

Star Nursery 2023-2024



Employee Benefits Guide

An overview of the wide array of benefits provided by Star Nursery to help you enjoy increased well-being.



Introduction



Welcome to your Employee Benefits Guide!

Star Nursery would not be the successful company it is today without the dedication of our hard-working employees. We are proud to offer a comprehensive benefit package that is designed to insure and protect you and your family.

This guide provides information about the options available to you as a benefit's eligible employee of Star Nursery. Please take time to learn about these benefits so you can make an informed decision. When you make smart, well-informed decisions, you can best manage your out-of-pocket costs and also help control the rising cost of healthcare.

BENEFITS

- No benefit changes on Medical, Dental or Vision Insurance.
- Colonial will remain your carrier for Voluntary Disability, Accident, Cancer, Critical Illness, Life and Hospital Indemnity Insurance
- Legal Shield is still in place
- Your EMPLOYER PAID Basic Term Life Insurance and Accidental Death and Dismemberment will stay at \$25,000.

NEW THIS YEAR

- Direct2MD, your telehealth provider, that includes mental health services has changed their name to Direct2Care.

What's Inside Your Booklet



Benefit Basics



Direct2Care



Your Cost



Legal Shield



Medical / RX



Dental/Vision



Prescription Drugs



Voluntary Life/AD&D



Health Savings Account



Colonial Life



Benefit Basics

As an employee of **Star Nursery**, you are eligible for benefits if you are a full-time employee working at least 30 hours a week. Benefits are effective on the first day of the month following 60 days of eligibility. You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include your legal spouse who doesn't have coverage available through their employer and your children up to age 26.

Once your benefit elections become effective, they remain in effect until the end of the plan year, or until termination of your employment. You may only change coverage within 30 days of a **qualified life event**.

QUALIFIED LIFE EVENTS

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:



- Marriage
- Divorce or Legal Separation
- Birth of your child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

Star Nursery provides a complete package of benefits aimed at providing flexible insurance protection and programs to meet your ever- changing needs. Premiums for many of your benefits are made with pre-tax dollars, however, some may be deducted after-tax.

	Tax Treatment	Who Pays?
Medical	Pre-Tax	Employer/Employee
Dental	Pre-Tax	Employer/Employee
Vision	Pre-Tax	Employer/Employee
Basic Life / AD&D	N/A	Employer
Voluntary Life / AD&D	Post-Tax	Employee
Colonial	Pre-Tax	Employee

Benefit Basics Continued

HIPAA PRIVACY NOTICE

As of April 14th, 2004, many employers in the U.S., including our company, are required to adhere to privacy rules regarding their employees' personal health information. The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines. This act establishes employees' rights with regard to their personal health information.



IMPORTANT NOTICE IF YOUR SPOUSE IS ELIGIBLE FOR HEALTH INSURANCE AT HIS/HER WORKPLACE, YOU MUST READ THIS

If your spouse is enrolled in the **Star Nursery Benefit Plan** and has coverage available to them through their employer, they will be required to move to their employer's health plan and off of the **Star Nursery Health Plan** during **this open enrollment period for an effective date of 12/1/2023.**

Your Cost Per Pay Period

Star Nursery cares about your health and if you are a current smoker, we would like to give you help and an incentive to try and quit! Smokers that would like to quit this plan year and can show that you are working toward that or have succeeded, will be eligible for the premium credit given to non-smokers.

We understand that quitting is no easy task, and we'd like to help you by paying 100% of the cost of Nicotine Patches, Gum, or Lozenges. To take advantage of this, you will need to get a prescription from your Dr., or you can download the App on your phone, register and call Direct2Care for the prescription as well. **Remember you must run these through as a prescription at the pharmacy to get these non-smoking aids paid for at 100%, We cannot reimburse you for them.**

***Your wellness credit will show up on your paycheck as "nonsmoker credit" in the amount of \$15**

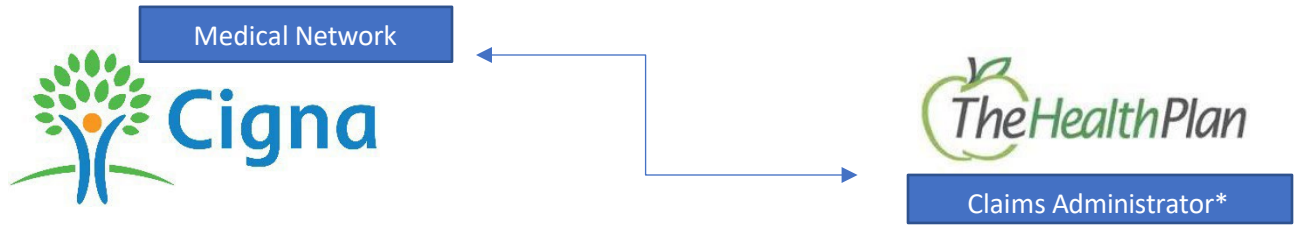
Premiums for Non-Smokers Per Paycheck

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Premier PPO	\$38.00	\$143.75	\$137.75	\$194.75
HDHP	\$2.50	\$127.00	\$122.20	\$167.80
D2Care	\$0.00	\$0.00	\$0.00	\$0.00
Dental	\$1.46	\$5.18	\$5.70	\$9.30
Vision	\$1.07	\$1.70	\$1.61	\$2.67

Premiums for Smokers Per Paycheck

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Premier PPO	\$53.00	\$158.75	\$152.75	\$209.75
HDHP	\$7.00	\$142.00	\$137.20	\$182.80
D2Care	\$0.00	\$0.00	\$0.00	\$0.00
Dental	\$1.46	\$5.18	\$5.70	\$9.30
Vision	\$1.07	\$1.70	\$1.61	\$2.67

Medical



GENERAL PROVISIONS	PPO PLAN		HIGH DEDUCTIBLE HEALTH PLAN	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible: Individual	\$750	\$5,000	\$1,500	\$3,000
Deductible: Family	\$1,500	\$10,000	\$3,000	\$6,000
Max Out of Pocket: Individual	\$5,000	\$10,000	\$6,750	\$15,000
Max Out of Pocket: Family	\$10,000	\$20,000	\$13,500	\$30,000
COPAYS & COINSURANCE				
Preventative	Plan pays 100%		Plan pays 100%	
Primary Care Physician	\$25 Copay	Deductible then plan pays 50% of allowed amount	Plan pays 80% After Deductible	Deductible then plan pays 50% of allowed amount
Specialist				
Laboratory Services				
Chiropractic Care				
Urgent Care	\$25 Copay			
Hospitalization: Inpatient	Deductible then plan pays 80%			
Hospitalization: Outpatient				
Emergency Room	\$250 copay per visit, Deductible, then plan pays 80 % of allowed amount		Plan pays 80% After Deductible	

*The Claims Administrator is The Health Plan. They pay your medical claims, reimburse vision claims, and they will verify coverage / benefits for your provider. Make sure your Dr is verifying coverage / benefits through The Health Plan and not CIGNA. If your Dr. is having trouble verifying coverage, please double check they are contacting the Health Plan. The Health Plans Member Service phone number is on the back of your ID card.

Star Nursery is using CIGNA 's Choice Fund Provider Network as our In-Network Providers. You are not insured with CIGNA – we are only using the CIGNA Choice Fund Provider Network. CIGNA is also responsible for performing pre-certifications / prior authorization for Inpatient Hospital care and for some Outpatient Services. Please make sure that your provider has contacted them to determine if prior authorization is required before the procedure. If required, your Provider will complete the pre- certification / prior authorization for you. Please contact Member Services at the number listed on your ID card to be sure the procedure has been approved before making your appointment.

Please refer to your Plan Document of a list of outpatient procedures requiring pre- certification / prior authorization.

Prescription Drugs

Your prescription drug copay is based on the actual cost of the drug. Your copays are as follows:

Total Cost of the Drug is:	Your Copay is:
\$0.00-\$20.00	\$7.00 or cost of the drug
\$20.01-\$50.00	\$15.00 or cost of the drug
\$50.01-\$250.00	\$25.00 or cost of the drug
\$250.01-\$1,000.00	\$100.00
\$1,000+	15%

If your drug copays are high and you are on a maintenance drug, you may be contacted by a representative from Drexli or Global RX Management. Please take their call as they will help to lower your drug costs. In some instances, they can get your drug costs to a \$0 copay. If you do not get a phone call, you can contact Drexli directly at 1-844-728-3479 and ask for an advocate to contact you.

Your Pharmacy Benefit Manager is Drexli. We urge you to go to their website at <https://drexli.com/enroll> and create an account. All you need is your Medical ID card in order to do that.

Once you log in, you will be able to access the Member Benefits Portal which includes:

- Drug Lookup—Your prescription pricing tool! Look up which pharmacy in your area has the best price on your medications.
- Pharmacy Finder—Choose a Pharmacy to fill your RX from your Drug Look up and get turn by turn directions should you need them / View all pharmacies in your area.
- Prescription History—A historical look at all the prescriptions you fill from this point forward / Data can be used for tax purposes as well as other personal uses.
- If your prescription cost is over \$100, there may be a coupon available to you from the Drug Manufacturer to lower your out-of-pocket costs. When you pull up the drug name to check pricing, if there is a coupon available a link will be available to you to click on and see if you qualify. With the coupon, your copay could be as low as \$10.
- If you are taking a high dollar drug, you will receive a phone call from a Drexli Advocacy representative. They will talk to you about some other options that may be available to in order to reduce your cost such as purchasing your drugs out of the country through a \$0 Copay mail order program. If someone from Drexli calls you, please return their call.

If you have questions regarding the website or concerns at the pharmacy, please contact Drexli

Customer Service at 1-844-728-3479.

