

# YOUR 2022 INFRAMARK BENEFITS

Your Inframark benefits play a major role in the health and well-being of you and your family. Explore this easy-to-read booklet filled with important announcements and step-by-step instructions for enrolling in your Inframark employee benefits.

**It's Time To Enroll!**

For Bi-Weekly Payroll



*Benefits Service Center  
1200 Abington Executive Park  
Clarks Summit, PA 18411  
[myinframarkbenefits.com](http://myinframarkbenefits.com)*

*For technical assistance, call 800.307.0230.*

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To enroll and learn more about your benefit options, go to [myinframarkbenefits.com](https://myinframarkbenefits.com).



For technical assistance enrolling in your Inframark benefits, contact the Benefits Service Center at **800-307-0230**.



Discover your optimal medical insurance option (and more) with ALEX at [myinframarkbenefits.com](https://myinframarkbenefits.com).



Contact Health Advocate for any benefit questions at **855-424-6400**.



To sign up for employee benefits messages, text **INFRAMARK** to **(877) 799-4635**.

# ELIGIBILITY AND ENROLLMENT



*The benefit elections you make during your enrollment timeframe are binding through December 31, 2022, unless you experience a qualifying life event.*



## BENEFITS ELIGIBILITY

All full-time employees scheduled to work at least 30 hours per week are eligible to enroll in employee benefits.

## COVERING YOUR FAMILY MEMBERS (ELIGIBLE DEPENDENTS)

For you to include new eligible dependents on your benefit plans in 2022, you must submit verification documents (including social security numbers). The social security number requirement applies to any dependent that is currently enrolled or that you are newly enrolling in benefits.

### Who Are Your Eligible Dependents?

- Your legal spouse
- Your domestic partner
- Your children\* up to age 26
- Your unmarried children of any age, if mentally or physically incapable of self-support



\*Your "children" include your natural children, stepchildren who live with you, or other children of whom you have legal guardianship.

## CHANGING YOUR ELECTIONS

You need to think carefully about the benefits you choose because you cannot change your elections during the year unless you have a qualifying life event. **Examples of Qualifying Life Events Include:**

- Your marriage or divorce
- Birth or adoption of your child
- Your child reaches the benefit age limit
- Death of your spouse or child
- Gain or loss of other coverage due to a change in your or your spouse's employment or employment status

## IF YOU HAVE A QUALIFYING LIFE EVENT

You must report and provide documented proof of any qualifying life event within 31 days of the event's effective date. Please visit [myinframarkbenefits.com](http://myinframarkbenefits.com) for more detailed information regarding qualifying life events.

# HOW TO ENROLL IN BENEFITS

- 1 Access the Benefits Service Center.**  
Go to [myinframarkbenefits.com](http://myinframarkbenefits.com) > Enroll.
- 2 Enter Your Login ID.**
- 3 Enter your temporary password.**  
First Initial + First 3 Letters of Last Name + Last 4 Digits of SSN  
(For example, the temporary password for Mary Jones would be *mjon3344*). Please enter your password using lowercase letters.
- 4 Accept the terms of use and change your password.**  
You'll be required to enter your new password the next time you log in.
- 5 Update your dependent information.**  
You'll be prompted to enter your dependent information. It's important for this to be accurate and up-to-date.
- 6 Choose your benefits.**  
Click "proceed" to review your options. After selecting each plan, you'll have the opportunity choose which dependents you'd like to cover.
- 7 Review and confirm your choices.**  
Take a moment to look over your choices at the Review and Confirm Your Benefits screen.
- 8 Complete enrollment.**  
Click on "Submit These Elections." Your enrollment will NOT be complete if you skip this step!

Print a copy of your confirmation for your records.

If you require technical assistance during the enrollment process, you may contact the Benefits Service Center at 800-307-0230 or use the "Chat Now!" feature on the enrollment site.

### LOGIN SAMPLE

LOGIN ID

PASSWORD



# MEDICAL BENEFITS



HEALTH BENEFIT PLANS



## YOUR MEDICAL OPTIONS

Inframark provides you with access to 4 medical plan options which all utilize the Aetna Premier Care Network:

- 1 Enhanced PPO Plan w/HRA
- 2 Basic PPO Plan
- 3 Value Care PPO Plan
- 4 HDHP w/HSA.

## SOMETHING TO THINK ABOUT

Providers often change networks. Be sure that your current provider participates in the Aetna Premier Care Network.


Visit [Aetna.com](https://www.aetna.com), click "Find a Doctor", under the "Guests" section click on "plan from an employer", enter your location and mile radius, click "search", under 2022 providers find the "Aetna Premier Care Network (APCN) Choice POS II/Open Access Managed Choice" plan, click continue, and begin your provider search.



For your medical rates, see page 11.

## DID YOU KNOW

- 75% of members on the Inframark health plans spend less than \$845 per year out-of-pocket
- Only 6% of plan members meet their individual deductible
- Only 3% of plan members meet their out-of-pocket maximum.

 A COVID vaccine surcharge of \$34 per month (adjusted to bi-weekly or semi-monthly payroll, whichever applies to you) will be applied to unvaccinated employees who are covered under the Inframark and its subsidiaries' medical plans.

Your Inframark manager and the Health & Safety team are tracking vaccination status of employees, and this list will determine whether or not the surcharge is applied. The surcharge can be dropped at any point in the future upon providing updated evidence of your full vaccination. To learn more about COVID Vaccine Surcharge process, review the FAQs at [myinframarkbenefits.com](https://myinframarkbenefits.com).

# WEIGH YOUR OPTIONS



This high level overview of your 2022 medical plan options is designed to assist you in selecting the plan that might best meet your needs. Full plan details are available on pages 6 and 7.

**What Comes Out Of Your Paycheck**








**What You Might Spend If You Use Healthcare**

**Eligible Spending Account Type**

**Inframark Account Contribution**

**You Might Want To Consider This Plan If...**

**But, You Should Understand That**

	Enhanced PPO Plan w/HRA	Basic PPO Plan	Value Care PPO Plan	HDHP w/HSA
What Comes Out Of Your Paycheck	 High	 Medium	 Low	 Low
What You Might Spend If You Use Healthcare	 Low	 Low	 Medium	 High
Eligible Spending Account Type	HRA	Health Care FSA	Health Care FSA	HSA
Inframark Account Contribution	\$500 single / \$1,000 family	N/A	N/A	\$500 single / \$1,000 family
You Might Want To Consider This Plan If...	...You have lots of medical expenses and you want to limit what you might have to pay for care out of your own pocket.	...You prefer a more traditional insurance plan with copays that help you understand what you'll be paying for routine care and medications.	... You don't generally use a lot of healthcare, but appreciate having access to affordable first-line basic and primary care services.	... You have low healthcare needs, don't mind shopping to find the best prices for care and find the long-term tax advantages of the HSA to be a valuable financial tool.
But, You Should Understand That	...This is an expensive plan, and you might not really need this level of coverage if you're not a frequent user of healthcare.	... If you usually only see the doctor for wellness appointments or preventive care, a higher deductible plan could be cheaper for you.	...Specialist and emergency care are not covered at the same rate as basic care. If you need more complex care, you'll have to pay more out of your own pocket.	... In exchange for very low premiums, you pay a larger share of the costs of health care services until your deductible is met.

