

# St. Moritz Benefit Plan Offerings

January 1, 2023 through December 31, 2023



At St. Moritz Group we want to be sure you are receiving the best service and care available. With that in mind, we offer this quick reference guide to help you understand your benefits.

For **New Hires**, coverage is effective the first of the month after 59 days from your hire date. Medical coverage is available for employees working a minimum of 30 hours per week. Employees must work at least 20 hours per week to be eligible for most voluntary benefits.

*Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.*

## Highlights

### Medical

St. Moritz Group offers corporate and upper management employees three different medical plans provided by UnitedHealthcare. Each plan has different levels of copays, deductibles, and out-of-pocket maximums. To help determine which plan will work best for you, please review the chart on page 2 for a brief description of each medical plan.

### Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to a tax-sheltered bank account or HSA Account. An HSA is an account that you own and is used for paying eligible health care expenses for you and/or your eligible dependents' current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year.

### Dental

Dental coverage is provided through UnitedHealthcare so that you and your family can receive the care needed to maintain good dental health. You may use any licensed dentist you wish but you will have the highest level of coverage when you use an in-network provider. The Dental plan offers a wide network of national providers and provides coverage for routine preventive visits, basic care, and major services. Review the dental plan guide on page 4 for more information.

### Vision

St. Moritz Group has designed a vision plan that includes coverage for both an annual vision exam as well as vision hardware benefits. You should always use an in-network provider whenever possible to receive the highest benefit level.



Visit our benefit website:

[www.stmoritzbenefits.org](http://www.stmoritzbenefits.org)

### Short- or Long-Term Disability

Income replacement coverage due to an employee disability is provided by One America. Three levels of short-term disability and two levels of long-term disability coverage are available to St. Moritz employees.

### Term Life with Accidental Death & Dismemberment (AD&D)

The Term Life insurance benefit will be paid to your designated beneficiary in the event of death\* while covered under the plan. The AD&D benefit will be paid\* in the event of a loss of life or limb by accident while covered under the plan. \*See policy for details.

### Accident

Two tiers of Accident plan coverage are available to St. Moritz employees: Advantage or Premier. The plans pay a benefit for covered injuries or wellness treatments. See the chart on page 7 for additional information on the Accident plans.

### Critical Illness

The critical illness plan pays a lump-sum cash benefit upon diagnosis of a covered illnesses like a heart attack, stroke, or cancer. Starting October 1, 2021, the plan includes coverage for infectious diseases.

### Employee Assistance Program (EAP)

Your Employee Assistance Program (EAP) through United Healthcare provides 24/7 direct access to personalized support.

**All benefit enrollments are processed via the St. Moritz ADP portal. Visit [www.workforcenow.adp.com](http://www.workforcenow.adp.com) to register and enroll!**

## Medical Plans

St. Moritz Group is pleased to provide a Medical PPO through UnitedHealthcare. Highlights of the medical plans are listed below.

A PPO medical plan allows you to see any provider without a physician referral. The level of benefits you receive is dependent upon your choice of an in-network PPO provider or an out-of-network provider. Significantly higher benefits will be received when you obtain care from an in-network provider. To find a provider, visit [www.uhc.com](http://www.uhc.com). Please see your Booklet or Carrier Benefit Summary for full plan information. Additional plan information is located in ADP under **Resources / Company Information / Forms Library**.

