Benefits Education Week

Nov 13th -17th

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Agenda

1. Benefits Education Week Timeline
2. Open Enrollment Timeline
3. Benefits Vision
4. Benefits Deep-Dive

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Life Changing Care

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Benefits Education Week

Timeline	Education Sessions	Open Q&A Sessions	One-on-One Q&A Sessions
Monday, Nov 13th	• 2:00 pm – 3:00 pm • 3:30 pm – 4:30 pm • 5:00 pm – 6:00 pm		
Tuesday, Nov 14th	• 9:30 am – 10:30 am • 11:00 am – 12:00 pm • 1:30 pm – 2:30 pm • 3:00 pm – 4:00 pm	• 8:30 am – 9:15 am • 4:30 pm – 5:30 pm	
Wednesday, Nov 15th		• 11:30 am – 1:30 pm	• 9:00 am – 11:00 am • 2:00 pm – 6:00 pm
Thursday, Nov 16th		• 11:30 am – 1:30 pm	• 9:00 am – 11:00 am • 2:00 pm – 6:00 pm
Friday, Nov 17th			• 8:00 am – 9:00 am

New Hire Onboarding

December 11th – 15th

On-site support from Katie, Ilisa, Maria and Cindy

Onboarding steps to prepare for:

- I-9 documentation
- Signing company policies
- New hire drug testing
- Benefits Open Enrollment

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Benefits Enrollment

December 11th – 15th

- Benefits Enrollment software training
  - Ask Emma comparison software
- Additional onsite training with Cindy
- Enrollment window closes on December 15th at 11:59 pm PT
- Benefit coverage begins January 1, 2024
- Eligibility
  - Full-time (32+ hours per week) eligible for all benefits
  - 30-31 hours per week eligible for medical, RX, FSA and HSA, 401(k)
  - Bring your dependent eligibility verification documents
  - Beneficiary designation

Dependent Eligibility Verification

- Upload DEV documentation for any newly added dependents
- Documents must be uploaded to bSwift within 30 days of enrollment
- Acceptable DEV documentation includes:

Dependent	Documentation Required
Spouse	Marriage certificate or Federal/State Tax Return
Domestic Partner	State issued registration, certificate, or license (notarized affidavits are not accepted)
Child	Birth certificate, hospital birth record, adoption certificate, document of legal custody/guardianship, or Federal/State Tax Return

NOTE: Dependents will not be added to coverage until DEV documentation is received/approved.

Benefits Vision

CAPLICO

Choice

- Multiple plans
- Flexible plan coverage
- Broad service variety
- Provider choice

Value

- Shared cost plans
- Premium and deductible options
- Tax Savings Accounts

Quality Care

- Prioritizing your health
- Preventive services
- Celebrate the healthy steps you take

Benefits Deep Dive

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Section 125 Cafeteria Plan

With our Section 125 plan, you can have tax free and tax deferred opportunities to help your benefits dollars go further.

- Tax free treatment - Premiums collected through payroll:
  - Medical premiums
  - Dental premiums
  - Vision premiums
- Tax free treatment - Flexible Spending Accounts (must be used for eligible expenses)
  - Health Care FSA
  - Dependent Care FSA
- Tax deferred treatment - 401(k) contributions and company match are tax deferred

Signature Value HMO

Service	In Network
Annual Deductible	$0
Annual Out-of-Pocket Max	Individual: $2,000 per individual Family: $4,000 family limit
Office Visit	Primary: $20 copay Specialist: $40 copay Virtual: $0
Urgent Care	$20 copay within medical group $50 copay outside medical group
Emergency Room	$300 copay; (waived if admitted)
Hospitalization	$250 copay per day to $750 max
Outpatient Surgery	$125 copay
Imaging	DXL: $20 copay Advanced: $50 copay
RX	30 Day Supply: $5 / $30 / $65 90 Days: 2.5x retail $12.50 / $75 / $162.50

United Healthcare

Your per Paycheck Premium	
Employee Only	$120.04
Employee + Spouse	$450.24
Employee + Child(ren)	$341.35
Employee + Family	$643.06