# YOUR MEDICAL PLAN OPTIONS

1

2



Benefit Descriptions	Enhanced PPO Plan w/HRA		Basic PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b> Individual Family	\$2,500 \$7,500	\$7,500 \$22,500	\$3,500 \$10,500	\$10,500 \$31,500
<b>Out-of-Pocket Max.</b> Individual Family	\$8,150 \$16,300	\$16,300 \$48,900	\$8,150 \$16,300	\$16,300 \$48,900
<b>Coinsurance</b>	30%	50%	30%	50%
<b>Office Visits</b> Primary Care Specialist	\$40 \$60	ded./coins. ded./coins.	\$40 \$60	ded./coins. ded./coins.
<b>Emergency Care</b> Urgent Care Facility Emergency Room	\$100 \$350	\$100 \$350	\$100 \$350	\$100 \$350
<b>Retail Rx</b> <i>(30-day supply)</i>	\$12 copay for generic drugs; \$40 copay for formulary (preferred) brand name drugs; \$100 copay for non-formulary (non-preferred) brand name drugs; \$250 for specialty drugs			
<b>Mail Order Rx</b> <i>(90-day supply)</i>	90-day mail order supply of maintenance drugs available for 2x the retail copay			



# YOUR MEDICAL PLAN OPTIONS

3

4

Value Care PPO Plan		HDHP w/HSA*		Benefit Descriptions
In-Network	Out-of-Network	In-Network	Out-of-Network	
\$5,000 \$12,500	\$12,500 \$31,250	\$4,000 \$8,000	\$8,000 \$16,000	<b>Annual Deductible</b> Individual Family
\$8,150 \$16,300	\$16,300 \$48,900	\$6,900 \$13,800	\$13,800 \$27,600	<b>Out-of-Pocket Max.</b> Individual Family
30%	50%	30%	50%	<b>Coinsurance</b>
\$20 ded./coins.	ded./coins. ded./coins.	ded./coins. ded./coins.		<b>Office Visits</b> Primary Care Specialist
\$75 ded./coins.	ded./coins. ded./coins.	ded./coins. ded./coins.		<b>Emergency Care</b> Urgent Care Facility Emergency Room
\$12 copay for generic drugs; \$40 copay for formulary (preferred) brand name drugs; \$100 copay for non-formulary (non-preferred) brand name drugs; \$250 for specialty drug		\$12 copay for preventive medications**; deductible & coinsurance for all others		<b>Retail Rx</b> (30-day supply)
90-day mail order supply of maintenance drugs available for 2x the retail copay		\$24 copay for preventive medications**; deductible & coinsurance for all others		<b>Mail Order Rx</b> (90-day supply)

### Medical Plan Notes

- All in-network preventive care (e.g., routine physicals, well-child care, mammograms, colonoscopies) is covered at 100% by the plans.

\*HDHP w/HSA Plan enrollees receive a company contribution of \$500 (single) or \$1,000 (family) into their HSA.

\*\*See list of medications designated as "preventive" under the HDHP at [myinframarkbenefits.com/Healthcare & Well-Being/ Medical/High Deductible Plan](http://myinframarkbenefits.com/Healthcare&Well-Being/Medical/HighDeductiblePlan).



# PRESCRIPTION BENEFITS

You are automatically provided with prescription benefits through Express Scripts when you enroll in an Inframark medical benefits plan.

Different pricing structures or “tiers” enable you to control costs based on the types of medications you select.

Be sure to request generic options from your doctor when possible. If you must take a brand name drug, see whether one in the Brand Formulary tier is an option. For assistance, contact Health Advocate at 855-424-6400.

## SOMETHING TO THINK ABOUT

- Use of the Mail Order Program is required for most maintenance medications. Mail order is a convenient, safe and very cost-effective way to get your maintenance medications. This home-delivery service allows you to purchase up to 90-day supplies of maintenance medications for the cost of two copayments, or 3-for-2 savings. In addition, the mail order program saves you trips to the pharmacy because prescriptions are delivered right to your door.
- If you use insulin, you may be eligible for a program that caps your copay at \$25 for a 30-day supply.



Rx Type	HDHP Only	All Other Plans
Generic	Deductible/ Coinsurance	\$12 copay
Brand Formulary	Deductible/ Coinsurance	\$40 copay
Brand Non-Formulary	Deductible/ Coinsurance	\$100 copay
Specialty	Deductible/ Coinsurance	\$250 copay
Mail Order (90-Day Supply)	Deductible/ Coinsurance	2X the above Retail Copays

# DENTAL BENEFITS

Inframark offers you the choice of two dental plans through United Concordia. Our Dental plans are designed to give you choice and control over your dental care. Both the High and Low plans provide coverage for Preventive Services, Basic Services and Major Services. The plans differ by the level of benefits they provide out-of-network and the annual benefit maximum and coverage for Orthodontia.

Benefit Descriptions	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible - Individual/Family	\$50/\$150		\$50/\$150	\$100/\$300
Annual Maximum	\$2,000		\$1,500	
Diagnostic & Preventive Services	100%		100%	80%
Basic Services	80%		80%	60%
Major Services	50%		50%	30%
Orthodontia Coverage	Yes (including adult)		No	
Orthodontic Services	50%		N/A	
Orthodontic Lifetime Maximum	\$2,000		N/A	

## SOMETHING TO THINK ABOUT

- The Smile for Health program can provide you with enhanced benefits for exams and procedures to treat gum disease if you are pregnant or have certain medical conditions like diabetes, rheumatoid arthritis, and heart disease. Learn more on page 13.



For your dental rates, check out page 11.



## SAGE COLLEGE TUITION PROGRAM

United Concordia plan participants can register in the College Tuition Benefit Program and earn 2,000 tuition reward points each year they are covered by United Concordia Dental insurance. One tuition reward point equals \$1.00 so you can earn up to \$2,000 per year! To enroll in this valuable program, visit [www.unitedconcordia.com/dental-insurance/member/ctb-mem/](http://www.unitedconcordia.com/dental-insurance/member/ctb-mem/).

# VISION BENEFITS

Inframark provides you the choice of 2 vision plans offered through Vision Service Plan (VSP): 1) The Base Plan and 2) The Easy Option Plan.

