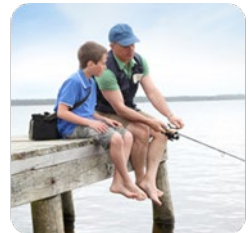
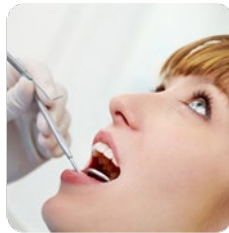
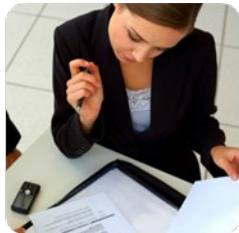




Employee Benefits Enrollment Guide

Plan Year: 1/01/2023-12/31/2023



Employee Benefit Overview

We are pleased to be able to offer you this benefits portfolio – made available for the protection of you and your family. StoneBridge Senior Living offers you and your eligible family members a comprehensive and valuable benefits program. The Benefits Overview, along with available carrier materials, are helpful tools to review your options.

Benefits Available
Medical – Anthem (Professionals Only)
MEC Plans– Anthem (Professional and Non-Professional)
Dental Insurance – Delta
Vision Insurance – Delta
Basic Life Insurance – MetLife
Voluntary Life Insurance – MetLife
Voluntary Long Term Disability – MetLife
Voluntary Accident – MetLife
Voluntary Critical Illness – MetLife

Eligibility Information:

Benefits are available for all active full-time employees. You become eligible for benefits on the first of the month following 60 days of employment.

Important Notes:

- 1) This year StoneBridge Senior Living will have a **PASSIVE** enrollment. **This means that if you do not enroll in benefits during the Open Enrollment timeframe, your current enrollment will rollover for 2023!**
 - **If you are enrolled in the Anthem MEC Plus for 2022 and you do not complete your 2023 enrollment, you will automatically be enrolled in the Anthem MEC Basic plan that is replacing the Plus plan.**
- 2) Open Enrollment for 2023 is from **December 1st through December 14th**. Your open enrollment period is the only time each year that you may make changes to your Benefit Elections, unless you have a “Change in Status” event.
- 3) A qualified Change in Status is allowed within 30 days from date of the event. Examples include the following: marriage, divorce, legal separation, birth or adoption of a child, change in child’s dependent status, death of qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse’s or child’s benefits or employment status.

How to Enroll:

You have the option to contact the call center or enroll online.

- Call Center – (314) 827-0603
 - Hours during Open Enrollment – Sunday through Friday from 8 AM to 5 PM CST
- Online – <https://metlife.benselect.com/stonebridge>
 - Username: Your Full Social Security Number
 - Password: Last 4 digits of your Social Security Number + 2 digit year of your birth

Anthem – Medical Plan

Below is a short summary of the benefits under the Anthem Medical Plans, please refer to the Medical Summary Plan Description or plan summaries for a detailed listing of benefits. The percentages below refer to the percent that *the plan* will cover once your deductible has been met. **The BJC Network is an OUT OF NETWORK PROVIDER on this policy.**

BENEFITS	Anthem	
	In-Network	Non-Network
Network Used	*Blue Preferred Select	
Annual Deductible		
Individual	\$5,000	\$15,000
Family	\$10,000	\$30,000
Coinsurance	100%	70%
Out-of-Pocket Maximum		
Individual OOP Max	\$6,850	\$20,550
Family OOP Max	\$13,700	\$41,100
Items Included in OOP Max	All medical and prescription drug deductibles, copayments and coinsurance	
Physician Office Visits		
Primary Care Physician	\$30 copay after deductible	70% after deductible
Specialist	\$60 copay after deductible	70% after deductible
Preventive Services	100%	70% after deductible
Telemedicine	\$59	
Hospital and Emergency Services		
Outpatient Services	100% after deductible	70% after deductible
Inpatient Services	100% after deductible	70% after deductible
Urgent Care Services	\$75 copay after deductible	70% after deductible
Emergency Room Services (waived if admitted)	\$300 copay after deductible	
Other Services		
Diagnostic X-rays & Lab	100% after deductible	70% after deductible
Major Diagnostic (CT, MRI, etc.)	100% after deductible	70% after deductible
Chiropractic Services	100% after deductible	70% after deductible
Therapy (visit limits apply)	100% after deductible	70% after deductible
Prescription Drugs (30 Day Supply)	Essential Formulary - Rx Choice Level 1/Level 2 <i>Combined with medical deductible</i>	
Rx Deductible		
Tier 1	\$10/\$20 copay	50% after deductible
Tier 2	\$35/\$45 copay	50% after deductible
Tier 3	\$75/\$85 copay	50% after deductible
Specialty Rx	25% up to \$350/\$450	50% after deductible
Mail Order	\$25/\$105/\$225	Not Covered

* The deductible is **Embedded**, each family member has an individual deductible and out-of-pocket limit within a family, all family members can collectively meet the family deductible and out-of-pocket limit but a member would not have to satisfy more than their individual limit.

