



# 2023

## benefits guide

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**Becket Family of Services** appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your Human Resources Rep or Benefits Administrator. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) on the Becket benefits website. [mybecketbenefits.com](https://mybecketbenefits.com)

# BENEFIT BASICS

During open enrollment, as a new hire, or when you experience a qualifying event, eligible employees may enroll in **Becket Family of Services'** benefit plans.

Outside of the enrollment period, you will not have the chance to add, change or remove benefits unless you have a qualifying life event.

## Eligibility

### Eligible employees

You may enroll in all the benefits if you are an employee who is actively working a minimum of 30 hours per week. If you are an employee working between 20-29 hours per week, you are eligible for employer paid basic life/AD&D, core employer paid LTD, and all voluntary coverages. You are not eligible for medical, dental and vision as an employee who works less than 30 hours. Employees working less than 20 hours are not eligible for benefits.

As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual open enrollment period.

**If you're enrolling as a new employee**, you become eligible for benefits the first of the month following 30 days from your hire date.

### Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your spouse, who is **NOT** eligible for coverage under their employer's health plan.
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a QMSCO are covered by our plan.

## Qualifying Life Events

You will not have the chance to add, change or remove benefits outside of open enrollment unless you have a qualifying life event. Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption.
- Marriage, divorce or legal separation.
- Dependent child reaches age 26.
- Spouse or dependent loses or gains coverage elsewhere.
- Death of your spouse or dependent child.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program.
- Change in residence that changes coverage eligibility.
- Court-ordered change.
- Spouse's open enrollment that occurs at a different time than yours.
- Change in status to Full Time.

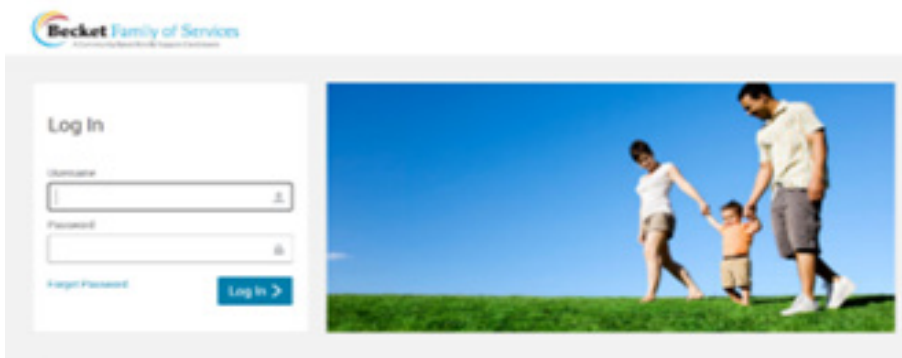
**It's your responsibility to log into [bfs.bswift.com](https://bfs.bswift.com), add a LIFE EVENT and make desired insurance coverage changes resulting from a qualifying event within 30 days of that life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.**

# QUICK START GUIDE

Having this information handy will make enrollment as EASY as 1, 2, 3! You have 30 days from hire or life event to enroll in benefits. Please do not delay!

## 1. Logging onto the website

Go to [www.mybecketbenefits.com](http://www.mybecketbenefits.com) and review our benefit package first then click the **GO TO BSWIFT** button when ready to enroll. Or open your Internet Browser and enter [BFS.bswift.com](http://BFS.bswift.com) in the address bar. You are in our Bswift enrollment if you see this page:



## 2. Once the website opens, enter your username and password:

Username: First initial followed by last name. (Example: John Smith's username would be jsmith)

Password: Last four digits of your Social Security Number (You will be prompted to create a new password when you enter the site.)

Please contact your HR Rep or Benefit Administrator if login is not working.

## 3. Follow the link to the Electronic Signature Authorization form – Please be sure to complete and sign this form prior to proceeding.

## 4. On the Change Password page please enter your Current Password and Create a New Password.

Passwords must be 8 characters minimum and contain both alpha and numeric characters, no spaces. Please use your created password each time you login.

5. Click on the Start Your Enrollment button (it will appear at top of home screen) to begin the enrollment process:



Please contact your HR Rep or Benefit Administrator if the start button is missing.

6. On the Employee Information page, please review and update changes in PAYCOR as they feed directly to bswift.

7. Answer enrollment questions truthfully.

If you do not understand them please ask!