Both plans allow you to receive a complete eye examination and materials (if needed).

The plans differ in how they share costs with you and the frequency of when you can receive benefits.

## SOMETHING TO THINK ABOUT

Both plans provide similar vision coverage, however, the Easy Option features a more frequent frames allowance and each family member can choose one of the following upgrades at the time of service:

- \$250 Frame Allowance
- \$250 Contact Allowance
- Covered-in-full photochromic, anti-reflective or progressive lenses



Benefit Descriptions	Base Plan	Easy Option Plan
Eye Exams	Covered 100%	Covered 100%
Eyeglasses/Contacts	\$15 copay	\$15 copay
Lenses	Covered 100%	Covered 100%
Progressive Lenses	Not Covered	Easy Option
Frames Allowance	Up to \$150	Easy Option (Up to \$250)
Contacts Allowance	Up to \$150	Easy Option (Up to \$250)
Frequency - Lenses/Frames	12/24 (months)	12/12 (months)

\*Out-of-network coverage is available at reduced benefit levels.



For your vision rates, see page 11.

# PLAN CONTRIBUTIONS



## BI-WEEKLY PAYROLL CONTRIBUTIONS

Medical Benefits				
Plan Options:	Employee Only	Employee + Children	Employee + Spouse	Family
Enhanced PPO w/HRA	\$101.83	\$205.57	\$238.78	\$378.13
Basic PPO Plan	\$63.90	\$132.51	\$161.30	\$245.92
Value Care PPO Plan	\$50.11	\$106.86	\$131.04	\$185.12
HDHP w/HSA	\$47.51	\$100.29	\$117.18	\$175.48

Dental Benefits				
Plan Options:	Employee Only	Employee + Children	Employee + Spouse	Family
High Dental Plan	\$7.82	\$15.76	\$15.01	\$25.80
Low Dental Plan	\$5.82	\$11.93	\$11.36	\$19.20

Vision Benefits				
Plan Options:	Employee Only	Employee + Children	Employee + Spouse	Family
Base Plan	\$1.91	\$3.36	\$3.20	\$4.72
Easy Option Plan	\$5.44	\$9.59	\$9.14	\$13.45

- If your spouse has access to group medical insurance through his/her employer and you choose to cover him/her under the Inframark plan, you will pay a Spousal Surcharge of \$69.23 per pay.
- If you or a covered spouse/domestic partner use tobacco regularly, you will pay an additional \$57.69 per pay for Inframark medical coverage. You can have this surcharge waived by participating in the Health Advocate Tobacco Cessation Program. If it is unreasonably difficult or medically inadvisable for you to attempt to achieve these standards because of a health condition, contact Health Advocate at 855-424-6400. These surcharges are subject to change throughout the year based on any tobacco usage or spousal coverage changes you report.
- A COVID vaccine surcharge of \$15.69 per pay will be applied to unvaccinated employees who are covered under the Inframark and its subsidiaries' medical plans. Your Inframark manager and the Health & Safety team are tracking vaccination status of employees, and this list will determine whether or not the surcharge is applied. The surcharge can be dropped at any point in the future upon providing updated evidence of your full vaccination.
- If you cover a domestic partner and their child(ren), Inframark is required to calculate the imputed income (also called fair market value) of their health benefits. This means that the imputed income will be added to your W2 and subject to income tax withholding and employment taxes.

# MANAGING YOUR HEALTH

## TELADOC

### Convenient and Affordable Health Care by Phone or Video

Our Teladoc benefit gives you access to board-certified physicians to get fast treatment (including prescriptions) for common ailments such as the flu, allergies, ear infections, and more. If you are enrolled in any of the PPO medical options, you will pay nothing for virtual visits. HDHP enrollees will be charged \$49 for virtual visits, which is still considerably less than an emergency room or urgent care visit.

Teladoc also offers mental health services. You can speak with a licensed counselor, therapist, psychologist, or psychiatrist by phone, web, or mobile app. Teladoc services are available seven days a week from 7 a.m. to 9 p.m. local time. To learn more and get started, call 855-Teladoc (835-2362) or go to [www.teladoc.com/aetna](http://www.teladoc.com/aetna).



## LIVONGO

### Diabetes and Hypertension Management

Livongo is a health management program that provides you with a free cellular-enabled glucose meter and free unlimited testing supplies or a free blood pressure monitor, digital access to track and share your health progress, and immediate telephonic support from certified coaches to keep your blood sugar and blood pressure in healthy ranges throughout your day. This benefit is 100% company-paid. To learn more and get started, go to [healthy.livongo.com/inframark](http://healthy.livongo.com/inframark).



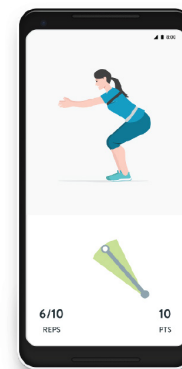
## HINGE HEALTH

### Remote Back and Joint Care

Inframark medical plan participants and their covered dependents 18 years old or older, have access to Hinge Health for help with remote back and joint care. Treatment can be done anywhere and can be customized by your physical therapist. The Hinge Health app can help with:

- Conquering pain or limited movement
- Recovering from an injury
- Staying healthy and pain free

To learn more call (855) 902-2777, or apply at [hingehealth.com](http://hingehealth.com).





### AETNA MEDICAL APP

The Aetna® Mobile app provides instant access to your family's critical health information. You can find a physician or facility near you, check the status of a claim, use the Cost Estimator, and track spending and progress toward deductibles. You can download your FREE Aetna Mobile app by texting Aetna to 90156, or you can learn more by visiting [aetna.com/mobile](http://aetna.com/mobile).

### EXPRESS SCRIPTS PRESCRIPTION APP

The Express Scripts® Pharmacy app lets you instantly access your plan's benefits and coverage information through My Rx Choices. You can look up potential lower-cost prescription options, view your ID card, set important reminders to take or refill the prescriptions in your medicine cabinet, and more. Check your smartphone's app store to download.

### HEALTH ADVOCATE LIFELINE® APP

Get 24/7 access to your Health Advocate benefits as well as a one-touch connection to a live Personal Health Advocate who can help you find the right doctor, untangle insurance claims, secure second opinions, schedule appointments, clarify complex conditions, and estimate health care costs. Check your smartphone's app store to download.

### UNITED CONCORDIA DENTAL APP

The United Concordia® Dental app allows you to find a dentist near you, access your benefits information, get a virtual ID card, manage your account, and learn about oral health and wellness. To learn more and get started, go to [unitedconcordia.com](http://unitedconcordia.com).

