

2023 Benefits Overview



Agenda

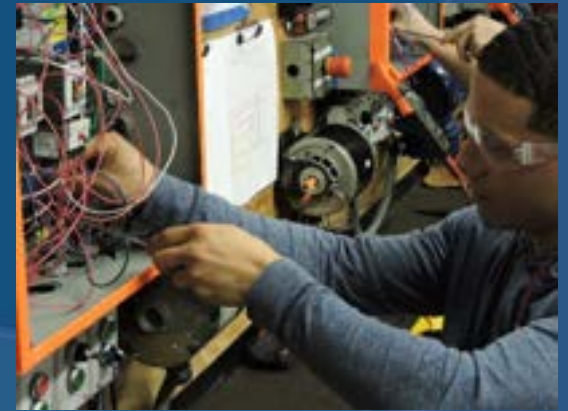
Open Enrollment

- Eligibility
- Oracle HCM
- Benefit Service Center
- What's New in 2023?

Benefits Overview

- Medical
- The Fedcap Group Advantage
- Dental
- Vision
- FSA
- Voluntary Benefits
- Other Benefits and Resources
- Employee Assistance Program

Reminders, Recap and Q&A



Open Enrollment

Eligibility

You: Regular full- or part-time employees scheduled to work **30** hours per week or more are eligible to elect benefits

Your Dependents: Eligible dependents are your:

- Legal spouse
- Child(ren) up to age 26, including stepchildren, foster children and adopted children (for medical, dental and vision)
- Disabled child(ren) of any age (with documentation of disability) dependent on you for support due to physical or cognitive disability that occurred before reaching age 26

Dependents become eligible for coverage on the same date you do or on the date of a Qualified Life Event

Dependent Documentation required include marriage certificate, birth certificate, adoption papers, etc.

Open Enrollment

Open Enrollment for 2023 plan elections and changes will be held November 2 – November 16, 2022

All plan elections made during Open Enrollment will be effective January 1 - December 31, 2023

Open Enrollment is your annual opportunity to:

- Add or drop coverage
- Add or drop dependents
- Change benefit plans

Changes to your benefit elections outside of the Open Enrollment period are only permitted if you experience a Qualified Life Event such as:

- Marriage or Divorce
- Birth or Adoption
- Loss of Eligibility for Other Coverage

The Benefit Service Center must be notified within 30 days of a Qualified Life Event

- ✓ If you enroll your dependent(s) please make sure you have their SSN as well as their Date of Birth.
- ✓ In order to enroll dependents the required documents for verification are:
 - Spouse:*
 - ✓ Marriage Certificate/Affidavit
 - ✓ Prior year tax return (first page)
 - Children:*
 - ✓ Birth Certificate
 - ✓ Proof of Legal Guardianship
 - ✓ Qualify medical court support order (QMCSO)
 - ✓ Prior year tax return (first page)

Open Enrollment Hub - Internet

Open Enrollment documents will be available on the Open Enrollment Hub on the Fedcap Group page: <https://fedcapgroup.org/fedcap-employee-benefits-portal/> or scan QR code below
There is no need to login or remember passwords.



Welcome To The
Fedcap Group's 2023
Open Enrollment Hub

Visit the 2022 Open Enrollment Hub for current benefits information.

Please Review your 2023 Open Enrollment Information:

Benefit Guides and Webinar Information:

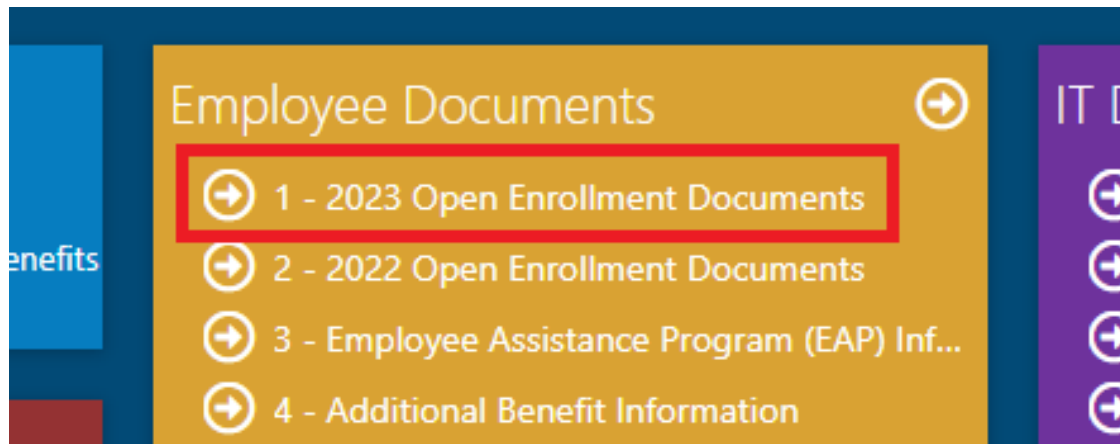
| | | | |
|--------------------|------------------|----------------------------------|-----------------------------|
| Fedcap All Staff ▾ | Client Workers ▾ | Easterseals - Upstate New York ▾ | Easterseals - North Texas ▾ |
|--------------------|------------------|----------------------------------|-----------------------------|



Employee Resources Portal - Intranet

Open Enrollment documents will also be available on the Employee Resources Portal on the Fedcap Group Intranet site: <https://Fedcap.sharepoint.com/hr/SitePages/home.aspx>

Select “2023 Open Enrollment Documents” folder to view these documents.



Open Enrollment – Oracle HCM Login

Oracle HCM URL: www.fedcapgroup.org/oracle



The screenshot shows the Oracle Applications Cloud Sign In page. At the top, it says "Sign In Oracle Applications Cloud". Below this, there are two input fields: "User ID" and "Password". Under the "Password" field, there is a link for "Forgot Password". A black "Sign In" button is positioned below the "Forgot Password" link. At the bottom of the form, there is a dropdown menu currently set to "English".