| Benefit Coverage                                     | UnitedHealthcare<br>ELITE Choice Traditional 1000<br>907346 |                         | UnitedHealthcare<br>Choice Traditional 3000<br>907346 |                         | UnitedHealthcare<br>Choice + HSA<br>907346            |                                      |
|--|---|-------------------------|---|-------------------------|---|--------------------------------------|
|  | In-Network Benefits   | Out-of-Network Benefits | In-Network Benefits                                   | Out-of-Network Benefits | In-Network Benefits                                   | Out-of-Network Benefits              |
| <b>Annual Deductible</b>                             |   |                         |   |                         |   |                                      |
| Individual   | \$1,000   | Not covered             | \$3,000   | Not covered             | \$3,000   | \$6,000                              |
| Family   | \$2,000   | Not covered             | \$6,000   | Not covered             | \$6,000   | \$12,000                             |
| Coinsurance – Plan pays                              | 100%  | Not covered             | 90%   | Not covered             | 90%   | 50%                                  |
| <b>Maximum Out-of-Pocket**</b>                       |   |                         |   |                         |   |                                      |
| Individual   | \$4,000   | N/A                     | \$7,900   | Not covered             | \$6,750   | \$15,000                             |
| Family   | \$8,000   | N/A                     | \$15,800  | Not covered             | \$13,500  | \$30,000                             |
| <b>Physician Office Visit</b>                        |   |                         |   |                         |   |                                      |
| Primary Care   | \$30 copay per visit  | Not covered             | \$30 copay  | Not covered             | \$30 copay after deductible                           | 50% after deductible                 |
| Specialty Care                                       | \$60 copay per visit  | Not covered             | \$60 copay  | Not covered             | \$60 copay after deductible                           | 50% after deductible                 |
| <b>Preventive Care</b>                               |   |                         |   |                         |   |                                      |
| Adult Periodic Exams                                 | 100%  | Not covered             | 100%  | Not covered             | 100%  | 50% after deductible                 |
| Well-Child Care                                      | 100%  | Not covered             | 100%  | Not covered             | 100%  | 50% after deductible                 |
| <b>Diagnostic Services</b>                           |   |                         |   |                         |   |                                      |
| X-ray and Lab Tests                                  | 100% after deductible                                       | Not covered             | 100% after deductible                                 | Not covered             | 90% after deductible                                  | 50% after deductible                 |
| Complex Radiology                                    | 100% after deductible                                       | Not covered             | 90% after deductible                                  | Not covered             | \$150 copay after deductible                          | 50% after deductible                 |
| Urgent Care Facility                                 | \$75 copay per visit  | Not covered             | \$100 copay per visit                                 | Not covered             | \$100 copay / visit after deductible                  | 50% after deductible                 |
| Emergency Room Facility Charges*                     | \$200 copay per visit                                       | \$200 copay per visit   | \$200 copay per visit                                 | \$200 copay per visit   | \$200 copay / visit after deductible                  | \$200 copay / visit after deductible |
| Inpatient Facility Charges – Plan Pays               | 100% after deductible                                       | Not covered             | 90% after deductible                                  | Not covered             | 90% after deductible                                  | 50% after deductible                 |
| Outpatient Facility and Surgical Charges – Plan Pays | 100% after deductible                                       | Not covered             | 90% after deductible                                  | Not covered             | 90% after deductible                                  | 50% after deductible                 |
| <b>Mental Health</b>                                 |   |                         |   |                         |   |                                      |
| Inpatient  | 100% after deductible                                       | Not covered             | 90% after deductible                                  | Not Covered             | 90% after deductible                                  | 50% after deductible                 |
| Outpatient   | \$60 copay per visit  | Not covered             | \$60 copay per visit                                  | Not Covered             | \$60 copay / visit after deductible                   | 50% after deductible                 |
| <b>Substance Abuse</b>                               |   |                         |   |                         |   |                                      |
| Inpatient  | 100% after deductible                                       | Not covered             | 90% after deductible                                  | Not covered             | 90% after deductible                                  | 50% after deductible                 |
| Outpatient   | \$60 copay per visit  | Not covered             | \$60 copay per visit                                  | Not covered             | \$60 copay / visit after deductible                   | 50% after deductible                 |
| <b>Other Services</b>                                |   |                         |   |                         |   |                                      |
| Chiropractic   | \$30 copay per visit; 20 visits per year                    | Not covered             | \$30 copay per visit; 20 visits per year              | Not covered             | \$30 copay / visit; 20 visits / year after deductible | 50% after deductible                 |

\*Waived if Admitted

\*\*Includes Coinsurance/Annual Deductible

*The benefits listed in this handout are merely an outline of the plans. Refer to the Benefit Summary for full details.*

