/1000MG	PREMPRO 0.3MG/1.5MG	TAZORAC CREAM 0.05%	ZELAPAR 1.25MG
BREO ELLIPTA 100/25MCG	EXELON 4.6MG/24HR	KERENDIA 10MG	PRESTALIA 3.5MG/2.5MG	TAZORAC GEL 0.05%	ZETIA (G) 10MG
BREO ELLIPTA 200/25MCG	EXELON 9.5MG/24HR	KERENDIA 20MG	PRESTALIA 7MG/5MG	TAZORAC GEL 0.1%	ZIAGEN (G) 300MG
BRILINTA 60MG	EXELON 13.3MG/24HR	KISQALI 200MG	PRESTALIA 14MG/10MG	TECFIDERA (G) 120MG	ZIANA 1.2%-0.025%
BRILINTA 90MG	EXFORGE 5/160MG	KOMBIGLYZE XR 2.5MG/1000MG	PREVACID SOLUTAB 15MG	TECFIDERA (G) 240MG	ZOMIG NASAL SPRAY 5MG
BYSTOLIC 2.5MG	EXFORGE 5/320MG	KOMBIGLYZE XR 5MG/500MG	PREVACID SOLUTAB 30MG	TEKTURNA 150MG	ZOMIG ZMT 2.5MG
BYSTOLIC 5MG	EXFORGE 10/160MG	KOMBIGLYZE XR 5MG/1000MG	PREZISTA 800MG	TEKTURNA 300MG	ZOVIRAX CREAM 5%
BYSTOLIC 10MG	EXFORGE 10/320MG	LATUDA 20MG	PRISTIQ 50MG	TIVICAY 50MG	ZYCLARA PACKET 3.75%

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-488-7874 toll free to verify the availability of your medication through this program.

Manage your plan online With My Plan

24/7 access to your plan and account details



Register in Minutes!

- 1** Go to the website listed on the back of your member ID card (it will be at the top)
- 2** Click on the **Members** section and the link to **Get Registered**
- 3** Enter your information to create your username and password

If you are a dependent, be sure to have the five-digit home ZIP Code and the last four digits of the employee's (plan subscriber's) social security number.

Access all of your account details* in one secure location anytime, anywhere!

- Review your claims
- Check your benefits
- Access your prescription drug plan
- Search your provider network
- Download a report of your claims
- Request claim reimbursements
- View, print or order your member ID card
- View or print applicable tax forms
- Find a Primary Care Provider (PCP)
- View your health spending account details



* You will have access to details applicable to your plan. Please note, not all of the items listed above apply for all plans.

On your mobile device!



Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.



About the ElevateHealth Options HMO Network:

How your plan works

About your plan

Receive all of your care from ElevateHealth Options HMO and Harvard Pilgrim participating providers and hospitals. Your plan offers flexible, high-quality care and includes two tiers of coverage.

- » **Tier 1** is the ElevateHealth Options HMO network, which has a large network of primary care providers, specialists and leading hospitals.
- » **Tier 2** is the full Harvard Pilgrim network (New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island).

You don't have to enroll in a tier; what you pay depends on where you go for care. You pay less when you visit Tier 1 providers and hospitals, and you may have higher out-of-pocket costs when you visit Tier 2 providers and hospitals.

Emergency care and urgent care when traveling

You always have coverage in an emergency and when you have unforeseen issues when traveling.

- In a medical emergency, call 911 or go to the nearest emergency room. Once you are out of the hospital, be sure to follow up with a participating network provider for any additional care you may need.
- You have coverage for unexpected or unforeseen urgent care (e.g., earache, flu or sprain) when you're traveling. Otherwise, you must receive care from participating network providers and hospitals.



How to find providers and hospitals in your network tiers

Through your HPI My Plan account:

- Log in to your HPI My Plan account at the website listed on the back of your member ID Card.
- Click **ElevateHealth Options** under **My Provider Networks**.

Don't have an HPI My Plan account?

- Go to **hpiTPA.com** and go to the **Members** section.
- Click **Find a Provider**, and then choose **ElevateHealth Options** from the **ElevateHealth** drop-down list.
- To find a provider near you, enter an address, city, state or ZIP Code. You can narrow your results by searching for a name, facility or specialty.



