

2024 New Hire Presentation



WESTERN RESERVE
CARE SOLUTIONS



Eligibility

Employees

- Employees who are part-time and work at least 20 hours per week are eligible for benefits.
- Most benefits are effective on the first of the month following date of hire.

Eligible Dependents

- Your legal spouse
- Your domestic partner
- Your children up to age 26
 - Birth child, stepchild, adopted child or foster child of the insured or covered employee. Please note , you or your covered spouse must be the legal guardian.



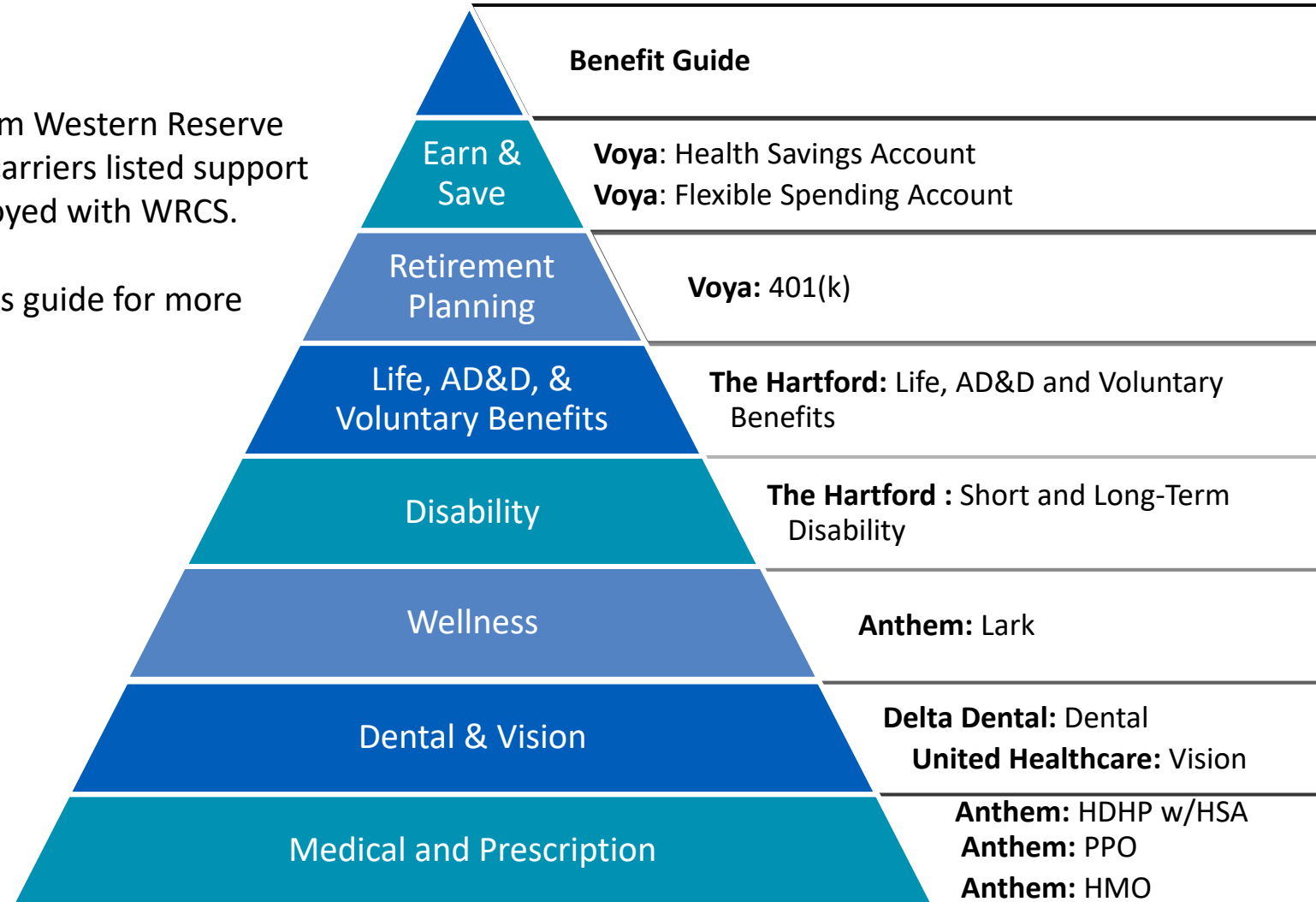
***Please note, this is the only time to elect benefits until next years Open Enrollment window outside of experiencing a qualifying life event.**



Hospice of the Western Reserve's Benefit Package

Understanding your benefits from Western Reserve Care Solutions starts here! The carriers listed support you and your needs while employed with WRCS.

