

# Employee **Benefits** Guide | 2022



- Eligibility**
- Medical Plans**
- Dental Plan**
- Vision Plan**
- Basic Life & AD&D Insurance**
- Group Accident Insurance**
- Voluntary Life & AD&D Insurance**
- Short Term Disability**
- Long Term Disability**
- Section 125 Pre-Tax Plans**
- 401(k) Plan**
- Value Added Benefits**
- Wellness Program**

# welcome

## CONTENTS

---

Overview of Benefits .....	3	Short-Term Disability Insurance .....	16
Medical Insurance .....	4	Long-Term Disability Insurance .....	17
Medical Plan Comparisons .....	10	Section 125 Pre-Tax Plans .....	18
Dental Plan .....	12	401(k) Plan .....	19
Vision Plan .....	13	Value Added Benefits .....	20
Basic Life & AD&D Insurance .....	14	Wellness .....	22
Group Accident Insurance .....	14	Quick Reference Contacts .....	24
Optional Term Life & AD&D Insurance .....	15		

## WELCOME

---

Dear Team Member:

As a member of the Creare/Edare community, you are eligible for a wide range of valuable company provided benefits designed to:

- Promote the health and wellness of you and your family
- Protect your income while you are working
- Build financial security for retirement
- Help you balance your personal responsibilities and work life
- Provide you with career development and educational opportunities

Some benefits are provided automatically, while you must actively choose others. Most are subsidized or even free to you as an important part of your total compensation package.

This Benefits Enrollment Guide gives you an overview of the benefits available to you. I urge you to review the information provided here soon as some of the benefits require you to enroll during the first 30 days of your employment/eligibility.

A member of the Human Resources team will work with you to enroll in the benefits you have selected and ensure your expectations are being met.

Sincerely,

*Kelly Koloski*





WE ARE  
HERE TO  
HELP

© Grasko - Fotolia.com

## OVERVIEW

Creare/Edare offers you access to a comprehensive benefits package. This guide explains your benefit choices, the helpful tools and resources available to help you make your decisions, and how to enroll.

### ELIGIBILITY

As an employee, you are eligible to participate in the health and group benefits if you are scheduled to work at least 30 hours per week. Eligibility begins on the first day of full-time employment.

Your eligible dependents are:

- Legal spouse
- Dependent children, up to age 26 (your natural children, your legally adopted children, children placed with you for adoption, your stepchildren, or any other children for whom you are the legal guardian, or for whom your spouse is the legal guardian)

### ASSIGN YOUR BENEFICIARIES

Protect your loved ones by designating your beneficiaries. Your beneficiary is the person or persons who will receive payment for your life insurance, accidental death and dismemberment insurance, as well as your 401(k) benefits if you die.

### YOUR RESPONSIBILITY

Before you enroll, make sure you understand the plans and ask questions if you don't. After you enroll, you should always check your first paycheck stub to make sure that the correct amount is being deducted and that all the benefits you elected are included. Any corrections must be made within the first 30 days of enrollment. You should also verify that all beneficiary information is up to date. It is your responsibility to notify HR of a Qualifying Event.

### QUALIFYING EVENTS

Qualifying Event means a change in your family, employment, or group coverage status which would affect your benefits due to one or more of the following:

1. marriage
2. birth, adoption, or placement for adoption of a dependent child
3. divorce, legal separation, or annulment
4. death of a dependent
5. a change in your or your dependent's employment status, such as beginning or ending employment

Changes must be made within 30 days of a qualifying event.

# medical

Administered by Harvard Pilgrim HealthCare

## OVERVIEW OF HMO PLAN

As an employee of Creare/Edare you are eligible for medical coverage on the first day of full-time employment. The HMO Plan utilizes the Harvard Pilgrim New England Network. This Plan does require the use of a PCP. Premium is paid on a pre-tax basis.

your cost

COVERAGE	BIWEEKLY EMPLOYEE CONTRIBUTION
Single	\$31.39
Employee/Spouse	\$221.63
Employee/Child(ren)	\$161.45
Family	\$352.20

## HOW DOES THE HMO PLAN WORK?

HMO plans are very different from traditional health insurance plans. HMOs work on the premise that you can avoid future medical problems by "maintaining" your health now. HMOs usually offer you broader coverage and lower out-of-pocket expenses than traditional insurance, but you must use the HMO's health care providers.

- An HMO may operate only in certain counties and zip codes called a "service area." It is important that you live within your HMO's service area since you must travel there for all medical treatment.
- If you travel a lot, are outside the HMO service area for long periods of time, or wish to have flexibility in choosing providers whether or not they participate in the network, an HMO may not be the best choice for you. The HMO only provides coverage for emergency treatment if you are outside the service area.

In an HMO, you must get all medical care from their network of health care providers (doctors, hospitals and pharmacies). If you want to use the doctor, hospital or pharmacy of your choice, an HMO is probably not for you.

Most HMOs require you to choose a Primary Care Physician (PCP) to manage all your health care needs. In such situations, you must always contact your PCP first. If your PCP decides you need services from a specialist, he or she will refer you to another provider in the HMO network. If the HMO network doesn't include a specialist qualified to treat your condition, your PCP must give you a referral to a provider outside the network.

This HMO plan may be paired with a medical Flexible Spending Account (FSA). Please see page 18 for further details.