8. On the Family Information page verify your dependents are listed and/or add any dependents not listed.

Once it is updated, please click the AGREE button and then CONTINUE.

9. Click the Get Started button to begin your enrollment process and continue through the enrollment until you have elected and/or waived the coverage being offered.

10. Click Save & Continue in order to review your elections.

11. On the Confirmation Page, please review the benefits you have selected, read the Participation text, click I AGREE and then SAVE MY ENROLLMENT.

If you have trouble using the platform or need any technical support please call EBM at 855.400.0792 for assistance.

# KEY INSURANCE TERMS

**COINSURANCE:** Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

**COPAY:** A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

**DEDUCTIBLE:** The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$2,800, your plan won't pay anything until you've met your \$2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

**EMBEDDED DEDUCTIBLE:** If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

**EXPLANATION OF BENEFITS (EOB):** An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

**INDIVIDUAL MANDATE:** Federal health reform mandates most US citizens have health insurance for themselves and their dependents. Your employer helps you stay insured by offering affordable healthcare for all employees who work at least 30 hours each week. Coverage is effective the first of the month following 30 days of full-time employment and allows you to cover your spouse and children.

**IN-NETWORK VS. OUT-OF-NETWORK:** A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

**OUT-OF-POCKET MAXIMUM:** The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

**PREVENTIVE CARE:** Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

**REASONABLE AND CUSTOMARY:** The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.



## GET MORE VALUE FROM YOUR PLANS

### Minimize your out-of pocket expenses

It is highly recommended that you find a primary care physician (PCP) who will provide or direct your health care. Look for a Family Practice, Internal Medicine, General Practice, OB/GYN, and/or Pediatric physician. You will always save money by using providers in your medical plan's network.

### Preventive care is covered 100%

Take advantage of the fact the Medical plan covers 100% of scheduled annual physical exams and screening tests related to the physical exam when you use an in-network provider. There's no copay or deductible, however keep in mind that if your physician orders a test that isn't part of the scheduled preventative care exam/test, those procedures may be subject to a copay. It's always a good idea to check with your physician's office before your visit, to see what tests or exams are planned. Then, call your health plan to make sure you understand if and how those tests will be covered. See list of contact information at the end of this guide.



## Use the Emergency Room ONLY for emergencies

What are your options? You may want to consider the following the next time you need care:

### For Life Threatening Emergencies:

- In a true medical emergency – such as an apparent heart attack, serious injury, or other life-threatening situation – always call 911 or your local emergency number right away!

### For Less Critical Issues, if the emergency is NOT life threatening:

- Call your primary care physician's office (even after hours, someone is typically on call to answer questions). Your physician will know you and your medical history and may be able to schedule you for a visit the same (or next) day.
- If your condition starts or worsens on the weekend, or after your physician's office has closed for the day, you may want to consider a visit to an Urgent Care facility. These clinics may or may not be affiliated with hospitals. They do have physicians and nurses on staff and are usually open in the evenings and on weekends.

### If You are Traveling and You Need Emergency Care

- Your medical plan covers emergency care. An emergency condition is one that requires immediate care. If you seek emergency care while traveling, you or someone acting on your behalf should notify your physician within 48 hours of the onset of the emergency condition.

### Use Telemedicine

- Doctor visits via phone or video 24/7 AT NO COST TO YOU. See page 13 for more information. Telemedicine Services provided by First Stop Health.



# MEDICAL

**Becket Family of Services** is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. We offer you a choice of three medical plan options for 2023 - 2024 through HPI (Health Plans Inc.):