Health Savings Account (HSA)

If you enroll in a **Star Nursery High Deductible Health Plan** and meet the other **Health Savings Account (HSA)** eligibility requirements, you can contribute to a HSA. An HSA can be used to save and pay for qualified medical expenses.

Your **HSA** will be administered by an HSA Bank called **Health Equity**. You will receive a debit card in the mail that you can use to pay your Medical, Dental, and Vision Expenses.

HSA FEATURES

- MONEY SPENT ON ELIGIBLE HEALTH CARE EXPENSES IS TAX-FREE
- THE MONEY IN YOUR ACCOUNT EARNS INTEREST
- YOUR ACCOUNT BALANCE ROLLS OVER FROM YEAR TO YEAR AND REMAINS YOURS SHOULD YOU LEAVE STAR NURSERY
- YOU CAN ROLLOVER OR TRANSFER YOUR HSA FUNDS ONCE WITHIN A 12- MONTH PERIOD

Generally, only those eligible health care expenses incurred on or after the date the HSA is established are reimbursable from the HSA.

A QUICK LOOK AT THE HEALTH SAVINGS ACCOUNTS (HSA)

Your High Deductible Health Plan Coverage:	You Can Contribute up to This Amount:
Employee	\$4,150
Employee + Spouse	\$8,300
Employee + Children	
Family	

***You can contribute an additional \$1,000 if you are age 55 or older.**

The contribution elections that you currently have coming out of your paycheck will continue through 12/31/2023. The new contribution amounts that you elect will begin 1/1/2024. Star Nursery will contribute to your HSA. If you have single coverage, they will contribute \$250 annually (\$9.61 per pay period) or if you have family coverage the contribution will be \$500 annually (\$19.23 per pay period).

DIFFERENT NAME SAME GREAT SERVICE

Direct2MD is now Direct2Care



DIRECT2MD



DIRECT2CARE

We changed our name and logo! Why?

Because CARE is central to our mission. We believe everyone should have access to healthcare. So, our mission is to build a virtual care platform that effortlessly and affordably enables employers to offer FREE CARE to their employees *and* their families.



That's not all - New APP too!

We coordinated our new name/logo with our new app which launched June 1, 2023

- ▶ **Still available 24/7**
- ▶ **Still available in Spanish + many more**
- ▶ **Still available in all 50 states**
- ▶ **Still the same great clinicians**
- ▶ **Still give care w/ compassion & kindness**

See more at our refreshed websites.

- ▶ **direct2care.com - for employers/mgrs**
- ▶ **mydirect2care.com - for patients**



DIRECT2CARE

 (833) 888-7566

 Support@Direct2Care.com

 Direct2Care.com

Not feeling well? Sick kid?

Try

DIRECT2CARE



Visit with a certified clinician!



Injury & Illness
Management



Write & Fill
Prescriptions



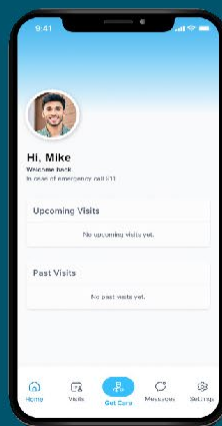
Mental
Health



\$0 copay!
Thanks boss!



100% Free for you and your family



Anywhere



Anytime

Get Started!



How to get the
app and login

User Guide



How to navigate
the app

FAQ



Answers to your
questions

Direct2Care medical providers are available all day, Monday through Sunday. Follow the steps below to get started.

How to Register Your Account

1. Locate your Welcome email from Direct2Care. *It will be the email your employer has on file.*
2. Follow the Welcome email to download the Direct2Care mobile app.
3. Locate the text or "Account created, temporary password" email and use the provided email and password to login.
4. Follow the prompts to create a new password and set up face/touch ID.

Having trouble finding Direct2Care emails? Use these keywords to search in your email app: "Direct2Care", "Account created, temporary password", and "Welcome".

How to Add Your Household Members

1. Once logged into the Direct2Care app go to **Settings**.
2. Select **Household Members**.
3. Tap **Add new member** and provide the information per family member.
 - ▶ 14 years old and older: Upon adding them, they will be sent an invitation to download the app and register their account. Guardians are required to be present and provide verbal consent for them to be treated virtually unless otherwise stated.
 - ▶ 13 years old and younger: Upon adding them, guardians will see them listed as an option to select in order to request a visit on their behalf. Guardians remain present to provide consent for your dependent to be treated virtually.

How to Request a Visit

1. Open the Direct2Care app and login.
2. Tap **Get Care**.
3. Confirm who needs a visit if you have added family members 13 years old and younger.
4. Select the type of care you are looking for (Medical Care, Mental Health, etc.), and follow the steps thereafter.
5. Complete the brief intake questionnaire for information to best evaluate and treat you.
6. Once in the waiting room, stay put. You will lose your spot in line if you cancel the visit.
7. After you receive a text message when the provider joins the visit tap **Start Zoom**. Remember to connect your audio by clicking the headphone icon (bottom left).



Affordable Legal and Identity Theft Protection

LegalShield Plan Benefits*:

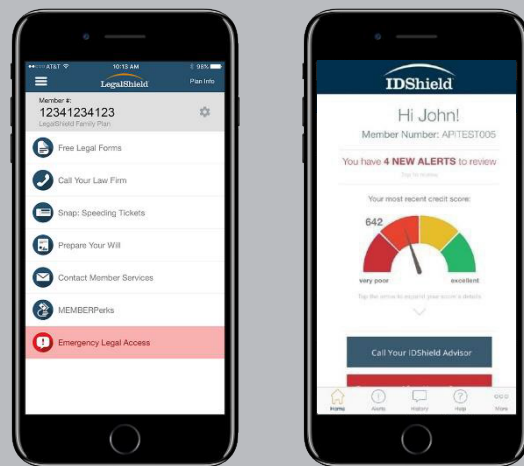
- Legal Consultation and Advice
- Dedicated Law Firm
- Legal Document Preparation and Review
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- Will Preparation
- 24/7 Emergency Access
- And more!

IDShield Plan Benefits*:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity and Credit Monitoring
- Social Media Monitoring
- Child Monitoring
- Complete Identity Restoration
- Identity Threat and Credit Inquiry Alerts
- 24/7 Emergency Access
- And more!

We have an app for that!

With the LegalShield and IDShield mobile apps, you can easily prepare your Will, call your law firm, track your identity and credit score and have on-the-go access, 24/7.



Affordable legal and identity theft protection

LegalShield		IDShield		Legal Shield / IDShield	
INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
\$15.95	\$15.95	\$8.95	\$18.95	\$24.90	\$30.90

ALL RATES ARE MONTHLY

Your Independent Associate:
Ms. Ronnie Tice
ticev17.wearelegalshield.com

*Restrictions may apply. See your summary plan description for details. GENERAL EXCLUSIONS: (1) matters against the Employer, Company, or Provider Law Firm, (2) matters deemed by the attorney to lack merit, or violate any ethics rules, (3) matters outside the United States, (4) matters involving any Member which arises due to business matters or interests including: Ownership, management, or association with a business, partnership, corporate entity, or trust, any income producing property or venture no matter the nature, full time or part time including use of a commercial vehicle, (5) Fines, court costs, filing fees, ad litem fees, penalties, expert witness fees, bonds, bail bonds and out of pocket expenses, (6) any person who is a party in a lawsuit against the Company or is named as a defendant in a lawsuit by the Company shall not receive Services during the lawsuit, (7) matters covered by any insurance policy, (8) services related to patent, trademark or copyright matters, (9) Services where, in the Provider Law Firm's Professional Judgment, the requested Service is unnecessary or unwarranted for adequate advice, or would be in violation of any ethics laws, or frivolous, or with no merit, and (10) Native American legal issues including matters relate to Indian Tribes and tribal governments including legal issues before federal, tribal and/or state courts, administrative bodies, arbitration panels or arbitrators, tribunals and/or hearing panels,

Dental



Benefit	In-Network	Out-of-Network
Deductible: Individual	\$25	\$25
Deductible: Family	\$75	\$75
Annual Maximum Benefit	\$2,000	\$2,000
Ortho Lifetime Max: Child	\$1,000	\$1,000
Ortho Lifetime Max: Adult	\$1,000	\$1,000
Preventative Services	100% of PDP	80% of R&C
Basic Services	80% of PDP	60% of R&C
Major Services	50% of PDP	40% of R&C
Orthodontia Services	50% of PDP	50% of R&C

PDP refers to the fees that MetLife contracted dentists have agreed to accept as payment in full. R&C refers to the Reasonable & Customary fee charge for that service in a geographic area.

Dental Continued

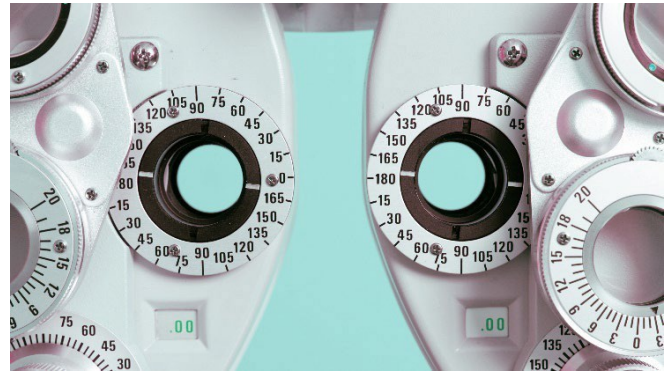


How Many / How Often

Prophylaxis - Cleanings	One Cleaning	Every 6 Months
Oral Examinations	One Exam	Every 6 Months
X-Rays	One X-Ray	Every 6 Months



Vision



Exam	Plan pays up to \$80 Per Plan Year, December 1 st through November 30 th
Frames	<p data-bbox="902 1220 1382 1373">Plan pays up to \$275 per plan year, December 1st through November 30th.</p>
Lenses	
Medically Necessary Contact Lenses	
Elective Contact Lenses	
Lasik	Not Covered

BASIC TERM LIFE / AD&D – EMPLOYER PAID: \$25,000 BENEFIT FOR EMPLOYEES ENROLLED IN THE MEDICAL PLAN. NOTE: BENEFITS FOR TERM LIFE REDUCE 35% AT AGE 65 AND 50% AT AGE 70.