## HMO PLAN (HMO LP 3000)

BENEFITS	IN NETWORK
<b>ANNUAL DEDUCTIBLE</b>	
Per Person/Max Per Family	\$3,000/\$9,000
<b>COINSURANCE</b>	No Coinsurance
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>	
Per Single/Family	\$6,500/\$13,000
<b>OFFICE VISITS</b>	Federally-Mandated Preventive Care Covered in Full
Level 1 and 2 Visits	Level 1: \$25, Level 2: \$50 per Visit
<b>HOSPITAL &amp; FACILITY SERVICES</b>	
INPATIENT HOSPITAL & FACILITY SERVICES	Subject to Deductible
OUTPATIENT HOSPITAL & FACILITY SERVICES	Subject to Deductible then \$250 Copay
Surgery & Anesthesia at a Select Low Cost Provider	\$125 per Admission
<b>MRI, MRA, CAT &amp; PET SCANS</b>	Subject to Deductible then \$350 Copay
<b>LABS &amp; XRAY</b>	
X-rays & Ultrasounds	Subject to Deductible
Lab Tests Furnished by a Hospital Facility (even in the doctor's office)	Subject to Deductible
Lab Tests Furnished by a Select Low Cost Laboratory Provider	Covered in Full
<b>EMERGENCY ROOM</b>	Subject to Deductible then \$250 per Visit Non-Emergent ER Care Subject to Deductible then 50% Coinsurance
<b>URGENT CARE</b>	Subject to Deductible then \$125 per Visit
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>	\$100 Deductible per Person then 20% Coinsurance
<b>PHYSICAL, SPEECH &amp; OCCUPATIONAL THERAPY</b>	\$50 per Visit
Visits allowed per year	Limited to 60 Visits Combined per Calendar Year
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>	Federal Mental Health Parity Compliant
Inpatient	Subject to Deductible
Outpatient	\$25 per Visit
<b>ROUTINE VISION CARE</b>	\$25 per Visit (1 Exam per Calendar Year)
<b>CHIROPRACTIC CARE</b>	\$25 per Visit (12 Visit Max per Calendar Year)
Visits allowed per year	12 Visit Max per Calendar Year
30-Day Supply Retail	\$5/\$15/\$25/\$40/30% (\$300 max per script per month)
90-Day Supply Mail Order	\$10/\$30/\$50/\$120/30% (\$600 max per script per 3 months)
<b>OUT OF NETWORK BENEFITS</b>	Not Covered (Except Urgent Care Out of Area)
<b>PLAN MAXIMUM</b>	Unlimited

# medical

Administered by Harvard Pilgrim HealthCare

## OVERVIEW OF HSA HMO PLAN

As an employee of Creare/Edare you are eligible for medical coverage on the first day of full-time employment. The HMO Plan utilizes the Harvard Pilgrim New England Network. This Plan does require the use of a PCP. Premium is paid on a pre-tax basis.

your cost

COVERAGE	BIWEEKLY EMPLOYEE CONTRIBUTION
Single	\$15.37
Employee/Spouse	\$159.07
Employee/Child(ren)	\$113.37
Family	\$258.34

## HOW DOES THE HSA HMO PLAN WORK?

With the Harvard Pilgrim HSA HMO Plan, you have a High Deductible HMO with the ability to open a Health Savings Account that can be funded by your own pre-tax contributions. You can use money in your HSA to pay for medical care, including prescriptions, as well as unreimbursed dental & vision expenses and other qualified expenses similar to an FSA. In addition, the Harvard Pilgrim HSA HMO provides access to personalized health services and online tools to help manage your health, health decisions, and your health care dollars.

- First, you decide how much money to put into your Health Savings Account and then use that money to pay for covered medical expenses and prescriptions. The HSA dollars you use apply toward your plan's annual deductible. If you do not spend all of your HSA dollars, and you have money remaining in your HSA at the end of the plan year, it rolls over to the following year and can earn interest. You own the HSA; if you retire or leave Creare and Edare, the money is yours to keep.
- If you spend all of your HSA funds, or choose not to use the HSA funds to pay for covered services, you will pay a limited amount out-of-pocket (called a Bridge) to satisfy your deductible before the HMO coverage begins. Recent changes by the IRS now only require a family member to meet the individual deductible before they are covered in full.
- Once you have paid your entire Bridge amount, the HMO Plan will begin to pay for all covered services. The amount that the HMO pays depends on whether or not you use In-Network providers through the Harvard Pilgrim and United Healthcare HMO Network.
- The Harvard Pilgrim HSA HMO Plan covers federally-mandated preventive care in full. This preventive care is not subject to the deductible, as long as you receive care from an In-Network provider.
- HSA eligible expenses include all of those currently covered under the FSA (Medical, dental, vision, etc.) and can be found on the IRS website, Publication 502. NOTE: Over-the-counter medications will be allowed only with a written prescription from your doctor.

### Who is eligible to open a HSA?

- Please refer to page 18 under the Section 125 Pre-Tax Plans for details of the Health Savings Account.

## HSA HMO PLAN (HSA HMO 5000)

BENEFITS	IN NETWORK
<b>ANNUAL DEDUCTIBLE</b> (Embedded)	
Per Person/Max Per Family	\$5,000/\$10,000
<b>COINSURANCE</b>	No Coinsurance
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b> (Embedded)	
Per Single/Family	\$5,000/\$10,000
<b>OFFICE VISITS</b>	Federally-Mandated Preventive Care Covered in Full
Physician Visits	Subject to Deductible
<b>INPATIENT/OUTPATIENT HOSPITAL &amp; FACILITY SERVICES</b>	Subject to Deductible
Surgery & Anesthesia at a Select Low Cost Provider	Subject to Deductible
<b>MRI, MRA, CAT &amp; PET SCANS</b>	Subject to Deductible
<b>LABS &amp; XRAY</b>	Subject to Deductible
Lab Tests Furnished by a Select Low Cost Laboratory Provider	Subject to Deductible
Lab Tests Furnished by a Hospital Facility (even in the doctor's office)	Subject to Deductible
X-rays & Ultrasounds	Subject to Deductible
<b>EMERGENCY ROOM</b>	Subject to Deductible
<b>URGENT CARE</b>	Subject to Deductible
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>	Subject to Deductible
<b>PHYSICAL, SPEECH &amp; OCCUPATIONAL THERAPY</b>	Subject to Deductible
Visits allowed per year	Limited to 60 Visits Combined per Calendar Year
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>	
Inpatient	Subject to Deductible
Outpatient	Subject to Deductible
<b>ROUTINE VISION CARE</b>	Covered in Full (1 Exam Per Calendar Year)
<b>CHIROPRACTIC CARE</b>	Subject to Deductible
Visits allowed per year	12 Visit Max per Calendar Year
<b>PRESCRIPTION DRUGS</b>	
30-Day Supply Retail	Subject to Deductible
90-Day Supply Mail Order	Subject to Deductible
<b>OUT OF NETWORK BENEFITS</b>	Not Covered (Except Urgent Care Out of Area)
<b>PLAN MAXIMUM</b>	Unlimited

