



BENEFITS GUIDE



2023-2024



IMPORTANT NOTICE: READ CAREFULLY

This benefits guide briefly describes your benefit choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. This guide is not intended to be a complete description of the benefit plans and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. The Plan Sponsor reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits.

A MESSAGE FROM NORTHCOAST CHILDREN'S SERVICES

Dear Valued Employee,

Northcoast Children's Services knows that our most important asset is the dedicated employees that work hard to deliver the quality service that our clients have come to expect. Knowing that, we are committed to providing quality health benefits to our valued employees and eligible dependents.

As you are aware, the cost of healthcare has continued to rise at double digit levels over the past decade. It is now one of the nation's largest issues. Northcoast Children's Services has worked hard to create a solution that will control the rising cost to the company as well as our employees.

We urge you to read this benefit guide carefully and keep it for future reference. If you are well informed, you will be in a better position to make the appropriate choices and take full advantage of your benefits as a valued member of our team.

We encourage you to contact Human Resources or the SolV Benefits Advocacy Line at 833.4.SOLVIT or BAT@solvins.com if you should have any questions regarding your employee benefits package.

Sincerely,

NCS

TABLE OF CONTENTS

4	Eligibility and Enrollment
5	Eligibility and Changes
6	Medical
9	How to Find a Provider
10	Health Savings Account
11	Vision
12	Cash Opt-Out and Dependent Care
13	Life insurance
14	Other Benefits
15	Glossary of Terms
16	Contacts
17	SoIV BAT Team



ELIGIBILITY & ENROLLMENT

ELIGIBILITY

All of your healthcare benefits become available to you through your employer on the 1st of the month following 60 days of continuous employment. In order to be eligible for company benefits you must work a minimum of 30 hours per week on a regular basis and be hired into a regular position. If you are not currently eligible for benefits, but in the future your employment status changes to an eligible class, you will be allowed to join the plan on the first of the month following 60 days of eligible employment.

HOW TO ENROLL

New employees will have the opportunity to request benefits information at the time of hire when completing their new employee paperwork. All enrollment materials and applications must be completed and submitted to the Benefits Administrator within your 60 day waiting period.

ELIGIBLE DEPENDENTS

Our benefit plans are available to you and your family members. You can enroll yourself, your spouse or registered domestic partner, and eligible children of you, your spouse or your registered domestic partner. Eligible children under the plan include biological, adopted, or children of whom you have legal custody, up to the age of 26. If your child is disabled before the age of 26, they may be eligible for continued coverage while disabled beyond age 26.

WAIVING COVERAGE

If you elect to waive your coverage options through your employer, you still must act. You must complete a waiver form and submit to the Benefits Administrator within your 60 day waiting period. Please keep in mind that you will not be allowed to enroll in any of the offered plans if you later change your mind unless you experience a qualified event (see the next page). You will be allowed to enroll during the next Open Enrollment period if you are still eligible. Please note that you must provide a reason for waiving coverage on the waiver form.

NEARING MEDICARE ELIGIBILITY?

Are you or your spouse nearing Medicare eligibility age? If so, there are important things you should know about how your employer-sponsored plans integrate with Medicare. Reach out to your HR department or the SolV Benefits Advocacy Team (BAT) for more information about what steps you should take if you are, or will be, eligible for Medicare.

ELIGIBILITY & CHANGES

MAKING CHANGES

If you experience a qualifying event such as marriage, divorce, birth/adoption of a child or you lose other group coverage you have 31 days to notify the Benefits Administrator and make changes to your elections.

HIPAA SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g., change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must enroll and provide the applicable required supporting documentation within 31 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the US Department of Labor website at: http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html

REDUCTION OF HOURS

If you experience a loss in hours and you are not regularly working the required 30 hours per week to maintain eligibility, you will lose coverage. You will be eligible for continuation of coverage when applicable.

IF YOU LEAVE YOUR JOB

In the event that your employment with your employer ends, qualified beneficiaries will be offered COBRA continuation coverage. You will receive election paperwork and be given the opportunity to continue to cover yourself or your previously enrolled dependents on the plan.