Please reference WRCS's benefits guide for more information on the plans and carriers listed.





2024 Medical Program



General Plan Information	1500 PPO Plan		3200 HDHP w/ HSA		5000 HDHP w/ HSA		Anthem HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible - Individual	\$1,500	\$5,000	\$3,200	\$7,500	\$5,000	\$8,000	\$250	N/A
Annual Deductible- Family	\$3,000	\$10,000	\$6,400	\$15,000	\$10,000	\$16,000	\$500	N/A
Coinsurance	20%	50%	10%	50%	25%	50%	25%	N/A
Preventive Care per ACA	Covered 100%	Covered 50%	Covered 100%	50% coinsurance	Covered 100%	50% coinsurance	Covered 100%	N/A
PCP	\$25 copay	50% coinsurance	Deductible then \$25 copay	50% coinsurance	25% coinsurance	Covered 50%	\$20 copay	Not Covered
Specialist	\$25 copay	50% coinsurance	Deductible then \$50 copay	50% coinsurance	25% coinsurance	Covered 50%	\$30 copay	Not Covered
Annual Out-of-Pocket Limit - Individual	\$5,000	\$10,000	\$4,500	\$15,000	\$6,000	\$12,000	\$2,000	Not Covered
Annual Out-of-Pocket Limit- Family	\$10,000	\$20,000	\$9,000	\$30,000	\$12,000	\$24,000	\$6,000	Not Covered
Inpatient Hospital Services	20% coinsurance	50% coinsurance	10% coinsurance	50% coinsurance	25% coinsurance	50% coinsurance	0% coinsurance after deductible has been meet	Not Covered
Outpatient Surgical Services	20% coinsurance	50% coinsurance	10% coinsurance	50% coinsurance	25% coinsurance	50% coinsurance	0% coinsurance after deductible has been met	Not Covered
Urgent Care	\$75 copay	50% coinsurance	Deductible then \$75 copay	50% coinsurance	25% coinsurance	50% coinsurance	\$20 copay	Not Covered
Emergency Services	\$250 copay; 20% coinsurance		Deductible then \$250 copay; 10% coinsurance		25% coinsurance		\$125 copay	



Looking for a provider?

<https://www.anthem.com/find-care/>





2024 Prescription Drug Benefits



Prescription Drug Benefits	1500 PPO Plan In-Network	3200 HDHP w/ HSA In-Network	5000 HDHP w/ HSA In-Network	Anthem HMO In-Network
Prescription Deductible				
Generic	\$10	\$10	\$10	\$15
Formulary	\$30	\$30	\$30	\$30
Non-Formulary	\$50	\$50	\$50	\$30
Specialty	\$50	\$50	\$50	\$30
Mail Order				
Generic	\$25	\$25	\$25	\$30
Formulary	\$75	\$75	\$75	\$60
Non-Formulary	\$125	\$125	\$125	\$60
Specialty	\$125	\$125	\$125	\$60



2024 Prescription Drug Benefits



- CarelonRx administers Anthem’s pharmacy benefits for all medical plans. Your network will use the “Base Network Nationwide.”
- In-Network Pharmacies – The network consists of many pharmacies **including** CVS. For the complete Anthem Pharmacies list, refer to Western Reserve Care Solutions Benefit Website, under the Benefits Tab, in the Medical & Pharmacy section.





2024 Medical Rates



Medical	Employee Cost Per Pay			Employee Cost Per Month			Full Invoiced Amount Per Month
	36+ Hrs/Weekend	30-35 Hrs	20-29 Hrs	36+ Hrs/Weekend	30-35 Hrs	20-29 Hrs	
\$1500 PPO Plan							
Employee Only	\$82.02	\$142.83	\$203.66	\$164.03	\$285.67	\$407.32	\$789.92
Employee/Spouse	\$216.64	\$377.31	\$537.97	\$433.28	\$754.62	\$1,075.94	\$2,086.57
Employee/Child(ren)	\$209.78	\$365.37	\$520.95	\$419.56	\$730.73	\$1,041.89	\$2,020.53
Family	\$224.41	\$390.85	\$557.28	\$448.83	\$781.70	\$1,114.56	\$2,161.48