# medical

Administered by Harvard Pilgrim HealthCare

## OVERVIEW OF HSA PPO PLAN

As an employee of Creare/Edare you are eligible for medical coverage on the first day of full-time employment. The HSA PPO Plan utilizes the Harvard Pilgrim local network and the United Healthcare network on a national basis. This Plan does not require the use of a PCP. Premium is paid on a pre-tax basis. The PPO HSA Plan is one in the family of consumer-driven health plans designed to educate you about health care options and empower you to take control of your health, as well as the dollars you spend on your care. Please refer to the Plan Summary of Benefits for detailed information.

your cost

COVERAGE	BIWEEKLY EMPLOYEE CONTRIBUTION
Single	\$58.87
Employee/Spouse	\$279.58
Employee/Child(ren)	\$208.88
Family	\$432.84

## HOW DOES THE PPO PLAN WORK?

With the Harvard Pilgrim PPO HSA Plan, you have a High Deductible PPO with the ability to open a Health Savings Account that can be funded by your own pre-tax contributions. You can use money in your HSA to pay for medical care, including prescriptions, as well as unreimbursed dental & vision expenses and other qualified expenses similar to an FSA. In addition, the Harvard Pilgrim PPO HSA provides access to personalized health services and online tools to help manage your health, health decisions, and your health care dollars.

- First, you decide how much money to put into your Health Savings Account and then use that money to pay for covered medical expenses and prescriptions. The HSA dollars you use apply toward your plan's annual deductible. If you do not spend all of your HSA dollars, and you have money remaining in your HSA at the end of the plan year, it rolls over to the following year and can earn interest. You own the HSA; if you retire or leave Creare and Edare, the money is yours to keep.
- If you spend all of your HSA funds, or choose not to use the HSA funds to pay for covered services, you will pay a limited amount out-of-pocket (called a Bridge) to satisfy your deductible before the PPO coverage begins. Recent changes by the IRS now only require a family member to meet the individual deductible before they are covered in full.
- Once you have paid your entire Bridge amount, the PPO Plan will begin to pay for all covered services. The amount that the PPO pays depends on whether or not you use In-Network providers through the Harvard Pilgrim and United Healthcare PPO Network.
- The Harvard Pilgrim PPO HSA Plan covers federally-mandated preventive care in full. This preventive care is not subject to the deductible, as long as you receive care from an In-Network provider.
- HSA eligible expenses include all of those currently covered under the FSA (Medical, dental, vision, etc.) and can be found on the IRS website, Publication 502. NOTE: Over-the-counter medications will be allowed only with a written prescription from your doctor.

### Who is eligible to open a HSA?

- Please refer to page 18 under the Section 125 Pre-Tax Plans for details of the Health Savings Account.



## HSA PPO PLAN (HSA PPO 3000)

BENEFITS	IN NETWORK
<b>ANNUAL DEDUCTIBLE</b> (Embedded)	
Per Person/Max Per Family	\$3,000/\$6,000
<b>COINSURANCE</b>	No Coinsurance
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b> (Embedded)	
Per Single/Family	\$3,000/\$6,000
<b>OFFICE VISITS</b>	Federally-Mandated Preventive Care Covered in Full
Physician Visits	Subject to Deductible
<b>INPATIENT/OUTPATIENT HOSPITAL &amp; FACILITY SERVICES</b>	Subject to Deductible
Surgery & Anesthesia at a Select Low Cost Provider	Subject to Deductible
<b>MRI, MRA, CAT &amp; PET SCANS</b>	Subject to Deductible
<b>LABS &amp; XRAY</b>	Subject to Deductible
Lab Tests Furnished by a Select Low Cost Laboratory Provider	Subject to Deductible
Lab Tests Furnished by a Hospital Facility (even in the doctor's office)	Subject to Deductible
X-rays & Ultrasounds	Subject to Deductible
<b>EMERGENCY ROOM</b>	Subject to Deductible
<b>URGENT CARE</b>	Subject to Deductible
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>	Subject to Deductible
<b>PHYSICAL, SPEECH &amp; OCCUPATIONAL THERAPY</b>	Subject to Deductible
Visits allowed per year	Limited to 60 Visits Combined per Calendar Year
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>	
Inpatient	Subject to Deductible
Outpatient	Subject to Deductible
<b>ROUTINE VISION CARE</b>	Covered in Full (1 Exam Per Calendar Year)
<b>CHIROPRACTIC CARE</b>	Subject to Deductible
Visits allowed per year	12 Visit Max per Calendar Year
<b>PRESCRIPTION DRUGS</b>	
30-Day Supply Retail	Subject to Deductible
90-Day Supply Mail Order	Subject to Deductible
<b>OUT OF NETWORK BENEFITS</b>	\$6,000 Deductible per Person, \$12,000 Family Max then 20% Coinsurance to a \$10,000/\$20,000 Out of-Pocket max
<b>PLAN MAXIMUM</b>	Unlimited