### VSP VISION APP

The VSP app provides easy access to locate VSP participating providers near you, your member ID card, summary of your vision benefits, glasses and contacts, and more. VSP providers meet the highest quality standards for credentialing and for providing both comprehensive eye care and full-service vision hardware services.



### ATTAIN BY AETNA PROGRAM AND APP

Attain is more than another fitness app, it empowers and rewards you for getting healthier in ways that work for you as an individual! Aetna combines activity from your Apple Watch and health history to provide personalized program experiences. Through Attain you can get reminders to get a flu shot and schedule your annual physical, tips for healthier snacking and better sleep and inspiration for increasing activity levels. You can also earn points towards a new Apple Watch, or gift cards. To participate in this program, you must have an Apple Watch and an iPhone. To learn more about this program, visit [AttainByAetna.com](http://AttainByAetna.com).

## ABOUT YOUR BENEFIT

Health Advocate EmpoweredHealth is a fully-integrated program that provides you with a personal health advocate who can help you navigate the complex world of health care. This benefit is 100% company-paid.

Your personal health advocate can help you with things like:

- Finding a physician
- Coordinating your care among many health care providers
- Processing insurance claims and paperwork
- Negotiating fees for health care services
- Arranging for second opinions
- Weight management
- Nutrition
- Stress management
- Chronic health conditions (such as diabetes, asthma, or depression)
- and more!

You'll also have access to interactive online coaching programs, unlimited telephonic support from health professionals, and a 24-hour Nurse Line.

Call the Health Advocate Employee Assistance Program (EAP) for 24/7 access to confidential counseling and referral services to help you and your eligible dependents manage life's problems. Some issues the EAP can help with include:

- Daycare
- Eldercare
- Family/relationships
- Financial stress
- Legal concerns
- Occupational performance
- Self-esteem
- Smoking cessation
- Substance abuse

## Get Started Today!

855-424-6400

Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)

Web: [HealthAdvocate.com/inframark](http://HealthAdvocate.com/inframark)





# REIMBURSEMENT ACCOUNTS

## HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the High Deductible Health Plan, you also have the opportunity to establish a Health Savings Account (HSA). An HSA is an account that can be used to build long-term tax-preferred savings to pay for qualified health care expenses. Account management is available through [www.empowermyretirement.com](http://www.empowermyretirement.com).

### An HSA provides you with great tax savings:

- Contributions made to your HSA via paycheck deduction are pre-tax;
- Earnings growth through interest and investments is not taxed; and
- Withdrawals from your account are tax-free, if used for qualified healthcare expenses.

**Inframark will contribute funds to your HSA to get you started on the road to saving for your healthcare expenses. For 2022, you will receive:**

- Individual Coverage Level: \$500
- All Other Coverage Levels: \$1,000

**For the 2022 plan year, if you enroll in the High Deductible Health Plan, you can contribute up to the following amounts to your HSA:**

- \$3,650 if you elect Employee Only coverage
- \$7,300 if you elect Employee + Spouse, Employee + Child(ren) or Family coverage.

*(If you are age 55 or older, but not enrolled in Medicare, you can contribute an additional \$1,000 catch-up contribution to your HSA.)*

The amount that Inframark contributes into the account on your behalf counts towards the annual maximums listed above.

An HSA is an excellent opportunity to save for future medical expenses for you and your family or to simply save for your future. However, it is important that you understand how to contribute funds to an HSA, how to withdraw funds you have contributed and what, if any, tax implications there are associated with your HSA fund.

## HEALTH REIMBURSEMENT ACCOUNT (HRA)

Employees who choose the Enhanced PPO Plan w/HRA medical option have access to an employer-funded HRA.

Inframark funds this account at the beginning of the plan year to help cover your out-of-pocket medical and prescription expenses. **The amount you receive in your account depends on which medical coverage level you enroll in:**

- Individual Coverage Level: \$500
- All Other Coverage Levels: \$1,000

It is important to note that if you are also enrolled in a Health Care FSA, your FSA funds will be used for eligible expenses first. Once your FSA funds are exhausted, your HRA funds can be used. Enhanced PPO Plan w/HRA plan enrollees will receive a myFlexDollars card to access their HRA funds following enrollment. Unused HRA funds do NOT rollover from year to year.



# FLEXIBLE SPENDING ACCOUNT




## HEALTHCARE FSA

The health care flexible spending account (FSA) gives you the ability to save money on a pre-tax basis for any IRS-allowed health expenses not covered by your insurance.

Eligible health care FSA expenses include deductibles, copayments and coinsurance payments, uninsured dental expenses, vision care expenses (e.g. eyeglasses or contact lenses), hearing care expenses (e.g. a hearing aid) and orthodontia. Eligible and ineligible healthcare expenses are defined and listed in IRS Publication 502, available online at [www.irs.gov/publications](http://www.irs.gov/publications).

## LIMITED USE HEALTHCARE FSA (FOR HSA PARTICIPANTS ONLY)

Enrollees in the High Deductible Health Plan (HDHP) that open an HSA may participate in a Limited Use Healthcare FSA, as well as a Dependent Care FSA. Due to federal guidelines concerning HSAs, participants are not eligible to enroll in a traditional Healthcare FSA in conjunction with their HSA. A Limited Use Healthcare FSA may be used for eligible dental and vision care expenses. You will also be able to receive reimbursement for medical services covered under the HDHP once you have satisfied your annual deductible. In order to receive reimbursement for eligible medical expenses, you must submit documentation that states your annual deductible has been met.

 **The maximum annual amount you can deposit into a Healthcare FSA is \$2,850.**



## SOMETHING TO THINK ABOUT

- By contributing roughly \$19 per pay to a health care FSA, you can save \$125 in taxes and have \$500 to put toward your health care expenses! (Assumes 25% tax bracket.)
- Although the health care FSA is a use-it-or-lose-it account, you can roll over up to \$570 of unused funds to use in the next year.
- Plans offer convenient claim submission options (online/fax/mail)
- You must actively elect your annual Health Care FSA contribution each year during annual enrollment.
- Automatic reimbursements with the flex debit card; weekly processing for submitted claims with direct deposit or check payments options
- Account management/online tools available through [myFlexDollars.com](http://myFlexDollars.com)



# FLEXIBLE SPENDING ACCOUNT

 TAX-ADVANTAGED BENEFITS

## DEPENDENT CARE FSA

A Dependent Care FSA gives you the ability to set aside money on a pre-tax basis for day care expenses for your child, disabled parent or spouse that enable you and your spouse (if applicable) to work full-time and/or attend school on a full-time basis. Generally, expenses will qualify for reimbursement if they are the result of care for:

- Your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return.
- Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care.

Eligible and ineligible dependent day care expenses are defined and listed in IRS Publication 503, available online at [www.irs.gov/publications](http://www.irs.gov/publications).