User ID: work email address

Password: user generated

If you need access to your Oracle HCM account or need help to reset your password, please contact the Oracle Help Desk at oraclehelpdesk@fedcap.org

Open Enrollment – Oracle HCM Login

After logging in, from the “Me” tab, click on the “Benefits” icon, then click “Make Changes” to start the process

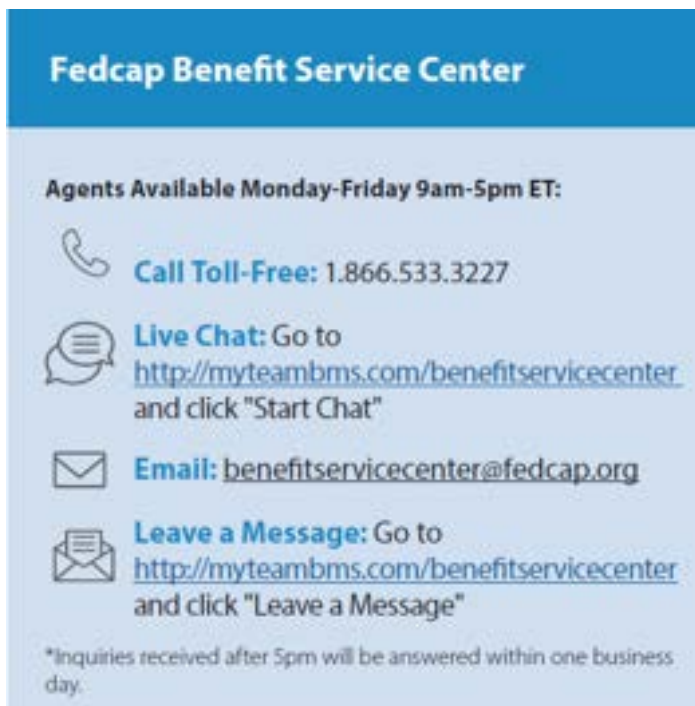
The screenshot displays the Oracle HCM user interface. At the top, navigation tabs include 'Me', 'My Employees', 'Benefits Administration', 'Projects', 'Procurement', and 'Tools'. The 'Me' tab is active. On the left, under 'QUICK ACTIONS', there are links for 'Personal Details', 'Document Records', 'Identification Info', 'Contact Info', and 'Family and Emergency Contacts'. On the right, under 'APPS', there are tiles for 'Directory', 'Time and Absences', 'Career and Performance', 'Personal Information', 'Learning', and 'Benefits'. The 'Benefits' tile is highlighted with a red rectangular box. Below the main navigation, a dark blue banner contains the text 'Review your benefits package and relevant info before you enroll.' and a white button labeled 'Make Changes' with a red arrow pointing to it. At the bottom, there are two white panels: 'Pending Actions' with a checklist icon and the text 'Address your open items to complete enrollment', and 'Your Benefits' with a person icon and the text 'See your current, past, and future enrollments'.

Benefit Service Center

The Fedcap Group Benefit Service Center offers you a central location for your benefits questions and should always be your first point of contact for a benefits question or claims issue. The Benefit Service Center is staffed with qualified benefit representatives who understand your benefit plans and can answer your questions and assist with claims resolution.





Contact the Fedcap Group Benefit Service Center if you are looking for information about:

- Medical, Dental, Vision, Disability, Life, and Accidental Death & Dismemberment (AD&D) benefits
- Health Care and Dependent Care Flexible Spending Accounts
- Commuter Benefits
- Claim Issues
- ID Cards
- Qualified Life Status Changes
- COBRA
- Voluntary Benefits



Fedcap Benefit Service Center

Agents Available Monday-Friday 9am-5pm ET:

-  **Call Toll-Free:** 1.866.533.3227
-  **Live Chat:** Go to <http://myteambms.com/benefitservicecenter> and click "Start Chat"
-  **Email:** benefitservicecenter@fedcap.org
-  **Leave a Message:** Go to <http://myteambms.com/benefitservicecenter> and click "Leave a Message"

*Inquiries received after 5pm will be answered within one business day.

What's New For 2023?

- Deductible for Empire EPO1 Medical Plan will be \$2,000 / \$4,000
- Out-of-Pocket Maximum for Empire EPO1 will be \$7,150 / \$14,300
- Introduce deductible for Empire EPO2 Medical Plan, which will be \$500 / \$1,000
- Employees who elect or continue Empire Medical coverage will receive a new Medical ID card at the end of 2022.
- Dental implants will be covered under both PPO1 and PPO2 plans
- New short-term disability benefit to a weekly maximum of \$400
- New Buy-Up short-term disability plan with a weekly maximum of \$1,500
- Basic Life Insurance & AD&D harmonizing with Fedcap Group plan
 - 1x salary up to \$100,000
 - Employees with salary under \$50,000 prior to January 1, 2023, will maintain their current basic life benefit amount
- The Fedcap Group Advantage: an interactive portal to access available public and community resources



Medical Benefits Overview

Medical Plans – Kaiser

| Medical Plan Features | Kaiser DHMO In-Network Only | Kaiser HMO In-Network Only |
|-------------------------------------------|-----------------------------|----------------------------|
| Annual Deductible (individual/family) | \$1,000/\$2,000 | \$0 |
| Out-of-Pocket Maximum (individual/family) | \$3,000/\$6,000 | \$2,250/\$4,500 |
| Annual Preventive Physical | Covered 100% | Covered 100% |
| Office Visits PCP | \$25 Copay | \$30 Copay |
| Office Visits Specialist | \$35 Copay | \$40 Copay |
| Urgent Care | \$35 Copay | \$40 Copay |
| Emergency Room (waived if admitted) | \$100 Copay | \$100 Copay |

This is only a brief summary of key benefits. Please refer to the Benefits Guide for additional details.

Kaiser Prescription Drug Coverage

All medical plans also include coverage for prescription drugs. Below is a summary of the prescription drug coverage benefits:

| Rx Plan Features | Kaiser DHMO | Kaiser HMO |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| Kaiser Permanente Plan Pharmacy* (30-day supply) Generic Brand (Formulary) Non-Formulary | \$20 copay \$35 copay \$50 copay | \$20 copay \$35 copay \$50 copay |
| Community Participating Pharmacy** (30-day supply) Generic Brand (Formulary) Non-Formulary | \$30 copay \$50 copay \$75 copay | \$30 copay \$50 copay \$75 copay |
| Mail Order (90-day supply)*** Generic Brand (Formulary) Non-Formulary | \$20 copay \$35 copay \$50 copay | \$20 copay \$35 copay \$50 copay |


*Plan Pharmacy – Pharmacy located inside Kaiser Permanente Medical facilities. Pharmacy owned and operated by the Health Plan.