# comparison

Administered by Harvard Pilgrim Healthcare

## BENEFITS COMPARISON HMO vs HSA HMO vs HSA PPO PLANS

BENEFITS	HMO PLAN	HSA HMO PLAN	HSA PPO PLAN
<b>ANNUAL DEDUCTIBLE</b> Per Person/Max Per Family	\$3,000/\$9,000	\$5,000/\$10,000	\$3,000/\$6,000
<b>COINSURANCE</b>	No Coinsurance	No Coinsurance	No Coinsurance
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>	\$6,500/\$13,000	\$5,000/\$10,000	\$3,000/\$6,000
<b>OFFICE VISITS</b>	Level 1: \$25, Level 2: \$50 per Visit	Subject to Deductible	Subject to Deductible
<b>HOSPITAL &amp; FACILITY SERVICES</b>	Subject to Deductible	Subject to Deductible	Subject to Deductible
<b>OUTPATIENT HOSPITAL &amp; FACILITY SERVICES</b>	Subject to Deductible then \$250 Copay	Subject to Deductible	Subject to Deductible
Surgery & Anesthesia at a Select Low Cost Provider	\$125 per Admission	Subject to Deductible	Subject to Deductible
<b>MRI, MRA, CAT &amp; PET SCANS</b>	Subject to Deductible then \$350 Copay	Subject to Deductible	Subject to Deductible
X-rays & Ultrasounds	Subject to Deductible	Subject to Deductible	Subject to Deductible
Lab Tests Furnished by a Hospital Facility (even in the doctor's office)	Subject to Deductible	Subject to Deductible	Subject to Deductible
Lab Tests Furnished by a Select Low Cost Laboratory Provider	Covered in Full	Subject to Deductible	Subject to Deductible
<b>EMERGENCY ROOM</b>	Subject to Deductible then \$250 per Visit Non-Emergent ER Care Subject to Deductible then 50% Coinsurance	Subject to Deductible	Subject to Deductible
<b>URGENT CARE</b>	Subject to Deductible then \$125 per Visit	Subject to Deductible	Subject to Deductible
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>	\$100 Deductible per Person then 20% Coinsurance	Subject to Deductible	Subject to Deductible
<b>PHYSICAL, SPEECH &amp; OCCUPATIONAL THERAPY</b>	\$50 per Visit	Subject to Deductible	Subject to Deductible
Visits allowed per year	Limited to 60 Visits Combined per Calendar Year	Limited to 60 Visits Combined per Calendar Year	Limited to 60 Visits Combined per Calendar Year
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>	Federal Mental Health Parity Compliant	Federal Mental Health Parity Compliant	Federal Mental Health Parity Compliant
Inpatient	Subject to Deductible	Subject to Deductible	Subject to Deductible
Outpatient	\$25 per Visit	Subject to Deductible	Subject to Deductible
<b>ROUTINE VISION CARE</b>	\$25 per Visit (1 Exam per Calendar Year)	Covered in Full (1 Exam Per Calendar Year)	Covered in Full (1 Exam Per Calendar Year)
<b>CHIROPRACTIC CARE</b>	\$25 per Visit (12 Visit Max per Calendar Year)	Subject to Deductible (12 Visit Max per Calendar Year)	Subject to Deductible (12 Visit Max per Calendar Year)
30-Day Supply Retail	\$5/\$15/\$25/\$40/30% (\$300 max per script per month)	Subject to Deductible	Subject to Deductible
<b>OUT OF NETWORK BENEFITS</b>	Not Covered (Except Urgent Care Out of Area)	Not Covered (Except Urgent Care Out of Area)	\$6,000 Deductible per Person, \$12,000 Family Max then 20% Coinsurance to a \$10,000/\$20,000 Out of-Pocket max
<b>PLAN MAXIMUM</b>	Unlimited	Unlimited	Unlimited

## COSTS OF HMO PLANS VS HSA PPO PLAN

your cost	COVERAGE	HMO LP BIWEEKLY EMPLOYEE CONTRIBUTION	HSA HMO BIWEEKLY EMPLOYEE CONTRIBUTION	HSA PPO BIWEEKLY EMPLOYEE CONTRIBUTION
	Single	\$31.39	\$15.37	\$58.87
	Employee/Spouse	\$221.63	\$159.07	\$279.58
	Employee/Child(ren)	\$161.45	\$113.37	\$208.88
	Family	\$352.20	\$258.34	\$432.84

### Medical Opt-Out

Creare/Edare’s contribution for employees who opt out of our group health plan is \$625 per year (\$24.04/biweekly pay period). This opt-out contribution will be added to your gross biweekly income and will be taxable. Proof of other credible insurance is required.

## A SUCCESSFUL VISIT WITH YOUR DOCTOR

### 10 QUESTIONS TO ASK YOUR DOCTOR

1. What is the test for?
2. How many times have you done this procedure?
3. When will I get the results?
4. Why do I need this treatment?
5. Are there any alternatives?
6. What are the possible complications?
7. Which hospital is best for my needs?
8. How do you spell the name of that drug?
9. Are there any side effects?
10. Will this medicine interact with medicines I’m already taking?

There are many more questions that may be appropriate based on your personal situation. You can find more resources at [www.ahrq.gov](http://www.ahrq.gov).



# dental

Administered by Northeast Delta Dental

## OPTIONAL DENTAL INSURANCE

Delta Dental is committed to quality dental care for employees at Creare and Edare. Delta Dental has contracted with dental providers to provide discounts off services and procedures to its dental plan members. To locate a provider, please reference Northeast Delta Dental's Online Provider Directory at <http://nedelta.com/LocalDentistSearch>. Premium is paid on a pre-tax basis.

your cost

COVERAGE	BIWEEKLY EMPLOYEE CONTRIBUTION 2-19 ENROLLED	BIWEEKLY EMPLOYEE CONTRIBUTION 20+ ENROLLED
Single	\$26.95	\$23.40
Employee/Spouse	\$50.51	\$43.86
Employee/Child(ren)	\$53.99	\$46.88
Family	\$88.78	\$76.40

Dental Coverage	PERCENT PAID
Program Maximums / Deductibles	
Deductible, one-time, \$75/person (\$225 family maximum)	
\$1,500 annual maximum per person for Preventive, Basic and Major services combined	
\$1,250 lifetime maximum per person for orthodontic combined	
Preventive/Diagnostic Services—No Deductible or Waiting Period apply Cleanings & Oral Exams (up to 2 in 12-month period)	100%
Basic/Restorative Services—Deductible Applies; No Waiting Period Applies Fillings, Extractions, Root Canals, Periodontics, Minor Oral Surgery	70% after deductible
Major Service—Deductible Applies; 6-Month Waiting Period Applies Inlays, Onlays, Implants, Crowns, Bridgework, Dentures, Major Oral Surgery	50% after deductible
Orthodontic Service—Deductible Applies; 6-Month Waiting Period Applies Correction of malposed (crooked) teeth for adults & dependent children	50% after deductible (up to lifetime maximum of \$1,250)

