



New Hire Benefits Orientation

Plan Year: 4/1/2023

**Direct Primary Care (DPC)
&
PHCS + Open Access**



**Valerie A Maziarz, Director –
Human Resources
Bedford Hills, NY**



Welcome to Your SavATree Benefits Orientation & Open Enrollment!

Please take the time to learn about all the programs SavATree makes available to you as a team member and to your families.

We are committed to providing quality benefits and plan designs that are sustainable for our team members and the company.

If you have questions or suggestions about how SavATree can further improve our Benefits Program, please contact your manager or a member of the Human Resources team throughout the year.



One Team





Plan Year: April 1st through March 31st

Important Medical Plan Partnerships:





WHO IS ELIGIBLE?

- ✓ Full-time employees
- ✓ Spouses
- ✓ Children
- ✓ Domestic Partners

WHEN?

New Hires:
First of the month following 60 days

HOW TO ENROLL?

Visit: savatreebenefits.com > **Enroll Here**

See your New Hire folder for the Employee Navigator “Getting Started” flyer.

Enter your username and password.

Review your information and select your benefits in your personalized enrollment portal.



The first opportunity to enroll in benefits is during your first 30 days as a new employee. This also applies to current employees who change status and become newly eligible for benefits. **This should be done in advance of your coverage start date.**

You will receive email notifications to your **personal email address** – do not delay!

See your Office Manager for the Employee Navigator “Getting Started” Flyer



PREMIUM DISCOUNT PROGRAM



PREMIUM DISCOUNT

SavATree makes team member health an integral part of our Medical Plan by offering results-based and participation-based premium discount.

Team members that choose to participate the program can earn a premium discount based on their health status which can significantly reduce payroll deduction amounts.

HEALTH METRICS

- ✓ Tobacco Free
- ✓ Drug Free

Meeting these health metrics is rewarded with a premium incentive for your selected medical plan.



Cont. Premium Discount Program



How to Qualify for the Premium Discount

Complete uranalysis as proof of non-tobacco and illicit drug use

OR

Complete uranalysis as proof of non-illicit drug use and provide evidence participating in smoking cessation program

**Consideration extended for medical marijuana certification and/or proof of patriation in smoking cessation i.e. nicotine patches*

No Premium Discount
*Employee deduction amounts can be
~25% higher*

Certification Period:

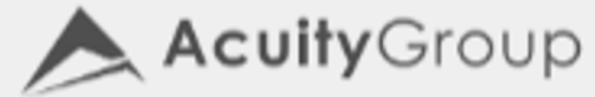
New hires are enrolled at the **No Premium Discount** rate!
You have up to 60-days from date benefits are effective to certify for the Premium Discount.

YOUR HEALTH PLAN COMPONENTS



SavATree is a self-funded health plan.

Our health plan is created with the objective of sustainability and funded by SavATree using risk assessment and continuous pursuit of cost transparency from the healthcare system.



Our health plan is administered by Acuity Group; a third-party administrator (TPA) dedicated to providing the expertise needed for our insured members, process claims in accordance with the medical plan options and support our objective of sustainability.



TWO MEDICAL PLAN OPTIONS

NEW



Direct Primary Care (DPC)

- *Primary care physician shepherds all care, referral **required** for needs beyond primary care*



PHCS (provider only PPO network) + Open Access

- *Select provider(s) from PHCS network, referrals not required*

DIRECT PRIMARY CARE (DPC) MEDICAL PLAN

NEW



- ✓ 24 hours per day, 7 days a week access to medical care at no cost
- ✓ Small town experience because fewer patients per doctor
- ✓ Confidence in your healthcare journeys
- ✓ Referrals *MUST* go through Primary Care Physician

Cont. DPC

Doctor to Patient Ratio

Traditional Health Insurance: 1 to 2,500

Direct Primary Care: 1 to 650

The Member Experience Matters...