Medical	Employee Cost Per Pay			Employee Cost Per Month			Full Invoiced Amount Per Month
	36+ Hrs/Weekend	30-35 Hrs	20-29 Hrs	36+ Hrs/Weekend	30-35 Hrs	20-29 Hrs	
\$3200 HDHP (w/ HSA)							
Employee Only	\$90.72	\$151.78	\$212.61	\$181.43	\$303.56	\$425.22	\$807.32
Employee/Spouse	\$196.49	\$356.57	\$517.24	\$392.98	\$713.14	\$1,034.47	\$2,046.27
Employee/Child(ren)	\$193.67	\$348.79	\$504.37	\$387.34	\$697.58	\$1,008.74	\$1,988.31
Family	\$199.69	\$365.41	\$531.84	\$399.38	\$730.81	\$1,063.68	\$2,112.03



2024 Medical Rates



Medical	Employee Cost Per Pay			Employee Cost Per Month			Full Invoiced Amount Per Month
	36+ Hrs/Weekend	30-35 Hrs	20-29 Hrs	36+ Hrs/Weekend	30-35 Hrs	20-29 Hrs	
\$5000 HDHP (w/HSA)							
Employee Only	\$48.34	\$108.17	\$169.00	\$96.67	\$216.35	\$338.00	\$722.56
Employee/Spouse	\$90.02	\$247.02	\$407.68	\$180.05	\$494.04	\$815.37	\$1,833.34
Employee/Child(ren)	\$90.91	\$243.05	\$398.63	\$181.81	\$486.10	\$797.26	\$1,782.78
Family	\$95.09	\$257.78	\$424.21	\$190.19	\$515.55	\$848.42	\$1,902.84

Medical	Employee Cost Per Pay			Employee Cost Per Month			Full Invoiced Amount Per Month
	36+ Hrs/Weekend	30-35 Hrs	20-29 Hrs	36+ Hrs/Weekend	30-35 Hrs	20-29 Hrs	
Anthem HMO							
Employee Only	\$72.36	\$132.89	\$193.72	\$144.71	\$265.78	\$387.44	\$770.60
Employee/Spouse	\$185.78	\$345.55	\$506.22	\$371.56	\$691.11	\$1,012.43	\$2,024.85
Employee/Child(ren)	\$168.39	\$322.77	\$478.35	\$336.77	\$645.55	\$956.70	\$1,937.74
Family	\$205.69	\$371.58	\$538.01	\$411.38	\$743.16	\$1,076.02	\$2,124.03



Anthem Network Options



- Anthem offers four medical plans.
- The Anthem HMO plan will utilize Cleveland Clinic as the network.
 - There is no coverage under this plan if you go out of network , unless it is an emergency.
- Find locations and facility locations within Anthem’s networks:
- Visit <https://www.anthem.com/find-care/>
- Members can either “Basic Search as a Guest” or “Use Member ID for Basic Search”
- Members can enter the city or zip code & search for the provider by name, type, facility type, etc.



Network preventative care is covered at 100%

- One physical checkup every year
- One OB/GYN checkup every year (Pap Smear)
- One screening for breast cancer every year (mammogram)
- Birth control pills or other forms of birth control
- Shots for measles and other childhood diseases (Immunizations)
- One colonoscopy every five years (colorectal cancer screening test)
- Other preventive tests required by the Affordable Care Act



Wellness Programs and Discounts

Lark

- Available to employees and dependents enrolled in the Anthem medical plan
- 12-month program designed to help participants make small, meaningful lifestyle changes through coaching and education that prevent or delay the onset of type 2 diabetes
- Focus areas include:
 - Weight Loss
 - Physical activity
 - Nutrition counseling
 - Sleep
 - Stress Management
- Learn more or apply today!

The word "lark" is written in a large, bold, green, lowercase sans-serif font.