Reminder when choosing a doctor

For lower copayments and deductibles, check the online provider search tool to make sure you're seeing Tier 1 providers and that you're receiving your care from them at Tier 1 locations.



Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.



Choosing the Right Care Option

Need care when your primary care provider (PCP) isn't available? You have options.

Choosing the best care option can save you both time and money.

If you think you are having a medical emergency, call 911 or go to the nearest ER.

	Typical out-of-pocket costs*	When to Go
Telemedicine services Real-time virtual visits with Doctor on Demand providers via smartphone, tablet or computer	\$ Your PCP-level cost sharing*	<ul style="list-style-type: none">• Coughs/colds• Flu• Sinus and allergies• Sports injuries• Rashes and skin issues
Convenience Care/Retail Clinic Walk-in, convenience care or retail clinic (e.g., MinuteClinic inside CVS pharmacy)	\$ You'll typically pay a copayment to a participating network clinic*	<ul style="list-style-type: none">• Minor cuts and skin conditions• Common infections (e.g., strep throat, eye/ear infections)• Flu shots
Urgent Care Center Walk-in clinic for non-life-threatening injury or illness	\$\$ You'll typically pay a copayment for urgent care, sometimes higher than an office visit*	<ul style="list-style-type: none">• Sprains and strains• Minor broken bones• Minor burns• Minor infections
Emergency Room (ER) Part of a local hospital If you think you are having a medical emergency, call 911 or go to the nearest ER	\$\$\$ You'll typically pay a higher copayment than an office visit or retail or urgent clinic*	<ul style="list-style-type: none">• Chest pain, sudden weakness or trouble talking• Severe injury• Major burns• Major broken bones

* What you pay out-of-pocket depends on your specific medical plan. If you have an HSA plan, your deductible and any additional cost-sharing applies. Please refer to your Schedule of Benefits and Coverage and Summary Plan Description for your specific benefit, copayment, and/or deductible information.



Have questions? Contact HPI Customer Service at the phone
number or website listed on the back of your member ID card.



Deductible Reimbursement Process

What are the differences between copays and deductibles?

A copay is an amount set under the medical plan that the insured subscriber or eligible dependent must pay when services such as a doctor visit or purchase of a prescription (or other services requiring a copay) are rendered.

A deductible is an amount of eligible covered medical expense that the insured subscriber or eligible dependent must pay before the plan pays benefits.

What does it mean that MDS is funding specific deductible expenses?

Both the ElevateHealth Options and the Network-LP HMO 3000 have a deductible of \$3,000 for an individual plan, \$6,000 for a 2-person plan and \$9,000 for a family plan.

The specific deductible expenses which MDS will reimburse are:

All deductible expenses except lab work performed outside of inpatient or outpatient care. Examples of reimbursable deductible expenses include: advanced imagery like MRI or CAT Scan, inpatient hospitalization and outpatient surgical deductible expenses that do not qualify for the \$75 LP Provider copay.

The deductible reimbursement process of each plan is as follows:

- MDS pays the first \$1,000 of each deductible
- Member pays the next \$2,000 of each deductible
- Maximum of 3 deductibles per family

How do I receive my reimbursement?

If you receive one of the services that apply to the deductible, you will need to take the following steps: Present your Harvard Pilgrim card at the time of service and receive services as you currently do today. You will receive a quarterly Activity Summary from Harvard Pilgrim in the mail (or monthly if you have received medical services). You may also obtain this Activity Summary online. This will indicate that a portion of the bill is subject to all or part of the deductible.

Complete a Deductible Reimbursement Form and submit it to Human Resources along with the Activity Summary.

MDS will mail you a check for the deductible reimbursement, typically within two weeks of receiving your information. When the provider bills you, YOU WILL BE RESPONSIBLE for paying the bill in full. The check you receive is for the existing bill from the provider that you must pay yourself.