The maximum annual amount you can deposit into a Dependent Day Care FSA is \$5,000, or \$2,500 if both you and your spouse elect the benefit and you file your taxes separately.



## SOMETHING TO THINK ABOUT

- Dependent care FSA elections cannot be carried over from year to year. You must make new elections during the open enrollment period.
- The dependent care FSA is a use-it-or-lose-it account.
- The plan offers convenient claim submission options online or through fax and mail
- Automatic reimbursements with the flex debit card; weekly processing for submitted claims with direct deposit or check payments options
- Account management/online tools available through [myFlexDollars.com](http://myFlexDollars.com)



# BASIC LIFE AD&D INSURANCE

## BASIC LIFE INSURANCE\*

Inframark provides eligible employees with a Basic Life Insurance benefit that equals 1 times your base annual salary up to a maximum of \$200,000. This coverage is 100% company-paid. Please Note: Any amount exceeding \$50,000 in coverage will be subject to taxation as imputed income.

## BASIC AD&D INSURANCE

In addition to Basic Life Insurance, Inframark provides eligible employees with a Basic AD&D Benefit. Similar to your Basic Life Insurance, this benefit equals 1 times your base annual earnings up to a maximum of \$200,000. This coverage is 100% company-paid.

## SOMETHING TO THINK ABOUT

- You get Basic Life and AD&D Insurance automatically as part of your employee benefits.
- If you'd like to buy additional life insurance coverage for yourself, your spouse, or your children, see page 21.
- IRS regulations require taxation of company-paid life insurance that exceeds \$50,000.



### ***Remember To Designate Your Beneficiaries***

A beneficiary is the person(s) who will receive your Life/AD&D benefits should the unfortunate happen. It is important to keep your beneficiary designation as up-to-date as possible. Should something happen to you, your benefits will be paid to the most recent beneficiary(ies) on file (or to your estate if no beneficiary is on file).

# DISABILITY INSURANCE



COMPANY-PAID BENEFITS

Short-Term and Long-Term Disability Insurance can help if you become disabled and are unable to work due to a covered injury or sickness.

## SHORT-TERM DISABILITY

Short-Term Disability benefits begin on the 15th day of your absence, after the 14-day elimination period is complete. Inframark automatically provides you with basic coverage of 65% or 80% (if you have 5 or more years of service) of your salary. This benefit can be supplemented with accrued sick, vacation, and floating holiday time.

## LONG-TERM DISABILITY

Long-Term Disability benefits begin after you have been disabled for a total of 90 calendar days. Inframark automatically provides you with basic coverage of 50% of your monthly salary to a maximum of \$10,000/month.

## SOMETHING TO THINK ABOUT

- You should review and understand the important tax implications of Long-Term Disability Insurance. By default, unless you opt out, we will apply taxes to the value of your company-paid LTD benefits (“Tax Me Now”), which ensures you a tax-free benefit if you become disabled. See page 21 for more on this.
- Consider Voluntary Long-Term Disability to top up your company-paid coverage to 60%, see page 22.

### *Can I apply for disability benefits?*

Generally you are considered to be disabled if, solely because of a non-work related injury or illness, you are unable to perform the material and substantial duties of your own occupation. In addition, you must be under the regular care of a physician. Consult the Summary Plan. Description for full details on the requirements to be met to qualify for a disability benefit.



# SUPPLEMENTAL LIFE INSURANCE



## ABOUT YOUR BENEFITS

You may purchase Supplemental Term Life Insurance for yourself, your spouse, and your children. If you elect this coverage, you are responsible for paying 100% of the benefit cost.

Employee Supplemental Life Insurance lets you purchase coverage of 1 to 5 times your salary, up to a maximum of \$500,000. Evidence of insurability is required for amounts over \$250,000.

Spouse Supplemental Life Insurance lets you purchase coverage for \$10,000, \$20,000, \$30,000, \$40,000, or a maximum of \$50,000. Evidence of insurability is required for amounts over \$20,000.

Child Supplemental Life Insurance lets you purchase coverage for \$2,500, \$5,000, or \$10,000. Your unmarried dependent children may be covered up to age 26.

Guaranteed Issue at Open Enrollment: Employees who already have some coverage in place may acquire additional coverage equivalent to 1x your salary at open enrollment this year, without providing Evidence of insurability (EOI). If spouse coverage is \$10,000, an additional \$10,000 can be elected without EOI. Those that have been previously denied by Lincoln are not eligible for the one-level benefit increase.

Dependent Life Insurance Monthly Rates

Dependent Child(ren) Coverage Amount	Your Monthly Cost (For all dependent children)
\$2,500	\$0.50
\$5,000	\$1.00
\$10,000	\$1.91

Supplemental Employee/Spouse Life Insurance Monthly Rates

Insured Age	Monthly Cost per \$1,000 of Coverage	Insured Age	Monthly Cost per \$1,000 of Coverage
Under 25	\$0.058	50-54	\$0.305
25-29	\$0.070	55-59	\$0.562
30-34	\$0.094	60-64	\$0.949
35-39	\$0.106	65-69	\$1.488
40-44	\$0.118	70 or above	\$2.507
45-49	\$0.176		

To determine your cost for coverage, use the following formulas:  
 Coverage Amount ÷ 1000 x rate x 12 ÷ 26 = bi-weekly cost  
 Coverage Amount ÷ 1000 x rate x 12 ÷ 24 = semi-monthly cost



## ABOUT YOUR BENEFITS

Supplemental Long-Term Disability coverage is a benefit that helps you to top up your company-paid Long-Term Disability coverage from 50% to 60%. If you elect this coverage, you are responsible for paying 100% of the benefit cost. Benefits begin after you have been disabled for a total of 90 calendar days.

If you are not already enrolled in this supplemental coverage, underwriting (medical review) will be required.

## SOMETHING TO THINK ABOUT

- Electing this plan will require you to choose the "Tax Me Now" option on the base 50% coverage. This is an important investment in securing yourself the maximum possible tax-free benefit should you ever become disabled.

### Example: \$40,000 Salary

**Estimated Tax:** \$1.25 per pay  
\$32.50 per year

#### TAX ME LATER

60% of your monthly income = \$2,000

Assuming 25% tax rate, LTD benefit = \$1,500

LTD benefit is subject to tax; net benefit is closer to **45% of regular earnings**

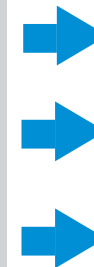
#### TAX ME NOW

60% of your monthly income = \$2,000

Benefit is NOT taxed, LTD benefit = \$2,000

LTD benefit when not taxed is really 60% of regular earnings

**\$500 more per month;  
\$120,000 over 20 years**



# CRITICAL ILLNESS & ACCIDENT

 VOLUNTARY BENEFITS

## ABOUT YOUR BENEFITS

You may choose to enroll in either or both of these voluntary plans offered through MetLife:

### Critical Illness Insurance

Critical Illness Insurance provides a lump-sum payment in the event of an unexpected serious illness such as a heart attack, stroke or cancer. The payment you receive is yours to spend as you see fit and in addition to any other insurance you may have.