MEDICAL

Northcoast Children's Services will continue to partner with Aetna to offer comprehensive medical plans to our employees and their families.

Aetna Managed Choice PPO 1500	
GENERAL PLAN PROVISIONS	MEMBER RESPONSIBILITY
Deductible <i>Individual/Family</i>	\$1,500/\$3,000
Calendar Year Out-of-Pocket Limit <i>Individual/Family</i>	\$3,500/\$7,000
OUTPATIENT SERVICES	
Office Visit (Primary Care/Specialist)	\$25/\$50
Routine Adult Physical Exams	No cost
Diagnostic Lab & X-Ray	20% after deductible
Imaging (CT/PET/MRIs)	20% after deductible
Outpatient Surgery in Facility	20% after deductible
INPATIENT SERVICES	
Hospitalization	20% after deductible
EMERGENCY & URGENT SERVICES	
Emergency Room	20% after \$300 copay, no deductible
Urgent Care	\$75
PRESCRIPTION DRUGS	
30-DAY SUPPLY	
Generic	\$10
Brand – Formulary	\$30
Brand – Non-Formulary	\$50
Specialty Medication	30% up to \$250
EMPLOYEE COST	
PER PAY PERIOD	
Employee Only	\$72.05
Employee + Spouse	\$942.93
Employee + Child(ren)	\$652.60
Employee + Family	\$1,596.08

Out of network benefits not shown. Please refer to the plan document.

MEDICAL

Northcoast Children's Services will continue to partner with Aetna to offer comprehensive medical plans to our employees and their families.

Aetna Managed Choice PPO 2500	
GENERAL PLAN PROVISIONS	MEMBER RESPONSIBILITY
Deductible <i>Individual/Family</i>	\$2,500/\$5,000
Calendar Year Out-of-Pocket Limit <i>Individual/Family</i>	\$6,250/\$12,500
OUTPATIENT SERVICES	
Office Visit (Primary Care/Specialist)	\$25/\$50
Routine Adult Physical Exams	No cost
Diagnostic Lab & X-Ray	\$35
Imaging (CT/PET/MRIs)	\$500
Outpatient Surgery in Facility	\$750
INPATIENT SERVICES	
Hospitalization	\$750
EMERGENCY & URGENT SERVICES	
Emergency Room	\$300 after deductible
Urgent Care	\$50
PRESCRIPTION DRUGS	
	30-DAY SUPPLY
Generic	\$10
Brand – Formulary	\$30
Brand – Non-Formulary	\$50
Specialty Medication	30% up to \$250
EMPLOYEE COST	
	PER PAY PERIOD
Employee Only	\$37.00
Employee + Spouse	\$865.84
Employee + Child(ren)	\$589.65
Employee + Family	\$1,487.49

Out of network benefits not shown. Please refer to the plan document.

MEDICAL

Northcoast Children's Services will continue to partner with Aetna to offer comprehensive medical plans to our employees and their families.

Aetna Managed Choice HSA 3000	
GENERAL PLAN PROVISIONS	MEMBER RESPONSIBILITY
Deductible <i>Individual/Family</i>	\$3,000/\$6,000
Calendar Year Out-of-Pocket Limit <i>Individual/Family</i>	\$6,000/\$12,000
OUTPATIENT SERVICES	
Office Visit (Primary Care/Specialist)	20% after deductible
Routine Adult Physical Exams	No cost
Diagnostic Lab & X-Ray	20% after deductible
Imaging (CT/PET/MRIs)	20% after deductible
Outpatient Surgery in Facility	20% after deductible
INPATIENT SERVICES	
Hospitalization	20% after deductible
EMERGENCY & URGENT SERVICES	
Emergency Room	20% after deductible
Urgent Care	20% after deductible
PRESCRIPTION DRUGS	
	30-DAY SUPPLY
Generic	\$10 after deductible
Brand – Formulary	\$30 after deductible
Brand – Non-Formulary	\$50 after deductible
Specialty Medication	30% up to \$250 after deductible
EMPLOYEE COST	
	PER PAY PERIOD
Employee Only	\$0
Employee + Spouse	\$710.65
Employee + Child(ren)	\$473.84
Employee + Family	\$1,243.64

Out of network benefits not shown. Please refer to the plan document.