- Bronze QHDHP Plan
- Silver Plan
- Gold Plan

## Plan Options (effective July 1, 2023)

Benefit Description	BRONZE QHDHP	SILVER	GOLD
Plan Year Deductible	\$5,000 / \$10,000 per member / family	\$3,000 / \$6,000 per member / family	\$1,000 / \$2,000 per member / family
HSA Employer Contribution	\$500 - Individual \$1,000 - Family	NONE	NONE
Plan Year Out-of-pocket Maximum	\$6,000 / \$12,000 per member / family	\$4,000 / \$8,000 per member / family	\$2,000 / \$4,000 per member / family
Coinsurance (what you owe)	30%	0%	0%
Preventive and Wellness Care	Covered at No Cost	Covered at No Cost	Covered at No Cost
Physician Office Visit	Deductible then 30%	\$30 copay	\$30 copay
Specialist Office Visit	Deductible then 30%	\$60 copay	\$60 copay
Mental Health Visits	Deductible then covered at No Cost	Covered at No Cost	Covered at No Cost
Complex Radiology	Deductible then 30%	Deductible then No Cost	Deductible then No Cost
Inpatient Hospital Care	Deductible then 30%	Deductible then No Cost	Deductible then No Cost
Urgent Care	Deductible then 30%	\$60 copay	\$60 copay
Emergency Room Services	Deductible then 30%	\$150 copay waived if admitted	\$150 copay waived if admitted
<b>Retail Prescription Drugs (30 days)</b>			
Generic	Deductible then \$10 copay	\$10 copay	\$10 copay
Formulary	Deductible then \$30 copay	\$30 copay	\$30 copay
Non-Formulary	Deductible then \$50 copay	\$50 copay	\$50 copay
Preferred Specialty (mail order only)	Deductible then \$100 copay	\$100 copay	\$100 copay
<b>Mail Order Prescriptions (90 days)</b>			
Generic	Deductible then \$20 copay	\$20 copay	\$20 copay
Formulary	Deductible then \$60 copay	\$60 copay	\$60 copay
Non-Formulary	Deductible then \$100 copay	\$100 copay	\$100 copay
Preferred Specialty (30 days)	Deductible then \$100 copay	\$100 copay	\$100 copay

# HEALTH SAVINGS ACCOUNT (HSA)

**Becket Family of Services** understands how important it is to have the freedom to make your own decisions regarding your health care dollars. If you enroll in a High Deductible Health Plan (HDHP) you will be enrolled in a Health Savings Account (HSA) through Lively, that will help you to save for your medical expenses. You may contribute funds from your pay but are not required to.

## What is an HSA?

An HSA is a personal healthcare bank account that you can use to pay out-of-pocket medical expenses with pre-tax dollars. It is designed to give you more accountability for your healthcare decisions. An HSA allows you to:

- Be prepared for unexpected healthcare expenses not accounted for in your personal finances.
- Increase tax savings.
- Save and “roll over” money if you do not spend it in the calendar year.
- Carry it with you. The money in your account is always yours, even if you change health plans or jobs.
- Create healthcare savings for retirement.

## Who can open an HSA?

You can open an HSA if:

- You are enrolled in a qualified HDHP (QHDHP) like our bronze plan.
- You are not covered by your spouse’s health plan (unless it is a QHDHP), flexible spending account (FSA) or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE for Life.
- You have not received Veterans Administration benefits in the past 3 months.

## HSA Contributions

### Becket HSA Contributions

Once enrolled in Bronze an HSA account will be created for you with Lively and **Becket Family of Services** will contribute the following amounts into your HSA, depending on your level of coverage:

- **Individual coverage:** \$500 per year
- **Family coverage:** \$1,000 per year

These amounts are per year.

### Annual Maximum HSA Contributions

The maximum annual health savings funds allowed by Federal law:

- **Individual coverage:** \$3,850 per calendar year
- **Family coverage:** \$7,750 per calendar year

If you are age 55+ you can contribute an additional \$1,000 per year into your HSA.

## Access Your Account

To access your account and submit claims online, visit [livelyme.com](https://livelyme.com), call 888-576-4837 or email [support@livelyme.com](mailto:support@livelyme.com).



# VOLUNTARY BENEFITS

100% Employee Funded

Effective July 1, 2023

Benefit Description	Sun Life Voluntary Coverage
Group Accident Insurance	Helps offset unexpected medical expenses that can result from a covered accidental injury.
Group Critical Illness and Cancer Care	Helps pay for covered out-of-pocket expenses upon diagnosis of a specified critical illness. Guaranteed Issue, no medical questions or exams up to certain limits for newly eligible employees.
Hospital Indemnity Insurance	Hospital indemnity insurance supplements your existing health insurance coverage by helping pay expenses for hospital stays.

