

BENEFIT GUIDE

July 1, 2024 – June 30, 2025



PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

The Village at Morrisons Cove strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefit Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all the different benefits The Village at Morrisons Cove offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on **July 1, 2024**. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Webber Advisors at (800) 326- 9850.

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HOW TO ENROLL

- Visit your Employee Benefit Center at www.myvmcbenefits.com
- Click on the Enrollment Tab
- Click the Online Enrollment System Login button

Enrollment Username: SSN with no dashes.

Enrollment Password: Last 4 digits of your SSN and last 2 digits of your birthyear

WHEN TO ENROLL

Open enrollment begins on **May 22, 2024, and runs through June 4, 2024**. The benefits you choose during open enrollment will become effective on **July 1, 2024**.

HOW TO MAKE CHANGES

Unless you experience a qualifying event and notify Webber Advisors within 30 days of the event, you cannot make changes to your benefits until the next open enrollment period.

Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

QUESTIONS

If you have benefit questions, call Webber Advisors at (800) 326-9850. (Mon-Fri 8:00 a.m. to 4:00 p.m.)



Health Insurance

Who is eligible?

Full-time and Part-time employees working at least 18.75 hours per week. In addition, the following family members are eligible for medical: Spouses and dependent children under the age of 26.

The following chart summarizes the health benefits for 2024-2025.

Services	HIGHMARK PPO	
	In-Network	Out-Network
Individual Deductible	\$4,000 ***	\$8,000
Family Deductible	\$8,000***	\$16,000
***Your Deductible with MERP	\$1,500 / \$3,000	\$8,000 / \$16,000
Coinsurance %	90% after deductible	70% after deductible
Coinsurance Max (Individual/Family)	\$1,700 / \$3,400	\$3,400 / \$6,800
Total Maximum Out-of-Pocket (Individual/Family)	\$9,450 / \$18,900	Unlimited
Primary Care Visit	\$25 Copay	70% After Deductible
Specialist Care Visit	\$40 Copay	70% After Deductible
Emergency Room Visit (Emergency Use Only)	\$150 Copay (waived if admitted)	
Telemedicine Visit	\$10 Copay	Not Covered
Hospital Charges	90% After Deductible	70% After Deductible
Retail Pharmacy: Generic Formulary Brand Non-Formulary Brand	31/60/90-Day Supply \$15 / \$30 / \$45 \$35 / \$70 / \$105 \$60 / \$120 / \$180	
Mail Pharmacy: Generic Formulary Brand Non-Formulary Brand	90-Day Supply \$30 Copay \$70 Copay \$120 Copay	

Your Cost in 2024-2025

EMPLOYEE BIWEEKLY DEDUCTIONS				
Hourly Rate	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Full-Time Employee	\$50.93	\$311.16	\$279.31	\$355.60
Part-Time Employee	\$98.93	\$603.95	\$542.14	\$690.21

***MERP

The Medical Expense Reimbursement Program (MERP) administered by Webber Advisors will reimburse for in-network deductible expenses. No out-of-network deductible will be reimbursed. There is a general deductible where the employee is responsible to pay the first \$1,500 for individual and \$3,000 for family. Participants will be reimbursed 90% of any in-network deductible after they have satisfied the above requirements. Participants must submit all explanation of benefits and a claim form for reimbursement.

- ★ You can obtain a claim form by going to www.myvmcbenefits.com and clicking the medical tab or by emailing claims@webberadvisors.com. If you would like more information about the MERP, please contact Webber Advisors at 1-800-326-9850.

PERK FOR EMPLOYEES

Employees are able to visit the VIP Physician’s Office located at South Market Street. Employees and spouses that are on The Village at Morrisons Cove medical plan will be charged a small co-pay of \$10 to use the clinic. Those employees who are not on The Village at Morrisons Cove medical plan are still able to use the clinic, but claims will be processed through the employee’s insurance.

Examples you can visit the VIP Physician’s Office for but not limited to:

- Routine Physicals/Wellness check ups
- Colds
- Flu
- UTIs
- Routine Bloodwork and testing

DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Who is eligible?

Full-time and Part-Time employees who work at least 18.75 hours per week. In addition, the following family members are eligible for medical: Spouses and also dependent children under the age of 26.