BI-WEEKLY MEDICAL PAYROLL DEDUCTIONS	
Employee	\$139.99
Employee & Child(ren)	\$478.09

Anthem – MEC Plans

The Anthem Basic Plan will be replacing the Anthem Plus Plan in 2023. Below is a short summary of the benefits under the Anthem MEC Plans, please refer to the MEC Summary Plan Description or plan summaries for a detailed listing of benefits.

BENEFITS	Anthem	
	Core	Basic
	INN Only - Bluecard PPO (except Emergency Room Visits INN and OON)	
Annual Deductible	\$0	\$0
Co-insurance	0%	0%
Annual out-of-pocket maximums	\$8,550 Individual	\$8,550 Individual
	\$17,100 Family	\$17,100 Family
ACA Compliance	Minimum Essential Coverage (MEC)	Minimum Essential Coverage (MEC)
Preventive Services	Covered 100%	Covered 100%
Doctor & Office Visits	6 visits per year limit PCP and Specialist combined	6 visits per year limit PCP and Specialist combined
Primary Care	\$25 copay per visit	\$25 copay per visit
Specialist	\$40 copay per visit	\$40 copay per visit
LiveHealth Online TeleMed	\$10 copay per visit, no visit limit	\$10
LiveHealth Online Behavioral Health	\$10 copay per visit, no visit limit	\$10 copay per visit, no visit limit
Urgent Care Visits	2 visit per year limit	2 visit per year limit
	\$75 copay per visit	\$75 copay per visit
Outpatient X-Ray and Lab ^{#,^}		
Performed in covered doctor office, urgent care, ER visits	\$0 copay per visit; 6 visits per year	\$0 copay per visit; 6 visits per year
Performed in freestanding facilities	\$100 copay per visit; 3 visits per year	\$100 copay per visit; 3 visits per year limit
Emergency Room Visits INN & OON	· Not Covered	· Not Covered
Outpatient Complex Imaging (CT, PET, MRI)	· Not Covered	1 test per year limit
		\$400 copay per test Facility only covered; related professional services such as radiologist not covered
Outpatient Surgery - Facility, Surgical and Physician	· Not Covered	1 surgery per year limit
		\$1,000 facility copay per surgery
		\$500 surgeon copay per surgery Facility only covered; related professional services such as radiologist, anesthesiologist, pathologist not covered; in-office surgery not covered
Inpatient Care	· Not Covered	· Not Covered
Pharmacy Benefits	No annual limit on number of prescriptions	No annual limit on number of prescriptions
Tier I - Generic	\$10 copay each	\$10 copay each
Tier II - Preferred Brand	- not covered	30% coinsurance each
Tier III - Non-preferred Brand	- not covered	- not covered
Tier IV - Specialty	- not covered	- not covered
	30 day retail supply; excludes Specialty, Mail	30 day retail supply; excludes Specialty, Mail Order

CORE PLAN		BASIC PLAN	
BI-WEEKLY MEDICAL PAYROLL DEDUCTIONS		BI-WEEKLY MEDICAL PAYROLL DEDUCTIONS	
Employee	\$23.08	Employee	\$94.15
Employee & Spouse	\$78.24	Employee & Spouse	\$241.46
Employee & Child(ren)	\$69.90	Employee & Child(ren)	\$225.03
Family	\$117.63	Family	\$351.30

MEC Basic Plan – Health Reimbursement Arrangement (HRA)

StoneBridge will continue the HRA Plan through WEX (formerly Discovery Benefits). The HRA applies to the MEC Basic Plan Only.