### Accident Insurance

Accident Insurance provides a payment to use as you see fit if you experience a covered event. There are no waiting periods for coverage to begin and payment will be in addition to any other insurance you may have.



Critical Illness and Accident Insurance costs are based on your coverage selection and other variables.

Coverage levels and costs may be reviewed in the enrollment system or are available at [myinframarkbenefits.com](https://myinframarkbenefits.com).

## SOMETHING TO THINK ABOUT

- The Critical Illness policy also includes a cash benefit of \$50 (low plan) or \$100 (high plan) for receiving health screenings.



# IDENTITY THEFT & ONLINE PRIVACY PROTECTION

## ABOUT YOUR BENEFITS

NortonLifeLock helps provide you peace of mind with comprehensive protection for your identity, connected devices, and online privacy with SafeCam. Choose between two levels of protection:

### NortonLifeLock - Benefit Essential

Includes identity monitoring, One Bureau Credit Application Alerts, data breach notifications, and online monitoring.

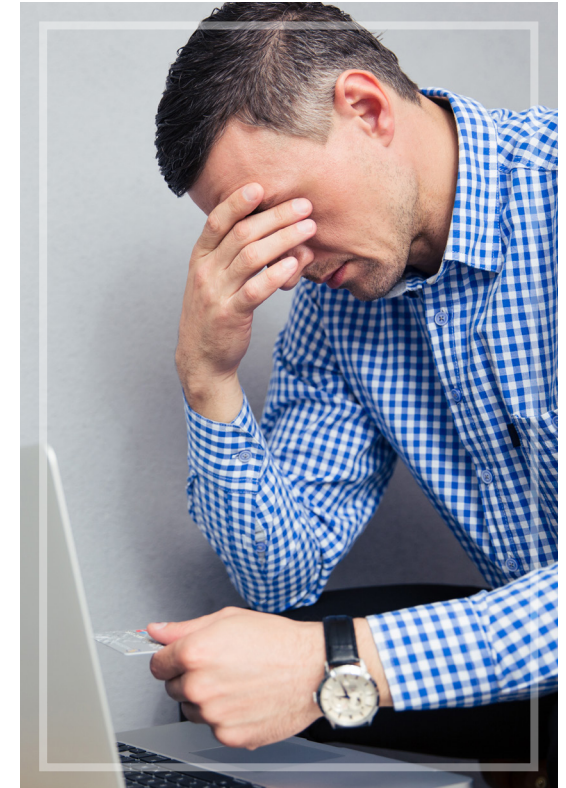
### NortonLifeLock - Benefit Premier

The most complete identity and online protection. You'll get everything Benefit Essential has to offer as well as credit score report and 50 GB cloud backup.

Plan Level	Your Contribution Each Pay Period	
	Benefit Essential	Benefit Premier
Employee	\$3.92	\$6.92
Family	\$7.85	13.84

## SOMETHING TO THINK ABOUT

- Consider how this benefit can provide peace of mind to you and your family members under the circumstances of an event such as a data breach.
- With the upgraded benefit plans, you will have access to the Norton device security features such as online threat protection, password manager, parental control, smart firewall, cloud backup, and safecam.



## METLAW LEGAL PLAN

The MetLaw Legal Plan provides access to high-quality attorneys and legal services. You can receive legal advice and fully covered legal services for a wide range of personal legal matters such as:

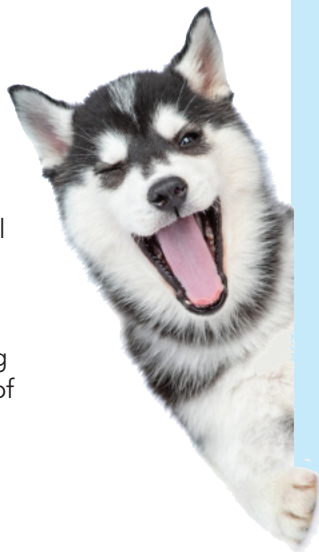
- Estate planning documents (including wills and trusts)
- Real estate matters
- Identity theft defense
- Financial matters (such as debt-collection defense)
- Traffic offenses
- Document review
- Family law (including adoption and name changes)
- Advice and consultation on personal legal matters

If this coverage is elected, you pay 100% of the benefit cost (\$7.39 per pay).



## SOMETHING TO THINK ABOUT

- Whether it's a planned event like buying a home or preparing a will, or an unexpected problem like a speeding ticket, most of us need legal counsel at some point—in fact, 70% of us have at least one ongoing legal issue annually.
- Because the cost of MetLaw coverage for the whole year is less than the average lawyer's hourly fee, enrolling in this coverage could save you a considerable amount of money.



## HOME & AUTO/RV, AND PET INSURANCE

Through group purchasing, you can save money on the cost of these policies. You pay 100% of the cost for any of these coverages and payments will be deducted from your pay. You will deal directly with Farmers GroupSelect and/or MetLife for these plans.

### Through Farmers GroupSelect, you may purchase:

- Auto and RV Insurance
- Homeowners and Renters Insurance

For additional information or to enroll, contact Farmers GroupSelect at 1-800-438-6388.

### Through MetLife, you may purchase

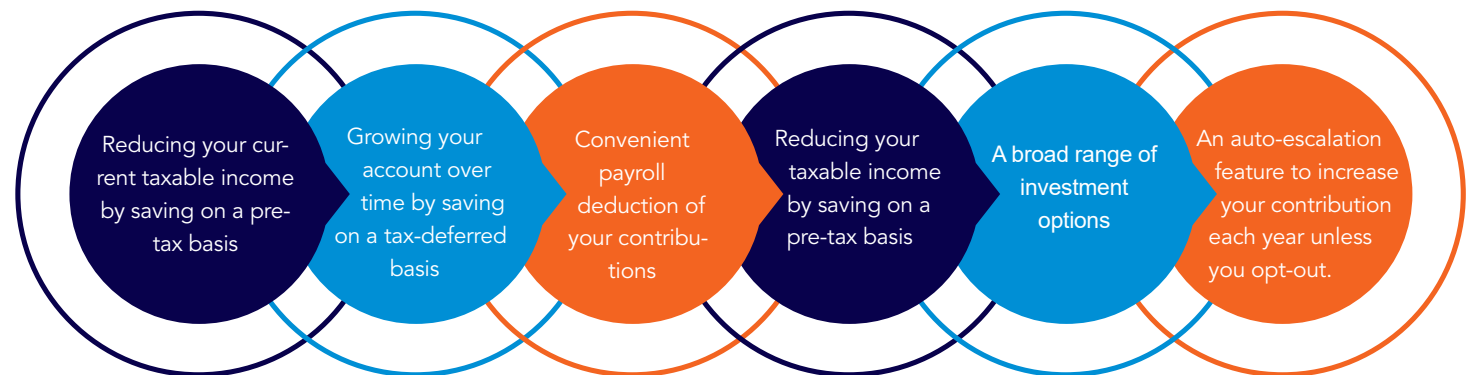
- Pet Insurance

For additional information or to enroll, contact MetLife at 1-800-438-6388.