The following chart outlines the dental benefits we offer:

Type of Service	Basic Plan In-Network	Buy-Up Plan In-Network
Deductible (Ind/Fam.)	\$50/\$150	\$50/\$150
Preventative Services	100%, deductible waived	100%, deductible waived
Basic Services	50% after deductible	80% after deductible
Major Services	Not Covered	50% after deductible
Annual Maximum	\$1,000	\$1,000
Orthodontics – \$1,000 Lifetime Max Child(ren) prior to age 19	Not Covered	50%, deductible waived
Biweekly Payroll Deductions:		
Employee Only	\$1.34	\$7.73
Employee & Spouse	\$9.25	\$24.38
Employee & Child(ren)	\$11.10	\$23.82
Family	\$20.22	\$40.97

VISION INSURANCE

Vision elections made on odd calendar years are binding until the next open enrollment period. **Your 2023 election may not be changed until 07/01/2025.** The only exception is an IRS qualifying family status changes that are consistent with the change that is requested. You must notify Webber Advisors of any changes within 30 days of the effective date of the change.

Who is eligible? Full-Time and Part-Time employees who work at least 18.75 hours per week. In addition, the following family members are eligible for medical: Spouses and also dependent children under the age of 26.

Type of Service	In-Network	Out-of-Network Reimbursement
Vision Eye Exam (Every 12 months)	100%	\$40.00
Frame (Every 24 months)	\$50 Wholesale Allowance (approximately \$135 Retail)	\$50.00
Standard Lenses (Every 12 months)	100%	Single Vision - \$40.00 Bifocal - \$50.00 Trifocal - \$75.00
Contacts (Instead of glasses)	\$160 Allowance Every 12 months	
Biweekly Payroll Deductions:		
Employee Only	\$3.90	
Employee & Spouse	\$7.41	
Employee & Child	\$7.41	
Employee & Children	\$10.15	
Employee & Family	\$10.15	



FLEXIBLE SPENDING ACCOUNTS

The Village at Morrisons Cove offers both a Health Care FSA and the Dependent Care FSA, providing employees the ability to pay for health care and/or dependent care expenses on a “pre-tax” basis.

Who is eligible? Full-time and Part-time employees who are working at least 18.75 hours per week.

MEDICAL SPENDING ACCOUNTS

What is the maximum I can contribute this plan year? \$3,200

By enrolling in the Medical Spending Account plan, you can pay for eligible, uninsured medical, dental and vision expenses with pre-tax dollars. All expenses must be submitted to your insurance plan first if coverage is available. Your out-of-pocket portion may then be submitted to the plan for reimbursement. Below is a brief list of eligible expenses:

* Office Visit Copays	* Prescription Drug Copays
* Deductibles and coinsurance	* Dental and Orthodontia Expenses
* Eyeglasses and exams	* Contact Lenses and Solutions
* Chiropractic Services	* Over-the-Counter medical supplies used to treat an injury (i.e., Band-aids, supports/braces, etc.)
* Hearing exams & hearing aids	
*Over-the Counter drugs ONLY IF accompanied by a prescription by your doctor	

A detailed receipt must accompany your claim. The receipt must contain the name of the provider, dependent name, date of service, amount of claim and service performed.

DEPENDENT CARE ACCOUNTS

A Dependent Care Account will reimburse you with your pre-tax dollars for day-care expenses for your child(ren) and other qualifying dependents. You can contribute up to \$5,000 a year or \$2,500 if you are married and filing a separate tax return. A brief list of eligible expenses under the Dependent Care Accounts is indicated below:

- * Before and after school programs
- * Summer day camp (cannot be an overnight camp)
- * Care in a home or by a licensed provider (individual must be claiming on his/her income taxes at year end)
- * Nursery school or preschool

Some ineligible expenses under the Dependent Care Account plan are as follows:

- * Child support payments
- * Educational supplies and activity fees
- * Food, clothing, and entertainment

All claims must be submitted with a receipt detailing the name of the provider, provider’s tax identification or social security number, time for which the expense is being incurred and the amount of the expense.

IMPORTANT: Eligible claims must have incurred after the start of the Plan Year (July 1st) or after your eligibility date of participation. In addition, eligible claims must have incurred prior to the end of the Plan Year (June 30th) or the date that you are no longer eligible to participate. Due to the Carryover Provision participants will be permitted to carry over up to \$500 of unused health FSA Account balances into the next plan year. The carryover provision does not apply to the dependent care FSA Account. However, the dependent care flexible spending account will continue to have the grace period, which allows you to incur dependent care account claims through September 15th of the following plan year and still apply it to the prior year dependent care account balance. All claims to exhaust the 2023-2024 balance must be filed no later than September 30, 2024.

Basic Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. The Village at Morrisons Cove provides part-time and full-time employees working at least 18.75 hours per week with \$15,000 in group life and accidental death and dismemberment (AD&D) insurance through Lincoln Financial. The benefit amount reduces by 35% at age 70. Benefits will terminate when you retire.