**Participating Pharmacy – Community pharmacies that participate with the Health Plan, such as Rite Aid, Walgreens, Safeway.

***Kaiser charges a discounted rate equal to 2 copays for a 90-day supply via Mail Order.

Kaiser Permanente medical facilities (with premier hospitals)

Maryland

- 1 Abingdon Medical Center
- 2 Annapolis Medical Center
- 3 **FUTURE OPENING**
Medical Center in Aspen Hill
- 4 Kaiser Permanente Baltimore Harbor Medical Center
- 5 Bowie Fairwood Medical Center
- 6 Camp Springs Medical Center
- 7 Columbia Gateway Medical Center
- 8 Kaiser Permanente Frederick Medical Center
- 9 Gaithersburg Medical Center
- 10 Kensington Medical Center
- 11 Largo Medical Center
- 12 Lutherville-Timonium Medical Center
- 13 Marlow Heights Medical Center
- 14 North Arundel Medical Center
- 15 Prince George's Medical Center
(will close when West Hyattsville Medical Center opens)
- 16 Shady Grove Medical Center
- 17 Silver Spring Medical Center
- 18 South Baltimore County Medical Center
- 19 **FUTURE OPENING**
Medical Center in Waldorf
- 20  well Friendship Heights
- 21 **OPENING 2022**
West Hyattsville Medical Center
- 22 White Marsh Medical Center
- 23 Woodlawn Medical Center

Virginia

- 24 Alexandria Medical Center
 - 25 Ashburn Medical Center
 - 26 Burke Medical Center
 - 27 **OPENING 2022**
Caton Hill Medical Center
 - 28 Colonial Forge Medical Center
 - 29 Fair Oaks Medical Center
 - 30 Falls Church Medical Center
 - 31 Fredericksburg Medical Center
 - 32 Haymarket Crossroads Medical Center
 - 33 Manassas Medical Center
 - 34 Reston Medical Center
 - 35 **OPENING 2022**
Springfield Medical Center
(adjacent to current facility)
 - 36 Tysons Corner Medical Center
 - 37 Woodbridge Medical Center
(will close when Caton Hill Medical Center opens)
- ## Washington, DC
- 38 Kaiser Permanente Capitol Hill Medical Center
 - 39 Northwest DC Medical Office Building



Please check kp.org/facilities for the most up-to-date listing of services available at Kaiser Permanente medical centers.

*Kaiser Permanente's service area in Fauquier County, includes the following ZIP codes: 20115, 20116, 20117, 20119, 20128, 20132, 20138, 20139, 20140, 20144, 20181, 20184, 20185, 20186, 20187, 20188, 20198, 22436, 22556, 22639, 22640, 22643, 22720, 22728, and 22729.

Medical Plans - Empire



| Medical plans | | PPO | | EPO2 | EPO1 | HRA |
|---------------------|---------------------|---------------------------------------|------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | | Doctors in your plan's network | Doctors not in your plan's network | Doctors in your plan's network | Doctors in your plan's network | Doctors in your plan's network |
| Deductible | Employee | \$1,000 | \$3,000 | \$500 | \$2,000 | \$3,000 |
| | Employee + family | \$2,500 | \$7,500 | \$1,000 | \$4,000 | \$6,000 |
| Coinsurance | Member | 10% | 30% | 10% | 20% | 10% |
| Office visits | Doctor | \$20 | Deductible & Coinsurance | \$25 | \$35 | Deductible & Coinsurance |
| | Specialist | \$35 | Deductible & Coinsurance | \$40 | \$50 | Deductible & Coinsurance |
| Out-of-pocket limit | Employee | \$3,250 | \$5,000 | \$7,150 | \$7,150 | \$7,150 |
| | Employee + family | \$8,125 | \$12,500 | \$14,300 | \$14,300 | \$14,300 |
| Prescription drugs | Pharmacy deductible | n/a | n/a | \$50 | \$100 | Deductible applies |
| | Retail | \$10/\$25/20% (\$80 min/\$300 max) | n/a | \$10/\$35/20% (\$80 min/\$300 max) | \$10/\$35/20% (\$80 min/\$300 max) | \$10/\$35/20% (\$80 min/\$300 max) |
| | Home delivery | \$20/\$50/20% (\$80 min/\$300 max) | n/a | \$20/\$70/20% (\$80 min/\$300 max) | \$20/\$70/20% (\$80 min/\$300 max) | \$20/\$70/20% (\$80 min/\$300 max) |

Home Delivery Complete



With Home Delivery Complete, you can get up to two fills of your maintenance medication at your regular pharmacy. By the third fill, you must start using home delivery for your maintenance medication to be covered.

There are three options enroll in Home Delivery:

- 1) Go to empireblue.com. Choose Order and Manage Prescriptions on the home page, then choose Request a New Home Delivery Prescription to get started.
- 2) Download the Sydney Health mobile app. Log in to the Sydney Health app, select Pharmacy, then choose Request a New Home Delivery Prescription to get started.
- 3) Call Empire and they will help you make the switch.



If you do not enroll in home delivery for your maintenance medication, you will have to pay 100% of the cost of your medication.

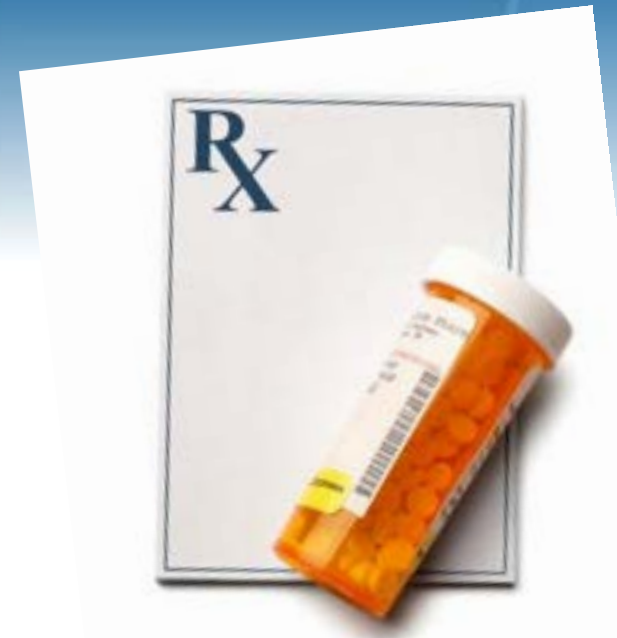
Preferred Generic Rx Program

Switching to Generic Drugs Can Save You Money!