## Pharmacy

### Retail Pharmacy (30 Day Supply)

|                              | UnitedHealthcare Insurance Company<br>Choice Traditional 1000<br>907346 |                         | UnitedHealthcare Insurance Company<br>Choice Traditional 3000<br>907346 |                         | UnitedHealthcare Insurance Company<br>Choice + HSA<br>907346 |                             |
|------------------------------|---|-------------------------|---|-------------------------|--|-----------------------------|
| Benefit Coverage             | In-Network Benefits   | Out-of-Network Benefits | In-Network Benefits   | Out-of-Network Benefits | In-Network Benefits  | Out-of-Network Benefits     |
| Generic (Tier 1)             | \$10 copay  | Not covered             | \$10 copay  | Not covered             | \$10 copay after deductible                                  | \$10 copay after deductible |
| Preferred (Tier 2)           | \$35 copay  | Not covered             | \$35 copay  | not covered             | \$30 copay after deductible                                  | \$30 copay after deductible |
| Non-Preferred (Tier 3)       | \$70 copay  | Not covered             | \$70 copay  | Not covered             | \$50 copay after deductible                                  | \$50 copay after deductible |
| Preferred Specialty (Tier 4) | N/A   | N/A                     | N/A   | N/A                     | N/A  | N/A                         |

### Mail Order Pharmacy (90 Day Supply)

|                              |               |             |               |             |                              |             |
|------------------------------|---------------|-------------|---------------|-------------|------------------------------|-------------|
| Generic (Tier 1)             | \$25 copay    | Not covered | \$25 copay    | Not covered | \$25 copay after deductible  | Not covered |
| Preferred (Tier 2)           | \$87.50 copay | Not covered | \$87.50 copay | Not covered | \$75 copay after deductible  | Not covered |
| Non-Preferred (Tier 3)       | \$175 copay   | Not covered | \$175 copay   | Not covered | \$125 copay after deductible | Not covered |
| Preferred Specialty (Tier 4) | Not covered   | Not covered | Not covered   | Not covered | Not covered                  | Not covered |



## Health Savings Account (HSA)

Optum Bank – Group Number: 907346

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account. An HSA is a tax-sheltered bank account that you own and is used to pay for eligible health care expenses for you and/or your eligible dependents' current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year.

## Dental Plan

Dental benefits provide you and your family with comprehensive coverage to keep your smiles shining bright! The chart below provides a brief summary of the key benefits of the dental coverage provided by UnitedHealthcare Insurance Company. For a complete list of all your dental insurance benefits and restrictions, please refer to the plan summary. **The dental plan is paperless so there are no cards** for this plan. To locate a provider or to obtain a digital dental card, register on the [www.uhc.welcometouhc.com](http://www.uhc.welcometouhc.com) portal.

**Questions?** Contact **Benefit Simply**, our enrollment concierge service, at **1-888-744-0037** for assistance.

| Benefit Coverage                                     | UnitedHealthcare Insurance Company<br>Dental PPO<br>907346 |                         |
|--|--|-------------------------|
|  | In-Network Benefits  | Out-of-Network Benefits |
| <b>Annual Deductible</b>                             |  |                         |
| Individual   | \$50   | \$50                    |
| Family   | \$150  | \$150                   |
| Waived for Preventive Care?                          | Yes  | Yes                     |
| <b>Annual Maximum</b>                                |  |                         |
| Per Person/Family (calendar year)                    | \$1,000  | \$1,000                 |
| Preventive*  | 100%   | 100%                    |
| Basic*   | 90%  | 90%                     |
| Major*   | 60%  | 60%                     |
| <b>Orthodontia*</b>                                  |  |                         |
| Benefit Percentage                                   | 50%  | 50%                     |
| Adults (and Covered Full-Time Students, if Eligible) | Not covered  | Not covered             |
| Dependent Children                                   | Covered  | Covered                 |
| Lifetime Maximum                                     | \$1,000  | \$1,000                 |
| Benefit Waiting Periods                              | None   | None                    |

Percentages indicated represent member's financial responsibility.