# 401(k) SAVINGS PLAN

One way to save for your future retirement is to participate in a 401(k) Plan now. Inframark offers employees a 401(k) Savings Plan to help you save for your retirement. The 401(k) Savings Plan is managed by Empower Retirement. The plan enables you to contribute to a tax-deferred savings account to increase your retirement income. Here are some of the features of our plan:

- Administered by Empower Retirement
- For tax year 2022, the maximum elective deferral to a 401(k) plan is \$20,500. Employees 50 years old and older can make additional catch-up contributions of up to \$6,500
- 50% company matching on employee contributions up to 6% (net 3% match)
- 5-year graduated vesting on employer contributions (20% per year); broad array of funds available to diversify your investments
- You will automatically be enrolled at 6% after 90 days of employment unless you opt out or connect with Empower to enroll sooner
- An auto-escalation feature which automatically increases your contribution 1% each year (up to 10%), unless you opt-out
- You have the option to contribute Pre-tax, Roth, or After-Tax
- Rollover your retirement savings from another eligible retirement plan
- Contact Empower at 855-756-4738 if you have questions



# FINANCIAL WELLNESS

FINANCIAL BENEFITS



## WELLCENTS

WellCents is a financial wellness tool to help you with your financial well-being and road to retirement, at no cost to you. WellCents offers financial wellness assessment, one-on-one meetings with certified financial advisors, and extensive resources.

To register, go to [mywellcentsapp.com](http://mywellcentsapp.com), register, and enter "Inframark1" under Business Code. Use your Inframark email as your username and your desired password. Follow the prompts and log in. You may complete the confidential survey and schedule to speak with Fiduciary Plan Advisor at [401kadvisor@onedigital.com](mailto:401kadvisor@onedigital.com).

## SMARTDOLLAR

SmartDollar is a step-by-step approach to handling money with the number-one authority in personal finance, Dave Ramsey. SmartDollar will equip you to get out of debt, on a budget, and on your way to a strong financial foundation. Sign up for this free service at <https://www.smartdollar.com/enroll/inframark8816>.

## KASHABLE LOANS

Kashable provides low-cost term loans that are taken online and repaid in equal installments through payroll deductions when the need for credit arises. Employees working 30+ hours per week, who have completed 12 months of employment, and have a personal bank account are eligible to transact with Kashable. Being an eligible employee pre-qualifies you for credit and get a loan even if your own credit is not perfect. Go to <https://www.kashable.com/> to apply for a low-cost term loan.



Other important information - Summary Plan Descriptions (SPDs), Summary of Benefits and Coverage (SBCs) and other plan documentation can be found by logging into the Online Benefits Center at [myinframarkbenefits.com](http://myinframarkbenefits.com) and selecting Enroll, or by calling 866-545-3756.

Summary of Benefits Coverage (SBC)	Summary Plan Description (SPD)
SBCs provide information about your plans' copayments, deductibles, coinsurance, and contacts.	SPDs provide information about your plans' eligibility requirements, covered services, and processes for claims and appeals.

### Women's Health & Cancer Rights Act

On 21 October 1988, the Women's Health and Cancer Rights Act became effective. This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. As the Act requires, we have included this notification to inform you about the law's provisions. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy, will also receive coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

### Health Insurance Portability & Accountability Act of 1996 (HIPAA)

HIPAA requires that you be informed of your Special Enrollment rights when you and/or your eligible dependents decline health care coverage during the initial enrollment period. If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself and/or your dependents in an Inframark medical plan provided that you request coverage within 31 days after your other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption or a court order, you may be able to enroll yourself and/or your dependents, provided that you request enrollment within 31 days after

the marriage, birth, adoption or placement for adoption or the court order. If you are declining health coverage for yourself or your dependents (including your spouse) and you are not currently covered under a medical plan, you will be considered a late applicant. HIPAA allows a late applicant to enter a medical plan only during an open enrollment period.

### Mental Health Parity Act

The Mental Health Parity Act of 1996 provided that a health care plan or policy may not provide separate lower annual or lifetime dollar maximums (considered financial maximums) on mental health benefits as compared to medical benefits.

With the passage of the Emergency Economic Stabilization Act and its inclusion of the Mental Health Parity and Addiction Equity Act of 2008 (Mental Health Parity Act or MHPA), the original act was extended to include the same provisions for substance use disorders, not just mental health disorders. Further the MHPA also disallows more restrictive treatment limitations (number

of covered office visits, inpatient days of coverage, etc.) for both disorders.

### Medicare Part D – Prescription Drug Coverage For 2022

All Plans - Creditable Coverage: For the plan year starting January 1, 2022, Inframark has determined that the prescription drug coverage offered by all medical plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

### Notice of Privacy Practices

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Inframark health plans maintain a Notice of Privacy Practices that describes the uses and disclosures of your protected health information that may be made by the health plans, and your privacy rights under HIPAA. You may request a full copy of the Notice of Privacy Practices at any time by contacting the Benefits InfoLine at 866-545-3756.