- Generic drugs work just as well as brand-name drugs but often cost less
- If you get a brand-name drug that has a generic option, you will pay the tier 1 (generic) copay plus the difference in cost between the brand-name and generic drug
- If your doctor prescribes a brand-name drug that does not have a generic equivalent, you will pay the tier 2 copay or tier 3 coinsurance



Before you opt for a brand-name drug, remember it will cost you more money



Here's an example of why you pay more for a brand-name drug:

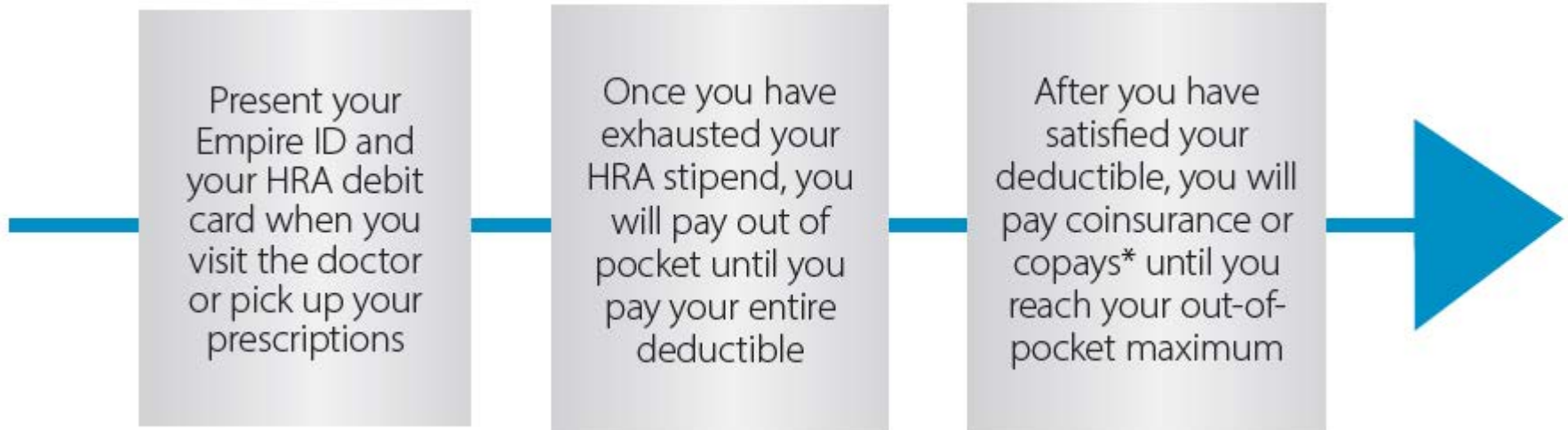
| | |
|---------------------------------------------------------------------|---------------|
| Your tier one (generic) drug copay: | \$ 10 |
| Plus the brand name drug cost: | + \$ 160 |
| Subtotal: | <u>\$ 170</u> |
| Minus the generic drug cost: | - \$ 60 |
| You pay more for a 30-day supply of the brand-name prescribed drug: | <u>\$ 110</u> |

Health Reimbursement Account (HRA)

If you choose the HRA3000 medical plan, The Fedcap Group will provide you with an employer funded HRA (Health Reimbursement Account) you can use to offset your deductible.

The HRA will be administered by Empire and incoming claims are first paid by the HRA.

| Coverage Level | Stipend Amount |
|-----------------------|----------------|
| Employee Only | \$750 |
| Employee + Child(ren) | \$1,000 |
| Employee + Spouse | \$1,000 |
| Employee + Family | \$1,250 |



Empire Health Guides



Empire Health Guides answers your questions and walks you through the healthcare system so you can:



Find the right benefits for your needs.



Save money on prescriptions.



Stay on top of appointments.



Compare costs for healthcare services.

Reach an Empire Health Guide at the number on the back of your member ID card. You can also go to [Empireblue.com](https://www.empireblue.com) to send a secure email or chat online.



Empire Medical

How to Find a Doctor Online

STEP 1

Visit empireblue.com/find-care/ (or visit empireblue.com, and then click [Find Care](#)

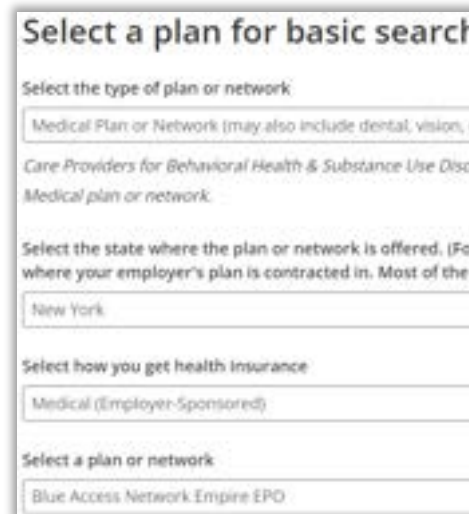
- Existing members should “**Log in for Personalized Search**”
- New members should “[Select a plan for basic search](#)”



STEP 2

Complete the following fields:

- Select the type of plan or network
 - Select “**Medical Plan or Network**”
- Select the state where the plan or network is offered
 - Select a **State**
- Select how you get health insurance
 - Select “**Medical (Employer-Sponsored)**”
- Select a plan or network
 - Inside NY - Blue Access Network**
 - Outside NY - National PPO (BlueCard PPO)**
- Then click “**Continue**”



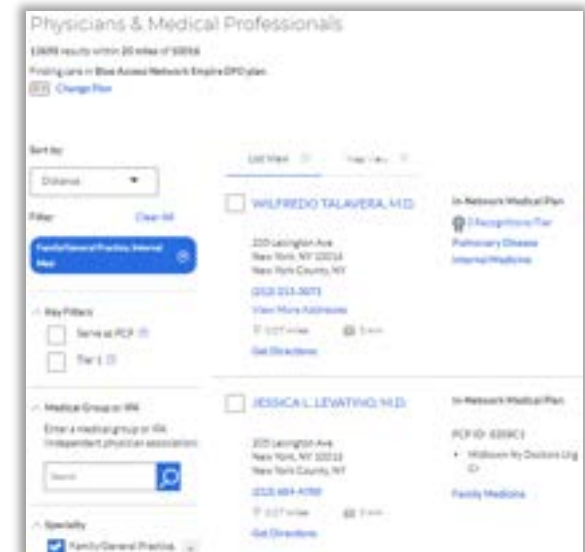
STEP 3

Enter in your **zip code**, Search by doctor name or specialty or Search by Care Provider



STEP 4

View your **search results**.