Voluntary Life AD&D

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment

Employees have the opportunity to purchase life and AD&D insurance at affordable rates. AD&D insurance pays you or your beneficiary benefits if you suffer an injury or death as the result of a covered accidental injury. You pay 100% of the premiums with after-tax dollars through convenient payroll deductions.

Through our partnerships with MetLife, employees have the opportunity of the following coverage:

For yourself- In increments of \$10,000

The benefit is the lesser of \$500,000 or 5 times Base Annual Earnings.

Guarantee Issue Amounts: \$100,000

For spouse- in increments of \$5,000
Up to a maximum of \$100,000

(Not to exceed 50% of the employee benefit).

Guarantee Issue amounts: \$25,000

Child(ren)- From \$10,000

Note: If you did not elect this coverage during your initial eligibility period as a new hire but would like to enroll during the annual enrollment period you will need to fill out Statement of Health (SOH) in order to be approved for coverage. If you currently have coverage under the Guarantee Issue (GI) amount you can increase that coverage, to \$10,000 per year up to the GI amount without SOH. If your spouse has coverage under the GI amount, they may increase coverage by \$5,000 per year up to the amount with an SOH.

Monthly Voluntary Life Rates	
Rate per \$1,000 of benefit	
Age	Employee/Spouse
<20	\$.07
20-24	\$.07
25-29	\$.07
30-34	\$.09
35-39	\$.12
40-44	\$.15
45-49	\$.23
50-54	\$.37
55-59	\$.65
60-64	\$.91
65-69	\$1.58
70-74	\$2.83
75+	\$2.83

Voluntary AD&D	
Rate per \$1,000 of benefit	
Employee & Spouse	Child
\$.026	\$.031

Child Life Monthly Premium	
Rate per \$1,000 of benefit	
Benefit	\$10,000
Child Life	\$.20

Voluntary Life Monthly Calculation Examples

Age	Employee/ Spouse Rate per \$1,000	Cost Per Month
<20	\$.07	\$0.70
20-24	\$.07	\$0.70
25-29	\$.07	\$0.70
30-34	\$.09	\$0.90
35-39	\$.12	\$1.20
40-44	\$.15	\$1.50
45-49	\$.23	\$2.30
50-54	\$.37	\$3.70
55-59	\$.65	\$6.50
60-64	\$.91	\$9.10
65-69	\$1.58	\$15.80
70-74	\$2.83	\$28.30
75+	\$2.83	\$28.30

Example: If you are 30 years old and you want \$10,000 of Voluntary Life AD&D your rate per \$1,000 is \$.09. You figure your monthly cost by taking

$$\$10,000 / \$1,000 * \$.09 = \$0.90$$

**All rates are based on \$10,000 increments*

Life is full of challenges...



Choose options **your** way:

- Coverage is available for your spouse and eligible dependents with most products.
- Benefits are paid directly to you unless you specify otherwise.
- With most plans, you can continue coverage when you retire or change jobs, with no increase in premiums.
- With most plans, you receive benefits regardless of any insurance you may have with other companies.

To learn more about the benefits available to you, talk with your HR representative and ask for a copy of the benefits informational flyer.

More than half of U.S. consumers worry they would not be able to support themselves if they became disabled and couldn't work.

LIMRA, 2017 Insurance Barometer Study, 2017

Protecting your way of life shouldn't be one.

If something happened to you, would your family have the income they need? Help protect their way of life with voluntary benefits from Colonial Life.

- Disability insurance** replaces a portion of income if a covered accident or sickness prevents you from earning a paycheck.
- Accident insurance** helps offset the unexpected medical expenses that can result from a covered accidental injury.
- Life insurance** enables you to tailor coverage for your individual needs and helps provide financial security for your family members.
- Cancer insurance** helps offset cancer diagnosis and treatment expenses that medical insurance doesn't cover.
- Critical illness insurance** supplements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness.
- Hospital indemnity insurance** provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery.
-

For benefit eligible employees, please contact Hugo Guzman at 702-296-4191 for information and/or to enroll. Email: hugoguzman@earthlink.net

Please fill in the following information and give this sheet back to your Colonial Life benefits counselor.

NAME: _____ DATE: _____


DEPARTMENT/LOCATION: _____

PHONE: _____


EMAIL: _____

These coverages may not be available in all states; product benefits vary by state. Policies have exclusions and limitations that may affect benefits payable. For cost and complete details, please see your Colonial Life benefits counselor.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
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 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, please call 1.888.816.3096. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1.888.816.3096 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>In-Network: \$1,500 Single/ \$3,500 Family Out-of-Network: \$3,000 Single/ \$7,000 Family</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. Preventive care.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>In-Network: \$6,750 Single/ \$13,500 Family Out-of-Network: \$15,000 Single/ \$30,000 Family</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premiums, balance-billing charges, penalties and healthcare this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. Call 1.888.816.3096 or visit www.mycigna.com for a list of participating providers.</p>	<p>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance-billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the specialist you choose without a referral.</p>

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	50% coinsurance	None
	Specialist visit	20% coinsurance	50% coinsurance	None
	Preventive care/screening/immunization	No charge	50% coinsurance	You may have to pay for services that aren't preventive . Ask your provider if the services needed are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.Drexel.com	Tier 1:	\$0 - \$20.00: \$7.00 copay		None
	Tier 2:	\$20.01 - \$50.00: \$15.00 copay		
	Tier 3:	\$50.01 - \$250.00: \$25.00 copay		
	Tier 4:	\$250.01 - \$1,000.00: \$100.00 copay		
	Tier 5:	\$1,000.01 >: 15% copay		None
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	None
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None
If you need immediate medical attention	Emergency room care	20% coinsurance	50% coinsurance	None
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	20% coinsurance	50% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	None
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None

* For more information about limitations and exceptions, see your Benefits Office for a copy of the plan or policy document.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	20% <u>coinsurance</u> \$4,000 maximum per calendar year	None
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you are pregnant	Office visits	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Cost sharing does not apply for preventive services .
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need help recovering or have other special health needs	Home health care	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 60 visits per plan year
	Rehabilitation services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 30 visits per occupational, speech and physical therapy per plan year.
	Habilitation services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 120 days per plan year.
	Skilled nursing care	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 120 days per plan year.
	Durable medical equipment	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Foot orthotics must be medically necessary, limited to \$500 per plan year and one pair per 24 months.
	Hospice services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Limited to 6 months of care.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- | | | |
|-----------------------|--|----------------------------|
| • Acupuncture | • Infertility treatment | • Private-duty nursing |
| • Bariatric Surgery | • Long-term care | • Routine foot care |
| • Cosmetic surgery | • Non-emergency care when traveling outside the U.S. | • Weight loss programs |
| • Dental care (Adult) | | • Routine eye care (Adult) |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic care (Limited to \$500 per plan year)
- Hearing Aids (Limited to \$2,500 per ear. Maximum of \$5,000. Replacement once every 5 years)

* For more information about limitations and exceptions, see your Benefits Office for a copy of the plan or policy document.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefits Security Administration at 1.866.444.EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services at 1.877.267.2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1.800.318.2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: The Health Plan Appeals Coordinator at 1.888.816.3096 or the Department of Labor's Employee Benefits Security Administration at 1.866.444.EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage?

Yes. If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards?

Yes. If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1.855.577.7123.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1.855.577.7123.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1.855.577.7123.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1.855.577.7123.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$1,500
- [Specialist copayment](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$2,220
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$3,720

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$1,500
- [Specialist copayment](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$290
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$1,790

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$1,500
- [Specialist copayment](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$80
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,580