HOW TO FIND A PROVIDER

Find the Right Aetna Doctor or Facility

You can locate a doctor or facility through Aetna's **Find a Doctor Online Directory**. Find a Doctor is updated six times a week. Please keep in mind that the availability of any particular provider cannot be guaranteed.

1. Log on to: <http://www.aetna.com>
2. Continue as a guest and enter required fields.

Already a member?

Not registered with Aetna yet?

Login to Secure Site Register Now

Why Register?

You will be able to find all your coverage information online when you need it.

Searching as a member is better

You Can:

- Get results for your plan
- View cost estimates
- Select a primary care doctor

Continue as a guest

Please enter your home location (zip, city, county or state) to access providers specific to your plan benefits.

Enter location here

Traveling? You can change your location after you select your plan

Look within

25 Miles

0 Miles 100 Miles

Search

Enter a 5-digit zip code, city, state, or county to begin looking for a provider

3. Select “Aetna Standard Plans”
4. Then select “Open Choice PPO”

Skip plan Selection » Continue

Select a Plan

Enter plan name to narrow list below, e.g. Managed Choice

Aetna Standard Plans

- Aetna Affordable Health Choices* limited benefits insurance plan (SRC only)
- Aetna Select™
- Elect Choice* EPO
- HMO
- Managed Choice* POS
- Open Choice* PPO
- QPOS*

Open Choice PPO

HEALTH SAVINGS ACCOUNT

ELIGIBILITY

If you enroll in a High Deductible Health Plan you are eligible to contribute to a Health Savings Account (HSA). HSAs were created by the federal government to give people a tax-advantaged way to pay for medical expenses and save for future needs. An HSA is tax-advantaged because you generally are not taxed at the federal level on contributions, earnings, or withdrawals.

USING YOUR HEALTH SAVINGS ACCOUNT

You can use your HSA to:

- Pay for current expenses such as deductibles, dental and vision treatments, hearing aids, prescription drugs, coinsurance or other health care needs
- Pay for future qualified health care expenses even if you're no longer enrolled in a High Deductible Health Plan
- Reimburse eligible individual's (yourself, your spouse, and your tax dependents to age 24) qualified health care expenses tax-free
- Manage your HSA funds as an investment and save for the future

Northcoast Children's Services has partnered with Redwood Capital Bank to administer your HSA if you enroll. You must be enrolled in Aetna Managed Choice HSA 3000 plan in order to participate. Please go to Redwood Capital Bank to set up your HSA. Once complete, give your account number to Pam Rex, Administrative Services Director of NCS.

HIGH DEDUCTIBLE HEALTH PLANS AND HSAs WORK TOGETHER

HIGH DEDUCTIBLE HEALTH PLAN	HEALTH SAVINGS ACCOUNT
<ul style="list-style-type: none">• Comprehensive medical coverage after you pay the deductible• Preventive care benefits before you meet the deductible• Plan pays a portion of covered services• Out of pocket maximum protects you from high costs	<ul style="list-style-type: none">• You can contribute up to the annual maximum per year of \$3,850 for an individual or \$7,750 for a family.• You own the account and can take it with you even if you change jobs.• Unused funds stay in your account until you use them. You can even invest the money!

VISION

YOUR VISION PLAN

Northcoast Children's Services vision insurance entitles you to specific eye care benefits. Vision insurance can help you maintain your vision as well as detect various health problems. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Vision Service Plan		
GENERAL PLAN PROVISIONS	IN NETWORK	FREQUENCY
Eye Exam	\$10 copay	Every 12 months
Frame Allowance	Up to \$130 then 20% off additional	Every 24 months
Eye Glass Lenses (Single Vision, Bifocal, Trifocal)	\$10 copay	Every 12 months
Contact Lenses (in lieu of frames)	Up to \$130 then 15% off additional	Every 12 months
EMPLOYEE COST	PER PAY PERIOD	
Employee	\$0	
Employee + Spouse	\$2.80	
Employee + Child(ren)	\$3.11	
Employee + Family	\$6.04	

Out of network benefits not shown. Please refer to the plan document.