## With most of our benefits:

- Benefits are paid directly to you unless you specify otherwise.
- You're paid regardless of any insurance you have with other companies.
- Coverage is available for your spouse and dependent children.

# DENTAL

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious. Our dental plan is administered by Northeast Delta Dental. **New for 7.1.23, orthodontia will be offered under both the base and buy-up plans, for both children and adults!**

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

To see a current provider directory, please visit [deltadental.com/find-a-dentist](http://deltadental.com/find-a-dentist).

## Delta Dental Base Plan

Benefit Description	In-Network	Out-of-Network
Annual Deductible	\$25 / \$75 per member / family	\$25 / \$75 per member / family
Waived for Preventive Care?	Yes	Yes
Annual Maximum Dental Benefit	\$1,000	\$1,000
Preventive Care Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontic Benefits	50%, adults and children	50%, adults and children
Orthodontia Lifetime Maximum	\$1,000	\$1,000

## Delta Dental Buy Up Plan

Benefit Description	In-Network	Out-of-Network
Annual Deductible	\$0 / \$0 per member / family	\$0 / \$0 per member / family
Waived for Preventive Care?	Yes	Yes
Annual Maximum Dental Benefit	\$2,000	\$2,000
Preventive Care Services	100%	100%
Basic Services	90%	90%
Major Services	50%	50%
Orthodontic Benefits	50%, adults and children	50%, adults and children
Orthodontia Lifetime Maximum	\$1,000	\$1,000

# VISION

VSP's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

## Vision Service Plan Vision

Benefit Description	In-Network	Out-of-Network
Copay (per person)	Examination - \$10 copay Materials - \$25 copay	Examination - Up to \$50 reimbursed
Frequency Limits	Exams - 12 months Lenses - 12 months Contacts - 12 months Frames - 24 months	Exams - 12 months reimbursed Lenses - 12 months Contacts - 12 months Frames - 24 months
Exams	\$10 copay	Up to \$50 reimbursed
Single Vision Lenses	\$25 copay	Up to \$50 reimbursed
Bifocal Lenses	\$25 copay	Up to \$75 reimbursed
Trifocal Lenses	\$25 copay	Up to \$100 reimbursed
Frames	\$25 copay	Up to \$70 reimbursed
Elective Contact Lenses (instead of prescription glasses)	\$150 allowance	Up to \$105 reimbursed



# EMPLOYEE CONTRIBUTION—PER PAYROLL PERIOD (BI-WEEKLY)

## Medical, Dental, & Vision Plans

	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Spouse & Child(ren) (Family)
<b>Medical Bronze QHDHP</b>				
Year 1 (after 30 days)	\$26.78	\$170.52	\$156.71	\$321.35
After 1 full year	\$26.78	\$110.72	\$101.76	\$208.61
After 2 full years	\$26.78	\$56.24	\$50.88	\$80.34
<b>Medical POS Silver</b>				
Year 1 (after 30 days)	\$52.12	\$343.87	\$316.01	\$606.17
After 1 full year	\$52.12	\$223.27	\$205.17	\$393.52
After 2 full years	\$52.12	\$109.45	\$99.02	\$156.36
<b>Medical POS Gold</b>				
Year 1 (after 30 days)	\$73.68	\$411.89	\$377.35	\$707.11
After 1 full year	\$73.68	\$267.45	\$245.83	\$459.88
After 2 full years	\$73.68	\$154.73	\$139.99	\$221.04

	Employee	Employee plus one	Family
<b>Dental PPO Base</b>			
Year 1 (after 30 days)	\$8.54	\$30.49	\$53.73
After 1 full year	\$8.54	\$15.25	\$27.45
After 2 full years	\$8.54	\$12.20	\$20.73
<b>Dental PPO Buy Up</b>			
Year 1 (after 30 days)	\$9.35	\$31.71	\$56.30
After 1 full year	\$9.35	\$16.83	\$29.99
After 2 full years	\$9.35	\$13.86	\$23.45

	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Spouse & Child(ren) (Family)
<b>Vision</b>				
Vision	\$3.95	\$6.31	\$6.45	\$10.40



# TELEMEDICINE

See a doctor immediately, 24/7, with retail telehealth. **Becket Family of Services** partners with First Stop Health to bring you quality care from the comfort and convenience of home.