Matsock and Associates

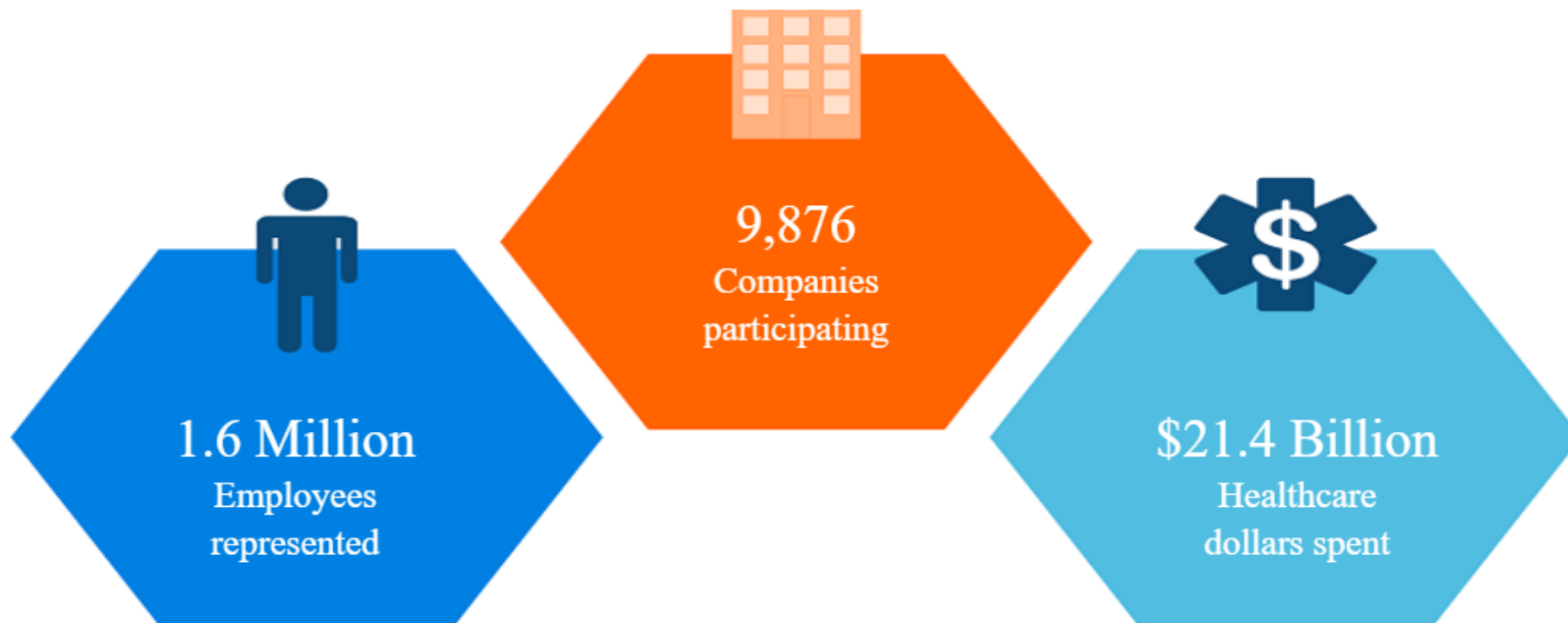
Star Nursery - 2022

09/14/2023

 **BENEFITS**
BENCHMARKING

Survey Summary Statistics

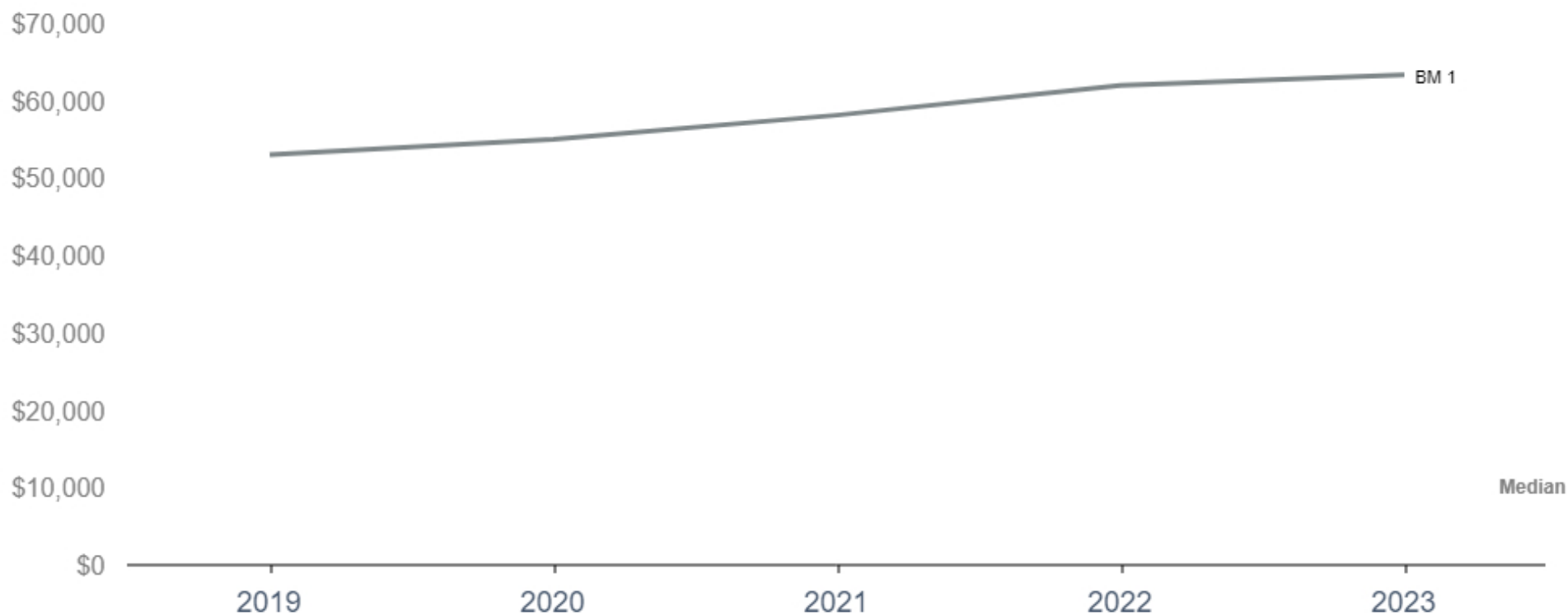
Star Nursery



*Based on the 2023 BM1 survey responses

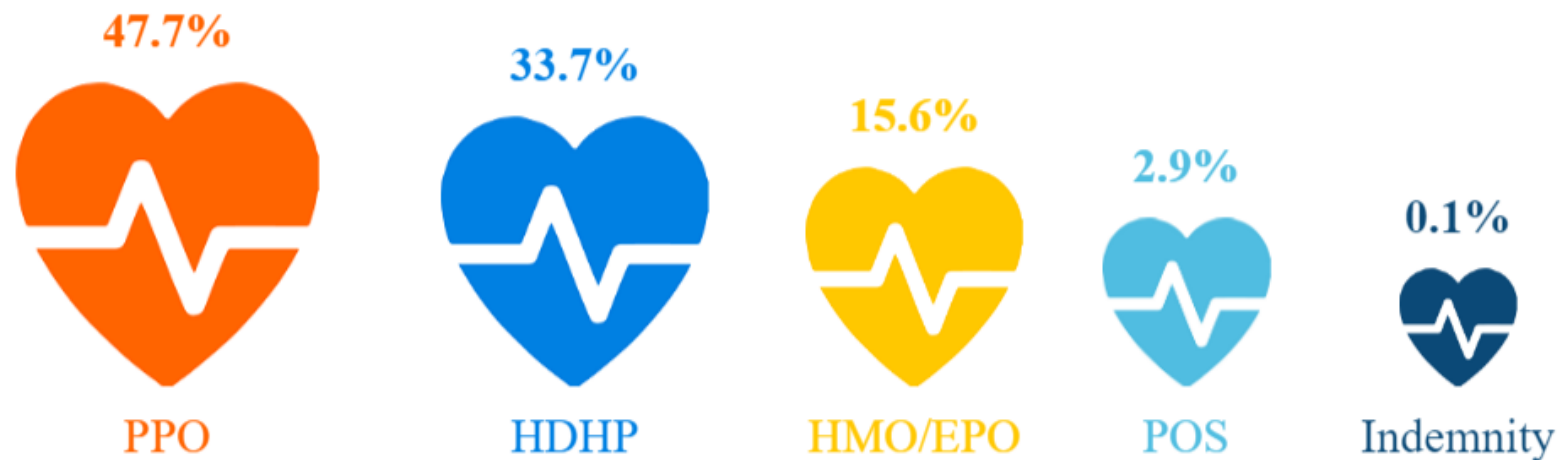
Historical Average Salary