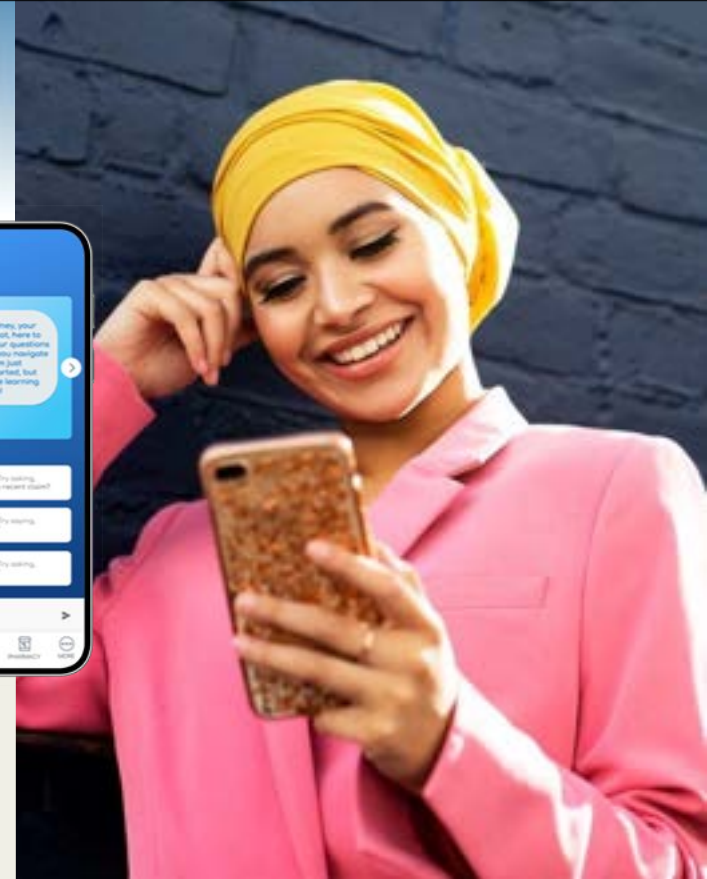
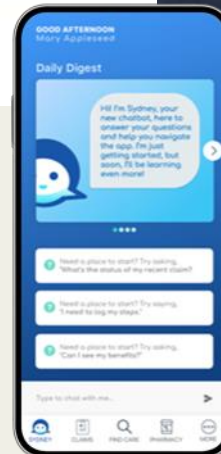
Sydney Health mobile app



Download Sydney Health and register on the app to take full advantage of your Empire plan.

Use it to:

- Find care and check costs.
- See all benefits.
- View claims and payment information.
- View and use digital ID cards.
- Manage prescription orders and refills.
- Get answers quickly with the interactive chat feature.
- Access virtual care.
- Access wellness resources and rewards.
- Sync with your fitness tracker.
- Reach Member Services for support.



Virtual Care



Connect with care anywhere

- Telehealth appointments on your mobile phone, tablet, or computer with a camera
- Board-certified doctors available 24/7 for advice, treatment, and prescriptions
- See a licensed therapist or psychiatrist. Appointments are available 7 days a week and usually cost the same as an in-person visit.
- Cost is less than or equal to an in-person office visit

To make a virtual care appointment, in your Empire account, choose **Virtual Visit With A Provider** under *Care*.



Telehealth with Virtual Primary Care



Access to routine care and chronic condition management

Services available through the Sydney Health app

Virtual primary care includes preventive care, wellness checks, lab work referrals, new prescriptions and refills, specialist referrals, and care management for conditions including:¹

- Asthma
- High blood pressure
- Diabetes
- High cholesterol
- Heartburn or GERD²
- Migraines
- Irritable bowel syndrome
- Musculoskeletal issues

Appointment hours

- 9 a.m. to 9 p.m. ET, Monday through Friday
- 9 a.m. to 5 p.m. ET, Saturday and Sunday

1 Available to members 18 to 64 years old.

2 GERD = gastroesophageal reflux disease.

Health and Wellness Programs



Become more engaged in your health.



Make better healthcare decisions.



Reach your health goals.



Save money on health-related products and services.



After your benefits start, go to **Empireblue.com** or call the Member Services number on your ID card or mobile app to take part in our programs.

24/7 NurseLine



Registered nurses can:

- Answer health questions.
- Help you decide where to go for care.
- Find doctors or other healthcare professionals near you.

Call (800) 337-4770 to connect with a nurse.

Autism Spectrum Disorder Program

Community resources, family support, and coordinated care



Support for your
whole family



Resources for
finding and using
available care



Guidance for navigating
the healthcare system and
using benefits effectively

ConditionCare

A dedicated nurse team that offers support if you're living with:



Asthma



Diabetes



Heart disease or heart failure



Chronic obstructive pulmonary disease (COPD)



- You also have additional support from dietitians, health educators, and pharmacists.
- You can earn \$100 when you enroll, and \$200 when you finish the program.
- Call (866) 962-0951 to learn more.

Diabetes Prevention Program

The 12-month weight loss program can help you lose weight and reduce your risk for diabetes.

Empire and Lark have come together to offer this program at no extra cost. It is part of your health plan. It's customized to your lifestyle, so you receive 24/7 coaching to:

- Lose weight
- Manage stress
- Eat healthier
- Sleep better
- Increase activity



Use the Sydney Health mobile app to complete the Lark prediabetes survey by going to **My Health Dashboard** and searching for **Lark Diabetes Prevention Program** under *Programs*.