## Who's Eligible

Any employee and family member enrolled in any of our medical plans are automatically enrolled in our telehealth plan.

## What is Telemedicine?

Live video calls (on a phone, tablet or computer) with a doctor who is available at any time, day or night. No appointment is required. Doctors can diagnose and treat common medical issues like Cold, Flu, Fever, Sinusitis, Etc. all from the comfort of your own home. Mental health is just as important as your physical health and is covered at 100%.

It's free, cost to you is \$0, available through the First Stop Health mobile app, [fshealth.com](https://fshealth.com) or at the number below.

Talk to a doctor 24/7! 888.691.7867

# FLEXIBLE SPENDING ACCOUNTS (FSA)

A great way to plan ahead and save money over the course of a year is to participate in an FSA. An FSA lets you redirect a portion of your salary on a pretax basis into a reimbursement account, saving you money on taxes. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute.

**Becket Family of Services** offers two types of FSAs that can help you save on a pretax basis for out-of-pocket expenses. During open enrollment, you must decide how much to set aside for this account in 2023. You may contribute up to the IRS maximum of \$3,050.

## Healthcare flexible spending account

The healthcare FSA can be used to pay for eligible out-of-pocket medical, dental, vision and prescription drug expenses.

csONE' feature allows you to skip the pen and paper. csONE automatically passes medical, pharmacy, dental and vision claims to your FSA, thereby eliminating the need for you to submit a manual claim form. You pay your copay or out-of-pocket expense directly to your healthcare provider, who in turn will initiate the claim. csONE initiates a direct deposit or sends you a check from your FSA to reimburse you for your eligible out-of-pocket expense. You do not have to complete any paperwork. You will be asked if you want to enroll in the csONE feature when enrolling in the healthcare FSA program.

Funds in the healthcare FSA are available at the beginning of the plan year and can be used for your expenses and those of your spouse and dependents, even if you and your family aren't covered by our plan.

### Run out period

You have 30 days after the plan year to submit claims for services rendered or items purchased in the prior plan year. Terminated employees will have 30 days from the date of the qualifying event to submit claims. Only services rendered prior to the last coverage data will be eligible.

### Roll Over

If you do not use up all of the money in you account by the end of the plan year, you can roll over up to \$570 to the next year.



## Dependent care flexible spending account

Dependent care FSAs allow you to set aside money pretax to pay eligible out-of-pocket day care expenses so that you or your spouse can work or attend school full-time. You must contribute money through payroll deduction to your dependent care FSA before you can spend it.

During open enrollment, you must decide how much to set aside for this account in 2023. You may contribute up to \$5,000, or up to \$2,500 if you are married and file separate tax returns.

### Eligible expenses

- Adult day care
- Child day care
- After-school care
- Babysitting (work-related, in your home or someone else's home)
- Babysitting by your relative who is not a tax dependent (work-related)
- Nanny or au pair
- Custodial elder care
- Transportation to and from eligible care (provided by your care provider)

### Ineligible expenses

- Babysitting (not work-related, for other purpose)
- Babysitting by your tax dependent (work-related or for other purpose)
- Custodial elder care (not work-related, for other purpose)
- Dance lessons, piano lessons or sports lessons
- Educational, learning or study skills services for child(ren)
- Household services (housekeeper, maid, cook, etc.)

*Termed employees will have 30 days from the date of the qualifying event to submit claims. Only services rendered prior to the last coverage date will be eligible.*

## Two ways to access your FSA Funds

### Request Reimbursement

#### Submit an FSA claim to access funds

Claim requests can be submitted many ways for your convenience:

1. Log into the Consumer Portal at [csONE.com](https://csONE.com) and enter the claim details, and upload scanned supporting documentation to us.
2. Log into the mobile app on your smartphone, enter the claim details and snap photos of supporting documentation to submit them to us.
3. Complete a claim form, attach copies of supporting documentation and send them by mail, fax or email to us. You can even drop them off in person!



## Flex Benefits Debit Card

Use your Flexible Benefits Debit Card at point-of-service to:

### Claim requests can be submitted many ways for your convenience:

- Pay for eligible services at health provider.
- Purchase prescriptions at your pharmacy.
- Purchase eligible over-the-counter items at major pharmacies and supermarkets.
- Pay for over-the-counter items online at FSA Store.