See benefit booklet for list of covered services, limitations, and exclusions.

\*An estimate of benefits is not required for you to receive your dental benefits. However, we suggest that your dental care provider submit an estimate for any proposed dental services if the total charge will exceed \$300. An estimate may also clarify, before services are rendered, treatment that is not covered in whole or in part. This can protect you for unexpected out-of-pocket expenses. The estimate of benefits should not be considered a guarantee of payment. Payment of any service will be based on your eligibility and benefits available at the time services are rendered.

**Visit our benefit website: [www.stmoritzbenefits.org](http://www.stmoritzbenefits.org)**  
Additional plan information is located in ADP under **Resources / Company Information / Forms Library**.

## Vision Plan

St. Moritz Group has designed a vision plan that includes coverage for both an annual vision exam as well as vision hardware benefits. You should always use an in-network provider whenever possible to receive the highest benefit level. For a complete list of all your dental insurance benefits and restrictions, please refer to the plan summary document or contact **Benefit Simply**, our enrollment concierge service, at 1-888-744-0037 for assistance. **The vision plan is paperless so there are no cards for this plan.** To locate a provider or to obtain a digital vision card, register on the myuhcvision.com portal.

|                           | UnitedHealthcare<br>Vision<br>5706 |
|---------------------------|------------------------------------|
| Benefit Coverage          | In-Network Benefits                |
| <b>Copay</b>              |                                    |
| Routine Exams             | \$10 copay                         |
| Materials                 | \$25 copay                         |
| <b>Lenses*</b>            |                                    |
| Single Vision Lenses      | 100%                               |
| Bifocal Lenses            | 100%                               |
| Trifocal Lenses           | 100%                               |
| <b>Frames*</b>            |                                    |
| Retail Equivalent         | \$150 allowance                    |
| <b>Contact Lenses*</b>    |                                    |
| Necessary / Prescribed    | 100%                               |
| Elective                  | \$150 allowance                    |
| <b>Other Services</b>     |                                    |
| Laser Corrective Surgery  | Discount available                 |
| <b>Frequency</b>          |                                    |
| Routine Exams             | 12 months                          |
| Lenses                    | 12 months                          |
| Frames                    | 12 months                          |
| Contact Lenses (Elective) | 12 months                          |

Percentages indicated represent member's financial responsibility.

See benefit booklet for list of covered services, limitations, and exclusions.

\* An estimate of benefits is not required for you to receive your vision benefits. However, we suggest that your vision care provider submit an estimate for any proposed vision services if the total charge will exceed \$300. An estimate may also clarify, before services are rendered, treatment that is not covered in whole or in part. This can protect you for unexpected out-of-pocket expenses. The estimate of benefits should not be considered a guarantee of payment. Payment of any service will be based on your eligibility and benefits available at the time services are rendered.

## Voluntary Term Life and AD&D

St. Moritz offers Term Life with AD&D coverage for yourself, spouse, and child(ren). Rates are age based and increase at age 30, 35, 40, 45, etc. See the plan summary for complete plan details.

|                 | Minimum  | Guarantee Issue * | Maximum   |
|-----------------|----------|-------------------|---|
| <b>Employee</b> | \$10,000 | \$250,000         | \$10,000 increments to a max of \$500,000   |
| <b>Spouse</b>   | \$5,000  | \$50,000          | \$5,000 increments to a max of \$250,000 (not to exceed 100% of the employee's benefit) |
| <b>Children</b> | \$5,000  | \$10,000          | \$5,000 or \$10,000 increment (not to exceed 10% of the employee benefit)               |

\*Subject to any reductions, Guaranteed Issue is available to new hires ONLY.

Amounts over the Guarantee Issue will require health application/Evidence of Insurability (EOI)

**Important Reminder!** Be sure to assign a beneficiary to ensure your assets are distributed according to your wishes.

Guardian also offers Will Preparation services to St. Moritz employees enrolled in Accident, Critical Illness or Term Life coverage.

### WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

#### How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning

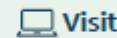


Prepare your will with the assistance or support of an attorney



#### How to access

To access WillPrep Services, you'll need a few personal details.



**Visit**

[willprep.uprisehealth.com](http://willprep.uprisehealth.com)



**Username**

WillPrep



**Password**

GLIC09

For more information or support, you can reach out by phoning **1 877 433 6789**.

**Visit our benefit website: [www.stmoritzbenefits.org](http://www.stmoritzbenefits.org)**

Additional plan information is located in ADP under **Resources / Company Information / Forms Library**.

## Voluntary Accident and Critical Illness Coverage

### Accident Advantage or Premier Coverage with Wellness Benefit

St. Moritz Group offers income protection through Guardian in the event of an accident outside of work. This plan pays a benefit for each injury, treatment of service included in the policy that occurs as the result of a covered accident. See the chart below for an example of covered benefits.

| Benefit   | Coverage Details  |
|---|---|
| <b>Accident coverage Type</b>                                 | On and Off Job  |
| <b>Payment Features</b>                                       | Based on a schedule (see employer kit for details)  |
| <b>Child Organized Sports Benefit (must be 18 or younger)</b> | 20% increase to child benefits  |
| <b>Wellness Benefit</b>                                       | Annual payment of \$50 per insured individual when you and or covered dependents complete certain wellness producers or screenings. |
| <b>Portability</b>  | Included  |
| <b>Dependent Age</b>  | Childbirth to 26 years  |
| <b>Monthly Premium Advantage Plan</b>                         |   |
| Employee  | \$19.00   |
| Employee & Spouse   | \$30.26   |
| Employee & Child(ren)   | \$30.66   |
| Family  | \$41.92   |
| <b>Monthly Premium – Premium Plan</b>                         |   |
| Employee  | \$26.81   |
| Employee & Spouse   | \$42.46   |
| Employee & Child(ren)   | \$42.31   |
| Family  | \$57.96   |

Note: These plans do not replace your medical insurance and does not act as medical insurance

### Critical Illness

St. Moritz Group offers income protection through Guardian in the event of an unexpected critical illness. This plan pays a lump sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke, or cancer. Child coverage is provided at no cost with employee enrollment. See the chart below for a sampling of covered benefits.

|  | Minimum   | Increments | Maximum   |
|--|---|------------|---|
| <b>Employee</b>                          | \$10,000  | \$10,000   | \$30,000  |
| <b>Spouse</b>                            | \$5,000   | \$5,000    | \$15,000 (not to exceed 50% of employee amount) |
| <b>Children (benefit for each child)</b> | 25% of employee amount  |            |   |
| <b>Covered Illnesses</b>                 | Cancer, heart attack or failure, stroke, organ failure, kidney failure, infectious diseases, and more.<br>(Review policy for complete details.) |            |   |



## Short-Term or Long-Term Disability

St. Moritz Group offers short and long term disability benefits through One America to provide income whenever accidents (off the job), surgery, or illness causes you to miss work.

- Short Term Disability plan options:
  - 7 day elimination period with 12 weeks of benefits
  - 14 day elimination period with 11 weeks of benefits
  - 30 day elimination period with 9 weeks of benefits
- Long Term Disability plan options:
  - Benefit duration from 2 years to age 70 (whichever comes first)
  - Benefit Duration 5 Years to Social Security or full retirement age (SSFRA)

## Employee Assistance Program (EAP)

Available to all St. Moritz employees enrolled in United Healthcare medical plan coverage.

**When life gets challenging,  
you've got caring, confidential help**

Your Employee Assistance Program (EAP) provides 24/7 direct access to personalized support, resources and no-cost referrals to help you, and your family, with a range of issues, including:

- Managing stress, anxiety and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Coping with occupational stress and burnout support
- Addressing substance use issues

**You have unlimited access to a telephonic EAP specialist who can help in the moments that matter, at no additional cost.**

**\$0**

**Call today for access to master's-level EAP specialists at no additional cost**

EAP provides coverage for 3 free counseling sessions per incident, per year.

