

StoneBridge
SENIOR LIVING

Bridge
REHABILITATION



Your Benefits

Effective January 2025 - December 2025

Getting started

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least **30 hours** per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.

Spouses are ONLY covered under the MEC Plans.

Your children

Dependent children are eligible:

- **Medical, dental and vision:** until age 26 regardless of student or marital status
- **Child life insurance:** until age 21, or 26 if a full-time student

[Enroll now](#)

Enrolling in coverage

Your benefit plans are in effect January 1 – December 31 each year. In general, there are **three times** you can make benefit selections:

① When you're first eligible

Your benefits begin on the first day of the month following 30 days of employment; this is your **effective date**. Be sure to submit your selections within your first 30 days of employment. Your benefit selections will be in effect through December 31.

② At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from January 1 – December 31 of the following year unless you have a qualifying life event.

③ If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within 30 days of your life event (60 days for changes involving Medicaid eligibility). Documentation may be required.



Getting started

Helpful terms & resources



We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Referral/pre-authorization

Some specialty medical providers and services require a referral from a primary doctor. These may include – but are not limited to – cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).

Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of StoneBridge Senior Living

You can request a paper copy at no charge from:

Erika Nilles-Plumlee, Director of HR
(636) 477-3280
erika.plumlee@sbseniorliving.com



How to handle medical bills (4:46)



Medical insurance

Major Medical Plan

Anthem

[See plan details](#)

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your **annual maximum cost for care** (out-of-pocket maximum).



BENEFITS	Anthem	
	In-Network	Non-Network
Network Used	*Blue Preferred Select	
HRA Assumption	None	
Annual Deductible		
Individual	\$5,000	\$15,000
Family	\$10,000	\$30,000
Coinsurance	100%	70%
Out-of-Pocket Maximum		
Individual OOP Max	\$7,000	\$21,000
Family OOP Max	\$14,000	\$42,000
Items Included in OOP Max	All medical and prescription drug deductibles, copayments	
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	Not Covered
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	\$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 Deductible	<i>Combined with medical deductible</i>	
Tier 1	\$10 copay	50% after deductible
Tier 2	\$35 copay	50% after deductible
Tier 3	\$75 copay	50% after deductible
Specialty Rx	25% up to \$350	50% after deductible
Mail Order	\$20/\$88/\$188	Not Covered

BI-WEEKLY MEDICAL PAYROLL DEDUCTIONS

Employee	\$165.00
Employee & Child (ren)	\$555.63

[See your plan documents for out-of-network benefits.](#)

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Medical insurance

MEC Plans

American Worker



First Health Network

Members have access to the First Health Network, which provides savings on Physician and Hospital services.

By visiting a First Health provider you can reduce your out-of-pocket expenses.

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.FirstHealthLBP.com

MEC Enhanced

MEC Enhanced Plus

In-network care

Network name:	First Health	First Health
Out-Of-Network	No Coverage	No Coverage
Preventive Care	ACA Required Preventive Services Covered at 100%	ACA Required Preventive Services Covered at 100%
Doctor Office Visits	\$30 Copay, 6 Visits per Year	\$30 Copay, 6 Visits per Year
Specialists	\$50 Copay, 3 Visits per Year	\$50 Copay, 3 Visits per Year
Diagnostic Tests & Lab Work	\$10 Copay, 3 Test Days per Year	\$30 Copay, 10 Test Days per Year
Advanced Imaging	-	\$50 Copay, 1 Test per Year
Prescription Drugs	Generic - \$15 Copay Brand Name - Discounts Annual Maximum - Unlimited	Generic - \$15 Copay Brand Name - Discounts Annual Maximum - Unlimited
Fully-Insured Benefits*		
Emergency Room Sickness	\$200 per Day, 2 Days per Year	\$300 per Day, 2 Days per Year
Surgical		
- Inpatient	\$1,000 per Day, 1 Day per Year	\$1,500 per Day, 1 Day per Year
- Outpatient	\$500 per Day	\$750 per Day
- Outpatient Minor	\$100 per Day	\$150 per Day
- Outpatient Maximum	1 Day per Year	1 Day per Year
Anesthesia	30% of Surgical Benefit	30% of Surgical Benefit
Daily Hospital Indemnity	\$300 per Day, 500 Day Lifetime Maximum	\$500 per Day, 500 Day Lifetime Maximum
Hospital Admission	\$500 Lump Sum per Confinement	\$1,000 Lump Sum per Confinement
Intensive Care Unit	\$600 per Day, 30 Days per Year	\$1,000 per Day, 30 Days per Year
Substance Abuse	\$150 per Day, 30 Days per Year	\$250 per Day, 30 Days per Year
Mental Illness	\$150 per Day, 30 Days per Year	\$250 per Day, 30 Days per Year
Skilled Nursing	\$150 per Day, 60 Days per Stay	\$250 per Day, 60 Days per Stay
Accident Medical** AD&D	Up to \$5,000 per Occurrence	Up to \$5,000 per Occurrence
- Employee / Spouse / Child	\$15,000 / \$7,500 / \$3,000	\$15,000 / \$7,500 / \$3,000