Select Plus PPO $1,000

Service	In Network	Out-of-Network
Annual Deductible	Per Individual: $1,000 or Family Limit: $2,000	Per Individual: $3,000 or Family limit: $6,000
Annual Out-of-Pocket Max	Per Individual: $3,500 or Family Limit: $7,000	Per Individual: $10,500 or Family Limit: $21,000
Coinsurance	You pay 20% after deductible up to OOP max	You pay 50% after deductible up to OOP max
Office Visit	Primary: $25 copay Specialist: $50 copay Virtual: $0	
Urgent Care	$50 copay	
Emergency Room	You pay 20% after deductible	
Hospitalization	You pay 20% after deductible	You pay 50% after deductible
Outpatient Surgery	You pay 20% after deductible	You pay 50% after deductible up to OOP max
Imaging	You pay 20% after deductible	You pay 50% after deductible
RX RX Specialty	30 Day Supply: $5 / $30 / $65 90 Days: 2.5x retail $12.50 / $75 / $162.50 30 Day Supply: $5/$150/$250 Mail Order: N/A	30 Day Supply: $5 / $30 / $65 90 Days: 2.5x retail $12.50 / $75 / $162.50 30 Day Supply: $5/$150/$250 Mail Order: N/A

United Healthcare

Your per Paycheck Premium	
Employee Only	$0
Employee + Spouse	$279.52
Employee + Child(ren)	$98.13
Employee + Family	$406.97

Select Plus PPO $500

Service	In Network	Out-of-Network
Annual Deductible	Per Individual: $500 Family Limit: $1,000	Per Individual: $1,500 Family limit: $3,000
Annual Out-of-Pocket Max	Per Individual: $3,500 Family Limit: $7,000	Per Individual: $10,500 Family Limit: $21,000
Coinsurance	You pay 10% after deductible up to OOP max	You pay 50% after deductible up to OOP max
Office Visit	Primary: $20 copay Specialist: $40 copay Virtual: $0	You pay 50% after deductible
Urgent Care	$50 copay	You pay 50% after deductible
Emergency Room	You pay 10% after deductible	You pay 10% after deductible
Hospitalization	You pay 10% after deductible	You pay 50% after deductible
Outpatient Surgery	You pay 10% after deductible	You pay 50% after deductible
Imaging	Lab FSC: $0 You pay 10% after deductible	You pay 50% after deductible
RX	30 Day Supply: $5 / $30 / $65 90 Days: 2.5x retail $12.50 / $75 / $162.50	30 Day Supply: $5 / $30 / $65 90 Days: 2.5x retail $12.50 / $75 / $162.50
RX Specialty	30 Day Supply: $5/$150/$250 Mail Order: N/A	30 Day Supply: $5/$150/$250 Mail Order: N/A

Your per Paycheck Premium	
Employee Only	$177.34
Employee + Spouse	$665.14
Employee + Child(ren)	$504.29
Employee + Family	$950.02

Rate Sheet

If your spouse or registered domestic partner is eligible for group medical coverage, medicaid or medicare with his/her employer, you will pay a $125 surcharge per pay period if you choose to cover him/her on a Muir Home Health medical plan.

Provider Network

United Healthcare

Search for medical, dental and vision providers.

Dental PPO Low

Benefits (No waiting period)	Services	In Network	Out-of-Network
Annual Deductible		Per Individual: $50 Family Limit: $100	
Annual Plan Maximum		$1,750 per individual	
Diagnostic & Preventive	• Fluoride • Sealants • Bitewing	Fully Covered, deductible waived Fluoride: 2 times per consecutive 12 months Sealants: Under age 16; 1x per first or second permanent Molar every 36 months Bitewings: 1 series of films per calendar year	
Basic Services	• Endodontics • Periodontics	You pay 20%	You pay 20% - UCR 90th
Major Services	• Crowns • Implants • Dentures/Bridges	You pay 20%	You pay 20% - UCR 90th
TMJ	You pay 50%; $1,500 lifetime max		
Orthodontia	Children and Adults	50% coinsurance; $2,000 lifetime max	

Your per Paycheck Premium	
Employee Only	$9.47
Employee + Spouse	$35.30
Employee + Child(ren)	$33.52
Employee + Family	$49.34

Dental PPO High

Benefits (No waiting period)	Services	In Network	Out-of-Network
Annual Deductible		No deductible	
Annual Plan Maximum		$1,750 per individual	
Diagnostic & Preventive	• Fluoride • Sealants • Bitewing	Fully Covered Fluoride: 2 times per consecutive 12 months Sealants: Under age 16; 1x per first or second permanent Molar every 36 months Bitewings: 1 series of films per calendar year	
Basic Services	• Endodontics • Periodontics	You pay 10%	You pay 10% - UCR 90th
Major Services	• Crowns • Implants • Dentures/Bridges	You pay 10%	You pay 10% - UCR 90th
TMJ	You pay 50%; subject to $1,500 Lifetime Maximum		
Orthodontia	Children and Adults	50% coinsurance; $2,000 lifetime max	