# vision

Administered by Northeast Delta Dental

## OPTIONAL VISION INSURANCE

Delta Vision is committed to keeping employees healthy and seeing well. Delta Vision has contracted with EyeMed Vision Care to provide discounts off services and procedures to its vision plan members. To locate a provider, please reference the Eye Med Online Provider Directory at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). Premium is paid on a pre-tax basis.

your cost	COVERAGE	BIWEEKLY EMPLOYEE CONTRIBUTION
	Single	\$2.75
	Employee/Spouse	\$5.36
	Employee/Child(ren)	\$5.20
	Family	\$8.12

IN NETWORK BENEFITS	FREQUENCY	NON NETWORK REIMBURSEMENT
<b>Eye Exam</b> Comprehensive eye exam with dilation as necessary Covered in full after \$10 copay.	Once every 12 months	\$35
<b>Frame</b> Allowance: \$130 You will receive an additional 20% savings on the amount that you pay over your allowance.	Once every 24 months	\$65
<b>Standard Corrective Lenses</b> Single vision, Bifocal, Trifocal: Covered in full after \$25 eyewear copay Enhanced lens coverage available, see benefit summary for details	Once every 12 months	Single Vision: \$25 Bifocal: \$40 Trifocal: \$55
<b>Contact Lenses Instead of Eye Glasses</b> Conventional Elective lenses: \$130 allowance, then 15% off balance Disposable Elective lenses: \$130 allowance, member pays balance Medically Necessary lenses: Covered in full Standard Fit and Follow Up \$55 Copay	Once every 12 months	Conventional: \$104 Disposable: \$104 Medically Necessary: \$200

# life & accident

Administered by UNUM

## YOUR COMPANY BASIC LIFE AND AD&D INSURANCE

**EMPLOYER  
PAID**

### BENEFIT SUMMARY THIS BENEFIT IS FULLY PAID BY CREARE/EDARE

Eligibility	Effective on the first day of full-time employment
Life/AD&D Benefit	1x your annual earnings* (*Base Annual Salary effective 12/31/21 plus March 2021 Bonus %)
Reduction Schedule	Life: Reduces to 65% at age 70; Reduces to 50% at age 75 AD&D: Reduces to 65% at age 70; Reduces to 50% at age 75

## OPTIONAL ACCIDENT INSURANCE

Accident insurance provides you and your family financial protection from unexpected accidents and injuries. Eligible employees and their eligible dependents may purchase at their own expense. Premium is paid on a post-tax basis.

With Accident insurance, eligible employees may offset deductibles, copays and other expenses related to injuries – from everyday incidents to catastrophic events. Unum's coverage provides a lump sum payment based on the type of injury (or covered accident) you sustain or the type of treatment you receive. Choose the coverage that is right for you. Accident insurance is offered to all eligible employees who are actively at work. You can also purchase coverage for your spouse and dependent children.

With the high cost of medical care today, a trip down the stairs can hurt your bank account as much as your body. Whether it's a simple sprain or something more serious, like an injury from a car accident, your plan can pay you a benefit for an emergency room treatment, stitches, crutches, injury-related surgery and a list of other accident-related expenses. A few examples are listed below, see plan summary for additional details.

Ambulance \$200	Emergency Room \$75	MRI \$50	Broken Leg \$1,050/\$2,625
Hospital Admission \$800	Physician Follow-up 2 Visits, \$50 per	Physical Therapy up to 15 Visits, \$15 per	Accidental Death up to \$50,000

### BIWEEKLY EMPLOYEE CONTRIBUTION

Single	Employee/Spouse	Employee/Child(ren)	Family
\$3.66	\$6.28	\$8.26	\$10.88

your cost

# voluntary life

## OPTIONAL VOLUNTARY TERM LIFE & AD&D INSURANCE

---

**ELIGIBILITY:** All full-time employees classified as working 30+ hours per week, spouses, and children to age 26.

**COVERAGE:**

**Employees:** Benefits available in \$10,000 increments up to the lesser of 5x salary or \$500,000. Employees must purchase coverage on themselves in order to purchase coverage on dependents.

**Spouse:** Benefits available in \$5,000 increments to \$500,000. The spouse can only buy up to the amount of coverage the employee selects.

**Child:** Benefits available in \$2,000 increments up to \$10,000. This benefit covers all children for one price.

**GUARANTEE ISSUE:** Only applies during initial enrollment at time of hire or upon first becoming eligible.

Employees - \$50,000

Spouse - \$25,000

**COST BASIS:** 5-year age-banded rates.

**PORTABILITY:** If you retire, leave, or reduce your hours so you are no longer eligible, you may continue your Term Life coverage and make premium payments directly to Unum.

**ACCELERATED BENEFIT:** If an insured is diagnosed as terminally ill and is expected to die within 12 months, then he/she may take up to 50% of the insured's Life amount to \$750,000 up to one year prior to death. The accelerated amount taken will simply be deducted from the death benefit.

**WAIVER OF PREMIUM:** Your Life Insurance premium will be waived if: you are less than 60 and insured under the plan, you become disabled and remain disabled during the elimination period, you meet the notice and proof of claim requirements for disability while your life insurance is in effect or within three months after it ends, your claim is approved by Unum.

**REDUCTION SCHEDULE:** Employee and spouse coverage reduces to 65% at age 70 and 50% at age 75.

**EMPLOYEE PAID:** Employee pays for this coverage through payroll deduction on a post-tax basis.

**TERMINATION OF BENEFITS:** Your Voluntary Life benefit will terminate on your last day of full-time employment unless you exercise the portability or conversion options.

See HR for detailed Optional Voluntary Life and AD&D rate information.



# short-term

Administered by Unum

## SHORT-TERM DISABILITY INSURANCE

**EMPLOYER  
PAID**

### BENEFIT SUMMARY THIS BENEFIT IS FULLY PAID BY CREARE/EDARE

Coverage Begins	Effective on the first day of full-time employment
Benefit Begins	1st day of non-occupational accidental injury 8th day of non-occupational illness
Benefit Amount	60% of weekly earnings Benefit paid biweekly by Creare/Edare Your STD benefits may be reduced by the amount of other income replacement benefits you receive for the same disability, such as benefits from state-mandated disability plans or Worker's Compensation, etc. MAXIMUM PAYMENT PERIOD: 13 WEEKS

#### WHEN AM I CONSIDERED DISABLED?

You are disabled when Unum determines that:

You are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and you have a 20% or more loss in weekly earnings due to the same sickness or injury. You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.