Health Savings Account Overview



Money is put into special savings account which is then used to pay for qualified medical expenses*

No income tax is paid on the money put in

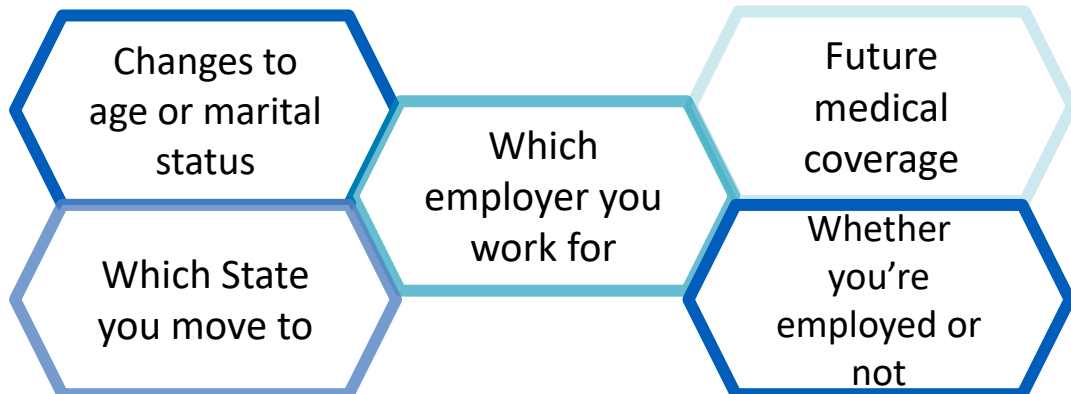
No income tax is paid on the interest earned

No income tax is paid on the money taken out

*For a full list of Qualified Medical Expenses, please visit the IRS website

Tax-advantaged medical savings account available to taxpayers who are enrolled in a high-deductible health plan (HDHP).

Your HSA is portable regardless of:



2024 IRS Total Contributions

<i>Enrollee Type</i>	<i>Total Annual Maximum Contribution</i>
Individual	\$4,150*
Family	\$8,300*

*Age 55+ may contribute an extra \$1,000 per year





Flexible Spending Accounts Overview



- **Medical FSA** can be use for eligible medical , dental, vision and orthodontia expenses
 - Examples include:
 - Office visit copays
 - Deductibles
 - Prescription eyeglasses or contact lenses

- **Dependent Care FSA** can be use for childcare expenses for a claimed dependent.
 - Examples Include
 - Daycare Center
 - Babysitter

FSA accounts are a use it or lose it program, it is not portable, so please keep that in mind when electing your annual amount.

2024 IRS Total Contributions

<i>FSA Account</i>	<i>Total Annual Maximum Contribution</i>
Medical FSA	\$3,200
Dependent Care FSA	\$5,000



2024 Dental Program and Rates



	Base Plan	Buy-Up Plan
General Plan Information	In-Network	In-Network
Annual Deductible/Individual/Family	\$50/\$150	\$50/\$150
Annual Maximum	\$1,500 per individual	\$1,500 per individual
Preventive/Diagnostic Services	Covered at 100%	Covered at 100%
Basic Services	80%	Covered at 100%
Major Services	50%	60%
Orthodontic Services	50%; no age limit	50%; no age limit
Lifetime Orthodontia Maximum	\$1,500 per individual	\$1,500 per individual

Base Plan

	Employee Cost Per Pay	Employee Cost Per Month	Full Invoiced Amount
Employee Only	\$1.00	\$2.00	\$22.43
Family	\$2.50	\$5.00	\$52.55

Buy-Up Plan

	Employee Cost Per Pay	Employee Cost Per Month	Full Invoiced Amount
Employee Only	\$9.43	\$18.86	\$43.62
Family	\$21.29	\$42.58	\$102.02



Looking for a provider?

<https://www.deltadental.com/us/en/member/find-a-dentist.html>



Basic Life and AD&D Insurance



WRCS provides Basic Life and AD&D for employees at NO COST, equal to 1 times your base annual earnings, up to a maximum of \$50,000.

Coverage is automatic—you do NOT need to enroll, but you must designate a beneficiary



Voluntary Life Insurance



- You may choose to purchase additional life coverage for yourself and your dependents at affordable group rates.
- Rates are based on age and the coverage level chosen.
- Please note, the employee MUST be enrolled in Voluntary Life Insurance coverage to allow the spouse and/or children to elect coverage.