Your cost for coverage

Per paycheck

Per paycheck

Employee only

\$36.92

\$101.54

Employee + Spouse

\$102.26

\$182.52

Employee + Child(ren)

\$111.21

\$189.21

Employee + Family

\$167.52

\$256.75

See your plan documents for out-of-network benefits.

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Health Reimbursement Arrangement (HRA)

Health care dollars from WEX.

ONLY offered for employees enrolled in the MEC Enhanced Plus Plan

Pay for eligible health care expenses with an HRA – funded by Stonebridge



Contributions

When you enroll in the HRA medical plan, Stonebridge automatically sets aside money to help you and your covered dependents pay for qualifying health care expenses.

	If you cover yourself only	If you cover dependents
Stonebridge contributes:	\$2,000	\$2,000

Eligible expenses

You can use your HRA dollars for medical, prescription, dental, and vision expenses for you and your covered dependents.

Using your funds

Medical and prescription

Your deductible or copay will be automatically deducted from your HRA allowance first. Once your HRA is depleted, you may either pay out of pocket or use health care FSA funds.

Dental and vision

You can use your HRA debit card at the provider's office, or pay out of pocket and file for reimbursement. Be sure to keep your itemized receipt!

Unused funds and more

Unused funds at the end of the year will roll into the next year's allowance. Your funds are non-transferable and are forfeited if your employment with Stonebridge terminates for any reason.

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Employee Assistance Program (EAP)

Care for your mind – and your life – with support through MetLife.

Confidential care designed for all that life brings.

Everyone needs support sometimes (even superheroes)

Our Employee Assistance Plan (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support online, through live chat, or over the phone. 24/7/365.

EAP features:

- **Confidential.** No one at Stonebridge will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.
- **Face-to-face visits.** When needed, each person can receive up to **x** face-to-face (or virtual) visits with a licensed counselor per issue per year. **At no cost.** Additional visits – if needed – will go through your health insurance.



24/7/365 access to care.

1-888-319-7819

Dental insurance

Select from three dental options through Delta Dental.

All plans cover in-network preventive care at 100%. The differences are:

- what you pay for the plan,
- what you pay when you get care,
- the maximum amount Delta Dental will pay each year for dental care (annual maximum benefit), and whether **orthodontic** care is covered.



[See plan details](#)

	PPO	Premier	Non-Network
In-network care			
Network name:	PPO	Premier	Non-Network
Annual Deductible (DED)	\$50 per person \$150 family max	\$50 per person \$150 family max	\$50 per person \$150 family max
Annual maximum benefit	\$1,000 per person	\$1,000 per person	\$1,000 per person
Preventive care	100% covered	100% covered	100% covered
Basic care	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%
Major care	DED then you pay 50%	DED then you pay 50%	DED then you pay 50%
Orthodontic care			
Adult	Not covered	Not covered	Not covered
Child	50%	50%	50%
Lifetime maximum benefit	\$1,500	\$1,500	\$1,500
Your cost for coverage	Per paycheck	Per paycheck	Per paycheck
Employee only	\$10.33	\$10.33	\$10.33
Employee + Spouse	\$20.69	\$20.69	\$20.69
Employee + Child(ren)	\$27.40	\$27.40	\$27.40
Employee + Family	\$38.66	\$38.66	\$38.66



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Vision insurance

Your vision coverage is through Delta Dental.