Star Nursery

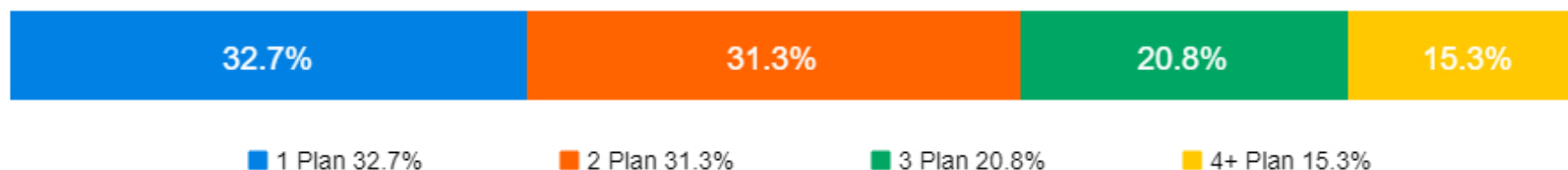


Medical Plan Prevalence

Star Nursery



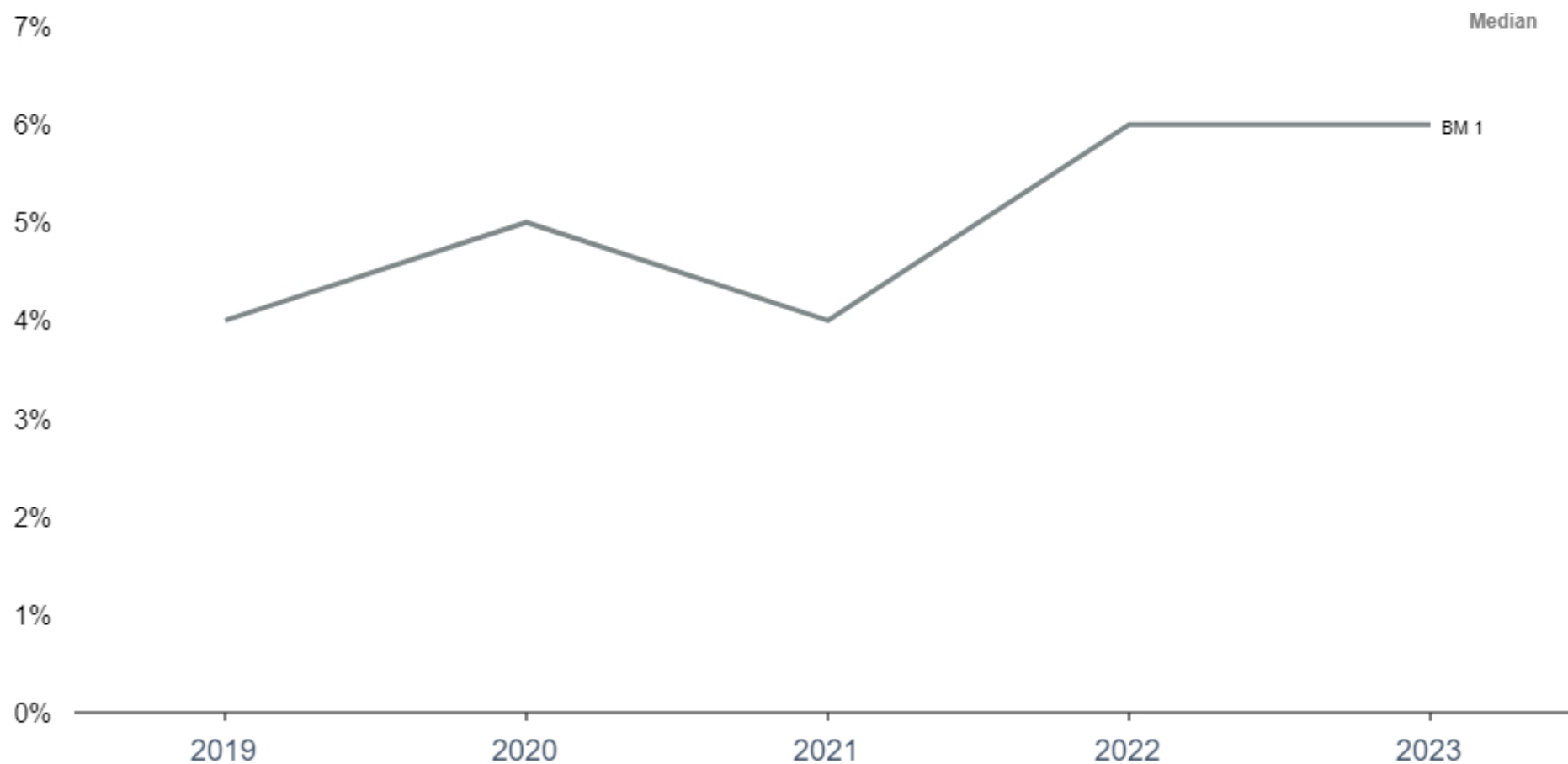
Medical Plans Offered



*Based on the 2023 BM1 survey responses

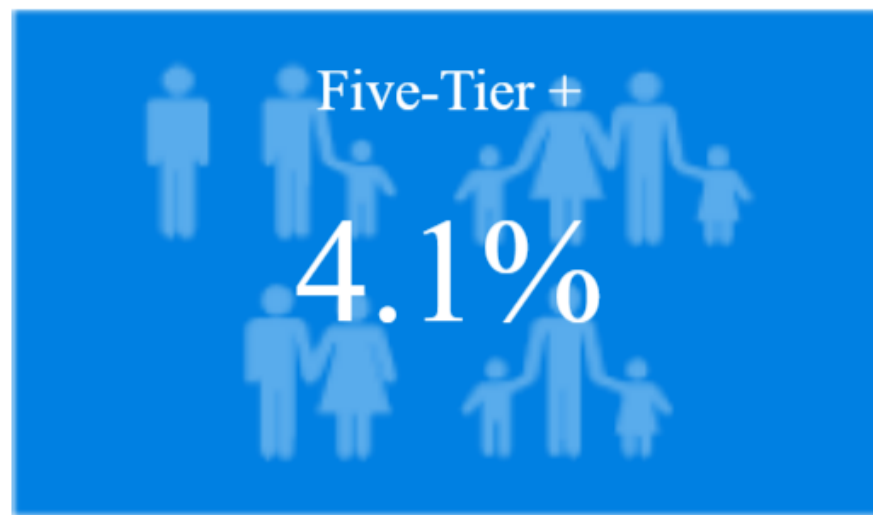
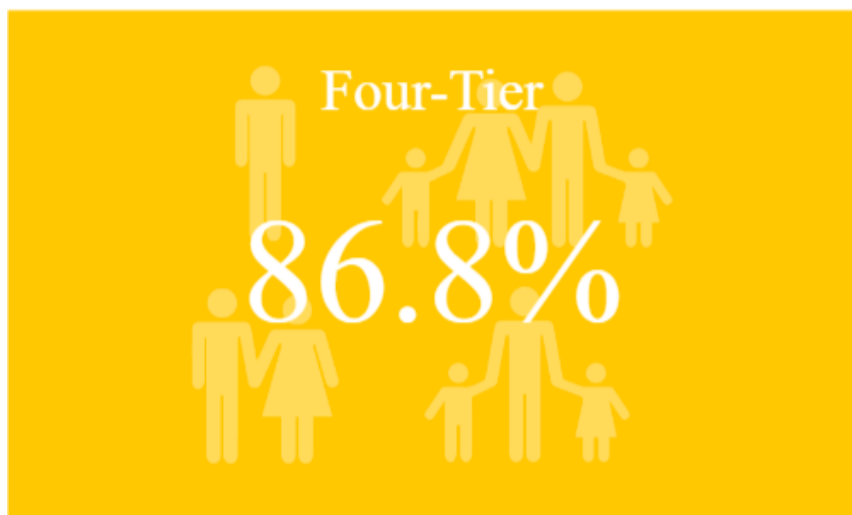
Medical Historical Inflation