(visit the csONE Flex Benefit participant page for details: [csONE.com](https://csONE.com))

### How to Submit Debit Card Documentation:

1. Log into the Consumer Portal, select the request and upload the scanned supporting documentation to us.
2. Log into the mobile app on your smartphone, snap photo of supporting documentation and submit to us.
3. Print the documentation request, attach copies of supporting documentation and send them by mail, fax or email to csONE.

## Keep your receipts

Keep your receipts and documentation for transactions. Some purchases will auto-adjudicate at time of purchase, but others will need proof of eligibility. csONE will send you a request for documentation if proof of eligibility is necessary. However, the IRS requires that you keep documentation for all transactions paid for with FSA funds.

### Try this worksheet:

1. Estimate your uninsured health care costs per year		2. Estimate your uninsured dental costs per year		3. Add the subtotals of the uninsured health and dental costs for total expenses
Health insurance deductibles	\$	Examinations and cleanings	\$	\$
Office visit copays/co-insurance	\$	Braces and retainers	\$	
Prescription copays/co-insurance	\$	Fillings, crowns and bridges	\$	
Vision care (eye exams, contacts, eyeglasses)	\$	Dentures, including replacements	\$	
Routine exams (School physicals, etc.)	\$	Implants, inlays, X-rays	\$	
Chiropractic Services	\$	Other	\$	
Other	\$	Subtotal	\$	
Subtotal	\$			

# VOLUNTARY LEGAL BENEFITS

100% Employee Funded

Protect your family's future with LegalEASE. LegalEASE offers valuable benefits to shield your family and savings from unexpected personal legal issues.

## What you get with a LegalEASE plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In- and out-of-network coverage
- Concierge help navigating common individual or family legal issues

Become a member for \$17.49 per month  
(\$8.07 per pay period )

Being a member saves costly legal fees and provides coverage for:

- Home and residential
- Auto and traffic
- Estate planning and wills
- Financial and consumer
- Family
- Other general needs

## Get started

Call 800-248-9000 and mention Becket Family of Services or visit [legaleaseplan.com/becket](https://legaleaseplan.com/becket) to learn more.



# LIFE AND AD&D

100% Employer Funded

## Group life and accidental death and dismemberment (AD&D) insurance

**Becket Family of Services'** comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group life and AD&D coverage are provided automatically to all employees scheduled to work at least 20 hours per week, at no cost to you upon employment.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

### Age reduction schedule

- 60% when you reach age 75.
- 35% when you reach age 80.
- 27.5% when you reach age 85.
- To see the full benefit reduction schedule, please review the certificate of coverage.

## Accidental death and dismemberment

The group life coverage includes accidental death and dismemberment coverage. AD&D insurance provides additional coverage in the event of accidental death, loss of limb or eyesight, brain damage, etc. In the event of a covered accident that results in your death, AD&D coverage is in addition to your group life.

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#### Becket Basic Life and AD&D

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\$10,000 - Basic Life

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\$10,000 - Basic AD&D

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# VOLUNTARY LIFE AND AD&D

## 100% Employee Paid

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or your dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

### Voluntary life

#### Sun Life

<b>Benefit Amount</b>	Employee: Increments of \$10,000 Spouse: Increments of \$5,000 Children: Increments of \$2,500
<b>Maximum Benefit</b>	Employee: \$500,000 Spouse: \$500,000 (cannot exceed 100% of employee coverage amount) Children: \$10,000
<b>Guaranteed Issue</b>	Employee: \$100,000 (under age 60); \$10,000 (age 60, but under age 70) Spouse: \$30,000 (under age 60)

### Voluntary AD&D

#### Sun Life

<b>Benefit Amount</b>	Employee: Increments of \$10,000 Spouse: 50% of employee amount spouse only; 40% with children Children: 15% of employee amount children only; 10% with spouse
<b>Maximum Benefit</b>	Employee: \$500,000 Spouse: \$500,000 (cannot exceed 100% of employee coverage amount) Children: \$10,000 (cannot exceed 50% of employee coverage amount)

Spouse rates will be determined by the employee's age.

