

St. Moritz Group Benefit Guide

January 1, 2024 through December 31, 2024

St. Moritz
SECURITY SERVICES, INC.



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**, shopping windows open 30 days after hire and coverage is effective on the first of the month, 59 days after 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 benefit plans.

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.

Medical Benefits

St. Moritz Group offers full time employees an ACA compliant medical plan. **NEW** for 2024 are medical plan offerings from UHC FlexWork. Eligible employees will have three plans to select from: The FlexWorks Edge Minimum Value Plan (MVP), an affordable Minimum Essential Coverage (MEC) Plan, and/or an Enhanced Hospital Indemnity Plan (EHIPP). Rate overview is provided on page 2 of this booklet, but detailed rates will be shown within the ADP Portal.

FlexWorks Edge MVP and MEC plans include:

- FIRST DOLLAR COVERAGE with low copays!
- FREE Teladoc Virtual Care
- FREE Preventive Care Services
- FREE Employee Assistance Program (EAP)
- BUNDLED PLAN SAVINGS (MEC and EHIPP)

Voluntary Benefits

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 is paperless/card free and offers a wide network of national providers and includes coverage for routine preventive visits, basic care, and major services. Review the dental plan guide on page 3 for more information.

Vision

St. Moritz Group offers a vision plan that includes coverage for both an annual vision exam as well as vision hardware benefits. You should use an in-network provider whenever possible to receive the highest benefit level. The vision plan utilizes the Spectera network and is paperless. Additional details can be found on page 4.



Visit our benefit website: www.stmoritzbenefits.org

Short or Long-Term Disability

Income replacement coverage due to a medical 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. See page 7 for more information.

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 6 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.

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 page 5 for an overview and policy for full details.

Teladoc Virtual Care

Provides 24/7 access to a doctor via phone or video for consultations and diagnoses for you and your dependents. Includes prescription discounts, Online Wellness, Medical Health Advisor, Medical Bill Saver, and Nurseline. Additional details on page 7.

Ready to Enroll?

Enrollments are processed in the St. Moritz ADP portal (see p. 11).
Visit www.workforcenow.adp.com to register and enroll!

Questions?


Call Benefit Simply, our benefit concierge service, at 888-744-0037.

Medical Plans

St. Moritz Group is pleased to provide Medical Plan Offerings by UnitedHealthcare FlexWork which include a Minimum Value Plan (MVP), Minimum Essential Coverage (MEC) Plan and a Hospital Indemnity Plan (EHIPP). Highlights of the medical plans are listed below.

All UHC FlexWork Products utilize the UHC Choice Network. This is a nationwide network which is used by UHC Major Medical plans. These plans do NOT include Out-of-Network benefits. Therefore, to receive coverage, you must utilize a provider in the network. To find a provider prior to enrollment, you may call Pre-Member Services at 763-957-7367 or visit flexwork.uhc.com.