	Typical "Healthcare" Experience	PeakMed Member Experience
National Average Wait Time For New Doctor Appointment	24 days ¹	1 day
Duration of Doctor Visits	8 minutes	30-60 minutes
Lab Results Delivery Time	5-7 days	2-3 days
Co-pay Cost per Visit	\$50 - \$150/visit*	\$0/visit
Average Medication Cost	\$50 (with co-pay)*	Under \$15
Lab Tests	\$300 or more*	\$30 or less
ER & Urgent Care Avoidance	Up to \$5,000+ Per Claim	40%-75% Reduction In ER/UC Visits

Cont. DPC

Direct Primary Care (DPC) Plan



Care & Treatment performed by your DPC doctor		Care & Treatment with referral by your DPC doctor	
Preventive Care	\$0 -- Patient pays nothing	Office Visit or Specialist visit	\$50
Office Visit or Telemedicine	\$0 -- Patient pays nothing	Mental Health (outpatient)	\$25
Urgent Care at DPC location	\$0 -- Patient pays nothing	Urgent Care	\$75
Labwork at DPC location	\$0 -- Patient pays nothing	Deductible (one time)	\$500 person/\$1,000 family
Simple Outpatient Surgery	\$0 -- Patient pays nothing	Emergency Room	\$250, then DED, then 10%
Prescription Drugs	\$0 -- Patient pays nothing	Inpatient Stay (incl. Hospital)	\$500 Copay, then 10%
		Labwork & X-rays & Imaging	DED applies, then 10%
Prescription Drugs at Pharmacy or Mail Order	\$15 / \$30 / \$50	Prescription Drugs	\$15 / \$30 / \$50
		Out-of-Pocket Maximum	\$1,000 person/\$2,000 family

PHCS (*provider only network*) + Open Access Plan



Care & Treatment performed by Any Doctor*

**When patient agrees to steerage, cost reduced to \$0!*

Preventive Care	\$0	Emergency Room	\$250, then DED, then 20%
Office Visit	\$30	Hospitalization	DED applies, then 20%
Telemedicine	\$0	Labwork & X-rays & Imaging	DED applies, then 20%
Specialist Visit	\$50	Maternity	DED applies, then 20%
Mental Health (outpatient)	\$30	Chiropractic	6 visits for \$0, thereafter \$50
Urgent Care	\$75	Physical Therapy	12 visits for \$0, thereafter \$50
Deductible (one time)	\$1,000 person/\$2,000 family	Prescription Drugs	\$15 / \$30 / \$50
Outpatient Surgery	DED applies, then 20%	Out-of-Pocket Maximum	\$4,000 person/\$8,000 family



2023 Monthly Payroll Deductions

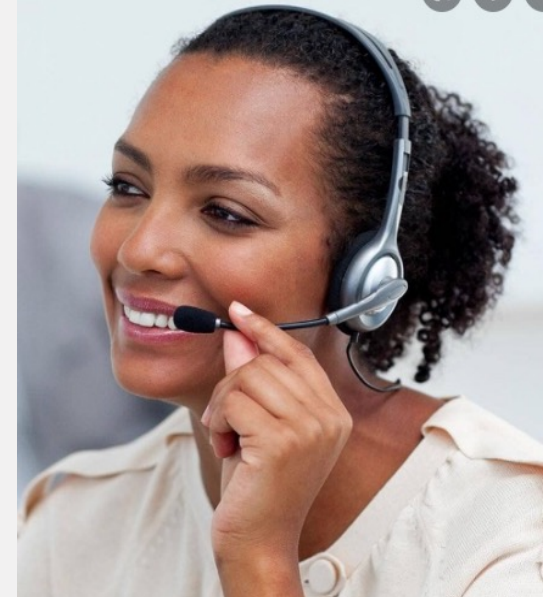


	<i>Direct Primary Care (DPC) Plan</i>				<i>PHCS+Open Access Plan</i>			
	Under 3 years		3+ years		Under 3 years		3+ years	
	Standard	w/incentive	Standard	w/incentive	Standard	w/incentive	Standard	w/incentive
Employee	\$252	\$164	\$202	\$131	\$293	\$190	\$234	\$153
+Spouse	\$517	\$336	\$413	\$269	\$600	\$390	\$480	\$212
+Child(ren)	\$454	\$295	\$363	\$236	\$527	\$343	\$422	\$274
+Family	\$769	\$500	\$615	\$400	\$893	\$580	\$714	\$464