#### WHAT IS AN ELIMINATION PERIOD?

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury that occurs while you are covered under the plan, your Elimination Period is 0 days. If your disability is due to a sickness, your Elimination Period is 7 days.

#### DELAYED EFFECTIVE DATE:

Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### TERMINATION OF COVERAGE:

STD benefits will terminate on the last day of full-time employment.

#### INSTANCES WHEN BENEFITS WOULD NOT BE PAID:

Loss resulting from any of the following:

- war, declared or undeclared, or any act of war
- active participation in a riot
- intentionally self-inflicted injuries
- loss of a professional/occupational license, or certification
- commission of a crime of which you have been convicted
- any period of disability during which you are incarcerated



# long-term

## LONG-TERM DISABILITY INSURANCE

**EMPLOYER  
PAID**

### **BENEFIT SUMMARY** **THIS BENEFIT IS FULLY PAID BY CREARE/EDARE**

Benefit Begins	91st day (immediately following the 90-day elimination period)
Benefit Amount	<p>Up to 60% of monthly earnings, to a maximum of \$12,000 per month</p> <p>Benefit paid monthly by Unum</p> <p>Your LTD benefits may be reduced by the amount of other income replacement benefits you receive for the same disability, such as benefits from state-mandated disability plans or Worker's Compensation, etc. However, the minimum monthly benefit payable is \$50.</p> <p>Payable to age 65</p> <p>A pre-existing condition clause may apply</p>

#### **DEFINITION OF DISABILITY**

You are disabled when Unum determines that due to sickness or injury, you are unable to perform the material and substantial duties of your regular occupation and you have a 20% or more loss in your indexed monthly earnings. You must be under the regular care of a physician.

#### **PARTIAL DISABILITY**

The Plan will allow an employee to work in a part-time capacity and still receive LTD benefits.

#### **WORK INCENTIVE BENEFIT**

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings, unless the excess amount is payable as a Cost of Living Adjustment. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings, unless the excess amount is payable as a Cost of Living Adjustment.

#### **SURVIVOR BENEFIT**

The Plan pays 3X your gross monthly benefit to your survivor(s) if you die while receiving disability benefits (minimum 180-day consecutive disability).

#### **TWO-YEAR MENTAL & NERVOUS LIMITATION**

The lifetime cumulative maximum benefit period for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months.

#### **TERMINATION OF BENEFITS**

Long-Term Disability benefits will terminate on your last day of full-time employment.

# section 125

FSA Administered by csOne Benefit Solutions

## SECTION 125 PRE-TAX PLANS

### FLEXIBLE SPENDING ACCOUNTS (FSA/DCA)

The Flexible Spending Accounts (FSA) are two separate plans: a Medical Care Reimbursement Account and a Dependent Care Reimbursement Account. You may choose to participate in either one or both, depending on your individual needs. You may not participate in the Medical Care Reimbursement Account portion of the FSA if you are participating in a HSA. Your eligibility to participate in the Dependent Care Reimbursement Account portion of the FSA, however, is not impacted by enrollment in a HSA.

### MEDICAL CARE REIMBURSEMENT ACCOUNT

The Medical Care Reimbursement Account is specifically designed to help you pay for medical, dental, vision, and other health care related expenses that are not covered under traditional insurance coverage. They may include any deductible amounts you have to pay and other co-pays required by an insurance plan such as physical examinations.

If eligible to participate, the maximum amount you may choose to contribute to the Medical Care Reimbursement Account is \$2,750 per Benefit Year.

### DEPENDENT CARE REIMBURSEMENT ACCOUNT

The Dependent Care Reimbursement Account is designed to help you pay for expenses related to the care of your dependents.

- Dependent children under age 13
- Expenses must be incurred so that you or you and your spouse can work or attend school full-time
- Services must be performed primarily for the well being and protection of a qualified dependent
- You must be able to provide a tax identification or social security number of the provider

Through the Dependent Care Reimbursement Account, you can pay for eligible dependent care expenses with PRE-TAX DOLLARS. You are actually allowing the government, through tax savings, to help you pay for these expenses throughout the year.

Under IRS guidelines, the maximum amount you may contribute to your Dependent Care Reimbursement Account per calendar year is \$5,000.

### DO NOT OVER ESTIMATE

- You must use your FSA funds for services/expenses incurred during the January—December 31, 2022 plan year or you will lose them, so plan accordingly. You will have until March 31, 2023 to file any claims incurred during the prior plan year.
- Roll Over Feature: Up to \$550 of unused balance may be rolled into the following plan year. This does not impact subsequent years contribution limits.

You may only make changes to an FSA during a qualifying event.

### HEALTH SAVINGS ACCOUNTS (HSA)

#### WHAT IS AN HSA?

Health Savings Accounts are savings accounts that allow individuals to pay for qualified out-of-pocket medical expenses using pre-tax dollars. Unlike more traditional health care accounts, the funds in a HSA belong to the individual, not the employer or the insurance company, and travel with the individual. In order to take advantage of this tax deferred savings benefit, individuals must purchase a specific type of health insurance coverage called a High Deductible Health Plan (HDHP).

#### WHAT IS A HDHP?

An HDHP is a different type of health plan. Under an HDHP individuals are covered for large expenses and pay for their day-to-day expenses, usually up to the amount of the deductible. In order to meet the requirements an HDHP must have a deductible of at least \$1,400 for individuals or \$2,800 for families (IRS 2022 limits) plus certain total out-of-pocket expense maximums. If eligible to participate, the maximum amount you may contribute to an HSA is \$3,650 per Individual or \$7,300 per Family. Age 55 or above may also fund an additional \$1,000 Catch-Up contribution.