UnitedHealthcare FlexWork® 2024 Benefit and Cost Summary¹


Plan Option	Edge MVP Medical Plan		MEC Limited Medical Plan		Package and Save	EHIPP Indemnity Plan	
Member cost share	Deductible - \$0, coinsurance - 0%		Deductible - \$0, coinsurance - 0%			When you purchase the MEC Medical and EHIPP plans together the cost is lower than purchasing separately. See details on the enrollment website	N/A (this is supplemental health only)
Annual out-of-pocket maximum	Employee - \$9,100; family - \$18,200		Employee - \$9,100; family - \$18,200				paid to member
Provider network	UnitedHealthcare Choice Plus		UnitedHealthcare Choice Plus		N/A		
Medical benefits	copay	annual limit	copay	annual limit		paid to member	
Preventive services & medications	• \$0	unlimited	• \$0	unlimited		• \$70,6 days per year ²	
HealthiestYou™ virtual care	• \$0	unlimited	• \$0	unlimited		not covered	
Employee Assistance Plan (EAP)	• \$0	unlimited	• \$0	unlimited		• \$50, 2 days per year	
Physician office visits						• \$100, 2 days per year	
• Primary care provider (PCP)	• \$25	6 combined	• \$25	4 combined		Included in physician office benefit ²	
• Specialist	• \$50		• \$50				
Chiropractor, acupuncture	• \$15	15 combined	• \$15	10 combined		• \$1,000, 2 days per year	
Minor lab and imaging						not covered	
• Office or freestanding facility	• \$50	2 service dates	• \$50	1 service dates		• \$50, 2 days per year	
• Hospital outpatient facility	• \$150		• \$150				
Major lab and imaging						• \$100, 2 days per year	
• Office or freestanding facility	• \$50	2 service dates	• \$50	1 service dates		Included in physician office benefit ²	
• Hospital outpatient facility	• \$150		• \$150				
Urgent care visits	• \$100	4 per year	• \$150	2 per year		• \$1,000, 2 days per year	
Outpatient (OP) surgery					not covered		
• Office or freestanding facility	• \$500	1 surgery per year			not covered		
• Hospital outpatient facility	• \$1,000						
Home healthcare visits	• \$80	30 per year			not covered		
Rehabilitation, habilitative services	• \$80	30 per year			not covered		
Mental health, substance use	• \$150	15 per year			not covered		
Emergency room visits	• \$500	2 per year			not covered		
Inpatient services					not covered		
• Hospital admissions	• \$1,000	\$35,000 Maximum per admission ³			• \$1,500, 2 days per year		
• Inpatient daily benefit	all inpatient services				• \$200, 364 days per year		
• Inpatient surgery	services				• \$1,000, 2 days per year		
Pharmacy benefits	member cost	annual limit	member cost	annual limit	paid to member		
• Tier 1	• \$15 copay	unlimited	• \$15 copay	unlimited	• \$10, 12 days per year		
• Tier 2	• \$30 copay		• \$30 copay				
• Tiers 3 & 4	• 50% cost share		• 50% cost share				
Monthly payroll deduction	Edge MVP Medical Plan		MEC Limited Medical Plan		MEC + EHIPP Package Rates	EHIPP Indemnity Plan	
Employee Only	8.39% of earnings ⁴		\$136.15		\$185.83	\$53.41	
Employee + Spouse	\$938.34		\$322.38		\$437.59	\$123.84	
Employee + Child(ren)	\$650.36		\$242.38		\$333.27	\$97.70	
Employee + Family	\$1,367.94		\$441.73		\$608.12	\$178.85	

¹ Plan option and cost summary is for illustrative purposes. Official plan documents will prevail over the indications of the benefit guide.
² EHIPP pays member up to combined limits: 6 (PCP, specialist and urgent care visits)
³ Edge MVP limited medical plan limits coverage to \$35,000 per hospital admission; there is no limit on the number of times a member can be admitted per plan year.
⁴ Up to \$220.20/pay.


Please see plan Booklet or Carrier Benefit Summary for more complete information. FlexWork MEC and MVP Medical + Pharmacy Plans are designed to provide affordable benefits, that are easy to access and simple to use, so you can manage your health and wellbeing with confidence. FlexWork Medical plans cover Minimum Essential Coverage (MEC) preventive services at no member cost and include many of the most frequently utilized health care services.

Key features

- ✓ No pre-existing condition exclusions
- ✓ COBRA coverage continuation is available if you leave your employer (restrictions apply)
- ✓ No annual or lifetime dollar limits
- ✓ Pre-tax payroll deductions may reduce your cost of coverage

 MEC plans have limitations and exclusions² that may not make them suitable for everyone.

How the plans work

- 
First-dollar benefits
 - All benefits are effective immediately
 - No deductible and no coinsurance
 - Fixed copayments for all covered medical benefits
 - Medical and pharmacy benefits included
 - Annual outpatient service limits and inpatient limits apply
- 
Nationwide provider access
 - UnitedHealthcare Choice network
 - 1.2M medical providers and facilities
 - 65,000+ pharmacies
 - Plan covers network providers and pharmacies only, unless otherwise required by law.
- 
\$0 cost benefits
 - Health care reform preventive services and medications¹
 - 24/7 unlimited virtual doctor visits for many non-urgent needs
 - Employee Assistance Plan (EAP)

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. 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 <https://member.uhc.com/myuhc> portal.