- ★ The Village at Morrisons Cove pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact Webber Advisors if you would like to **update your beneficiary** information.

Voluntary Term Life Insurance

Who is eligible? Full-time and Part-time employees who work at least 18.75 hours per week.

With voluntary life insurance, you are responsible for paying the full cost of coverage through biweekly payroll deductions. You may purchase coverage for yourself in \$10,000 increments. You may purchase up to 5x your annual base salary, subject to a maximum of \$500,000 and a minimum of \$10,000. There is a benefit reduction schedule that begins at age 70 for employees and spouses. Please refer to the certification located at www.myvmcbenefits.com for additional details.

- ★ If you are **currently enrolled** in this benefit, you may elect or increase insurance coverage up to \$20,000 without completing a medical questionnaire during this open enrollment
- ★ If you are **currently not enrolled** in this benefit and you wish to add voluntary life insurance for 2024 plan year, your election may be subject to an Evidence of Insurability. Your payroll deductions will not begin until this benefit has been approved by Lincoln.

Voluntary Spouse Term Life Insurance

If you have elected voluntary life coverage on yourself, you may also elect spouse coverage in \$5,000 increments up to 50% of the life amount that you elected on yourself (subject to a max of \$250,000 and \$5,000 minimum).

- ★ If you are **currently enrolled** in this benefit, you may elect to increase insurance coverage up to \$10,000 without completing evidence of insurability during this open enrollment
- ★ If you are **currently not enrolled** in this benefit and you wish to add spousal voluntary life insurance for 2024 plan year, your election may be subject to Evidence of Insurability. Your payroll deductions will not begin until this benefit has been approved by Lincoln.

Voluntary Dependent Term Life Insurance

Dependent child life coverage is available if you have elected at least \$10,000 in voluntary life coverage on yourself. Coverage is available for \$10,000 per child, for children from age 6 months to age 19 and children who are full-time students to the age of 25.

***Important Note:** It is your responsibility to notify Webber Advisors when your dependent child no longer qualifies for voluntary life insurance within a 30-day time frame.

Long-Term Disability Coverage

The Village at Morrisons Cove provides full-time employees with long-term disability income benefits options. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income.

There is a 12-month pre-existing condition clause.



Who is eligible for Long-Term Disability? Full-time employees working at least 37.5 hours per week. The Village at Morrisons Cove pays 100% of cost for this plan.

	Long-Term Disability
Benefits Begin	121 st Day
Benefits Payable	Up to 5 Years / to age 70
Benefit Amount	50% of Basic Monthly Earnings
Maximum Benefit	\$6,000 Monthly

Aflac Benefits



The Village at Morrisons Cove provides you with the convenience of paying through payroll deductions for your Aflac premium. Any product that you elect from Aflac are contracts between you and Aflac. Below is a brief summary of the products you can elect:



Short-Term Disability: How would you pay your bills if you're disabled and can't work? An Aflac short-term disability insurance policy can help provide you with a source of income while you concentrate on getting better.



Accident: Accidents happen. When a covered accident happens to you, our accident insurance policy pays you, unless assigned otherwise cash benefits to help with the unexpected medical and everyday expenses that begin to add up almost immediately.



Hospital Confinement Indemnity: Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.



Lump Sum Critical Illness: It's good to be prepared. Aflac lump sum critical illness insurance will pay a lump sum amount to you if you experience a covered health event.



Whole Life: With Aflac's whole life insurance, you can rest easy knowing that your family will have financial security when they need it most.

To enroll in any of the Aflac products, a representative will be onsite at The Village of Morrisons Cove on June 3rd from 8 am to 11 am, and 12 pm to 3 pm.



Important Notice from The Village at Morrisons Cove About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Village at Morrisons Cove and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Village at Morrisons Cove has determined that the prescription drug coverage offered by the Highmark BlueCross BlueShield PPO 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. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current The Village at Morrisons Cove coverage may be affected. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents may still be eligible to receive all your current health and prescription drug benefits available to you through The Village at Morrisons Cove

If you do decide to join a Medicare drug plan and drop your current The Village at Morrisons Cove coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with The Village at Morrisons Cove and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The Village at Morrisons Cove changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: May 20, 2024
Name of Entity/Sender: The Village at Morrisons Cove
Contact Position/Office: Webber Advisors, Benefits Administrators
Address: PO Box 593, Hollidaysburg, PA 16648
Phone Number: 1-800-326-9850

Electronic Disclosure Notice

Availability of Health and Welfare Plan Notices and Summary of Health Information

The Employee Retirement Income Security Act (ERISA), Department of Labor (DOL), Department of Health and Human Services (HHS) and Internal Revenue Service (IRS) require plan administrators to provide certain information related to their health and welfare benefit plans to plan participants in writing. Below are the notices that are located at **www.myvmcbenefits.com**. These notices explain your rights and obligations in relation to the health and welfare plans provided by The Village at Morrisons Cove.

