

Benefits Guide



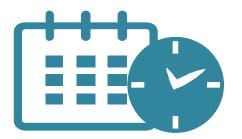
2024





Here's where to find...

| Medical Plan | 3 |
|---------------------------------|----|
| Flexible Savings Account (FSA) | 5 |
| Retirement | 6 |
| Voluntary Dental Plan | 7 |
| Voluntary Vision Plan | 8 |
| Basic Life & AD&D | 9 |
| Voluntary Life and AD&D Plan | 10 |
| Voluntary Short-Term Disability | 11 |
| Voluntary Long-Term Disability | 12 |
| Legal Shield/ID Shield | 13 |
| Contacts | 16 |
| Notes | 17 |



WELCOME TO THE 2024 BENEFIT PROGRAM

Louisville Care Center knows your employee benefits package is extremely important to you.

Within this booklet, you will find important information on the benefits available to you. Please take a moment to look over your plan information. If you have any specific questions, please contact Human Resources.

Enclosed are details about the Louisville Care Center's benefit offerings for 2024.

MEDICAL PLANS



A brief highlight of benefits is on the following pages. For a detailed summary of benefits, please reference the Plan Document.

You are eligible for Medical coverage if you are actively working 30 or more hours per week. Your coverage will become effective on the 1st of the month following 30 days of active employment.

Your spouse and children up to age 26 are eligible. If you have a dependent that is currently covered, their coverage will terminate the last day of the month in which they turn 26 years old.



MEDICAL PLAN



PPO PLAN

| Plan Benefits | In-Network | Out-of-Network |
|-----------------------------------|---------------------------------------|------------------------------|
| Deductible - Individual | \$2,500 | \$5,000 |
| Deductible - Family | \$5,000 | \$10,000 |
| Coinsurance (member pays) | 0% | 50% |
| Out-of-Pocket Max - Individual | \$5,000 | \$10,000 |
| Out-of-Pocket Max - Family | \$10,000 | \$20,000 |
| Copays: | | |
| Preventive | 100% | Deductible, then coinsurance |
| Office Visit - Primary Care | \$25 copay | Deductible, then coinsurance |
| Office Visit - Specialist | \$75 copay | Deductible, then coinsurance |
| Urgent Care | \$50 copay | Deductible, then coinsurance |
| Emergency Room (Facility) | \$300 per occurrence, then deductible | Same as In-Network benefits |
| Prescription Coverage: Retail / S | pecialty - 30 Day Supply | |
| Generic Brand | \$10 copay | \$10 copay |
| Preferred Brand | \$35 copay | \$35 copay |
| Non-Preferred Brand | \$75 copay | \$75 copay |
| Specialty | \$250 copay | \$250 copay |

PPO PLAN RATES

| Tier | Employee Premium per Pay Period |
|-----------------------|------------------------------------|
| Employee Only | FREE |
| Employee & Spouse | \$458.17 |
| Employee & Child(ren) | \$343.62 |
| Employee & Family | \$839.96 |



A Flexible Spending Account (also known as a flexible spending arrangement) is a special account you put money into that you use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside.

This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- Then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- You save money on expenses you're already paying for.

Health FSA Eligible Expenses:

- Medical expenses: co-pays, coinsurance, and deductibles
- Dental expenses: exams, cleanings, Xrays, and braces
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery

- Prescription drugs and insulin
- Over-the-counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.

Dependent Care FSA Eligible Expenses

- Care for your child who is under age 13
- Before and after-school care
- Baby sitting and nanny expenses
- Day care, nursery school, and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

Limits

Individual limit - \$2,400 for 2024 with a minimum of \$20 per pay period
 Dependent Care Account - \$5,000 Annual Maximum (\$2,500 if married filing a separate return).

Refer to your FSA documentation for more information.