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

UnitedHealthcare Insurance Company Dental PPO 907346		
Benefit Coverage	In-Network Benefits	Out-of-Network Benefits ¹
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person/Family (calendar year)	\$1,000	\$1,000
Preventive*	100%	100%
Basic*	90%	90%
Major*	60%	60%
Orthodontia*		
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.

¹Out-of-Network providers may not accept UHC payment as full payment for services rendered and employee may be billed for the balance of charges.

Visit our benefit website: 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 vision 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 <https://member.uhc.com/myuhc> portal. **This plan utilizes the Spectera vision network.**

	UnitedHealthcare Vision 5706
Benefit Coverage	In-Network Benefits
Copay	
Routine Exams	\$10 copay
Materials	\$25 copay
Lenses*	
Single Vision Lenses	100%
Bifocal Lenses	100%
Trifocal Lenses	100%
Frames*	
Retail Equivalent	\$150 allowance
Contact Lenses*	
Necessary / Prescribed	100%
Elective	\$150 allowance
Other Services	
Laser Corrective Surgery	Discount available
Frequency	
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. Enrollment in the Life plan exceeding guaranteed issue amounts or outside of new hire shopping window will require Evidence of Insurability/EOI.

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



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

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
Accident coverage Type	On and Off Job
Payment Features	Based on a schedule (see employer kit for details)
Child Organized Sports Benefit (must be 18 or younger)	20% increase to child benefits
Wellness Benefit	Annual payment of \$50 per insured individual when you and or covered dependents complete certain wellness producers or screenings.
Portability	Included
Dependent Age	Childbirth to 26 years
Monthly Premium Advantage Plan	
Employee	\$19.00
Employee & Spouse	\$30.26
Employee & Child(ren)	\$30.66
Family	\$41.92
Monthly Premium – Premium Plan	
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, COVID, or cancer. Child coverage is provided FREE with employee enrollment. See the chart below for a sampling of covered benefits.

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



Teladoc Telemedicine Discount Card



Provides 24/7 access to a doctor via phone or video for consultations and diagnoses for you and your dependents with no additional cost for dependent coverage. Saves time, money, and lowers the 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 or call Member Services for assistance at 1.800.800.7616.



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

Visit our benefit website: www.stmoritzbenefits.org

Official plan documents are found in ADP under **Resources / Company Information / Forms Library**.

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 goal is to help you with your benefits.

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
USI Benefit Resource Center (BRC)	Medical, Dental, Vision, Life, Disability, Voluntary Claim / question assistance	St. Moritz Group	855-874-6699 BRCEast@usi.com
UnitedHealthcare FlexWork	Medical – Edge MVP / MEC	Group # 924699 MVP 7800-115 / MEC 7800-114	Member Services – 855-892-2401 Claims - 855-892-2401 flexworkclaimsrequests@uhc.com
UnitedHealthcare FlexWork	EHIPP Fixed Indemnity	Bundled: 7800-114 Stand Alone: 7800-115	866-556-8298
UnitedHealthcare	Dental PPO	Dental PPO / 0907346	877-844-4999
UnitedHealthcare	Vision	Vision / 0907346	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	Virtual Care	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

All benefit enrollments are processed in ADP and here is how 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 confidential payroll information and benefit enrollment opportunities (Change, cancel, or enroll in 2024 Benefits Programs).

Note: This system requires a valid email address.

1. Visit www.workforcenow.adp.com
2. Click: New user? Get started
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 mobile number or first and last name and the identifying information requested on the “**Help Us Find You**” screen.
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 to confirm your account.
6. Follow the on-screen instructions to complete the set up your unique and secure Username, Password, and Security Questions. Do NOT share your password with anyone.

For Assistance Enrolling in Benefits Contact

Benefit Simply 1-888-744-0037

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



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