Star Nursery



Premium Structure

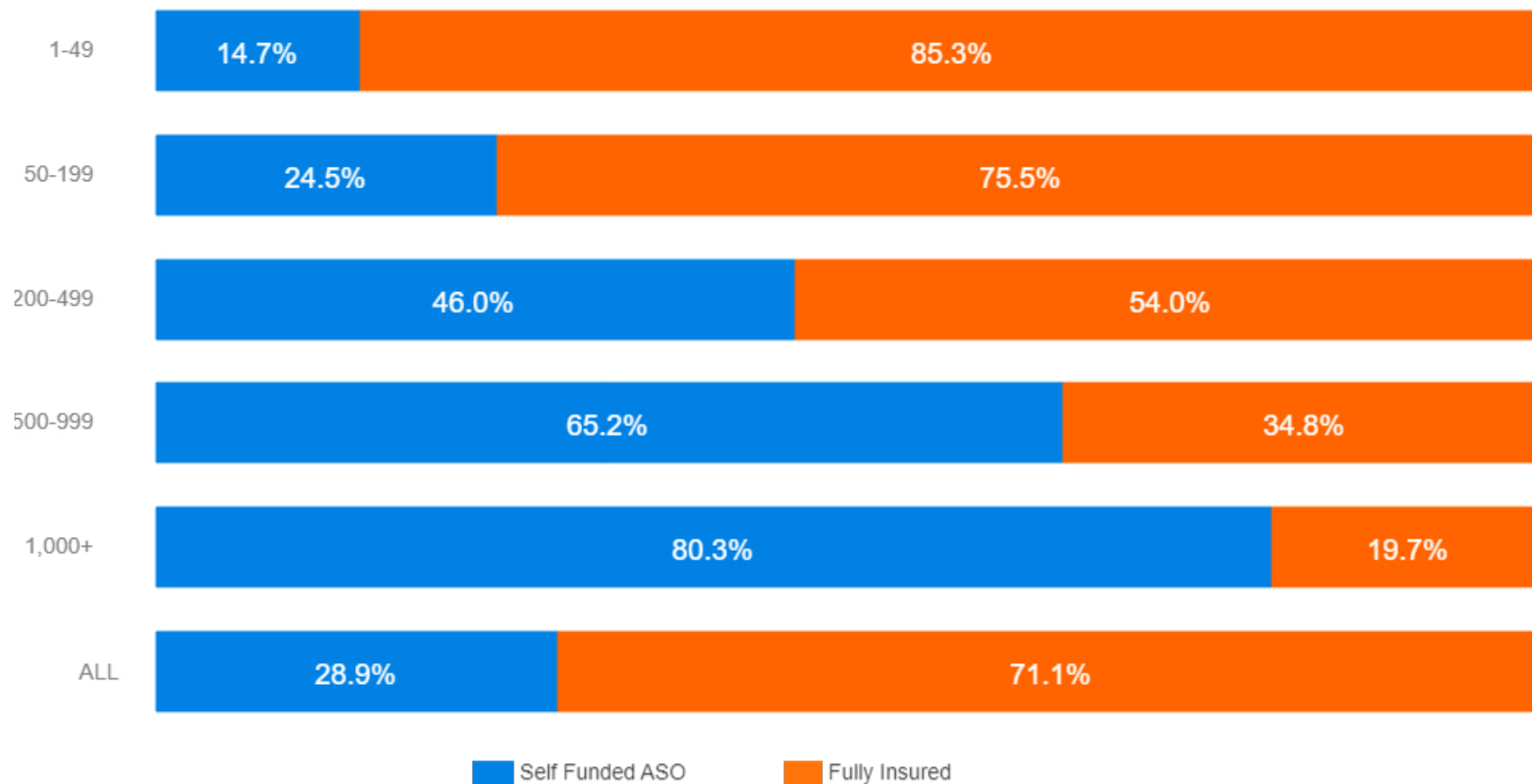
Star Nursery



*Based on the 2023 BM1 survey responses

Funding Strategies - By Employer Size

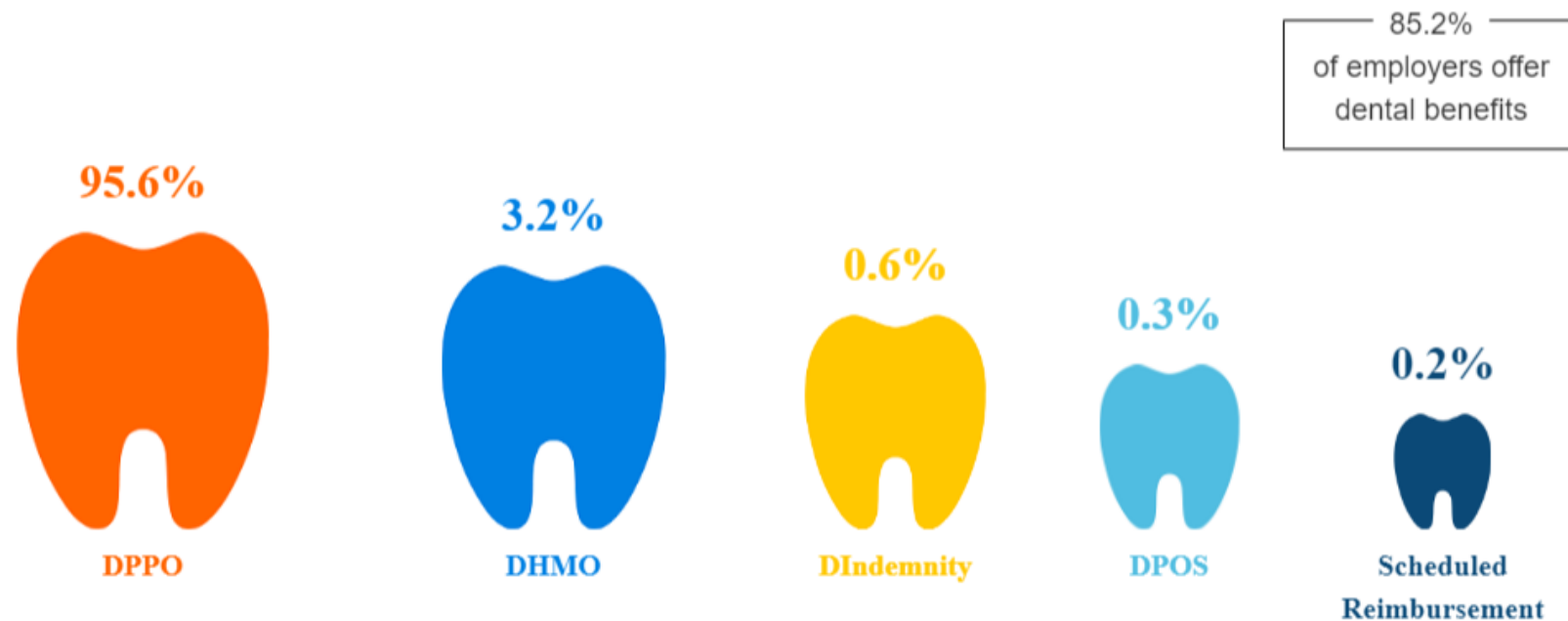
Star Nursery



*Based on the 2023 BM1 survey responses

Dental Plan Prevalence

Star Nursery



Ortho Prevalence



*Based on the 2023 BM1 survey responses

Benchmark: BM1 - National; BM2 - Survey (MATSOCK-AND-ASSOCIATES); Benchmark Year (2023);
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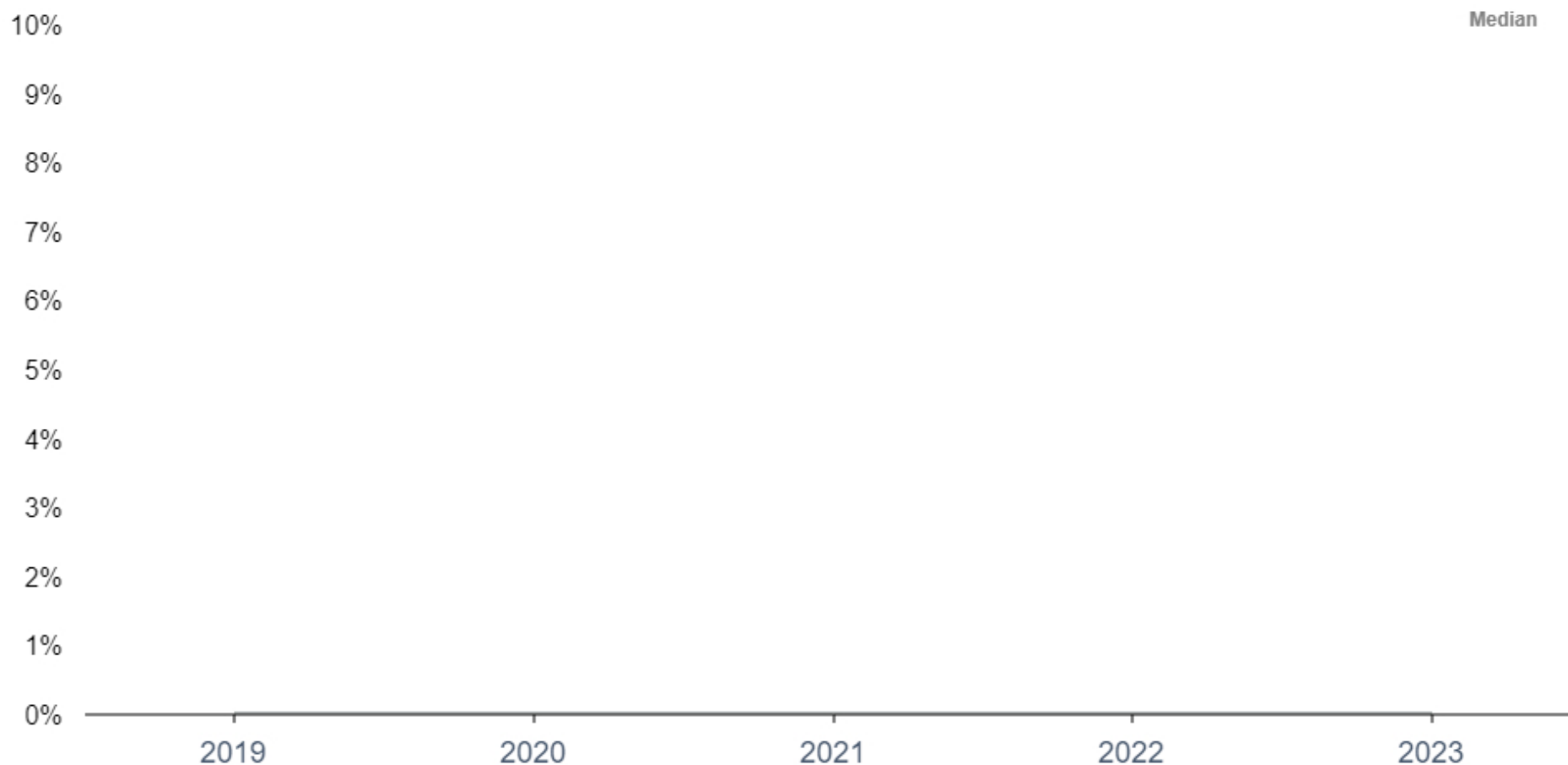
Shared Wisdom.
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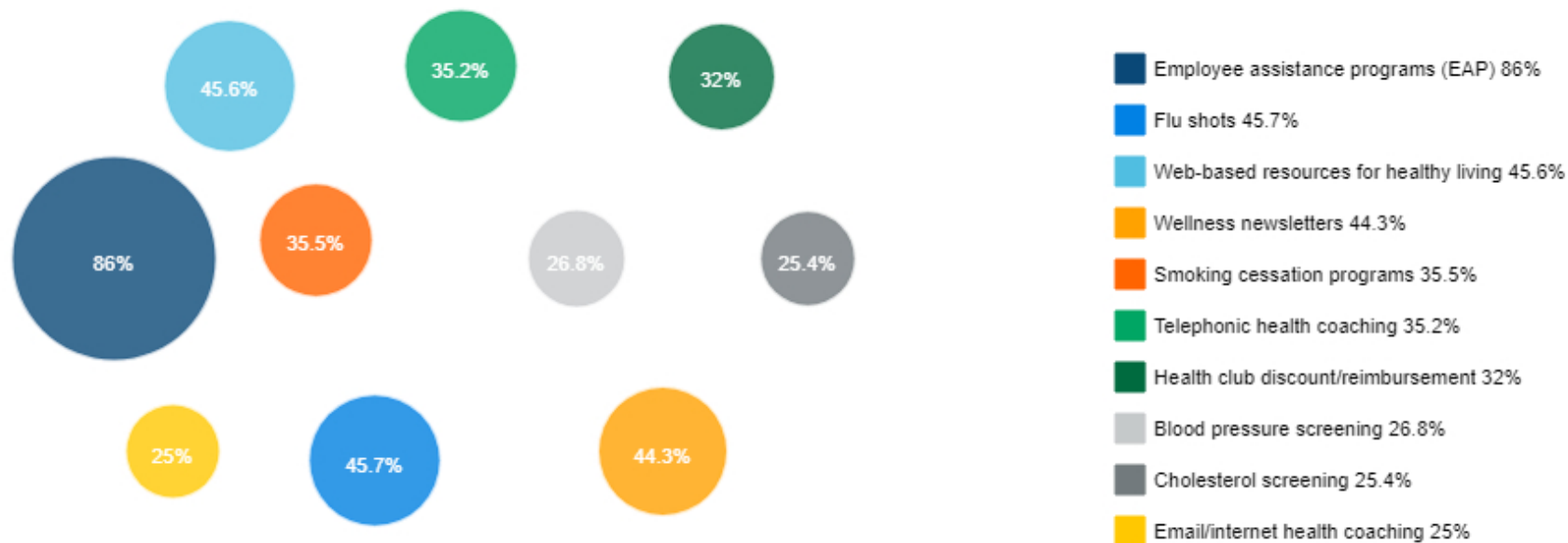
Dental Historical Inflation