Plan year runs from Jan 1st to Dec 31st. There is a grace period of 2 months, 15 days (March 15) that allows the participants to use qualified expenses incurred during the grace period to be reimbursed from benefits or contributions remaining unused at the end of the immediately preceding plan year. All claims must be filed within 90 days of the end of the plan year (March 31). Monies remaining in the individual spending accounts after this date are "forfeited" under the "use-it-or-lose-it" rule and become the property of the sponsoring organization.

RETIREMENT



Louisville Care Center wants to help you with retirement readiness and offers a retirement plan to help prepare for your future. The plan is administered by Security Benefit Retirement Services.

For a complete description of the plan eligibility and implementation contact Human Resources for a Summary Plan Description.

| Employee Deferrals | |
|--------------------|--|
| Eligibility | Completion of probationary period FT (60hrs each pay period) |
| Contributions | Up to 100% of your earnings or \$23,000 for the 2024 calendar year; whichever is less. Ages 50+ can contribute an additional \$7,500 for the 2024 calendar year. |
| Employer Match | |
| Eligibility | Completion of probationary period Fulltime employee (60 hours of service each pay period) |
| Contributions | Your minimum contribution is 1% of your pay. The maximum (includes Louisville Care Center contributions) is the lesser of 100% of compensation or: • \$23,000 for 2024 • \$30,500 if age 50 or older by 12/31/2024 |
| Vesting | |
| Employee Deferrals | You are always 100% vested in your contributions plus earnings. |
| Employer Match | The Louisville Care Center will match your contribution based on years of service per the following schedule: Less than 1 year of service - 0% 1 to 2 years of service - 3% 3 to 4 years of service - 4% 5 to 14 years of service - 5% 15 or more years of service - 6% |

Retirement Plan is a fully administered program established January 1, through December 31, which falls under Section 457(b) of the Internal Revenue Code.

*Disclaimer

The Retirement Plan listed on this page is not managed currently by The Olson Group. Please refer to your HR Department for specific benefit details and contact information for this specific product.

VOLUNTARY DENTAL PLAN



A brief highlight of benefits is below. For a detailed summary of benefits, please reference the Benefit Summary. You are eligible for the Dental plan if you are actively working 30 or more hours per week. Your spouse and children up to age 26 are also eligible. Your coverage will become effective on the 1st of the month following 30 days of active employment.

| Plan Benefits | In-Network & Out-of-Network | |
|---|-----------------------------|--|
| Calendar Year Benefit | \$1,000 | |
| Deductibles | | |
| Type 1 (Preventative) | \$0 | |
| Type 2 (Basic) | \$50 per Calendar Year | |
| Type 3 (Major) | \$50 per Calendar Year | |
| Coinsurance | | |
| Type 1 (Preventative) | 100% | |
| Type 2 (Basic) | 80% | |
| Type 3 (Major) | 50% | |
| New Enrollee Waiting Period – Major Only | 12 months | |
| Additional Information | | |
| Orthodontia Procedures - Children Only | 50% | |
| Orthodontia Lifetime Benefit | \$1,000 | |
| New Enrollee Waiting Period - Orthodontia | 12 months | |

DENTAL PLAN RATES

| Tier | Employee Premium Per Pay Period |
|---------------------------------|------------------------------------|
| Employee Only | \$11.40 |
| Employee + 1 Dependent | \$25.92 |
| Employee + 2 or more Dependents | \$40.68 |

VOLUNTARY VISION PLAN



A brief highlight of benefits is below. For a detailed summary, please reference the Plan Document. You are eligible for the Vision plan if you are actively working 30 or more hours per week. Your spouse and children up to age 26 are also eligible. Your coverage will become effective on the 1st of the month following 30 days of active employment.