Fertility Support



If you need help with pregnancy, Fertility Support offers:

- 24/7 access to specially trained nurse care managers.
- Help selecting the right doctor for your needs.
- Information about testing, types of infertility, and treatment and medication options.
- Authorizations, care recommendations, pharmacy assistance, and specialist referrals.

Future Moms



Access to screenings and resources during pregnancy



A 24/7 phone line with specially trained nurses



<Breastfeeding support through LiveHealth Online>

- You can earn up to \$200 when you complete the program.
- Call (800) 828-5891 to learn more.



Gym Reimbursement

Your plan covers part of your fitness membership fees when you:

- 1 Track your workouts.
- 2 Meet the minimum gym visit requirement for a six-month period.



You May Have Other Options Available to You:

- If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from Fedcap, there is a premium assistance program that can help pay for coverage, using funds from the Medicaid or CHIP program. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.
- If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

The Fedcap Group Advantage

Powered by Single Stop

The Fedcap Group is proud to collaborate with Single Stop to bring their employees and their families the program and technology that has connected over two million individuals with federal and local resources.

All Fedcap Group employees and their household are eligible to use Single Stop's services year-round for free. Employees can self-screen or have a representative assist in completing the screener. To help maximize eligible benefits, trained representatives are available Monday-Friday.

Single Stop's mission is to equip others to build a pathway to an economically sustainable future, and they are excited to bring their technology into the homes of Fedcap employees.

FIND YOUR ELIGIBILITY 
fedcapgroup.org/advantage



Benefit
Screening



Local
Help



Application
Assistance



Tax
Preparation



DEDICATED SUPPORT

se Habla Español

(646) 931-2400

fedcapadvantage@fedcap.org

The Fedcap Group Advantage

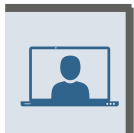
Powered by Single Stop

The Fedcap Group prioritizes equipping its employees to have economic stability. Single Stop, a company of the Fedcap Group, is an IRS-certified Volunteer Income Tax Assistance (VITA) site. This program allows the employees of The Fedcap Group to file their taxes for free, provided they meet the income requirements.

As each tax season brings new regulations, be sure to check the website frequently for the latest tax information for the current season.

WAYS TO FILE YOUR TAXES

singlestop.org/file-my-taxes



Virtual



Self-Guided



In-Person



DEDICATED SUPPORT

taxsupport@singlestop.org

(800) 931 2400

**Language Accommodations
Available**

The Fedcap Group Advantage

Powered by Single Stop

WAYS TO FREE FILE



Self-Guided

- Available in all states where employees of The Fedcap Group reside.
- The perfect option if you feel comfortable independently filing your taxes.
- Free file your taxes on our [website](#).



Virtual

- Available in D.C., Maine, New Hampshire, Texas and New York.
- Securely review and submit your documents with an IRS-certified tax preparer.
- Make an appointment on our [website](#).



In-Person

- Currently available in all five boroughs of New York City.
- All tax preparers are IRS-certified.
- Make an appointment by visiting our [website](#).

Be Prepared ▶

However you file your taxes, you'll need certain documents. Utilize our tax prep checklist to approach this tax season with confidence.





Dental Benefits Overview

Dental

| Dental Plans | PPO1 | PPO2 |
|-----------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| Carrier | Empire | Empire |
| Plan Type | PPO | PPO |
| Out-of-Network Reimbursements | 80th% UCR ⁽¹⁾ | In-network MAC ⁽²⁾ |
| Deductible | Individual: \$50 Family: \$150 | Individual: \$100 Family: \$300 |
| Deductible Waived for Preventive Care | Yes | Yes |
| Preventive / Basic / Major | In-Network: 100% / 80% / 50% Out-of-Network: 100% / 80% / 50% | In-Network: 100% / 60% / 50% Out-of-Network: 100% / 50% / 50% |
| Endodontics / Periodontics / Oral Surgery | Basic | Basic |
| TMJ Benefits | Covered Under Oral Surgery (Basic) | Covered Under Oral Surgery (Basic) |
| Crowns / Bridges / Dentures / Implants | Major | Major |
| Implants | Covered | Covered |
| Annual Maximum | \$1,500 | \$1,000 |
| Orthodontia | 50% | 50% |
| * Ortho Eligibility | Dependent Children Only (must be banded before age 19) | Adults and Dependent Children |
| * Ortho Lifetime Maximum | \$1,500 | \$1,000 |
| Dependent Age Limit | 26 | 26 |

This is only a brief summary of benefits. Please refer to the Benefits Guide for additional details.

⁽¹⁾ UCR = Usual, Customary, Reasonable

⁽²⁾ MAC = Maximum Allowable Charge

Finding In-Network Dental Providers

To find an in-network dental provider go to www.empireblue.com/find-care/, click on “**Select a plan for basic research**”, select “**Dental Plan or Network**” under “Select the type of plan or network”, select “**Dental Complete**” under “Select plan or network”. Click “Continue” to enter your zip code and select the type of dentist under the “Search by Care Provider” section. A list of in-network dentists will appear. You can also search using the Sydney app by clicking on the “Find Care” icon and selecting “Dental Professionals”.

Web Search

The screenshot shows a web form titled "Select a plan for basic search". It contains several dropdown menus and text fields. The first dropdown is labeled "Select the type of plan or network" and is set to "Dental Plan or Network". Below it is a note: "Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network." The second dropdown is labeled "Select the state where the plan or network is offered" and is set to "New York". The third dropdown is labeled "Select how you get health insurance" and is set to "Dental". The fourth dropdown is labeled "Select a plan or network" and is set to "Dental Complete". At the bottom, there are "Cancel" and "Continue" buttons.

Sydney Health app





Vision Benefits Overview

Vision

| Empire BCBS | In-Network | Out-of-Network | Frequency Period (calendar year) |
|-----------------------|-----------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------|
| Exam | \$5 Copay | \$30 Reimbursement | 12 months |
| Lenses | | | |
| Single Vision | \$10 Copay | \$25 Reimbursement | 12 months (either pair of eyeglass lenses OR 1 order of contact lenses) |
| Bifocal | \$10 Copay | \$35 Reimbursement | |
| Trifocal | \$10 Copay | \$45 Reimbursement | |
| Contact Lenses | | | |
| Conventional | \$120 Allowance Additional 15% off balance over allowance | \$120 Reimbursement | 12 months (either pair of eyeglass lenses OR 1 order of contact lenses) |
| Disposable | \$120 Allowance No additional discount | \$120 Reimbursement | |
| Medically Necessary | \$0 Copay | \$200 Reimbursement | |
| Frames | | | |
| Any Frames | \$120 Allowance Additional 20% off balance over allowance | \$120 Reimbursement | 24 months |

This is only a brief summary of benefits. Please refer to the Benefits Guide for additional details.