**Important - New elections made after new hire enrollment or elections above the Guarantee Issue will require completion of EOI prior to approval.**



### Basic life and AD&D Rates

#### \$10,000 Term Life and AD&D Policy

No cost to employee

### Voluntary AD&D Rates

#### Monthly Cost per \$1,000

Employee	\$0.018
Family	\$0.027

### Voluntary life rates

Employee Age	Employee Rates per \$1,000		Spouse Rates per \$1,000	
	Smoker	Non-Smoker	Smoker	Non-smoker
Under Age 20	\$0.12	\$0.06	\$0.12	\$0.06
20 - 24	\$0.12	\$0.06	\$0.12	\$0.06
25 - 29	\$0.12	\$0.06	\$0.12	\$0.06
30 - 34	\$0.13	\$0.08	\$0.13	\$0.08
35 - 39	\$0.17	\$0.10	\$0.17	\$0.10
40 - 44	\$0.28	\$0.16	\$0.28	\$0.16
45 - 49	\$0.51	\$0.23	\$0.51	\$0.23
50 - 54	\$0.83	\$0.39	\$0.83	\$0.39
55 - 59	\$1.50	\$0.68	\$1.50	\$0.68
60 - 64	\$1.83	\$1.06	\$1.83	\$1.06
65 - 69	\$2.95	\$1.67	\$2.95	\$1.67
70 - 74	\$4.68	\$2.67	\$4.68	\$2.67
75 - 79	\$4.68	\$2.67		
80 - 84	\$4.68	\$2.67		
Over 85	\$4.68	\$2.67		

# VOLUNTARY DISABILITY

**Becket Family of Services** offers two voluntary disability plans by Sun Life to provide financial assistance in case you become disabled or unable to work.

## Short-term disability (STD) plan

### 100% Employee Paid

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. STD benefits are paid at 60% of your eligible weekly base pay, up to \$1,150 weekly, during the first 26 weeks of injury or illness.

Benefit Description	Sun Life
Benefit Amount	60% of your weekly earnings
Maximum Weekly Benefits	Up to \$1,150
Waiting Period	0 days for Accident 7 days for Illness
Benefit Duration	26 weeks

## Long-term disability (LTD) base and buy-up plans

This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you return to work, if appropriate.

**Becket Family of Services** offers an employer sponsored LTD plan. If you become totally disabled, you will receive 50% of your monthly salary, up to \$3,000 monthly, after you have satisfied the 180-day waiting period for benefits. Your benefit amount may be offset by other benefits you are receiving, such as Social Security or workers' compensation. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes.

Employees have the option to buy up for an additional 10% benefit. You would receive 60% of your monthly salary, up to \$5,000 monthly, if you become totally disabled.

Benefit Description	LTD (Employer paid)	Voluntary Buy-up LTD (Employee paid)
Benefit Amount	50% of your monthly earnings	60% of your monthly earnings
Maximum Monthly Benefits	Up to \$3,000	Up to \$5,000
Waiting Period	180 days	180 days



### Short-Term Disability Rates

Age Band	Monthly Rate per \$10
Under Age 25	\$0.57
25 - 29	\$0.57
30 - 34	\$0.57
35 - 39	\$0.57
40 - 44	\$0.50
45 - 49	\$0.50
50 - 54	\$0.64
55 - 59	\$0.64
60 - 64	\$0.90
65 - 69	\$0.90
Over 70	\$0.90

### Long-Term Disability Rates

Age Band	Monthly Rate per \$100
Under Age 25	\$0.067
25 - 29	\$0.10
30 - 34	\$0.159
35 - 39	\$0.225
40 - 44	\$0.384
45 - 49	\$0.518
50 - 54	\$0.777
55 - 59	\$1.269
60 - 64	\$1.695
65 - 69	\$1.762
Over 70	\$0.852



# EMPLOYEE ASSISTANCE PROGRAM

Contact EAPEssential Anytime  
No-cost, confidential solutions to life's challenges.

## Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues (up to 3 telephonic sessions per topic, per person, per calendar year), including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

## Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

## Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

## Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

## Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- “Ask the Expert” personal responses to your questions

## 24/7 Support, Resources & Information

Your ComPsych® GuidanceResources® program EAPEssential offers someone to talk to and resources to consult whenever and wherever you need them.

**Call: 800.460.4374**

**TDD: 800.697.0353**

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant<sup>SM</sup>, who will answer your questions and, if needed, refer you to a counselor or other resources.