StoneBridge will reimburse:

- Up to \$2,000 of Medical expenses for the employee
- Up to \$2,000 of Medical expenses for dependent coverage (Children and Spouse combined)

Expenses include all out-of-pocket Medical expenses that are not paid by the MEC Basic Plan. See below on how to file an HRA claim:



FILING CLAIMS
EMPLOYEE HANDOUT

FILE CLAIMS QUICKLY

EASILY VIEW OR FILE A CLAIM THROUGH THE BENEFITS MOBILE APP OR YOUR ONLINE ACCOUNT

GET A CLAIM PROCESSED IN TWO BUSINESS DAYS

When you pay for eligible expenses out of pocket, filing a claim lets you receive reimbursement and take advantage of your pre-tax benefits. With Discovery Benefits, the claim filing process is quick and simple. The Benefits Mobile App by Discovery Benefits and your online account let you file a claim with just a few taps or clicks.

Note: You don't need to file a claim for purchases made with your Discovery Benefits debit card. However, you may still need to submit documentation via our mobile app or online account on those claims.

THE EASIEST WAYS TO FILE CLAIMS

Benefits Mobile App
You can file claims and submit documentation in seconds using the Benefits Mobile App. Our app is the quickest and easiest method for filing claims and submitting documentation. Just use your phone's camera to take a picture of documentation and upload it on the spot.

Online Account
You can also file claims through your online account by clicking the "File A Claim" button within the "I Want To" menu on the homepage of your online account.

Note: You may also file a claim by submitting an Out-of-Pocket Reimbursement Request Form and supporting documentation via fax or mail.

DOWNLOAD THE APP FOR FREE ON APPLE AND ANDROID SMARTPHONES AND TABLETS

Download on the App Store | GET IT ON Google Play

The app also allows you to:

- Get instant notifications on the status of your claims.
- Check your balance and view account activity.
- Report a card as lost or stolen to keep your account secure.
- Determine 213(d) eligible expenses by using the eligible expense scanner and your phone's camera.

RESOURCES

EASY SUBSTANTIATION VIDEO
www.DiscoveryBenefits.com/easysubstantiation

BENEFITS MOBILE APP VIDEO
www.DiscoveryBenefits.com/mobileappvideo

Discovery Benefits®
www.DiscoveryBenefits.com

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10/22/18

Delta – Dental Plan

BENEFITS	Delta Dental		
	PPO	Premier	Non-Network
Annual Deductible Per Person			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Annual Plan Maximum Per Person	\$1,000		
Coinsurance			
Preventive	100%	100%	100%
Basic	80%	80%	80%
Major	50%	50%	50%
Orthodontia Coverage			
Adult	Not Covered		
Child	50%		
Orthodontia Lifetime Maximum	\$1,500		

	BI-WEEKLY DENTAL PAYROLL DEDUCTIONS
Employee	\$9.37
Employee & Spouse	\$18.77
Employee & Child(ren)	\$24.85
Family	\$35.07

Delta – Vision Plan

BENEFITS	Delta Vision	
	In-Network	Non-Network
Network	Eyemed	
Benefit Copayments		
Exam	\$10	Up to \$40
Materials	\$25	See Below
Frequency Guidelines		
Examinations	12 Months	
Frames	24 Months	
Lenses	12 Months	
Contacts	12 Months	
Frame Allowance	\$125 allowance	Up to \$50
Lense Allowance		
Single Vision	\$25 copay	Up to \$20
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$60
Lenticular	\$25 copay	Up to \$100
Contact Allowance		
Medically Necessary	\$250 allowance	Up to \$250
Elective	\$125 allowance	Up to \$75

	BI-WEEKLY VISION PAYROLL DEDUCTIONS
Employee	\$2.86
Employee & Spouse	\$5.09
Employee & Child (ren)	\$5.47
Family	\$8.32

MetLife – Ancillary Products

Below includes the short summaries of Ancillary Products that are provided through MetLife. Please refer your Benefit Booklets for the full summaries and rates for each line of coverage.

Basic Life Insurance and AD&D

Non-Professional Employees:

The company sponsors you for \$10,000 of Life and AD&D Insurance at no cost to you!

Professional Employees:

The company sponsors you for \$20,000 of Life and AD&D Insurance for you at no cost!

Voluntary Life Insurance

If you are currently enrolled in Vol Life – Statement of Health (SOH) will be required if your requested increase is more than 1 increment (for Employee/Spouse) or 1 coverage level (for Child) and/or over the guaranteed issue amount.

If you are NOT currently enrolled in Vol Life – Statement of Health (SOH) will be required if you are electing coverage during Open Enrollment.