Voluntary Life Insurance for You

Employee

- Increments of \$25,000
- Up to a maximum of the less of 5x pay or \$500,000
- Guaranteed issue up to \$150,000 for new hires

Voluntary Life Insurance for your Dependents

Spouse

- Increments of \$5,000
- Up to maximum of \$100,000, not to exceed 50% of employees Voluntary Life Benefit
- Guaranteed issue up to \$50,000 for new hires

Child(ren)

- Child 15 Days to 6 Months: \$100
- 6 Months to 26 Years: Increments of \$2,000 to a maximum of \$10,000
- Guaranteed issue up to \$10,000 for new hires





Voluntary Disability Insurance



- Provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury.
- PTO is exhausted before disability kicks-in

Coverage	Benefit
Voluntary Short-Term Disability	<ul style="list-style-type: none">• 60% of your pre-disability weekly salary, to a maximum of \$2,000 per week for the first 12 weeks of a disability after the 7-day waiting period.
Voluntary Long-Term Disability	<ul style="list-style-type: none">• 60% of the first \$16,667 of your pre-disability earnings, to a maximum of \$10,000 per month if you are disabled and are unable to work for more than 90 days• Benefits are offset with other sources of income, such as Social Security and Workers' Compensation.



Accident Insurance



- Provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have.
- If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

Low Plan	High Plan
Cash benefit based on type of accident (ranges from \$75-\$10,000)	Same as Low Plan + a Sickness and Accident Hospital Confinement Benefit (\$1,500 additional benefit for hospitalization)

Examples of Covered Injuries:

- Broken Bones
- Burns
- Torn Ligaments
- Cuts repaired by stitches
- Eye injuries
- Ruptured discs
- Concussion



Hospital Indemnity Insurance



Provides a fixed lump sum payment that can help cover hospital expenses not covered by insurance, or to pay for expenses while you or your dependent(s) are in the hospital.



Covered Conditions*	Low Plan	High Plan
Admission <i>must occur within 180 days of accident</i>	Non-ICU – \$500 per accident ICU – \$1,000 per accident	Non-ICU – \$1,000 per accident ICU – \$2,000 per accident
Confinement <i>must occur within 180 days of accident</i>	Non-ICU – \$100 a day, up to 31 days ICU – \$200 a day, up to 31 days	Non-ICU – \$200 a day, up to 31 days ICU – \$400 a day, up to 31 days
Inpatient Rehab <i>stay must occur immediately following hospital confinement and occur within 365 days of accident</i>	\$100 day, up to 15 days per accident and 30 days per calendar year	\$200 day, up to 15 days per accident and 30 days per calendar year

*Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate



Critical Illness Insurance



- Provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up—like rent, mortgage, car payments, etc.
- With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits.

Employee – Coverage Amounts

\$15,000 or \$30,000

Examples of Covered Illnesses:

- Cancer
- Heart Attack
- Major organ failure
- End-stage renal (kidney) failure
- Coronary artery bypass graft surgery
- Stroke



Additional Programs

Legal Plan



- Administered by MetLife
- Provides legal representation for you, your spouse/domestic partner, and your dependents
- Some services include:
 - Court appearances
 - Document review and preparation
 - Debt collection defense

Identity Theft Protection



- Coverage through idwatchdog
- Designed to protect your identity and assets through identity, credit and social media monitoring
- The plan includes:
 - Identity and credit monitoring
 - Annual credit report and monthly credit score tracking
 - Social media reputation monitoring
 - Digital wallet storage and monitoring
 - Full-service identity restoration

Pet Insurance



- Administered by My Pet Protection through MetLife
 - *Billed by Nationwide, not payroll deducted.
- Available for: dogs, cats, birds, or other exotic animals
- Helps offset the costs for routine care and unexpected illness or injury
- Premiums are based on your pet's species, age, the benefits coverage you select and where you live



401(k) Retirement Plan



- You can contribute up to \$22,500 in 2024, and if you are age 50 or older, you may contribute up to an additional \$7,500 as a “catch-up” contribution
- Contributions may be made on a pretax basis
- The company will match \$0.50 on every dollar that the employee contributes up to 7% of the employee's deferred salary





Want More Information?

Visit

<https://wrscsbenefits.com/>

This benefits and resource center allows you and your family to access general benefit and contact information all at the click of your mouse.





How Do I Select My Benefits?

1. You will need to log into ADP to select your benefit plans.
<https://workforcenow.adp.com>
2. Please reach out to HR if you have questions with online benefit enrollment or benefit questions.
3. Email Questions and Concerns to:
Totalrewards@hospicewr.org

Ashley Vince
Director of Employee Health
216-255-9062

Kimberly Glenn
Employee Benefits & Wellness Manager
216-407-9761



Thank You!

THANK ▶ You!