Star Nursery

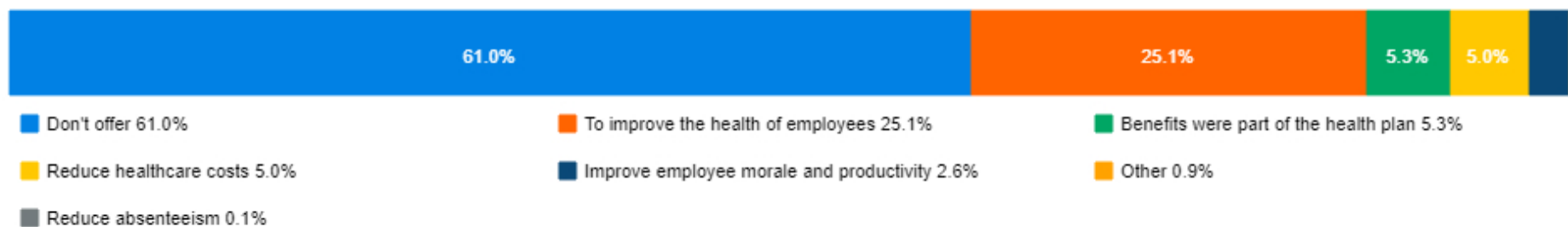


Wellness Programs Offered

Star Nursery



Reasons for Offering Wellness Programs



*Based on the 2023 BM1 survey responses

Vision

Star Nursery

85.1%
of employers offer
vision benefits

Eye Exams
Once every 12 months



\$10
COPAY

\$50
COVERAGE

Frames
Once every 24 months



\$25
COPAY

\$130
COVERAGE

Lenses
Once every 12 months



\$25
COPAY

\$130
COVERAGE

Contact Lenses
Once every 12 months



\$20
COPAY

\$130
COVERAGE

*Based on the 2023 BM1 survey responses

Benchmark: BM1 - National; BM2 - Survey (MATSOCK-AND-ASSOCIATES); Benchmark Year (2023);
09/14/2023

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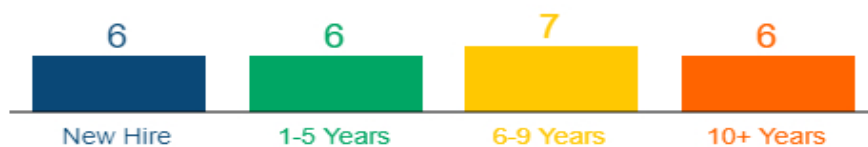


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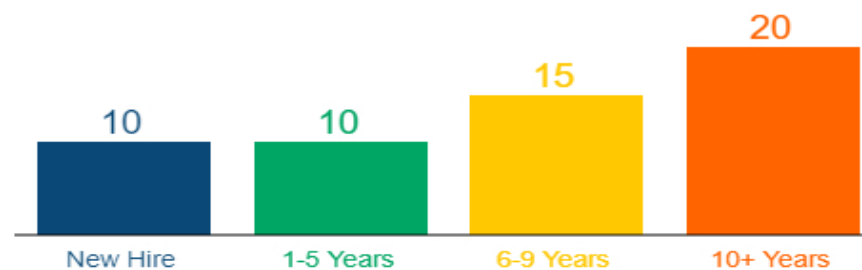
Paid Time Off (in days)