BENEFITS	MetLife
Employee Benefits	
Increments	\$10,000
Minimum	\$10,000
Maximum	Lesser of 5x annual salary or \$500,000
Guarantee Issue	\$150,000
AD&D	Matches Life Benefit
Spouse Benefits	
Increments	\$5,000
Minimum	\$5,000
Maximum	\$100,000 not to exceed 50% of employee amount
Guarantee Issue	\$25,000
AD&D	Matches Life Benefit
Child(ren) Benefits	
Birth to 14 days	\$0
14 days to 6 months	\$1,000 (starts on 15th day)
6 months +	Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
Age Maximum	26
Guarantee Issue	\$10,000
AD&D	Matches Life Benefit

Employee Age	Employee & Spouse Coverage - Per Paycheck			
	\$1,000	\$10,000	\$20,000	\$40,000
Under Age 25	\$0.03	\$0.30	\$0.61	\$1.22
Age 25-29	\$0.03	\$0.30	\$0.61	\$1.22
Age 30-34	\$0.04	\$0.40	\$0.79	\$1.59
Age 35-39	\$0.04	\$0.44	\$0.89	\$1.77
Age 40-44	\$0.05	\$0.54	\$1.07	\$2.14
Age 45-49	\$0.08	\$0.77	\$1.53	\$3.06
Age 50-54	\$0.11	\$1.14	\$2.27	\$4.54
Age 55-59	\$0.20	\$1.97	\$3.93	\$7.86
Age 60-64	\$0.28	\$2.75	\$5.50	\$11.00
Age 65-69	\$0.46	\$4.60	\$9.19	\$18.39
Age 70+	\$0.82	\$8.15	\$16.30	\$32.60

Benefit	Dependent Child Coverage Per Paycheck
\$1,000	\$0.13
\$2,000	\$0.27
\$4,000	\$0.54
\$5,000	\$0.67
\$10,000	\$1.34

Voluntary Long-Term Disability

Employees have the opportunity to purchase Long-Term Disability a paycheck protection in the event you are unable to work due to injury or illness.

If you are currently enrolled in LTD – If you wish to continue your coverage Statement of Health (SOH) will not be required.

If you are NOT currently enrolled in Vol Life – Statement of Health (SOH) will be required if you are electing coverage during Open Enrollment.

BENEFITS	MetLife
Schedule of Benefits	60% of monthly earnings up to \$10,000
Elimination Period	90 Days
Own Occupation Period	24 Months
Maximum Benefit Period	Lesser of 5 years or schedule depending on age of disability
Pre-Existing Conditions Lookback/Treatment/On Plan	12/12

Employee Age	Rates (Per \$100) Per Paycheck
Under Age 25	\$0.176
Age 25-29	\$0.176
Age 30-34	\$0.176
Age 35-39	\$0.247
Age 40-44	\$0.322
Age 45-49	\$0.417
Age 50-54	\$0.558
Age 55-59	\$0.895
Age 60-64	\$0.867
Age 65-69	\$0.690
Age 70+	\$0.690

Voluntary Accident

Criteria	MetLife
Type	24 Hour - On/Off Job
Emergency room	\$150
Urgent Care	\$75
Doctor Office Visit	\$75
Initial Hospital Admission (Non-ICU/ICU)	\$500/\$1,000
Hospital Confinement (Non-ICU)	\$200 per day 15 days per covered person per accident
ICU confinement	\$200 per day 15 Days per covered person per accident
Fractures	Schedule up to \$8,000
Dislocations	Schedule up to \$8,000
X-Ray, MRI, CAT, EEG, Ultrasound	\$150
Concussion	\$250
Follow-Up Doctor Visits	\$75
Physical Therapy	\$35
Ambulance Ground/Air	\$300 Low/Air \$1,000
Surgery (open abdominal, thoracic)	Schedule up to \$1,500
Burns	Schedule up to \$10,000
Burns - Skin Graft	50% of burn benefit
Coma	\$7,500
Transportation	\$300 Low; 1 time(s) per accident, 2 time(s) per calendar year
Lodging	\$100 a day, 15 day(s) per calendar year
Accidental Death	Employee - \$25,000 Spouse - \$12,500 Child - \$5,000

Coverage Level	Rates Per Paycheck
Employee Only	\$5.52
Employee + Spouse	\$9.61
Employee + Children	\$8.28
Family	\$12.38