**Online: [guidanceresources.com](https://guidanceresources.com)**

**App: GuidanceResources® Now**

**Web ID: EAPEssential**

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

# RETIREMENT 403b OR 401K

The 403b plan is available for Becket, Next Steps and Maine School, where the 401k is only available for Dade Employees.

## Plan overview

- **Participation date:** immediate for deferrals; entry for matching contributions is immediately following attainment of age 21 and completion of 12 months of service with the company (with minimum 1000 hours worked).
- **Employee salary deferrals:** pre-tax or after-tax (“Roth”); up to \$20,500 for 2023 (\$26,500 if age 50 or older by year-end); may change deferral percentage each payroll period.
- **Employer matching contributions:** The Employer will contribute a matching contribution equal to 4% of Plan Compensation. For an Employee to qualify for this match, the Employee must defer a MINIMUM of 4% of Plan compensation. If an Employee defers less than 4% of Plan compensation, the employee will not qualify for any Employer matching contribution.
- **Compensation which is considered for plan purposes:** gross pay, including the amount you contribute on a pre-tax basis to this plan. Pre-participation compensation is excluded.
- **Vesting:** your salary deferral and rollover contributions are 100% vested immediately. Other Employer contributions are subject to a 4-year vesting schedule – less than 1 year, 0%; 1 year, 25%; 2 years, 50%; 3 years, 75%; 4 years, 100%.
- **Investments:** participant directed, from a group of investments selected by the Employer/Plan Administrator.
- **Rollover Contributions:** permitted from all Participants.
- **In-Service withdrawals:** permitted if the Participant has attained age 59-1/2.
- **Participant Loans:** not allowed.
- **Hardship Withdrawals:** permitted from deferrals only.
- **Benefit Payments:**
  - **Timing:** as soon as feasible following termination of employment
  - **Form:** lump sum; other forms of distribution as permitted under the specific investment accounts.

## Learn more

If you have questions please contact Shelly Duval at Future Planning Associates, Inc.:

**Shelly Duval**

802-857-0686

[shelly@futureplanningassoc.com](mailto:shelly@futureplanningassoc.com)

Please note: This is a basic informational sheet for quick reference. It does NOT supersede any information in the Plan or the Summary Plan Description, and in case of any discrepancy, the terms of the Plan shall govern.

You may enroll, change, or stop at any time you choose by completing a enrollment/change form.

# CONTACTS

## Medical

**Health Plans, Inc.**

800-532-7575

[healthplansinc.com](http://healthplansinc.com)

## Telemedicine

**First Stop Health**

888-691-7867

[fshealth.com](http://fshealth.com)

## HSA

**Lively**

888-576-4837

[support@livelyme.com](mailto:support@livelyme.com)

[livelyme.com](http://livelyme.com)

## Dental

**Northeast Delta Dental**

800-537-1715

[nedelta.com](http://nedelta.com)

## Vision

**Vision Service Plan**

800.877.7195

[vsp.com](http://vsp.com)

## FSA

**csONE Benefit Solutions**

888-227-9745

[csone.com](http://csone.com)

## Voluntary Benefits

Group Life and AD&D

Voluntary STD, AD&D, Life, LTD

Critical Illness and Cancer Care

Hospital Indemnity

Accident Insurance

**Sun Life**

800-247-6875

[mysunlifebenefits.com](http://mysunlifebenefits.com)

**LegalEase**

800-248-9000

[legaleaseplan.com/becket](http://legaleaseplan.com/becket)

## Employee Assistance Program

**EAPEssential**

Call: 800.460.4374

TDD: 800.697.0353

Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceResources® Now

Web ID: EAPEssential

## 403b and 401k

**Future Planning Associates, Inc.**

802-857-0686

[shelly@futureplanningassoc.com](mailto:shelly@futureplanningassoc.com)

## Creative Planning Retirement Services

Bert Kingsley:

[Bert.Kingsley@creativeplanning.com](mailto:Bert.Kingsley@creativeplanning.com)

Questions?  
Please contact:

Jenny Bless

Benefits Administrator

603-236-6182

[jennifer.bless@becket.org](mailto:jennifer.bless@becket.org)



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