The **Summary of Benefits and Coverage (SBC)** noted below, summarizes important information about any health coverage option in a standard format, to help you compare across options. Please read these notices carefully and retain a copy for your records.

The **Health Insurance Marketplace Coverage Notice** summarizes basic information about the Marketplace and employment-based health coverage offered by The Village at Morrisons Cove.

The following are the Health Care Reform Notices included in the Health and Welfare Notice:

- ✓ Lifetime Maximum Notice
- ✓ FSA/HSA/HRA Over-the-Counter Restrictions
- ✓ Information on Rescissions
- ✓ Information on Nondiscrimination 105(h) Rules

The following are additional annual Notices included in the Health and Welfare Notice:

- ✓ Women's Health and Cancer Rights Act (WHCRA) Enrollment Notice
- ✓ The Newborns' and Mothers' Health Protection Act (NMHPA) Notice
- ✓ Mental Health Parity Act (MHPA)
- ✓ Health Information Technology for Economic and Clinical Health Act (HITECH)
- ✓ Genetic Information Nondiscrimination Act (GINA)
- ✓ HIPAA Special Enrollment Rights Notice
- ✓ Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice

The following are additional annual Notices located at www.myvmcbenefits.com (separate from the Health and Welfare Notice)

- ✓ Medicare Part D Notice
- ✓ Children's Health Insurance Program Reauthorization Act (CHIPRA) Notice
- ✓ Summary of Benefits and Coverage (SBC)
- ✓ Health Insurance Marketplace Coverage Notice

Please follow the directions below to get to the notices.

- Go to the website address: www.myvmcbenefits.com and "Compliance Notices" tab.
- A paper copy is also available, free of charge, by calling (800) 326-9850



Questions & Answers

What changes are effective July 1, 2024?

- You will see a slight increase in medical and dental contribution rates.

What forms must be completed?

- If enrolling in voluntary term life, you will need to complete the medical underwriting form to sign up or add additional voluntary life insurance. No election will be in place until the form has been completed and approved by Lincoln. To complete this form online please go to www.mylincolnportal.com. Once at the website you will then register using company code: VMORRISON
 - You can also find information by:
 - Going online on The Village at Morrisons Cove benefit portal: www.myvmcbenefits.com
 - Calling Webber Advisors (800) 326-9850

How do I enroll in Aflac Benefits?

- You can schedule a time with an agent online with the URL or QR Code Provided.
- You can also contact Kaylie Ling:
 - 724-456-4748
 - Kaylie.smith@us.aflac.com

Can someone help me enroll in benefits?

- There will be enrollment agents onsite June 3 from 8 a.m. to 11 a.m., and 12 p.m. to 3 p.m.
- You can also call Webber Advisors Monday- Friday 8am- 4pm

Other Information:

- If you do not make changes to your current elections, those elections will remain the same for the 2024-2025 plan year. The only **exception** is the flexible spending account and dependent care account, you must re-enroll in these benefits to continue enrollment.
- Upon completion of open enrollment, you will receive a confirmation statement in the mail. Please review the statement for accuracy.
- Please be sure to check your first pay stub to verify that your benefit deduction amounts are accurate based on the benefit elections that you made. Any discrepancies must be reported to Webber Advisors immediately.

Member Advocacy Services

The Webber Advisors Dedicated Team Members Offer

- ★ Benefit help for employees and their family members
- ★ One-Stop Contact Center
- ★ Knowledgeable and Professional Staff
- ★ Confidential and responsive service



Confidential Assistance with things like:

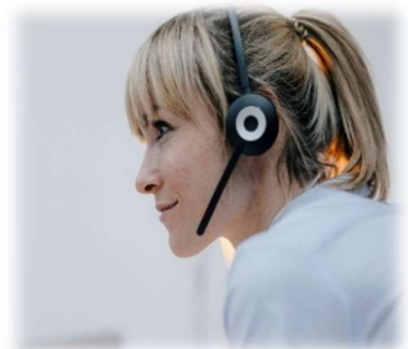
- ✓ Missing or lost ID Cards
- ✓ Claims Issues
- ✓ Questions about medical, dental, vision, and prescription coverage



Phone: (800) 326-9850

Email: benefitshotline@webberadvisors.com

Hours: Monday - Friday, 8:00 a.m. to 4:00 p.m. EST



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.