| Plan Benefits | In-Network | Out-of-Network |
|---------------------------------------|------------------|----------------|
| Deductible/Copay - Exam | \$10 | \$10 |
| Deductible/Copay - Lenses or Frames | \$25 | \$25 |
| Frequency - Exam/Lenses/Frames* | 12 / 12 / 24 | 12 / 12 / 24 |
| Exam | Covered in Full | Up to \$45 |
| Frames/Lenses (per pair) | | |
| Frames | \$130 | Up to \$70 |
| Single Vision | Covered in full | Up to \$30 |
| Bifocal | Covered in full | Up to \$50 |
| Trifocal | Covered in full | Up to \$65 |
| Lenticular | Covered in full | Up to \$100 |
| Progressive | See lens options | N/A |
| Contact Lenses | | |
| Contact Lens Benefit – Elective | Up to \$130 | Up to \$105 |
| Contact Lens Benefit - Med. Necessary | Covered in full | Up to \$210 |

^{*}based on your date of service with your provider

VISION PLAN RATES

| Tier | Employee Premium per Pay Period | |
|-----------------------|------------------------------------|--|
| Employee Only | \$4.32 | |
| Employee & Spouse | \$9.32 | |
| Employee & Child(ren) | \$7.54 | |
| Employee & Family | \$12.54 | |

BASIC TERM LIFE AND AD&D PLAN



Louisville Care Center provides a Life/AD&D policy at no cost to the employee. Please remember to update your beneficiary information. For a detailed summary, please reference the Plan Document.

You are eligible for the Basic Term Life and AD&D plan if you are actively working 30 or more hours per week. Your coverage will become effective on the 1^{st} of the month following 30 days of active employment.

| Plan Design – Life | Benefit | |
|--------------------|---|--|
| Benefit Amount | \$20,000 | |
| Plan Design - AD&D | | |
| Benefit Amount | \$20,000 | |
| Plan Provisions | | |
| Benefit Reduction | The original amount in force coverage prior to age 70 reduces to: 65% at age 70 50% at age 75 | |
| | S | |
| Other Features | Conversion (Life Only) & Portability | |



VOLUNTARY LIFE AND AD&D PLAN



For a detailed summary, please reference the Plan Document. You are eligible for the Voluntary Life and AD&D plan if you are actively working 30 or more hours per week. Your coverage will become effective on the 1st of the month following 30 days of active employment.

| Plan Design | Minimum | Maximum | Guarantee Issue |
|--|---|--|-----------------|
| Employee Benefit Amounts | \$10,000 | Up to 5X Salary \$500,000 | \$100,000 |
| Spouse Benefit Amounts | \$10,000 | Up to 100% of employee amount \$500,000 | \$30,000 |
| Child(ren) Benefit Amounts (Life Only) | \$10,000 | \$10,000 | \$10,000 |
| Plan Provisions | | | |
| Benefit Reduction | Age: Insurance Amount Reduces to: 70 65% of original amount 75 50% of original amount | | t |
| Other Features | Conversion & Portability | | |

VOLUNTARY LIFE PLAN RATES

| Age | Employee and Spouse Per \$1,000 | Child(ren) Monthly Rate per \$10,000 |
|--------------|------------------------------------|---|
| Less than 30 | \$0.08 | \$2.50 |
| 30 - 34 | \$0.09 | |
| 35 - 39 | \$0.12 | |
| 40 - 44 | \$0.20 | |
| 45 - 49 | \$0.33 | Note: Premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have. |
| 50 - 54 | \$0.49 | |
| 55 - 59 | \$0.74 | |
| 60 - 64 | \$1.21 | |
| 65 - 69 | \$2.19 | |
| 70 - 74 | \$3.10 | |
| 75 + | \$6.69 | |

VOLUNTARY AD&D PLAN RATES

| | Employee Rate per \$1,000 | Spouse Rate per \$1,000 |
|--------------|------------------------------|----------------------------|
| Monthly Rate | \$0.03 | \$0.03 |