United Healthcare

Your per Paycheck Premium	
Employee Only	$24.69
Employee + Spouse	$49.38
Employee + Child(ren)	$46.93
Employee + Family	$69.12

Vision Insurance

Service	In Network	Out-of-Network
Eye Exam – Every 12 months	Covered 100%	Up to $40
Lenses – Every 12 months	Basic Lens: Covered 100% Bifocal: 100%; $0 copay Trifocal: 100%; $0 copay	Single Vision: Up to $40 allowance Bifocal: Up to $60 allowance Trifocal: Up to $80 allowance
Frames – Every 24 months	$150 allowance; 30% discount beyond allowance amount	Up to $45 allowance
Contact Lenses (Medically Necessary) • Every 12 months • in lieu of frame and lenses	Covered 100%	Up to $125 allowance (in-network limitations apply)
Contact Lenses (Elective) • Every 12 months • in lieu of frame and lenses	$150 allowance; Fit and Follow Up: Up to $40 allowance	Up to $125 allowance (in-network limitations apply)
Laser Vision Correction	Up to 35% off national average price	

United Healthcare

Choose between Lenses or Contacts each year

Your per Paycheck Premium	
Employee Only	$2.11
Employee + Spouse	$4.11
Employee + Child(ren)	$4.32
Employee + Family	$5.69

Employee Assistance Program

Our Unum EAP provides help for you and your household members – Counseling, Legal Consultation, Parenting & Childcare

- Covered 100% by Muir Home Health
- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 3 visits per issue
- Help articles, resources, and self-assessment tools

Unum.com/lifebalance

800-857-1446

Retirement Benefit

Eligibility

- Full-time and Part-time employees who are scheduled to work 30 or more hours per week
- Part-time employees who work less than 30 hours per week, who are PRN, On Call, or Per Diem will be eligible to participate once they have worked 1,000 hours in an anniversary year.
- Muir Home Health employees as of January 1, 2024, will be eligible to participate as of February 1, 2024

Plan Components

- Pre-tax 401(k) contributions and post-tax Roth contributions
  - 2024 Contributions limit of $23,000 (Catch-up contributions for 50+ is $7,500)
- Pre-tax Employer match; $.25 for each $1.00 deferred up to the first 2% of compensation; match vests at 25% over 4 years
- Rollover from eligible retirement accounts including 401(k) and 403(b) plans.

Contact Fidelity at 1-800-835-5097 or visit 401k.com to enroll

Fidelity

Tax Savings Accounts

Service	HealthCare Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (DCFSA)
Eligibility	• Used for qualified services in the calendar year • If spouse is enrolled in a high deductible health plan, only available for dental and vision expenses	Qualified expenses for dependents: • below 13 years of age • incapable of self-care and live with employee more than half the year • elder care of incapable/disabled parent as a dependent and you are covering more than 50% of their maintenance costs
Annual Contribution Max	Individual: $3,200 per employee	Filing Separate: $2,500 per employee Family: $5,000 married, family max
Carryover to next plan year	$640; any amount above the carryover is forfeited	No carryover, March 15th grace period
Non Qualified Expenses	• OTC drugs, unless prescribed by a doctor	You pay 30%

PAYFLEX®

Transportation Savings Account

Save on out-of-pocket commuting expenses for public transportation, van pooling, or worksite parking.

- Pre-tax contributions
- Up to $300 per month
- Balance rolls forward each month and each year
- Enroll via PayFlex website

PAYFLEX®

Short & Long-Term Disability

Voluntary plans for short-term and long-term disability with competitive group rates

Short-Term Disability: Up to 26 weeks of wage replacement

- Weekly benefit of 60% of covered earnings
- Maximum benefit of $2,000 per week
- 14-day waiting period
- Partial disability coverage - requires 20% wage loss

Long-Term Disability

- Monthly benefit of 60% of covered earnings
- Maximum benefit of 10,000 per month
- 180-day waiting period

Pre-Existing Limitation 3/12: 3-month look-back, prior to your effective date; any condition that existed within the lookback will not be covered if the same disability begins during the first 12 months of coverage.

Basic Life and AD&D

Muir Home Health provides basic life and AD&D coverage for qualified employees. This benefit is paid in full by Muir Home Health.

Basic Life – a lump sum payment to your beneficiary(s).

AD&D - if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident

Company Paid: Basic Life/AD&D Benefit	
Life Insurance	Basic Coverage: $12,000 Paid to your beneficiary(s)
AD&D	Basic Coverage: $12,000 Paid to you or your beneficiary(s)

- Benefit amounts above are reduced if you are age 70 or older

Supplemental Life/AD&D

- You may purchase supplemental life and supplemental AD&D coverage for yourself, your spouse, and your child(ren).
- Supplemental life insurance pays your beneficiary a lump sum if you die.
- Supplemental AD&D coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident.