FSA Benefits Overview

Flexible Spending Accounts (FSAs)

FSA programs allow you to pay for unreimbursed health care and/or dependent care expenses on a pre-tax basis.

| Account Type | Examples of Eligible Expenses | Contribution Limits | Access to Funds |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health Care FSA For yourself or any dependent claimed on your federal tax return | <ul style="list-style-type: none"> • Medical plan deductibles and coinsurance * • Copays • Prescription drugs • Dental Expenses, including orthodontia and implant expenses • Vision exams • Glasses/contact lenses • Laser eye surgery | Up to \$3,050 Does not include your contributions toward the cost of medical plan coverage | Immediate access to your entire, annual contribution amount as of January 1 |
| Dependent Care FSA For eligible dependents under age 13, a disabled spouse, a parent or disabled child over age 13 | <ul style="list-style-type: none"> • Dependent/childcare centers • Adult day care • Nursery school /pre-school • After school /summer day camp | Up to \$5,000 <i>(\$2,500 if married and filing separately)</i> | <ul style="list-style-type: none"> • Funds are added to your Dependent Care FSA account on every pay date • Submit claims up to your year-to-date accumulated amount in your account |

*** Note for the HRA3000 Medical Plan:** If you are enrolled in the HRA3000 medical plan and elect Health Care FSA, you must meet your annual deductible before you receive reimbursement for medical expenses.

Budget Appropriately: FSAs are considered “**use it or lose it.**” This means you will forfeit your remaining balance if you do not use all of the funds by March 15 of the following year. You have until March 31 of the following year to submit all claims. It is important you budget appropriately and use all of the funds within the FSA plan year. Any Health Care FSA balance from the previous year will not be available on your card.

An extended list of covered expenses can be found in **IRS Publication 502** (<https://www.irs.gov/pub/irs-pdf/p502.pdf>)



Voluntary Benefits

Voluntary Supplemental Health Plans

Financial protection when you need it the most

Accident, Specified Disease & Hospital Indemnity Insurance



Pay lump-sum benefits when covered events happen



No pre-existing condition limitations²



Can help pay for out-of-pocket medical costs



Extended continuation¹



Cash benefit paid to you, so you decide how to use the money

¹ Extended continuation may not be available in all states. Remains in place as long as the group policy is not terminated.
² Covered accidents or illness must occur after the effective date of coverage.

Accident plan (24 hour coverage)



Accident plan covers you on or off the job²

| | |
|---------------------------------------------------|---------|
| Emergency room | \$250 |
| Hospital admission | \$1,500 |
| Ambulance (ground) | \$400 |
| Urgent care | \$200 |
| X-ray | \$200 |
| Physical therapy (up to 10 visits/within 90 days) | \$50 |
| Concussion | \$300 |
| Laceration (2 to 6 inches) | \$200 |

¹ Centers for Disease Control and Prevention, National Center for Health Statistics: *National Hospital Ambulatory Medical Care Survey (2014)*: [cdc.gov/nchs/data/nhamcs/web_tables/2014_ed_web_tables.pdf](https://www.cdc.gov/nchs/data/nhamcs/web_tables/2014_ed_web_tables.pdf).

² This is a partial listing of benefits. Please see plan documents for additional details.

Specified Disease plan



| | |
|--------------------------------------------------------------------|-----------------------------|
| | \$20,000² |
| Cancer (invasive/non-invasive) | \$20,000 / \$5,000 |
| Stroke | \$20,000 |
| Heart attack (myocardial infarction) | \$20,000 |
| Coronary Artery Disease | \$5,000 |
| Major Organ Failure | \$20,000 |
| End-Stage Renal Disease | \$20,000 |
| Skin Cancer Benefit (Lifetime Benefit) | \$250 |
| Health Screening benefit for each covered member (annually) | \$50 |

Note: Specified Disease benefits for covered spouse and dependents are 50% of the amount shown above. Specified Disease rates are based on the employees age at five year increments.

¹ Centers for Disease Control and Prevention: *Heart Disease Facts* (updated November 28, 2017): cdc.gov/heartdisease/facts.htm.
² This is a partial listing of benefits. Please see plan documents for additional details.

Hospital Indemnity plan



| | Benefit |
|--------------------------------------------------------|----------------|
| Hospital confinement first day | \$165 |
| Hospital confinement daily benefit | \$165 |
| Intensive Care Unit (ICU) confinement first day | \$165 |
| Daily Intensive Care Unit (ICU) confinement | \$165 |
| First-day hospital confinement annual max | 5 day |
| Daily hospital confinement annual max | 90 days |
| Pregnancy waiting period | None |

¹ U.S. Centers for Medicare & Medicaid Services: *Protection from High Medical Costs* (accessed May 2, 2018): healthcare.gov.

² This is a partial listing of benefits. Please see plan documents for additional details.

Auto-Notification

We know you're busy so Empire will let you know when to file a claim for your Accident, Specified Disease and Hospital Indemnity plans.