VOLUNTARY SHORT-TERM DISABILITY PLAN



Louisville Care Center offers Short-Term Disability (STD) coverage. For a detailed summary, please reference the Plan Document. You are eligible for the Short-Term Disability plan if you are actively working 30 or more hours per week. Your coverage will become effective on the 1st of the month following 30 days of active employment. Your STD benefits are as follows:

| Plan Design | Benefit |
|----------------------------------|---|
| Definition of Disability | You are disabled when Unum determines that: you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and you have a 20% or more loss in weekly earnings due to the same sickness or injury. |
| Weekly Benefit % | 60% |
| Weekly Benefit Max Amount | \$500 |
| Elimination Period (Accident) | 14 days |
| Elimination Period (Illness) | 14 days |
| Maximum Benefit Duration | 11 weeks |
| Age | Rate |
| 00 - 24 | \$0.93 |
| 25 - 29 | \$1.06 |
| 30 - 34 | \$0.84 |
| 35 - 39 | \$0.64 |
| 40 – 44 | \$0.55 |
| 45 – 49 | \$0.50 |
| 50 - 54 | \$0.59 |
| 55 – 59 | \$0.75 |
| 60 - 64 | \$0.91 |
| 65 - 99 | \$1.01 |
| Plan Provisions | |
| Pre-Existing Condition Exclusion | 3/12 |

VOLUNTARY LONG-TERM DISABILITY PLAN



Louisville Care Center offers Long-Term Disability (LTD) coverage. For a detailed summary, please reference the Plan Document. You are eligible for the Long-Term Disability plan if you are actively working 30 or more hours per week. The waiting period is 1st of the month following 30 days of active employment. Your LTD benefits are as follows:

| Plan Design | Benefit | | |
|---|--|--|--|
| Definition of Disability | You are disabled when Unum determines that: you are limited from performing the material and substantial duties of your regular occupation, and you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury. After 24 months of payments, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training, or experience. | | |
| Monthly Benefit % | 60% \$3,000 | | |
| Monthly Benefit Max Amount | | | |
| Elimination Period | 90 days | | |
| Maximum Benefit Duration | To age 65/Reducing Benefit Duration | | |
| Benefit Duration | Age of Disability | Benefit Rate Per \$100 of covered payroll | |
| | 00 - 24 | \$0.32 | |
| | 25 - 29 | \$0.49 | |
| Your duration of benefits is based on your age when the disability occurs. If your disability occurs before age 60, benefits will be payable until age 65. If your disability occurs at or after age 60, benefits would be paid according to a benefit duration schedule. | 30 - 34 | \$0.77 | |
| | 35 - 39 | \$1.04 | |
| | 40 - 44 | \$1.29 | |
| | 45 - 49 | \$1.76 | |
| | 50 - 54 | \$2.30 | |
| | 55 - 59 | \$2.77 | |
| | 60 - 64 | \$2.83 | |
| | 65 - 69 | \$3.58 | |
| | 70 - 99 | \$4.82 | |
| Plan Provisions | | | |
| Pre-Existing Condition Exclusion | 12/1 | 2/24 | |

LegalShield



Louisville Care Center offers LegalShield. For a detailed summary, please reference the Plan Document. You are eligible for the LegalShield plan if you actively work 30 or more hours per week. The waiting period is 1st of the month following 30 days of active employment. The benefits are as follows:

Plan Provisions - LegalShield

Dedicated Law Firm Direct access, no call center

Advice and Consultation (Personal) Phone consultations with your law firm for any personal legal matter, even preexisting matters

Letters/Phone Calls (Personal) Made on your behalf to help resolve personal legal matters

Document Review (Personal) < our provider law firm will review personal documents (up to 15 pages each)

Residential Loan Document Assistance*** For the purchase of your primary residence, once per membership year

Will Preparation - Living Will, Health Care Power of Attorney, Financial Power of Attorney

Speeding Ticket Assistance* With non-criminal, moving traffic matters when driving with a license and proper registration

Income Tax Audit Services** Receive representation if audited by the IRS on your personal tax return

Trial Defense (Civil)** When named defendant in a covered civil lawsuit

Uncontested Divorce, Separation, Adoption and/or Name Change Representation*** Available 90 consecutive days from the effective date of your plan