### Medicaid/CHIP

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. 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](http://www.healthcare.gov). If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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 877-KIDS NOW or [www.insurekidsnow.gov](http://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.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 866-444-EBSA (3272). If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2020. Contact your state for more information on eligibility –

**To see if any more states have added a premium assistance program since August 10, 2021 or for more information on special enrollment rights, you can contact either:**

#### U.S. Department of Labor

U.S. Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa) | 866-444-EBSA (3272)

#### U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov) | 877-267-2323, Menu Option 4, Ext. 61565

Alabama — Medicaid	Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>   Phone: 855-692-5447
Colorado — Medicaid	Medicaid Website: <a href="http://www.colorado.gov/hcpf/Child-Health-Plan-Plus">http://www.colorado.gov/hcpf/Child-Health-Plan-Plus</a> Medicaid Customer Contact Center: 800-359-1991
Florida — Medicaid	Website: <a href="http://flmedicaidtplrecovery.com/">http://flmedicaidtplrecovery.com/</a>   Phone: 877-357-3268
Georgia — Medicaid	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP)   Phone: 404-656-4507
Indiana — Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip">http://www.in.gov/fssa/hip</a>   Phone: 877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone: 800-403-0864
Louisiana — Medicaid	Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 888-695-2447
New Jersey — Medicaid and CHIP	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>   Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 800-701-0710
Missouri — Medicaid	Website: <a href="http://www.dss.mo.gov/mhd.participants/pages/hipp.htm">http://www.dss.mo.gov/mhd.participants/pages/hipp.htm</a> Phone: 573-751-2005
Nebraska — Medicaid	Website: <a href="http://wwwACCESSNebraska.ne.gov">http://wwwACCESSNebraska.ne.gov</a>   Phone: 855-632-7633
New York — Medicaid	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 800-541-2831
North Carolina — Medicaid	Website: <a href="https://dma.ncdhs.gov">https://dma.ncdhs.gov</a>   Phone: 919-855-4100
Oklahoma — Medicaid and CHIP	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>   Phone: 888-365-3742
Pennsylvania — Medicaid	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 800-692-7462
South Dakota — Medicaid	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>   Phone: 888-828-0059
Texas — Medicaid	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>   Phone: 800-440-0493
Virginia — Medicaid and CHIP	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 855-242-8282
Wyoming — Medicaid	Website: <a href="https://wyequalitycare.acs-inc.com">https://wyequalitycare.acs-inc.com</a>   Phone: 307-77-7531

**Marketplace Options**

In 2014, a new insurance market – the Health Insurance Marketplace – came into existence. Individuals can use this Marketplace to obtain health coverage when no or limited other coverage options exist. As an Inframark employee, it is important for you to understand how any option you have to enroll in our coverage impacts your Marketplace options. All employees can purchase coverage through the Marketplace. However, not everyone can receive help paying for their coverage. Your eligibility for coverage through Inframark impacts whether or not you can receive a premium tax credit through the Marketplace. This is especially true if you are eligible to enroll in health coverage through Inframark. Being eligible for Inframark’s health coverage makes you ineligible to receive the premium tax credit (also known as a subsidy) that many use to help pay for Marketplace coverage.

If you are a benefits-eligible employee (working 30 or more hours per week), you will NOT be able to receive a premium tax credit. This is because Inframark health plans meet all requirements for comprehensive and affordable coverage as set forth by the law. Therefore, you may want to consider the health plan options offered by Inframark.

If you drop your Inframark coverage to purchase coverage from the Marketplace, please note that you will not be able to re-enroll until a future Open Enrollment, unless you experience a qualifying life event. If you are NOT eligible for coverage through Inframark, you should consider shopping for your insurance through the Marketplace. Your household income will determine whether or not you can receive a premium tax credit. For assistance, contact Health Advocate at 855-424-6400.

**Employee Working Fewer than 30 Hours/Week**

Can receive coverage through

The Marketplace



Help paying for coverage

**No, if household income is greater than 400% of the FPL\***



**Yes, if household income is between 100% and 400% of the FPL\***



What you pay for coverage

**100% of the monthly premium (after tax)**

**100% of the monthly premium (after tax) minus the premium tax credit**

**Employee Working More than 30 Hours/Week**

Can receive coverage through

The Marketplace

Inframark



Help paying for coverage

**No. You will not receive any employer contributions or premium tax credits.**



**Yes. Inframark will help pay for your coverage.**



What you pay for coverage

**100% of the monthly premium (after tax)**

**Approximately 24% of the monthly premium (pre tax)**

\*Example: The Federal Poverty Level (FPL) for a family of 4 in 2022 = \$26,500 (in Alaska: \$33,130; in Hawaii: \$30,480)

# ENROLLMENT CHECKLIST



## YOUR TO DO'S

### GET INFORMED:

- ❑ Review this benefits summary carefully
- ❑ Get more info at [www.myinframarkbenefits.com](http://www.myinframarkbenefits.com)
- ❑ While there, have a conversation with Alex, the Online Benefits Counselor, to help you determine which benefits best meet your needs
- ❑ Your benefits will be effective on the first of the month following 30 days of service. Please contact **866-545-3756** if you are unsure of the exact dates
- ❑ *Have questions?* contact the Inframark Benefits InfoLine at **866-545-3756** or [benefits@inframark.com](mailto:benefits@inframark.com)
- ❑ Text **INFRAMARK** to **(877) 799-4635** to sign up for employee benefits messages!

### GET ENROLLED:

- ❑ Review the enclosed Benefits Enrollment Roadmap for information requirements and step-by-step instructions
- ❑ To enroll, visit [www.myinframarkbenefits.com](http://www.myinframarkbenefits.com)
- ❑ You may enroll prior to your effective date, but no later than 31 days after your effective date. Deductions will begin in the first pay after your effective date. After completing your enrollment, you will receive a confirmation statement in the mail. Please review this carefully for accuracy
- ❑ If you wish to elect coverage for your spouse, domestic partner and/or dependent children, you must show proof of your relationship
- ❑ If you are waiving Inframark benefits, please follow the above process anyway to elect beneficiaries for your company-provided life insurance
- ❑ You will receive personalized Medical, Prescription, and Dental information in the mail 10-14 days after your enrollment; although your coverage may not yet be in effect
- ❑ If you need emergency access to one of your coverages after your effective date, but before your enrollment is complete, please call the Inframark Benefits InfoLine at **866-545-3756**
- ❑ You will be automatically enrolled in the 401(k) plan at a rate of 6% following 90 days of employment. To opt out, enroll sooner, or change this amount, contact Empower Retirement at **844-465-4455** or visit [www.empowermyretirement.com](http://www.empowermyretirement.com).

### GET SUPPORT:

- ❑ Contact Health Advocate at **855-424-6400**. Advocates can help you determine costs, choose providers, resolve claim issues, make healthy decisions, and much more!
- ❑ Send an e-mail to [benefits@inframark.com](mailto:benefits@inframark.com)
- ❑ Locate information on your benefits year round at [www.myinframarkbenefits.com](http://www.myinframarkbenefits.com)

### ...IN THE FUTURE

Qualifying Live Events (QLEs) are events such as marriage, divorce, birth of a child, loss of other insurance coverage, etc. If you experience a QLE during the plan year, you may make certain changes to your benefits. Events **MUST** be reported within 31 days of their effective date, or the change cannot be accepted. Report QLEs by logging onto the Benefits Service Center at [www.myinframarkbenefits.com](http://www.myinframarkbenefits.com)





Benefits Service Center  
1200 Abington Executive Park  
Clarks Summit, PA 18411  
[myinframarkbenefits.com](http://myinframarkbenefits.com)

For technical assistance, call 1.800.307.0230.