Supplemental Life	
Employee	Increments of $10,000 up to 5x annual earnings or $500,000 Guarantee Issue: $200,000
Spouse	Increments of $5,000 up to $250,000 Guarantee Issue: $25,000
Child(ren)	Increments of $2,000 up to $10,000

Other Voluntary Benefits

Personal Accident Insurance

- For common injuries (i.e., fractures, ER visits, etc.)
- Plan pays a lump-sum, tax-free benefit

Critical Illness Insurance

- Benefit paid upon diagnosis of a covered illness (i.e., cancer, heart attack, stroke)
- Plan pays a lump-sum, tax-free benefit

Hospital Indemnity Insurance

- Plan pays a lump sum benefit of $1,500 when you or a covered dependent is confined to the hospital for covered accidents and illnesses
- Benefit is paid to the employee not to hospital or healthcare practitioner

Paid Vacation Time

Full-time employees (32+ weekly hours) are eligible for vacation benefits. The vacation time accrual rate is hourly and based on length of service with Muir Home Health.*

To calculate accrued vacation in any workweek, multiply the appropriate rate below by the number of regular hours worked, up to a maximum of 40 hours per workweek.

Vacation Tier	Completed Months of Service	Vacation Accrual Rate Per Hours Worked	Annual Maximum Vacation Accrual	Maximum Vacation Accrual Balance Limit
Tier 1	0-12	.0231	48 hours	N/A
Tier 2	13-60	.0423	88 hours	100 hours
Tier 3	61-120	.0616	128 hours	150 hours
Tier 4	121+	.0808	168 hours	200 hours

** Muir Home Health has agreed to recognize your original hire date with JMH for purposes of vacation accrual, though eligibility is contingent on having met Muir Home Health's application deadline of November 1, 2023.*

Sick Time Benefit

Information effective as of 11.13.2023, and is subject to change in accordance with California law. See employee handbook for details during onboarding week.

Full Time Employees (32+ weekly hours)

Full-Time employees accrue six days (48 hours) of sick time per anniversary year. Upon completion of 90 days of employment, you receive 24 hours of sick time and an additional 24 hours is accrued on a per pay period basis during the remainder of the anniversary year. On the anniversary of your MHH hire date, you receive 24 hours of sick time and the remaining 24 hours is accrued on a per pay period basis during the remainder of the anniversary year.

Completed Months of Service	Maximum Sick Accrual & Rollover Balance Limit*
0-3 months	NA
4-12 months	48 hours
13-60 months	100 hours
61-120 months	150 hours
121+	200 hours

Part-Time, On Call, and Temporary Employees

Accrue 1 hour of sick time for every 30 hours worked starting on the first day of employment. On the 90th day of employment, if the employees total accrued sick time is less than 24 hours, the accrued sick time balance will be increased up to 24 hours and the employee will continue to accrue sick time based on hours worked. Unused sick time will carry over into the following anniversary year with a maximum accrual limit of 80 hours. Employees may not use more than 48 sick time hours in any anniversary year. On the employee's anniversary date, the employee receives 24 hours of sick time.

** Muir Home Health has agreed to recognize your original hire date with JMH for purposes of sick time accrual, though eligibility is contingent on having met Muir Home Health's application deadline of November 1, 2023.*

Holiday Schedule

All Full-Time (32+ weekly hours) employees are eligible for 8 hours of paid holiday for each observed holiday. In the event the holiday falls on a Saturday the holiday will be observed the Friday before. If the holiday falls on a Sunday, it will be observed on the Monday after.

The observed holidays include:

- New Year's Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- Christmas Day

** For non-exempt roles, hours worked on the observed holiday are paid at 1.5 times your normal hourly rate. Exempt roles receive their regular pay.

Tickets at Work Discounts

Travel including hotels, car rentals, flights, cruises, and more

Event tickets including theme parks and attractions to popular destinations, shows and events

Wellbeing and family discounts including: Kindercare Day Care Benefit/Discount

- 10% discount off the standard weekly/monthly tuition rates
- Applicable to full-time or part-time childcare services

To-Dos

- Review summary plan information
- Search for providers
- Attend an open Q&A session

Schedule	Open Q&A Sessions
Tuesday, Nov 14th	• 8:30 am – 9:15 am • 4:30 pm – 5:30 pm
Wednesday, Nov 15th	• 11:30 am – 1:30 pm
Thursday, Nov 16th	• 11:30 am – 1:30 pm

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