IMPORTANT!

If you enroll on one of the Aetna medical plans, you will be automatically enrolled on the Aetna vision plan in the exact same coverage tier as medical and you will be payroll deducted accordingly.

CASH OPT-OUT OR DEPENDENT CARE

CASH OPT-OUT

If you choose not to enroll on medical insurance through NCS for the 2023-2024 plan year, you will receive a \$250 cash opt-out benefit as long as you are enrolled in other health insurance such as Medicare, Medicaid, Tricare or another qualified group health plan through a spouse or a family member.

DEPENDENT CARE ACCOUNT

If you choose to forego the cash opt-out benefit, you can use it as a dependent care benefits to pay for qualified dependent care expenses. Please contact your HR Department if you'd like to set up a dependent care account.



IMPORTANT!

You can only contribute up to \$5,000 toward your dependent care account or \$2,500 if married filing separately.

LIFE INSURANCE

BASIC LIFE AND AD&D INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. Northcoast Children's Services provides full-time employees with the following life and accidental death and dismemberment (AD&D) benefit:

\$25,000

Northcoast Children's Services pays for the full cost of this benefit – meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

Naming Your Beneficiary

It is important to note that you must name a beneficiary. You can choose a relative or a friend, but please make sure to choose someone.

Aetna – Group Life Insurance

BENEFITS

Life Insurance	\$25,000
AD&D Insurance	\$25,000
Conversion	Available within 31 days from termination of group plan
Living Benefit	If insured person's medical condition is expected to result in death within 12 months, as diagnosed by a physician, you can request up to 75% of your group term life benefits.

AGE REDUCTIONS

At Age 65	Reduced by 35% of original benefit
At Age 70	Reduced by an additional 15%
At Retirement	Benefit terminates

OTHER BENEFITS

AbleTo

Behavioral health support that fits your schedule

Aetna has teamed up with AbleTo, a leading behavioral health care provider to offer a digital program members can complete from home.

- Convenient eight-week program with counseling and coaching by video or phone
- Two sessions per week, one with a therapist to address emotional challenges and one with a behavior coach to identify health goals and develop an action plan
- Members choose the times that work best for them. During the day, in the evening or on weekends

Talkspace

In-network virtual behavioral health support for therapy and medication management

Therapy (13+)

- Text therapy* or live video care with a dedicated provider for a range of preventative and treatment needs; therapists message daily during business hours

Medication Management (18+)

- Quick access to a specialized psychiatric prescriber for evaluation & follow-up video appointments only

Self-Help Tools

- Journaling, meditation, and interactive exercises available to all, whether or not you are actively engaging with a provider

To register visit <https://talkspace.com/aetna>

BENEFIT HUB

Another great perk of being an NCS employee is access to a discount marketplace through Benefit Hub to enjoy discount, rewards and perks on thousands of brands you love in a variety of categories:

- Travel
- Auto
- Electronic
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health & Beauty
- Sports & Outdoors



Visit ncs.benefithub.com to access these discounts!