Acuity Group Concierge

You have only one phone number to call for everything:

- I need a pre-certification
- Is this charge on my EOB correct?
- I received a bill
- I received a balance bill - *you are protected*
- What's my deductible?
- I'm looking for a second opinion



(866) 569 – 6092

savatee@acuity-grp.com

24 / 7

Acuity Group Concierge may reach out to you if
it's important or helpful

Care Chat™

Healthcare starts

Login

An online, mobile responsive platform to access the various features and services of the medical plan

- ✓ Digital version of Medial ID Card
- ✓ Urgent Care Telemedicine for the PHCS + Open Access Plan
- ✓ Care Support: pre-certification and doctor referrals
- ✓ Rx Support: ?'s /assistance related to Rx benefits
- ✓ Claim Support: e-access to Acuity Group, our TPA
- ✓ DocRating: quality ratings based on clinical metrics
- ✓ MedRecords: access to medical records

Medical Plan Features



NO COST
CARE
OPTIONS
AVAILABLE!

- ✓ Surgery Center Visits
- ✓ Outpatient Visits
- ✓ Elective Procedures
- ✓ Imaging Services

When you're informed you need a non-emergent procedure, contact **Acuity Group** before you schedule your service.

Acuity Group will route you to **Innovative Care Management**, who will help you coordinate your service.

When you engage our healthcare quality programs, you gain additional savings by having your out-of-pocket expenses waived.

When you need assistance, contact Acuity Group Concierge by using the phone number on the back of your ID card.

ALTERNATIVE CARE:



- ✓ Acupuncture
- ✓ Acupressure
- ✓ Ayurveda
- ✓ Aromatherapy

- ✓ Reiki
- ✓ Homeopathy
- ✓ Naturopathy
- ✓ Massage therapy

- *Primary Care Physician (PCP) co-payment applies*
- *Limited to 12 visits per year*



Twelve (12) Physical Therapy (PT) appointments per year at no co-pay



Six (6) Chiropractic appointments per year at no co-pay



Medical Plan Helpful Tips

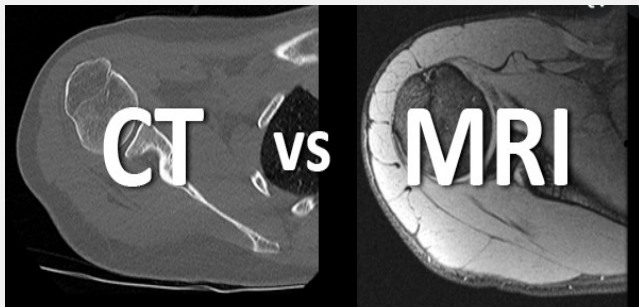


Preventive Care Visits: well visits, vaccinations/immunizations, preventive screenings, preventive colonoscopies and other preventive care: No Cost to Member



Normally, broken bones of the hand, wrist or foot may be treated at a local urgent care center. Cost to Member: \$75 Co-pay (*depending on how services are billed, deductible may apply*)

Emergency Room Cost to Member: Deductible until met + \$250 Co-pay, then 20% Coinsurance



Complex Diagnostic Imaging i.e. MRI, CT Scan, Pet Scan
Preauthorization/Precertification Required

Cost to Member: Deductible until met, then 20% Coinsurance

✓ ***\$0 cost option may be available; speak with the Concierge***

DENTAL COVERAGE



Chances are there's a network provider near you. Take a minute to find out at ameritas.com **Find a Provider.** And see how much you can save on more expensive procedures.



**See How Much You Can Save
When You Visit a Network Dentist**



Discounted pricing with the

Dental Coverage – High Plan



Effective Date: 4/1/2022

High Plan 1

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to \$1,500 toward any covered dental expense.
- The member can use up to \$100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed \$1,500.



Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	
Type 1	100%
Type 2	90%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,500 per calendar year
Allowance	90th U&C
Waiting Period	None
Annual Eye Exam	None
Annual Open Enrollment	Included



Dental Coverage – Low Plan

Low Plan 1

Effective Date: 4/1/2022

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to \$1,000 toward any covered dental expense.
- The member can use up to \$100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed \$1,000.



Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,000 per calendar year
Allowance	Discounted Fee
Waiting Period	None
Annual Eye Exam	None
Annual Open Enrollment	Included



VISION COVERAGE



&



Using your EyeMed network discount is simple:



1.

Find an EyeMed network provider by visiting www.eyemed.com, find a provider, or call the Customer Care Center at 1-866-289-0614.

2.



When you make your appointment, verify that your eye doctor is an EyeMed provider .

3.



Visit Ameritas.com and sign in (or create) a secure member account where you can access and print your benefits card. You may also request an ID card through your benefits administrator, or by calling Ameritas at 800-487-5553.



Vision Coverage – High Plan



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Plan 2: ViewPointe® Plan H Summary

Effective Date: 4/1/2022

	EyeMed Insight Network	Out of Network
Deductibles		
	\$10 Exam	No deductible
Annual Eye Exam	\$10 Eye Glass Lenses	
	Covered in full	Up to \$35
Lenses (per pair)		
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Member cost up to \$40	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
Elective	Up to \$180	Up to \$144
Medically Necessary	Covered in full	Up to \$200
Frame Allowance	\$180	Up to \$90
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

Vision Coverage – Low Plan



Plan 1: ViewPointe® Plan H Summary

Effective Date: 4/1/2022

	EyeMed Insight Network	Out of Network
Deductibles		No deductible
Annual Eye Exam	\$10 Exam Covered in full	Up to \$35
Lenses (per pair)		
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Member cost up to \$40	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
Elective	Up to \$130	Up to \$104
Medically Necessary	Covered in full	Up to \$200
Frame Allowance	\$130	Up to \$65
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service



FLEXIBLE SPENDING & DEPENDENT CARE ACCOUNTS



FLEXIBLE SPENDING ACCOUNT

Why?

- ✓ Saves money
- ✓ Tax-savings
- ✓ Flexible

The maximum amount you may contribute each year is **\$2,850**.

You cannot stockpile money in your FSA. If you do not use it, you lose it. *However, if there are any funds leftover in your account, up to \$500 may carryover to the next plan year.*

DEPENDENT CARE ACCOUNT

The maximum amount you may contribute each year is **\$5,000** (or \$2,500 if married and filing separately).

These funds can be used to pay for dependent day care expenses for children or eligible dependents under the age of 13, or qualified disabled adult dependents.

Employee Navigator Helpful Hint if You Do Not Want Saving Accounts



1

Dependent Care Spending Account

SavATree, LLC is concerned about your financial security and we offer benefit plans designed to protect our employees. Below is the summary for our 2021 Ameriflex Dependent Care FSA.

2

Choose your election

Plan year:

04/01/2021 to 03/31/2022

Available annual amounts:

\$1 to \$5,000

Number of pay periods:

26 remaining

How much do you want to defer?

By annual amount

- OR - Defer Maximum \$

By per pay amount

\$

If declining:

3

Save & Continue

Don't want this benefit?

ANCIALLARY BENEFITS



	STANDARD SHORT TERM DISABILITY	VOLUNTARY SHORT TERM DISABILITY	STANDARD LONG TERM DISABILITY
Benefit Begins	8 th Day	15 th Day	180 th Day
Benefits Payable Period	26 Weeks	24 Weeks	Up to Social Security Normal Retirement Age (SSNRA)
% of Income Replaced	50%	60%	60%
Maximum Benefit	Up to \$170 <i>per week</i> *	Up to \$1,000 <i>per week</i>	Up to \$4,000 <i>per month</i>

STD: Where applicable State disability benefits apply

Voluntary STD: * 1st time offering, no medical exam ** Off set by Standard STD

Cont. Ancillary Benefits



LIFE and AD&D INSURANCE

BENEFIT: 1x Annual Salary

Group life insurance is a benefit provided and paid for by SavATree for its eligible employees.