Services are completely confidential and will not be shared with your employer.

**Get started**

Call EAP 24/7 at **1-888-887-4114**

**United  
Healthcare**

Visit our benefit website: [www.stmoritzbenefits.org](http://www.stmoritzbenefits.org)



## Teladoc Telemedicine Discount Card



Provides 24/7 access to a doctor via phone or video for consultations and diagnoses for you and your dependents. Saves time, money, and lowers need for lengthy and hassled visits to the emergency room.

Pharmacy discounts ranging from 10% to 85%. Additional tools include: Online Wellness, Medical Health Advisor, Medical Bill Saver, and Nurseline.

Once enrolled, download the [MyBenefitsWork](#) app, visit the Teladoc portal at [www.mybenefitswork.com/login](http://www.mybenefitswork.com/login) or call Member Services for assistance at 1.800.800.7616.



## Employee Benefit Contacts

St. Moritz Group is excited to offer access to **Benefit Simply**, our benefit concierge service, which is designed to provide a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to answer any benefit questions, assist with claims, resolve eligibility problems, order replacement cards, or any other benefit issues with which you might need assistance. Benefit Simply is staffed with experienced professionals and their primary responsibility is to help you.

**Benefit Simply 1-888-744-0037**

**Monday through Friday 9:00am to 5:00pm Eastern Standard Time**

| Carrier                       | Type of Coverage                        | Plan Name / Group Number      | Contact Information |
|-------------------------------|---|-------------------------------|---------------------|
| UnitedHealthcare              | Medical PPO                             | Choice Medical Plans / 907346 | 877-844-4999        |
| UnitedHealthcare              | Dental PPO                              | Dental PPO / 907346           | 877-844-4999        |
| UnitedHealthcare              | Vision                                  | Vision / 5706                 | 877-844-4999        |
| UnitedHealthcare – Optum Bank | Health Savings Account                  | Optum HSA / 3743151           | 866-234-8913        |
| Guardian                      | Life with AD&D                          | 0540429                       | 800-525-4542        |
| Guardian                      | Voluntary Accident and Critical Illness | 00534821                      | 800-541-7846        |
| One America                   | Short or Long-Term Disability           | 613689-004, 005, 006          | 855-517-6365        |
| Teladoc Discount Card         | Telemedicine visits                     | TAPSHA 16124Q                 | 800-800-7616        |

*This brochure summarizes the benefit plans that are available to St. Moritz Group eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.*

**Visit our benefit website: [www.stmoritzbenefits.org](http://www.stmoritzbenefits.org)**



## How to Register for the St. Moritz ADP portal

If you have not already registered on the St. Moritz ADP Employee Self-Service portal site you can take the First Step NOW to register and ensure full access to your payroll information and benefit enrollment opportunities (Change, cancel or enroll in 2023 Benefits Programs).

*Note: This system requires a valid email address.*

1. Visit [www.workforcenow.adp.com](http://www.workforcenow.adp.com)
2. Click: New user? **CREATE ACCOUNT**
3. Choose to create your account by selecting FIND ME or use your exclusive Registration Code emailed to you by ADP. *(Please note that this code is case specific and must be entered exactly as written.)*
4. Enter your first and last name and the identifying information requested on the **“Let’s get started”** screen when asked if you want to set up an account with St. Moritz Security Services, Inc. *(This applies to both St. Moritz Security AND St. Moritz Building Services employees.)*
5. Select an option to verify your identity. ADP will send you a verification code by either email or text message. Enter the verification code in the box on the screen.
6. Follow the on-screen instructions to complete the set up your unique and secure Username, Password, and Security Questions.

## For Assistance Enrolling in Benefits Contact

**Benefit Simply 1-888-744-0037**

**Monday through Friday 9:00am to 5:00pm Eastern Standard Time**

**Visit our benefit website: [www.stmoritzbenefits.org](http://www.stmoritzbenefits.org)**