Wellness

This year's wellness program continues to focus on MDS employees' health and wellbeing. To provide employees with a good baseline for their health, the health risk assessment will be available on the HPI MyAchieveWell wellness portal. Employees will also have the option of meeting one-on-one with a Wellness Coach who can help paint a picture of health & wellbeing, pinpoint life obstacles, outline individual success to overcome barriers and help set personal and professional goals for self-improvement.

- MDS will also continue to offer popular programs such as:
- Get your annual physical and receive \$100!
- Every 3 months, complete activities to reach required points and be entered into a drawing for the chance to win \$120.

A 2023 Wellness Calendar with more details and specific dates will be made available to all employees.

Flexible Spending Accounts

Monadnock Developmental Services offers all employees who have satisfied the eligibility requirement of 20 hours per week and who have attained six (6) months of service a Flexible Spending Account (FSA) program. The FSA allows employees to have pre-tax dollars deducted from their salaries to pay for eligible out-of-pocket expenses. Participation in the Health Care and/or Dependent Care FSA is optional and determined on an annual basis for the plan year.

The pre-tax contributions made to the FSA can be used to pay for non-reimbursed health care expenses and/or dependent care expenses during the plan year. The FSA program reduces your taxable income, allowing you to keep more of the money you earn.

You determine how much to contribute to the account, up to the IRS specified maximum of \$3,050 for 2023, based on anticipated expenses during the plan year. Contributions are directed to the FSA through payroll deduction on a pre-tax basis. This tax-free money is then available to you for reimbursement of out-of-pocket expenses.

The \$610 rollover provision allows participants to carry over up to \$610 of their unused Health FSA balance remaining at the end of the 2023 plan year into 2024. Participants will have the 90-day run-off period to submit claims from the prior plan year and then the rollover will kick in for funds up to \$610. Employees can still elect the full 2023 Health FSA Benefit amount even if they carry over the maximum amount of \$550 from 2022.

To learn more about these annual limits, please go to irs.gov and in the search box type "Flexible Spending Account Limits." The annual Dependent Care Reimbursement Account contributions are limited to \$5,000 per plan year.

The new plan year runs January 1, 2023 through December 31, 2023.

You must re-elect this benefit each plan year.

Flex Benefit Debit Card

The Flex Benefit Debit Card is a convenient way to access your FSA funds at the point of sale rather than submitting a paper claim and waiting for reimbursement. You can use it to pay for office visit and prescription copays, health insurance deductibles and qualified over-the-counter expenses.

- The Flex Benefit Debit Card draws funds directly from your current FSA account.
- The card should only be used for expenses that you and your dependents incur within this plan year. It cannot be used to pay for services incurred in a prior plan year that are being billed for in this plan year.
- A service must be rendered before payment can be made with the Benefit Card.
- Do not throw out any receipts! Even if your transaction goes through at the register at time of purchase, you still may need to provide documentation.
- Do not throw away your Debit Card at the end of the year. The card has a three-year expiration date.

Dental Plan

Delta Dental

In 2023 MDS will continue to offer a comprehensive Dental plan through Delta Dental, the same plan as last year with no changes to rates! Employees working 30 or more hours per week are eligible for Dental benefits on the first of the month following 90 days of employment.

New:

- Expenses incurred for covered Diagnostic and Preventive services do not accrue to your annual maximum.

Delta Dental Explanation of Benefits In Network	
Plan Deductible Individual Family Limit	<i>Deductible waived for Preventive Services</i> \$25 \$75
Annual Maximum	\$1500 per person per plan year NEW: Expenses incurred for covered Diagnostic and Preventive services do not accrue to your annual maximum.
Preventive Services Covered at 100%	Exams, cleanings, x-rays oral cancer screenings, fluoride once in a 12 month period to age 19, sealant applications to permanent molars for children to age 19
Basic Services Covered at 80% after deductible	Fillings (including white fillings on anterior and posterior teeth), simple extractions, includes periodontics and endodontics
Major Services Covered at 50% after deductible	Dentures, crowns, inlays, implants
Orthodontia Services Covered at 50%	\$1500 lifetime max per patient <i>Orthodontia services available for dependent children to age 19</i>

Vision Plan

DeltaVision

In 2023 MDS will continue to offer a Voluntary Materials Only Vision Care Plan, but will be changing carriers to DeltaVision (EyeMed Network). This is a 100% employee paid benefit. Employees working 30 or more hours per week are eligible for the Vision Care Plan on the first of the month following 90 days of employment. This is a very comprehensive vision plan that includes many new savings opportunities for employees, particularly those purchasing prescription glasses and lenses. Please see the Plan Description for details.