Voluntary Critical Illness

Criteria	MetLife	
Employee Guarantee Issue Max	\$15,000	
Spouse Guarantee Issue Max	\$7,500	
Child Guarantee Issue Max	\$7,500	
Pre-Existing Conditions	3 months lookback/6 months on the plan, does not apply to heart attack/stroke/severe burn	
Covered Conditions	1st Occurance	2nd Occurance
Invasive Cancer, Heart Attack, Coma, Benign Brain Tumor, Stroke	100%	100%
Kidney Failure, Major Organ Transplant, Paralysis, Advanced Alzheimers, Advanced Parkinsons, Advanced MS, ALS, Bone Marrow Transplant	100%	0%
Wellness Benefit	\$50 per year	

Attained Age	Per Paycheck Rates Per \$1,000 of Coverage			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
<25	\$0.17	\$0.28	\$0.25	\$0.35
25 - 29	\$0.20	\$0.32	\$0.28	\$0.39
30 - 34	\$0.24	\$0.38	\$0.32	\$0.46
35 - 39	\$0.30	\$0.47	\$0.38	\$0.54
40 - 44	\$0.41	\$0.63	\$0.48	\$0.70
45 - 49	\$0.56	\$0.86	\$0.64	\$0.93
50 - 54	\$0.77	\$1.20	\$0.84	\$1.28
55 - 59	\$1.03	\$1.66	\$1.11	\$1.74
60 - 64	\$1.41	\$2.29	\$1.49	\$2.37
65 - 69	\$1.93	\$3.18	\$2.01	\$3.25
70 - 74	\$2.65	\$4.31	\$2.72	\$4.38
75+	\$3.80	\$6.03	\$3.87	\$6.11

MetLife (EAP) Employee Assistance Program

(available to all Employees)

Work and life services

Telephonic consultations are available in the following areas:

Legal Services: Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more (excluding disputes or actions between you and MetLife/LifeWorks/your employer).

Financial Services: Budgeting, credit and financial guidance (investment advice, loans and bill payments not included), retirement planning and assistance with tax issues.

Childcare and Eldercare Assistance: Consultation plus referrals to childcare and eldercare providers.

Identity Theft Recovery Services: Information on ID theft prevention, plus an ID theft emergency response kit and help from a fraud resolution specialist if you are victimized.

Daily Living Services: Referrals to consultants and businesses that can help with event planning, transportation services, pet services and more (does not cover the cost nor guarantee delivery of vendors' services).

Online Member Services: LifeWorks' EAP website and app that will be available to you features a wide range of tools and information to help you take charge of your well-being and simplify your life. Log on to metlifeeap.lifeworks.com, **user name: metlifeeap** and **password: eap**.



Your EAP may be used to address a broad range of issues including:

- Marriage, Relationship and Family Problems
- Problems at Work
- Legal and Financial Issues
- Stress and Anxiety
- Alcohol and Drug Dependency
- Identity Theft
- Health and Wellness Concerns

**24 hours a day / 7 days a week
add this number to your cell
phone:**

1-888-319-7819

Provider Contacts:

MEDICAL PLAN

Provider	Anthem
Policy Number	MO2255
Customer Service	833-578-4436
Provider Website	www.anthem.com

MEC PLANS

Provider	Anthem
Policy Number	212100
Customer Service	833-308-3033
Provider Website	www.anthem.com

DENTAL PLAN

Provider	Delta Dental
Policy Number	1201521
Customer Service	800-335-8266
Provider Website	www.deltadentalMO.com

VISION PLAN

Provider	Delta
Policy Number	1201521
Customer Service	877-488-5130
Provider Website	www.deltadentalMO.com

LIFE INSURANCE, LONG-TERM DISABILITY, ACCIDENT & CRITICAL ILLNESS

Provider	MetLife
Policy Number	5947200
Customer Service	800-275-4638
Provider Website	www.metlife.com

This guide is for reference only for employees of StoneBridge Senior Living, benefits may be modified by the company with proper notice to you. This is only a highlight of your benefits. This summary is designed to be an overview of benefits available to employees of StoneBridge Senior Living and should in no way be construed as a contract. Please refer to the carriers' Summary Plan Description or Certificate of Coverage for a detailed description. Official plan and insurance documents actually govern your rights and benefits under each plan. If a discrepancy exists between this brochure and any of the official plan documents, the official documents will prevail. This version supersedes any existing summaries and is subject to change at anytime with or without notice