GLOSSARY OF TERMS

GLOSSARY OF TERMS

AD&D (Accidental Death & Dismemberment)	A plan that provides benefits in the event of an accidental death or dismemberment (generally, an accident that results in death, loss of part of the body, or the loss of the use of part of the body).
Beneficiary	A person designated by a participant, or by the terms of an employee benefit plan, which is or may become entitled to a benefit under the plan.
COBRA	Federal law (Consolidated Omnibus Budget Reconciliation Act of 1985) requiring certain employers that offer group health plans to provide continuation coverage to employees and their dependents who incur certain qualifying events.
Co-Insurance or Cost Sharing	The portion of covered health care costs for which you are financially responsible. Coinsurance does not include deductibles or copays.
Co-Payment or Copay	A set amount you pay out of pocket for a particular service. The plan pays the balance.
Deductible	The out-of-pocket amount you must pay each plan year before the plan pays for eligible benefits.
Evidence of Insurability	Many insurance companies require prospective clients/ individuals to prove that they are in good health and are therefore good insurance risks before the company will cover them.
Explanation of Benefits (EOB)	A statement from a plan explaining what portion of a claim was paid.
Generic	Your prescription drug copay depends on the class or group of your prescribed medication. A generic drug generally has the lowest copay level. A generic drug is one that is no longer produced only under a brand name. Once a drug's patent expires, many companies can begin to manufacture "generic" versions of a previously brand-name-only drug. Generic drugs are identical to brand-name drugs in chemical makeup ("active ingredients"), usage, strength and dosage. They are regulated and approved by the FDA just like brand-name drugs; however, they are much less expensive.
HIPAA Authorization	Under HIPAA, a document that authorizes the use or disclosure of an individual's Protected Health Information by a Covered Entity for any purpose described in the document and meets specific requirements.
In-Network Provider	A provider who has contracted with a health care plan (a medical, dental or vision plan) and agreed to certain rates. In most cases, you pay less and receive a higher benefit when you use in-network providers. Check with your plan for coverage details.
Negotiated rates	The costs for health care services negotiated between the insurance carrier and in-network health care providers. Negotiated rates are usually less than usual, customary and reasonable (UCR) charges.
Non-preferred brand	Your prescription drug copay depends on the class or group of your prescribed medication. A non-preferred brand-name drug generally has the highest copay level because it is not on the plan's list of preferred drugs. You can find out how different drugs are classified by your plan by visiting the plan's Web site.
Out-of-Pocket Expenses	Copays, deductibles, and other expenses that are not covered by the health plan.
Out-of-Network Provider	A state-licensed health care provider who has not contracted with a health care plan (medical, dental or vision plan) and has not agreed to certain rates. In most cases, you pay more and receive a lower level of benefits when you use out-of-network providers. See your plan for coverage details.
Qualifying Life Event	Certain events which may allow you to make allowable changes to your benefits. Qualifying events include: marriage, divorce, death, birth, adoption or placement for adoption, and significant change in employment.
Reasonable and Customary (R&C) or Usual, Reasonable & Customary (UCR)	A term used in many health plans, defined as the price at or below which the majority of health-care professionals of similar expertise charge for similar procedures within a specific geographic area.

PLAN CARRIERS

Plan	Group #	Telephone #	Website
MEDICAL			
Aetna Managed Choice PPO 1500	TBD	877-204-9186	www.aetna.com
Aetna Managed Choice PPO 2500	TBD	877-204-9186	www.aetna.com
Aetna Managed Choice HSA 3000	TBD	877-204-9186	www.aetna.com
VISION			
Aetna	TBD	877-973-3238	www.aetnavision.com
DEPENDENT SPENDING ACCOUNT			
Lorraine Baddeley – HR Director of NCS	N/A	707.822.7206	N/A
LIFE INSURANCE			
Aetna	TBD	800-523-2233	gbdcustomerservice@thehartford.com
OTHER BENEFITS			
Solv Benefits Advocacy Team (BAT) Assistance resolving benefits issues	Northcoast Children's Services	833.476.5848	BAT@solvins.com
Talkspace – Aetna	N/A	N/A	talkspace.com/aetna
Benefit Hub Online discount marketplace with thousands of discounts on brands you love!	N/A	N/A	Ncs.benefitshub.com



INDEPENDENT INSURANCE ASSOCIATES

BENEFIT ADVOCACY TEAM (BAT)

Need assistance with resolving a benefits related issue?

Have questions regarding what is covered or where to be seen?

Contact the Benefit Advocacy Team and get the one-on-one support you need.

Call Toll Free | 833.4.SolvIt (833.476.5848)

Text | 833.476.5848

Chat Online | www.solvins.com

Email | BAT@solvins.com

MEDICAL

Claims, Order ID Cards,
Find a Provider

VISION

Find Doctors,
Questions About
Coverage

PHARMACY

Learn More About
Benefits, Resolve
Issues

Monday – Friday, 8:00am – 5:30pm PST

License Number:
0K72752



CADOI 0K72752

W [solvins.com](https://www.solvins.com)

T 833.4.SOLVIT

E BAT@solvins.com