DeltaVision Materials Only Vision Care Plan Summary

	Network Benefit	Non-Network Benefit
Frames	\$150 allowance, then 20% off balance	\$75
Standard Plastic Lenses (Single/Bifocal/Trifocal)	Member pays \$10, plan pays balance <i>(See additional lens options/costs on benefit summary)</i>	\$25/\$40/\$55
Conventional Contact Lenses	\$150 allowance, then 15% off balance	\$120
Disposable Contact Lenses	\$150 allowance, member pays balance	\$120
Frequency-Lenses or Contacts/Frames	12 / 24	

2023 Employee Bi Weekly Rates

Employee	\$2.72
Employee and Spouse or Employee and Child	\$4.67
Employee and Children / Family	\$8.36

Life insurance offers you and your family important financial protection. MDS, through The Hartford, provides regular full-time employees working a minimum of 37.5 hours per week a 100% employer paid basic term life insurance plan of 1x your annual salary to a maximum of \$50,000. There is a 35% benefit reduction at age 70 and a 50% reduction at age 75.

You are also provided with 100% employer paid Accidental Death and Dismemberment (AD&D) insurance, which provides benefits if a serious injury or death results from an accident. You will find details about the basic life insurance plan in the Summary Plan Description. Benefits received from these plans are subject to applicable Federal and State tax laws.

The Hartford Voluntary Life Insurance

Additional Voluntary Employee Paid Term Life Insurance is available for regular full-time employees working 35+ hours per week. This benefit is 100% employee paid. Coverage is also available for spouses and dependent children.

During Annual Open Enrollment, **employees currently enrolled in voluntary life:**

- May elect or increase insurance coverage up to 4 increments of \$10,000 (\$40,000!) with NO MEDICAL QUESTIONS ASKED.
- Spouses may elect or increase insurance coverage up to 2 increments of \$5,000 up to 50% of the employee elected amount with NO MEDICAL QUESTIONS ASKED.
- The allowed increments are on a guaranteed acceptance basis provided that the employee and/or spouse have not been previously declined for coverage.
- Medical questions will be asked if employee/spouse wish to buy additional coverage over allowed annual increments.

During Annual Open Enrollment, for employees NOT currently enrolled in voluntary life:

- Employees not currently covered or enrolled can elect coverage at Open Enrollment (or any time) with Evidence of Insurability (EOI).
- Newly eligible employees can elect coverage up to the GI limit without EOI. Any amounts over the GI will require EOI.

Please remember that spousal premiums will be calculated based on employee age. Term Life Insurance is designed to cover individuals for the elected term period, and not thereafter.

**Exceptions/requirements apply. Please see The Hartford materials for further detail.*

Long Term Disability

The Hartford

MDS provides full-time employees working at least 37.5 hours per week with long-term disability income benefits and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

LTD Benefits	
Benefits Begin	90 days after disability begin
Benefits Payable	2-year own occupation, 65+ benefit duration
% of Income Replaced	60% of monthly salary
Maximum Benefit	\$6,000 per month

Employee Assistance Program

The Hartford

MDS employees have access to an Employee Assistance Program (EAP) through The Hartford. The Hartford EAP is called Ability Assist. Ability Assist provides professional counseling for financial, legal and emotional issues. This includes three face-to-face sessions per year and unlimited phone access. Services are also available to spouses and dependent children and can include guidance from highly trained master's and doctoral level clinicians to help deal with job pressures, relationship and marital conflicts, stress, anxiety, depression, and substance abuse.

To register for Ability Assist and have access to hundreds of personal health topics and resources for child care, elder care, attorneys or financial planners, go to www.guidanceresources.com. In the Organization Web ID field enter: **HLF902**. In the Company Name field at the bottom of the personalization page enter: **ABILI**. After selecting "Ability Assist program," create your confidential username and password.