#### HOW DO EMPLOYEES BENEFIT?

HSAs are analogous to medical IRAs, providing employees with an account from which they can control their medical expenses. This provides the following advantages:

- Pre-tax dollars can be used to pay for qualified medical expenses
- You are in control of more of your health care decisions
- Funds left in an HSA can grow, tax deferred
- Your account stays with you even if you change employers
- After age 65 you can withdraw your funds and they are only taxed as ordinary income

#### WHO IS ELIGIBLE TO OPEN AN HSA?

- You must be covered by an HSA-compatible plan, such as the Harvard Pilgrim HSA Plans, and you cannot be covered by any other medical plan that is not an HSA-compatible health plan. This would include being enrolled in your spouse's plan as secondary coverage.
- You must not be enrolled in Medicare A or B
- You must not be claimed as a dependent on another individual's tax return
- You may not have received veteran's benefits within the last three months and you may not be active in the military

You may make changes to HSA contributions throughout the plan year.

\*For more information on eligible and ineligible expenses, visit [www.fsastore.com](http://www.fsastore.com) or [www.irs.gov](http://www.irs.gov) and refer to Publication 502.

# 401(k)

Administered by Safe Harbor

## RETIREMENT PLAN: 401(k)

### WHAT IS THE RETIREMENT PLAN YEAR?

The Plan Year is the consecutive twelve-month period beginning on 1/1 and ending on 12/31.

### WHO CAN PARTICIPATE?

All full-time regular and part-time regular employees are eligible to participate. Newly hired temporary or on-call employees are not eligible unless/until they shift to regular employment status.

### WHEN MAY I JOIN THE PLAN?

All full-time and part-time regular employees will be immediately enrolled in the plan; there is no waiting period. New employees will be auto-enrolled and set up initially to contribute 1% of their pay into the default investment options (i.e. the American funds Target Date Fund). All new enrollees will have the opportunity to change their contribution and investment information prior to their first payroll.

### HOW DO I CONTRIBUTE TO THE PLAN?

Through payroll deduction, you can make elective deferrals up to the maximum allowed by law. The dollar limit is \$20,500 for 2022.

### CAN I MAKE CATCH-UP CONTRIBUTIONS?

If you are age 50 or older and make the maximum allowable deferral to your Plan, you are entitled to contribute an additional "catch-up" contribution. The catch-up contribution is intended to help eligible employees make up for smaller contributions made earlier in their careers. The maximum catch-up contribution is \$6,500 for 2022. See your Benefits Administrator for more details.

### CAN I STOP OR CHANGE MY CONTRIBUTIONS?

You may stop your contributions anytime by updating your Retirement Benefits in Costpoint Employee Self-Service. To ensure any desired changes in your 401(k) deferrals are reflected in your next paycheck, your changes must be entered in Costpoint on or before the last day of the current pay period.

### HOW DOES MY EMPLOYER CONTRIBUTE?

Creare and Edare make an Employer contribution (Safe Harbor) of 3% to all eligible participants on a quarterly basis.

### WHEN CAN MONEY BE WITHDRAWN?

Money may be withdrawn from your Plan account in these events:

- Retirement at Plan's Normal Retirement Age
- Your attaining age 59 1/2
- Death
- Disability
- Termination of Employment

### SUMMARY PLAN DESCRIPTION

The above highlights are only a brief overview of the Plan's features and are not a legally binding document. A more detailed Summary Plan Description is available on the 401(k) Department page on the Intranet. Contact Pam Kovacs or Ron Doody if you have any further questions.



# value added

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

KGA is available to help employees and their household members with a wide range of personal, family, or workplace concerns.

- Stress Management
- Anxiety or Depression
- Substance Abuse
- Martial/Partnership Concerns
- Family Issues
- Legal and Financial Concerns
- Improving Self-Esteem
- Child Care
- Elder Care
- Health and Wellness
- Career or Workplace Issues

The range of services available includes telephone consultation, face-to-face consultation, Legal/Financial consultation, Work/Life consultation, and web based services.

### IS THERE A CHARGE FOR THESE EAP SERVICES?

Creare and Edare provide these services to employees and their household members free of charge. You are encouraged to use the EAP services to help you locate and evaluate appropriate providers and services for the needs you have. If continuing counseling or aid is recommended by the EAP and pursued by you, there may be provider charges. Please check with your medical insurance carrier for details on coverage for EAP-recommended services.

KGA services are confidential. Call 24 hours a day, 7 days a week to find out more about the EAP or to seek assistance from an EAP consultant. EAP web based services are also available. The EAP website contains an abundance of work/life resources.

KGA  
800-648-9557  
www.kgreer.com  
Company code: Creare



More Human. More Resources.

## TRAINING BENEFITS

Benefits typically begin after a successful introductory period to Creare/Edare. Specific recommendations for training are developed in the context of performance feedback and regular discussions with your supervisor. Coursework to enhance job skills; seminars to maintain knowledge of operational regulatory, or licensure requirements; and department-related conferences for staff are encouraged. Tuition reimbursement is also available. An ongoing, in-service training program supports development of project management, sales/proposal, and technical writing techniques for various engineering skill levels. Involvement with professional society activity, such as membership, conference attendance and paper presentations is available.



## BONUS

Creare and Edare have paid a discretionary bonus to its employees every year since 1986 (Creare) and 2012 (Edare). While either company cannot guarantee an annual bonus, the history and magnitude of bonuses have been significant. Please feel free to explore Creare's or Edare's bonus history with the Human Resources Manager, Recruiter, or company President.



# value added

## FLEX TIME

Our regular business hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. Individual working schedules may be flexed or modified to meet the company and employee's needs within our Baseline/Special Work Arrangement guidelines and policies (CPP-013). Creare's and Edare's work environments are demanding, and project schedules can be intense, requiring the occasional crunch to meet deliverables. We recognize the need for flexibility and provide accommodations whenever possible, responding to the high level of commitment employees make to Creare/Edare.



## SICK TIME/VACATION TIME

**SICK TIME:** Creare/Edare provide seven days per year for personal and family health care needs, injury, illness, or preventive health-related appointments. Sick pay can be accrued for a maximum of 2 years eligibility (i.e. 14 days or 112 hours for full-time regular employees).