Please remember to keep your beneficiary designation up to date and notify your HR team of any changes as soon as they occur.

Life insurance benefits must be paid to the last known beneficiary designation on file.



VOLUNTARY LIFE INSURANCE

Minimum: \$10,000

Maximum: 5x Annual Salary

\$350,000 Guaranteed Issue

Your voluntary life insurance will provide coverage above and beyond your group life benefit. Voluntary premiums are paid for by the employee via payroll deductions.

Your premium amount will be based on personal factors. Please visit Employee Navigator to determine **your** premium.

Spouse: Min \$5,000 – Max \$500,000

Dependent: Min. \$1,000 – Max \$10,000

Cont. Ancillary Benefits



VOLUNTARY ACCIDENT INSURANCE

Benefits are payable when an accident occurs and can assist in off-setting your financial burden outside of your medical claims and insurance payments.

COVERAGE: 24-hour on or off the job injuries.

Benefits for these policies can include things like:

\$100 ER Visit

\$75 Doctor or Urgent Care Visit

\$1,000 Hospitalization

Up to \$250 Anesthesia

Your premium amount will be based on personal factors.
Please visit Employee Navigator to determine **your** premium.



Cont. Ancillary Benefits



VOLUNTARY CRITICAL ILLNESS

Benefits payable when an accident or critical illness occurs that can assist in off-setting your financial burden outside of medical claims and insurance payments.

Guaranteed Issue: \$30,000 for EE's and 50% for spouses & dependents.

Benefits for these policies can provide up to 100% payment of the selected benefit (up to \$30,000) for things like:

- Heart Attack
- Stroke
- Organ Failure
- Cancer
- ESRF
- Coma
- Dementia
- And more...

Your premium amount will be based on personal factors.
Please visit Employee Navigator to determine **your** premium.

EMPLOYEE ASSISTANCE PROGRAM

Work/Life Wellness



Help, when you need it most

- Stress
- Depression
- Addiction
- Child care
- Elder care
- Grief and loss
- Legal questions
- Family relationships and parenting
- Even reducing your medical/dental bills!

Who is covered?

The program is available to you, your spouse, dependent children, parents and parents-in-law. It's provided to you at no additional cost as part of your insurance plan.

Help is easy to access

- Online/phone support: Unlimited, confidential, 24/7.
- In-person or Virtual: 5 visits with a Licensed Professional Counselor* are available at no additional cost to you. Your counselor may refer you to resources in your community for ongoing support.

Toll-free 24/7 access:

 1-800-854-1446 *(multi-lingual)*

 www.unum.com/lifebalance

 Confidential



401(k) PLAN



You're eligible to participate immediately upon being hired

Automatic Enrollment

- Our plan requires all new employees automatically be enrolled at 3% of eligible compensation
- Unless you take action to enroll at a higher or lower percentage or decline, you will be automatically enrolled

Company Match

- Your contributions to the plan are always yours and tax deferred
- Employer contribution is discretionary
- .75 per dollar to a maximum of \$1,000 per year
- Vested in company match after 3 years of employment

Investment Options

- Time Dated Fund
- Various mutual funds



Visit www.401k.com

TUITION REIMBURSEMENT



You are eligible for consideration after **2 years** of employment

- We encourage employees to pursue continuing education to improve and expand level of knowledge and skills
 - Courses must pertain to employment at SavATree
 - Reviewed and approved by management
- Approved courses reimbursed at 80%
 - Annual maximum cap of \$5,250

GETTING STARTED



Visit: www.savatreebenefits.com >



to register and enroll!



Good Afternoon, Valerie!

Grab a cup of coffee and let's get some work done.

It's good to see you.



One Team



Work Here. Thrive Here.