Workers Compensation

MDS carries Workers' Compensation Insurance on all employees to assist with income and certain expenses in the event of a work-related illness or injury.

Education Reimbursement

MDS encourages employees to continue their education. To be eligible, you must be a full-time employee with a minimum of one year of service. The employee pays for the tuition and textbooks and is reimbursed upon successful completion of an approved course provided the employee remains actively employed through the completion date of the course. Please refer to the Monadnock Developmental Services Handbook for specific details.

403(b) Retirement Plan

An Employer Sponsored Discretionary Vested Matching 403(b) Retirement Plan in a tax-sheltered annuity is available to those who wish to participate. All dollars that you contribute will reduce your taxable income and grow on a tax-deferred basis until you withdraw your funds.

- There is no minimum age requirement to make salary reduction contributions, including Designated Roth Contributions, to this plan.
- There is no minimum service requirement to make salary reduction contributions to this plan.
- You must be at least 21 years of age to receive employer matching contributions under this plan.
- You must complete at least one year of service to receive employer matching contributions under this plan.
- You are included as a participant in the plan on the first day of the month coinciding with or immediately following your date of hire.

You will be credited with a year of service for eligibility at the end of your first twelve months of employment provided you complete at least 1,000 hours of service within that twelve-month period. If you complete fewer than 1,000 hours during your first twelve months with us, you will be credited with a year of service for eligibility at the end of the first twelve-month period, beginning on the anniversary date of your date of hire, in which you complete 1,000 hours of service.

If you have a break-in-service after becoming a participant in the plan and are later rehired, you will be eligible to resume participation in the plan on the first day of the month coinciding with or immediately following the date you are rehired:

- a) If you were at least partially vested in your benefit before you terminated service, or
- b) If, regardless of your vesting status when you terminated service, your break-in-service did not exceed five consecutive years.

In any other case, you will be eligible to resume participation in the plan only upon completion of the applicable service requirement. A break-in-service means a twelve-consecutive month period during which you do not complete more than 500 hours of service with us due to your termination, layoff, leave or similar reason.

MDS will match up to five (5%) of each employee's gross salary if the employee voluntarily contributes that much or more to the plan. MDS will make the matching contribution on a bi weekly basis provided the Board determines there are sufficient funds to accommodate the match. Please call the Human Resource Manager for more information.

Vacation, Sick Time, Holidays

Paid Time Off (PTO)

Paid Time Off year is January 1st through December 31st. PTO is defined as vacation and holiday time. Full time employees must work a minimum of 37.5 hours per week to be eligible for PTO accrual. Accrual begins on the first day of full time employment. Please refer to Monadnock Developmental Services Handbook for specific details. Regular part time employees scheduled for 30 hours or more per week are eligible for PTO. Please refer to the MDS handbook.

Sick Leave

All full-time employees will accrue one (1) sick day per month. Sick time may be used for well care, medical and dental appointments or personal illnesses for yourself or an immediate family member. Immediate family members, for this policy, include spouse or domestic partner, children, foster children, parent(s) or parent(s)- in-law. Sick time will not accrue during an extended sick leave, i.e. FMLA, Long Term Disability or Worker's Compensation, Military Leave, Bereavement Leave, or any other leave of absences. Please refer to Monadnock Developmental Services Handbook for specific details. Regular part time employees scheduled for 30 hours per week will be eligible for sick leave. Please refer to the MDS handbook.

Personal Time

Personal time is not included in PTO. Full time employees employed less than two (2) years will be credited with one (1) personal day per fiscal year (July 1 – June 30).

Full time employees employed for two (2) or more years will be credited with three (3) personal days per fiscal year (July 1 – June 30). Personal time is not paid out at the end of employment.