**VACATION TIME:** Time to rest and recharge is important! At Creare/Edare, your vacation accrues each biweekly pay period and you are eligible to use your vacation time per your available accrued balance. Employees with 0-7 years of service accrue vacation at a rate of 3 weeks per year. Vacation will begin to accrue at a rate of 4 weeks per year upon 8 years of service, and 5 weeks per year upon 15 years of service. Part-time, regular employees can accrue vacation eligibility in proportion to the agreed schedule. Maximum accrual (carryover to the next fiscal year) for any staff member is two years of vacation eligibility.



## HOLIDAYS

Creare/Edare offer ten paid holidays per year. These typically include New Year's Day, Memorial Day, Independence Day, Labor Day, two days at Thanksgiving, two days at Christmas, and two floating holidays, taken at your discretion.



## EMPLOYEE SELF-SERVICE

Use Employee Self-Service in Costpoint to:

- View/print paystubs
- Adjust W4 withholdings, state and federal
- Change direct deposit accounts
- View vacation/sick time/floating holiday hours
- Manage Open Enrollment/Life Event elections
- Designate beneficiaries/dependents for medical and life insurance
- Update emergency contacts

File path: Costpoint > People > Employee Self Service > Payroll and Benefits



# wellness

## OUR WELLNESS MISSION

---

- Formed in May 2012 by Jim Barry and Creare's HR department.
- The mission of Creare/Edare's Wellness Committee is to promote wellness among staff and their families by providing educational materials and seminars as well as opportunities to participate in exercise and other activities, on and off site. Creare/Edare offers flexible work arrangements that support employee's choice to modify their schedule to ensure wellness and a healthy work style/life balance.
- Please send ideas and suggestions for wellness educational topics, activities, benefits, and more to any HR department member or send us a comment through the Wellness page.

## FACILITIES/ACTIVITIES

---

There are a variety of fitness facilities and wellness activities available to Creare and Edare staff.

- Corporate membership with CCBA, Lebanon NH (discounts apply)
- Volleyball, Soccer, and Flag Football activities
- Onsite exercise classes (up to 50% subsidy)
- Hiking Trails (at the rear of the facility)
- Annual "Let's Move" program with prize incentives
- Secure bike rack (at rear of facility)
- Corporate events (Holiday parties, Corporate meetings, Cookouts)
- Showers Available (Mill basement)
- Fresh fruit in central kitchen 2x/week
- Outdoor Patio for outdoor seating
- Employee championed groups/events (Pride group, Hiking group, Snowshoe Outing, etc.)

...Just to name a few!



# wellness

## WELLNESS PARTNER:

---

### HARVARD PILGRIM MY WAY TO BETTER

All employees on the Harvard Pilgrim Health Plan may take advantage of the My Way to Better Program offered by Harvard Pilgrim. Take the quiz and receive immediate personalized feedback including websites, programs, activities and apps. See [www.harvardpilgrim.org](http://www.harvardpilgrim.org) for details.

### WELLNESS DISCOUNTS THROUGH HARVARD PILGRIM HEALTH CARE

Wellness Discounts available to participating employees through their Harvard Pilgrim Plan - Employees receive discounts for additional wellness services, such as Jenny Craig Weight Loss Program, Weight Watchers Program, Fitness Center Discounts, Massage and Alternative Medicine Discounts, Sports Safety and Comfort Care, Spas, Magazines, plus many more. Details available at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

### DOCTOR ON DEMAND

When nearly every song in the world is a tap away on your smartphone, it's clear how technology can make things easier. Now apply that concept to seeing a doctor. Harvard Pilgrim members can get treatment on your smartphone, tablet or computer wherever you are. Seeing a doctor through a live face-to-face video visit might seem unfamiliar at first. But you'll get the doctor's full attention just like you would in a typical office visit. And with no waiting rooms.

Doctor on Demand physicians are board-certified. They can treat many common conditions and prescribe medications, if needed. But what if you aren't sick today? Tomorrow could be the flu or your kid waking up with pink eye. You can download the Doctor On Demand app now and be prepared later. You'll be glad a doctor is only a few taps away on the day you can barely get out of bed.

Doctor on Demand is simple to use and revolutionary – just like the smartphone in your pocket. Sign up now and join the future of health care.

For more information go to: <https://ent.doctorondemand.com/benefits/harvard-pilgrim/>



# Harvard Pilgrim Health Care

Remember, your Human Resources Department is available to answer questions throughout the year.

**KELLY KOLOSKI**

HR Manager  
603-640-2417 or [kwk@creare.com](mailto:kwk@creare.com)

**BRENT FRASER**

HR Administrator  
603-640-2365 or [baf@creare.com](mailto:baf@creare.com)

**Broker/Partner - Granite Group Benefits**

**KELLY MITCHELL**

Senior Client Manager  
603-296-0700 x5261 or [kellym@granitegroupbenefits.com](mailto:kellym@granitegroupbenefits.com)

**TRYGVE HALVERSON**

Vice President  
603-296-0700 x5263 or [trygve@granitegroupbenefits.com](mailto:trygve@granitegroupbenefits.com)

**QUICK REFERENCE BENEFIT CONTACT INFORMATION**

**MEDICAL**

Harvard Pilgrim Health Care  
1-888-333-HPHC (4742)  
[www.harvardpilgrim.org](http://www.harvardpilgrim.org)

**LIFE, AD&D, ACCIDENT, STD, LTD**

UNUM  
1-800-275-8686  
[www.unum.com](http://www.unum.com)

**DENTAL**

Northeast Delta Dental  
1-800-832-5700  
[www.nedelta.com](http://www.nedelta.com)

**VISION**

Delta Dental/EyeMed  
1-800-832-5700  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

**SECTION 125 PRE-TAX ACCOUNTS**

csONE Benefit Solutions  
1-888-227-9745  
[www.csone.com](http://www.csone.com)

**EMPLOYEE ASSISTANCE PLAN**

KGA EAP & Work-Life Services  
1-800-648-9557  
[www.kgreer.com](http://www.kgreer.com)