Star Nursery

Sick



Vacation

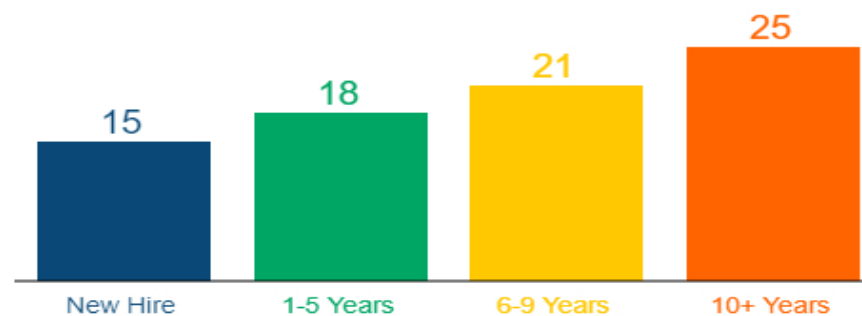


42%
of employers offer
PTO Bank

Personal



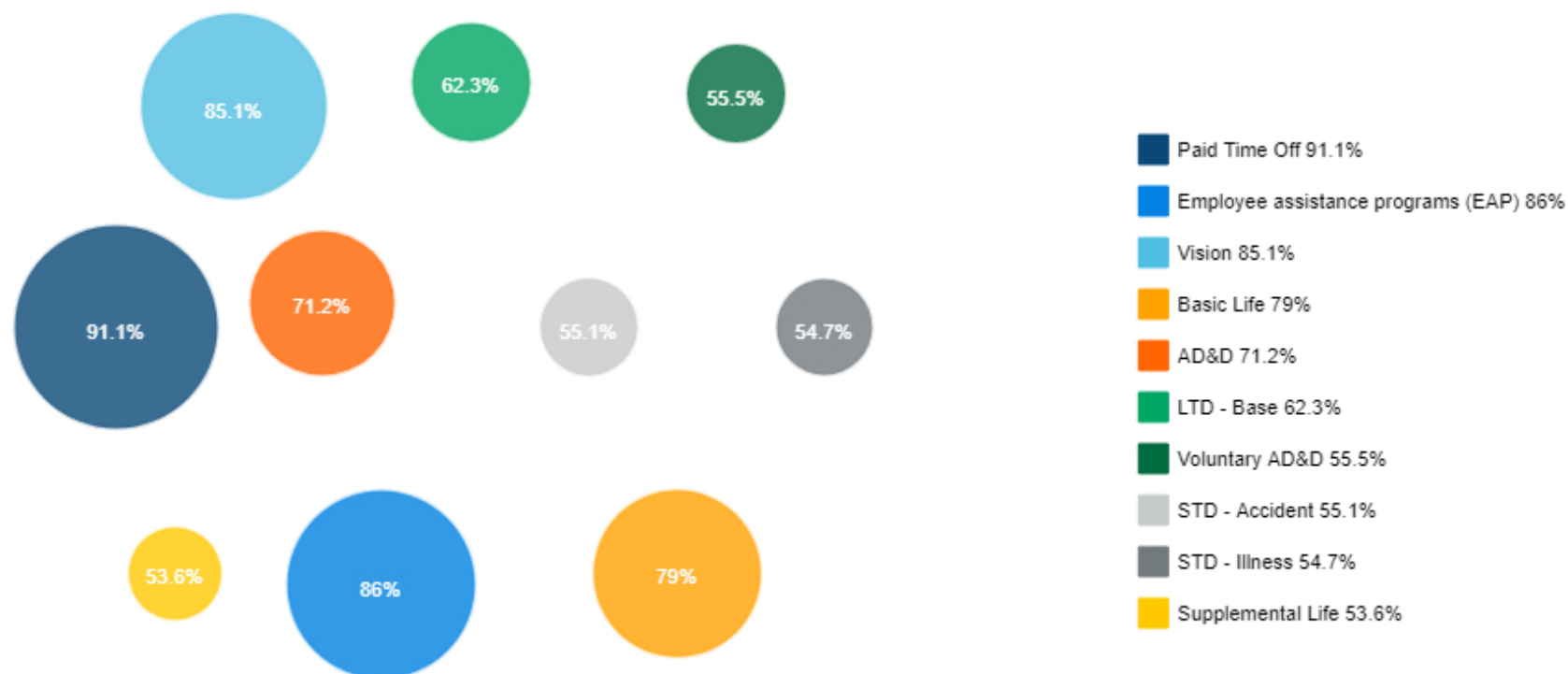
PTO



*Based on the 2023 BM1 survey responses

Prevalence of Other Benefits

Star Nursery

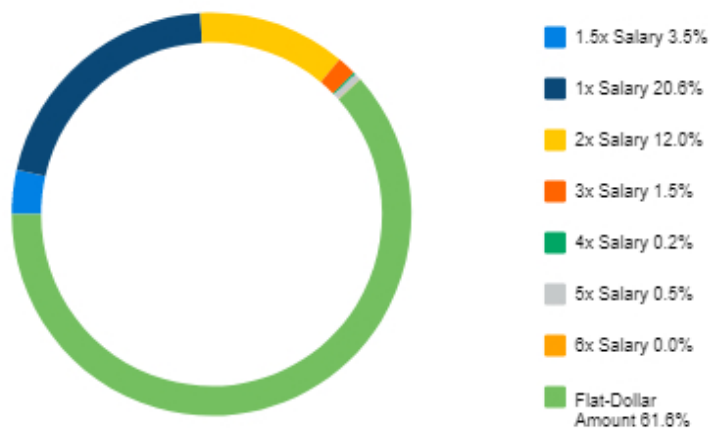


*Based on the 2023 BM1 survey responses

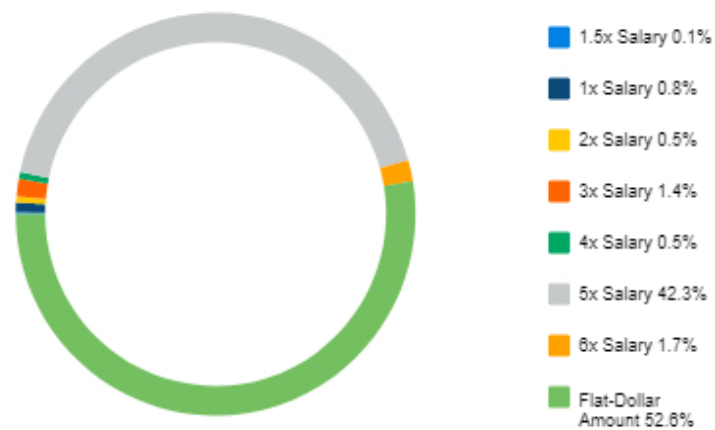
Life Insurance

Star Nursery

Coverage Amount Basic



Coverage Amount Supplemental



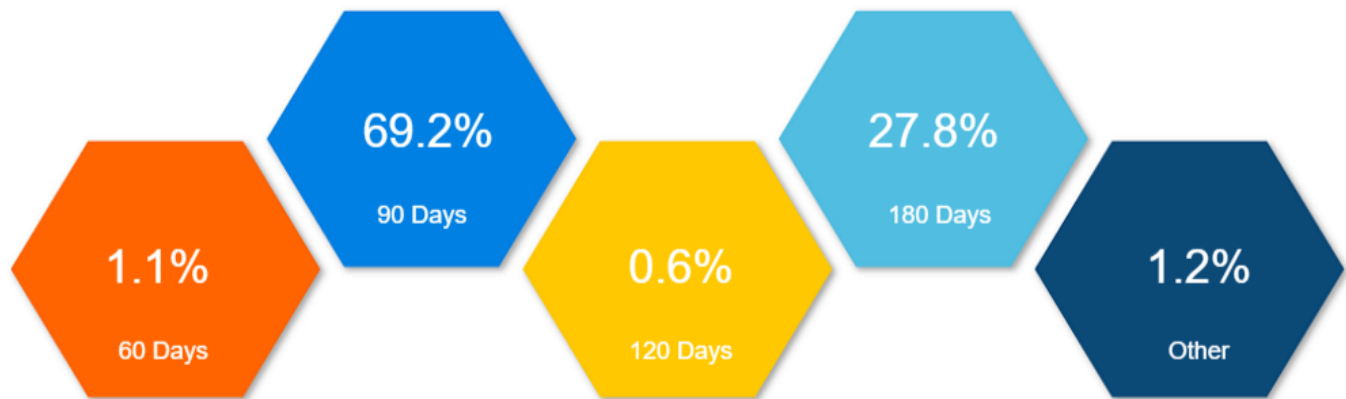
*Based on the 2023 BM1 survey responses

Long Term Disability

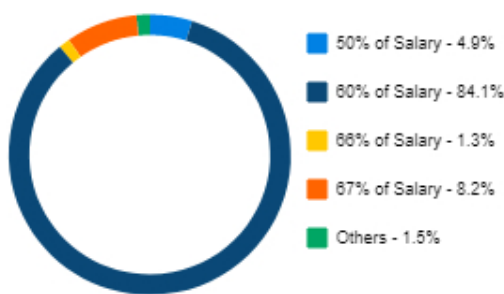
Star Nursery

64.1%
of employers offer
LTD benefits

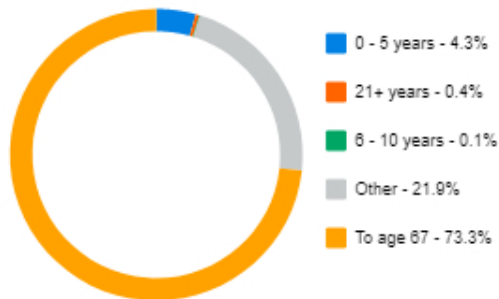
Elimination Period



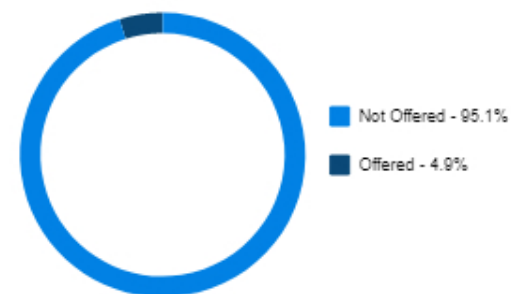
Benefit



Duration



Buy-Up



*Based on the 2023 BM1 survey responses

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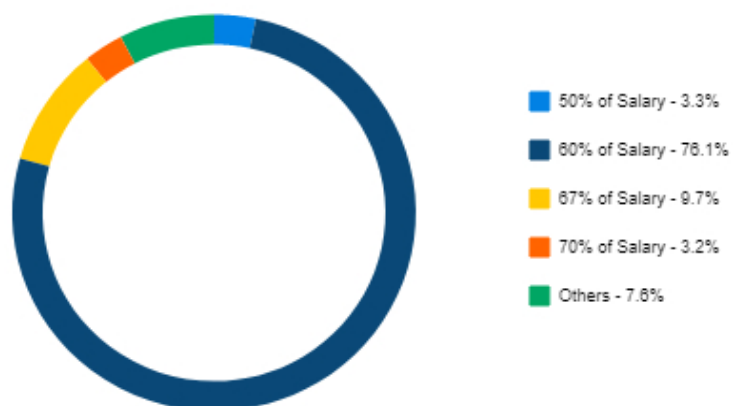
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Short Term Disability

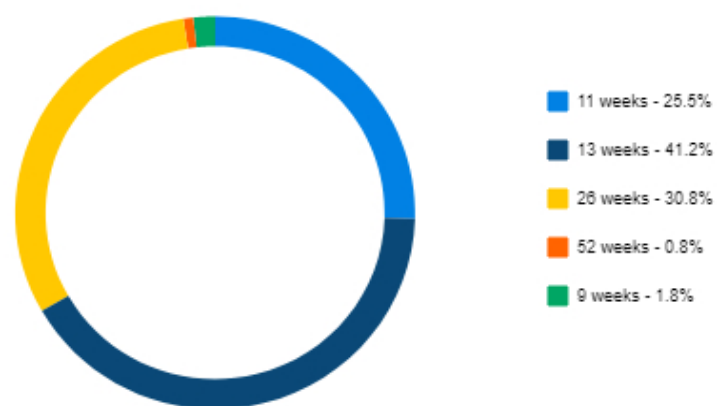
Star Nursery

56.2%
of employers offer
STD benefits

Benefit



Duration



*Based on the 2023 BM1 survey responses

Prevalence of Additional Benefits

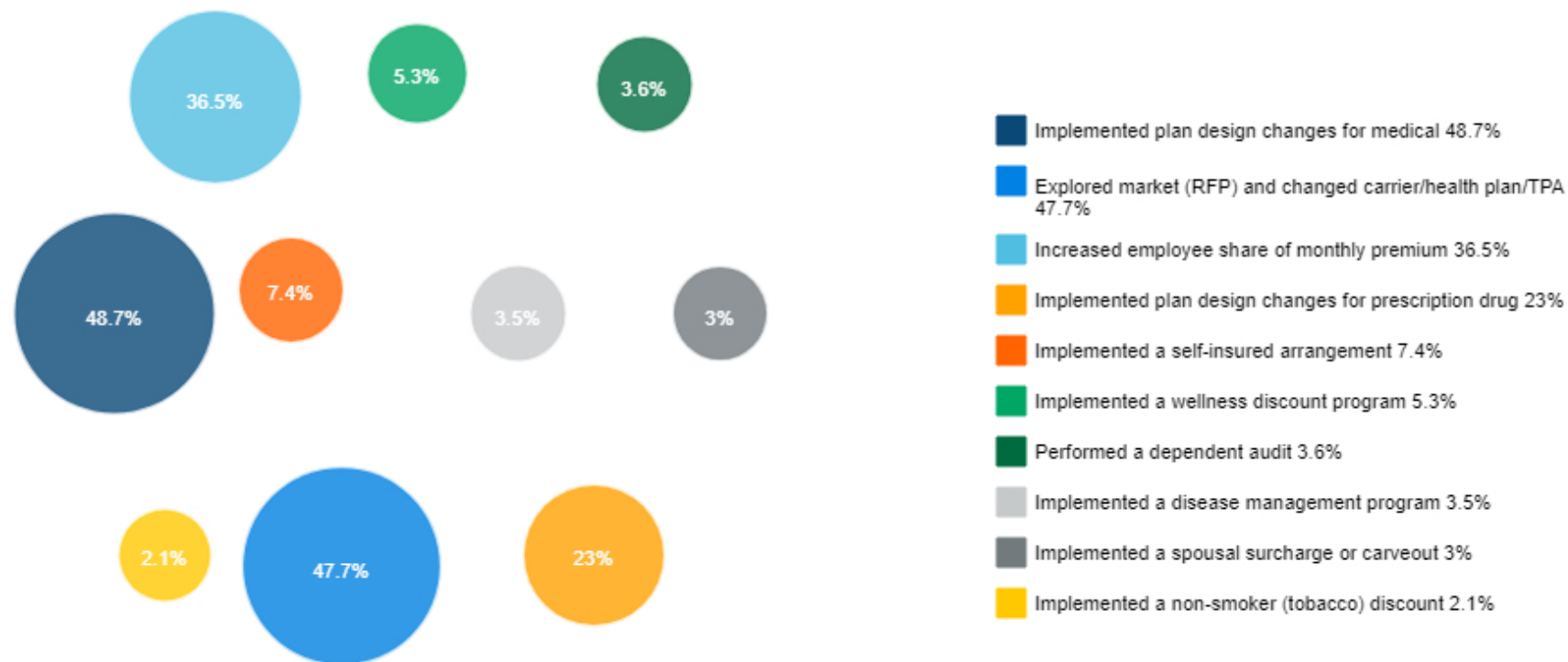
Star Nursery



*Based on the 2023 BM1 survey responses

Managing Cost

Star Nursery



*Based on the 2023 BM1 survey responses

Reliance and Limitation

In performing our analysis, we relied on data provided to us by Matsock and Associates. We have neither verified nor audited the accuracy of the data contained in the files. If the underlying data is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. Where practicable, the data was reviewed for consistency and reasonableness.

This report and the models herein have been prepared for the internal use of Matsock and Associates in their relationship with Star Nursery and are only to be relied upon by those organizations. No portion may be provided to any other party without Milliman's prior written consent. Milliman does not intend to benefit any other recipient of this report, even if Milliman consents to the release of this report to that recipient.

The Benefits Benchmarking is powered and hosted by Milliman, this report was produced by Matsock and Associates.



MY NOTES

A series of horizontal dotted lines for writing notes.