Holidays

MDS recognizes 11 holidays per year:

New Years Day

Martin Luther King Day

President's Day

Memorial Day

Independence Day

Labor Day

Floating Holiday

Veteran's Day

Thanksgiving Day

Day after Thanksgiving

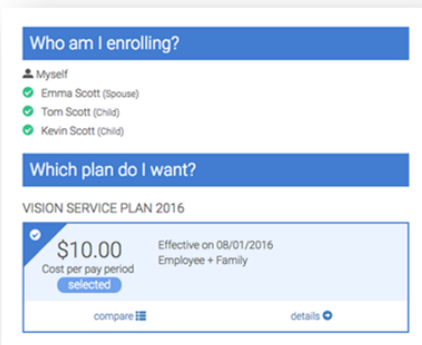
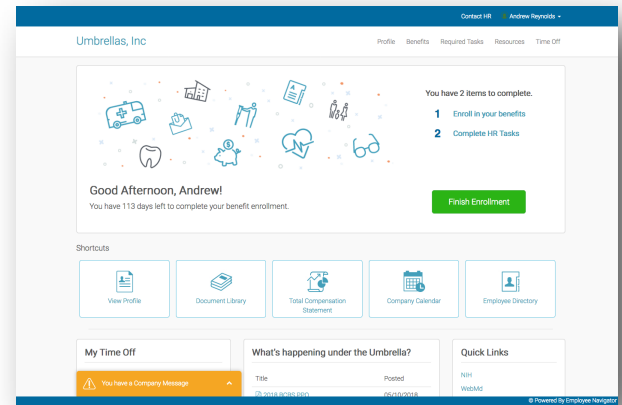
Christmas Day

Employee Navigator

Monadnock Developmental Services Brings you Employee Navigator! An Anytime, Anywhere Benefits Information Portal

Benefit communication: At the heart of the Employee Navigator system is a robust communication engine to help you best understand your benefits. Features include:

- Policy summaries & documents
- Side-by-side plan comparisons
- Carrier phone numbers
- Plan rates, eligibility and contributions



Online Enrollment: MDS offers online benefit elections! Just register your account using our Company Identifier (**MDSNH**), confirm all your dependents and update any other personal information, and then review your benefits. At open enrollment time, you can then choose who to cover and what plans you would like with the click of your mouse!

Document Resource Library: The document library puts all the forms you would ever need right in your hand without a trip to Human Resources and without printing everything off! We've made sure to include the basic documents for our benefit plans and will be adding our HR documents as well – make sure to check back soon!

Getting Started:

<https://www.employeenavigator.com/benefits/Account/Register>

Start off by browsing to the above registration link to set up your account. Enter your First Name, Last Name, the Company Identifier (**MDSNH**), the last 4 digits of your SSN and your Birthday. You can then set up a username and password and have full access to the Employee Navigator Portal.

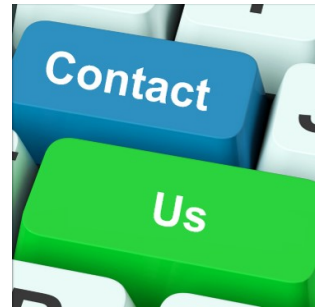
Already have an account?

Log in here: <https://www.employeenavigator.com/benefits/Account/>

Contacts

Who do I contact with questions or changes to my plans?

Please contact Human Resources if you have questions about benefits or a change of address, phone number, a significant life change such as marriage, divorce, addition or deletion of dependents.



Plan / Carrier	Contact Information	
Medical Insurance Health Plans, Inc.	888-532-7575 www.healthplansinc.com Find LP Labs and Surgical Centers www.healthplansinc.com/members	
Deductible Reimbursement Mail or Fax Claims to:	Human Resources MDS 121 Railroad Street Keene, NH 03431	Fax: 603-353-1637
Prescription Plan Southern Scripts	800-710-9341 www.southernscripts.net	
Dental Insurance Northeast Delta Dental	800-832-5700 -or- 603-223-1234 www.nedelta.com	
Vision Insurance DeltaVision (through EyeMed)	866-723-0513 www.nedelta.com/DeltaVision	
Flexible Spending Accounts American Benefits Group	Elizabeth Bonney 800-499-3539 fax: 877-723-0147 support@amben.com claims: www.amben.com/wealthcare	Mail claims to: American Benefits Group PO Box 1209 Northampton, MA 01061-1209
Employee Assistance Program (EAP) The Harford Ability Assist	800-964-3577 www.guidanceresources.com Organization Web ID: HLF902 Company Name: ABILI	

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