25% Preferred Member Discount Discounted rates for additional legal services

Provides 24/7/365 emergency legal access for covered emergencies

*\$50/defense in NY/NV **Not available in NY/NV ***\$50/hr in NY/NV

IDShield



Louisville Care Center offers IDShield. For a detailed summary, please reference the Plan Document. You are eligible for the IDShield plan if you actively work 30 or more hours per week. The waiting period is 1^{st} of the month following 30 days of active employment. The benefits are as follows:

| Plan Provisions - IDShie | |
|--------------------------|---|
| | Ы |

Continuous Credit Monitoring Monitors information on your TransUnion credit report

Privacy Management One-on-one consultation on online privacy dangers

Reputation Management Scans social media accounts for any content you have posted in the past that could damage your online reputation

Financial Threshold Account Monitoring Looks out for activity tied to personal financial accounts

\$3 Million Protection Policy Coverage for lost wages, legal defense fees, stolen funds and more

Unlimited Service Guarantee We'll do whatever it takes for as long as it takes to restore your identity

Full-Service Restoration Provides one-on-one consultation to resolve identity related issues

Provides 24/7/365 live support for identity theft emergencies

NEW! Trend Micro Maximum Security defends against ransomware and other threats

NEW! VPN Proxy One turns a public hotspot into a secure Wi-Fi via Virtual Private Network (VPN) with bankgrade data encryption to keep your information protected from hackers

NEW! Password Manager get multiple device protection and privacy for your digital life

LegalShield / IDShield



LegalShield + IDShield Dual Plan

Credit Counseling and Education (Not Available in MA)

Available exclusively to those with both a LegalShield and IDShield Membership, our Identity Theft Specialists will provide one-on-one education to help you understand your valuable credit rating and actions that are likely to have an impact on your credit score. Additionally, your provider law firm can offer legal consultation on the laws surrounding credit scores and lending, as well as draft letters on your behalf and review documents up to 15 pages.





Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

| Plan | Employee Only 24 Pay Periods | Family 24 Pay Periods |
|-------------|---------------------------------|--------------------------|
| LegalShield | \$10.98 | \$10.98 |
| IDShield | \$6.48 | \$11.48 |
| Dual Plan | \$17.45 | \$20.95 |

Member Perks: Enjoy preferred member pricing on some of your favorite brands and services.























<u>legalshield.perkspot.com</u> to access discounts. MEMBERPerks does send emails and you can opt out of emails without disruption of service. **Offers/vendors may change without notice.**



| Benefit | Contact Name | Contact Information | Benefit Information | |
|-------------------------------------|--|--|---------------------|--|
| Health Insurance | United Health Care | (866) 633-2446 www.myallsaverscom | Group # 1477704 | |
| Voluntary Dental | Ameritas | (800) 487-5553 www.Ameritas.com | Group # 10-49279 | |
| Voluntary Vision | Ameritas | (800) 877-7195 www.vsp.com | Group # 10-49279 | |
| Base Term Life and AD&D | Unum | (800) 445-0402 www.unum.com | Group # 136916-002 | |
| Voluntary Term Life and AD&D | Unum | (800) 445-0402 www.unum.com | Group # 136915 | |
| Voluntary Short- Term Disability | Unum | (800) 858-6843 www.unum.com | Group # 136916-001 | |
| Voluntary Long-Term Disability | Unum | (800) 858-6843 www.unum.com | Group # 127945 | |
| Flexible Benefit Plans | iSolved | (866) 370-3040 www.isolvedbenefitservice s.com | | |
| Legal/ID Shield | LegalShield | (800) 654-7757 www.legalshield.com | | |
| Legal/ID Shield | IDShield | (888) 494-8519 www.idshield.com | | |
| D 1: 1 DI | D.A. Davidson & Co. (Bryan Schneider) | 402-392-7891 bschneider@dadco.com | | |
| Retirement Plan | Security Benefit Retirement Services | 800-747-3942 SecurityBenefit@DSTRS.c om | | |



| · | | |
|---------------|------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