You'll get an annual exam with coverage for lenses and frames, or **contacts in lieu of glasses**.



[See plan details](#)

	Vision plan	
Network name:	National PPO	
	In-network	Out-of-network (reimbursement)
Annual eye exam (every 12 months)	\$10 copay	Up to \$40
Materials copay (lenses & frames)	\$25 copay	N/A
Lenses (every 12 months)		
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
Frames (every 24 months)	\$125 allowance	Up to \$50
Contact lenses (every 12 months)	Elective: \$125 allowance Medically Necessary: \$250 Allowance	Up to \$75 Up to \$250
Your cost for coverage	Per paycheck	
Employee only	\$2.86	
Employee + Spouse	\$5.09	
Employee + Child(ren)	\$5.47	
Employee + Family	\$8.32	

Your vision plan covers either glasses (lenses and frames) **or** contact lenses each year.
If you receive contact lenses, they will be instead of your glasses benefit.

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Life and AD&D insurance

Financial peace of mind through MetLife .

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.



Basic life and AD&D insurance

Stonebridge provides life and AD&D insurance at no cost to you.

	Basic life	Basic AD&D
Stonebridge provides Non-Professional Employees	\$10,000	\$10,000
Stonebridge provides Professional Employees	\$20,000	\$20,000

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

Additional life and AD&D insurance

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	\$5,000	14 days to 6 months: \$1,000
Coverage maximum	5x your annual earnings to \$500,000	\$100,000 not to exceed 50% of employee amount	\$1,000, \$2,000, \$4,000, \$5,000, or \$10,000. Age maximum: 26
Medical question limit	\$150,000	\$25,000	\$10,000

What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Disability insurance

Protect your paycheck with disability insurance through MetLife.

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

Long-term disability

Long-term disability coverage can provide lasting income protection if you remain unable to work. [This coverage is available for purchase.](#)

Benefits begin	After 90 days of inability to work (once short-term disability ends)
Coverage amount	60% of your income up to \$5,000 per month
Payments may continue	Until your <u>Social Security Normal Retirement Age</u> if you remain unable to work.



Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.



Wish you knew more about finances? Now you can – at no cost!



Accident and Critical Illness



Additional benefit plans are a great way to customize your benefits package.

Accident coverage

[See plan details](#)

Accident coverage through MetLife pays you a cash benefit to help with your expenses –your deductible or copays, transportation, groceries and more – if you or a covered family member is injured due to an accident. The money is yours to use as you choose.

Critical illness

[See plan details](#)

Critical illness coverage through MetLife pays you a cash benefit to help with your expenses– your deductible or copays, transportation, groceries and more – if you or a covered family member is diagnosed with a covered critical illness. The money is yours to use as you choose.

How to file a 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

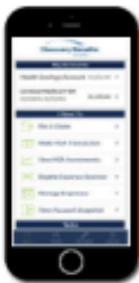
When you pay for eligible expenses out of pocket, filing a claim lets you receive reimbursement and take advantage of your pre-tax benefits. With Discovery Benefits, the claim filing process is quick and simple. The Benefits Mobile App by Discovery Benefits and your online account let you file a claim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



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



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.

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.

RESOURCES



EASY SUBSTANTIATION VIDEO

www.DiscoveryBenefits.com/easysubstantiation



BENEFITS MOBILE APP VIDEO

www.DiscoveryBenefits.com/mobileappvideo

Discovery Benefits®

www.DiscoveryBenefits.com

Getting started

Contact information

Medical insurance	Anthem Group: MO2255	1-833-578-4436 www.anthem.com
Health Reimbursement Arrangement (HRA)	WEX Enhanced Plus Plan ONLY	www.wexinc.com
Employee Assistance Program (EAP)	MetLife	1-888-319-7819
Dental insurance	Delta Dental Group: 1201521	1-800-335-8266 www.deltadentalMO.com
Vision insurance	Delta Dental Group: 1201521	1-877-488-5130 www.deltadentalMO.com
Life and AD&D insurance	MetLife Group: 5947200	1-800-275-4638 www.metlife.com
Disability insurance	MetLife Group: 5947200	1-800-275-4638 www.metlife.com
Additional benefit options	MetLife Group: 5947200	1-800-275-4638 www.metlife.com



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2025 benefits