- 1 Log in at empireblue.com and register using your member id number
- 2 Your provider files a medical claim
- 3 Empire analyses your claims data and determines if it's related to a supplemental claim
- 4 We email you when your medical claim is approved and include a notification to file your supplemental claim and how to start the claims process
- 5 You connect with our member services department and they will guide you through the claims process

Voluntary Life and AD&D

| | |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Employee benefit | \$10,000 increments to a maximum of \$1,000,000 or 5x your annual earnings, whichever is less |
| Spouse benefit | \$5,000 increments to \$250,000, limited to 100% of employee benefit |
| Child benefit (to age 29) | \$1,000 increments to \$20,000, limited to 100% of employee benefit; one rate covers all children |
| Guaranteed issue | Employee: \$200,000 or 3x annual earnings, whichever is less; Spouse: \$30,000; Child(ren): \$20,000 |
| Conversion/portability | If your employment ends, you can apply to convert to another Anthem plan without a health exam/Evidence of Insurability |
| Age reduction | Benefit is reduced by 35% at age 65; 50% at age 70 |
| AD&D | Automatically included for employees, spouse and children and equal to Voluntary Life benefit elected |
| Living benefit | Up to 50% of Voluntary Life benefit |



Other Benefits and Resources

Basic Life and AD&D

| | |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Basic Life & AD&D Benefit | 1 times annual salary to a maximum of \$100,000 Employees with a salary under \$50,000 prior to January 1, 2023, will maintain their current basic life benefit amount |
| Age reduction | Benefit is reduced by 50% at age 70 |
| Conversion | If your employment ends, you can apply to convert to an individual AnthemLife plan without a health exam/Evidence of Insurability |
| Living benefit | 50% up to \$100,000 |

Short Term Disability (STD) and Paid Family Leave (PFL)

| | |
|-----------------------------|-----------------------------------------------------------------------------------|
| Weekly benefit amount | 60% of weekly earnings for a total weekly maximum of \$400 |
| Benefit begins for accident | 8th day |
| Benefit begins for illness | 8th day |
| Maximum benefit period | 26 weeks (in any consecutive 52-week period) |
| Buy Up STD | 60% of weekly earnings for a total weekly maximum of \$1,500 (inclusive of \$400) |

District of Columbia Paid Family Leave:

Benefit Amount: The maximum weekly benefit amount is \$1,049 with a maximum benefit period of 8 weeks during a 52-week period.

To learn more, visit <https://dcpaidfamilyleave.dc.gov/>

Long-Term Disability (LTD)

| | |
|----------------------------|---------------------------------------------------|
| LTD Monthly benefit amount | 60% of monthly earnings, up to maximum of \$6,000 |
| Benefit begins | 90 days |
| Maximum benefit period | Normal Social Security retirement age |

Family and Medical Leave Act (FMLA)

The federal Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of unpaid leave, job protection and health benefits continuation in the event of their own serious health condition or the serious health condition of a qualifying family member.

If you are absent for more than three consecutive days, **on the fourth day** you must contact Anthem at 888-868-7046 to file a claim under the Family Medical Leave Act (FMLA) and/or Disability. In addition, you must also contact your Manager/Supervisor and HR.

You are eligible for FMLA at the time of the qualifying event if you have at least 12 months of service and have worked a minimum of 1,250 hours in the previous 12 months with Fedcap.

Eligible leaves under FMLA: Birth or Placement of a Child, Care for an Immediate Family Member, Employee's Own Serious Health Condition, Qualifying Exigency Leave, Care of Spouse or Next of Kin Injured While on Active Duty in the Armed Forces

Additional Benefits

Commuter Benefit – Beniversal through Benefit Resource Inc.

- IRS regulated benefit allows employees to use pre-tax dollars for transit and parking expenses commuting to and from work up to \$300 per month
- Commuter elections need to be elected every year and can be changed at any time throughout the year

Legal Plan – MetLaw

- Provides legal services from qualified attorneys for employee and dependents
- Enrollees must remain in the plan for the full year

**Refer to Benefits Guide for
Details**

Employee Assistance Program (CCA)



CCA is a provider of programs that enhance individual and organizational performance and well-being

- No cost
- Confidential
- Available to you and your family members
- Staffed by caring professional counselors and work/life specialists with a depth of expertise
- Types of Assistance
 - Information, resources and referrals
 - In-the-moment support
 - Solutions-focused, short-term counseling
 - Referrals to longer term and/or specialized care

TOLL-FREE:
800-833-8707

WEBSITE:
www.myccaonline.com

COMPANY CODE:
fedcap

Areas of Assistance for Employees and Family Members



| CHILD CARE | ADULT AND ELDER CARE | DAILY LIVING | LEGAL AND FINANCIAL | EMOTIONAL WELL-BEING |
|-----------------------------|--------------------------|-----------------------|--------------------------------------|----------------------------------|
| Locating Child Care | Aging | Home Improvement | Identity Theft | Stress, Anxiety, Depression |
| Parenting/Child Development | Housing Options | Pet Care | Wills and Estate Planning | Life Transitions |
| Pre/post-Natal Health | Caregiver Support | Health/Fitness | Divorce and Custody | Relationship and Family Concerns |
| Adoption | Medicare and Medicaid | Moving and Relocation | Bankruptcy | Grief and Trauma |
| Education | Community Resources | Event Planning | Budgeting and Debt/Credit Management | Addiction and Recovery |
| Work/Family Balance | Adults with Disabilities | Travel/Leisure | Saving for the Future | Workplace Issues |
| | | Disaster Recovery | | |

Open Enrollment Reminders

Open Enrollment Check List

- ✓ Log into the Oracle HCM between November 2 and November 16
- ✓ Answer the Medicare eligibility question
- ✓ If you want a Health Care FSA, Dependent Care FSA, Parking and Transit plan for 2023, you must enroll, even if you enrolled for 2022
- ✓ Only act if you want to make a change to your elections – if you take no action, your current elections will roll over (except for FSA and Parking/Transit)
- ✓ If you do not want medical coverage, check the box to waive coverage and provide a reason
- ✓ Designate a beneficiary for Life Insurance and AD&D
- ✓ If you are adding dependents, you must provide SSN and DOB along with dependent verification documentation by December 31, 2022. After December 31, 2022, unverified dependents will not be covered.

Recap: What's New For 2023?

- Deductible for Empire EPO1 Medical Plan will be \$2,000 / \$4,000
- Out-of-Pocket Maximum for Empire EPO1 will be \$7,150 / \$14,300
- Introduce deductible for Empire EPO2 Medical Plan, which will be \$500 / \$1,000
- Employees who elect or continue Empire Medical coverage will receive a new Medical ID card at the end of 2022.
- Dental implants will be covered under both PPO1 and PPO2 plans
- New short-term disability benefit to a weekly maximum of \$400
- New Buy-Up short-term disability plan with a weekly maximum of \$1,500
- Basic Life Insurance & AD&D harmonizing with Fedcap Group plan
 - 1x salary up to \$100,000
 - Employees with salary below \$50,000 prior to January 1, 2023, will maintain their current basic life benefit amount
- The Fedcap Group Advantage: an interactive portal to access available public and community resources

Questions

