

2020



# BENEFITS GUIDE

Kansas City



# WELCOME TO ANNUAL ENROLLMENT!

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## *Welcome to the Cornerstones of Care Summary of Benefits!*

At Cornerstones of Care, nothing is more important than your overall sense of well-being. Our comprehensive suite of benefits supports every aspect of your health and wellness, and we urge you to take advantage of the broad range of available features.

Read on for all the details you need to make your benefits selections.



## Cornerstones of Care Benefits Plan

The Cornerstones of Care benefits plan is a comprehensive program of benefits options that provides you the opportunity to customize your own benefits according to your needs.

The Cornerstones of Care program provides:

- Company-sponsored benefit choices for you to select based on your needs and the needs of your family.
- Pre-tax employee contributions for elected benefits.
- Core benefits (no cost to you).

## Important Plan Information

- The plan year runs from Jan. 1 through Dec. 31.
- Prior to the beginning of each plan year, you will have an open enrollment opportunity to consider changing your current benefit elections.
- The benefit elections made during open enrollment will remain in place unless you experience a qualified life event. If you request a benefits change midyear due to a life event — the change:
  - Must be requested within 31 days of the event.
  - Must be consistent with the event.
  - Qualified life events Include:
    - ▲ Change in status.<sup>1</sup>
    - ▲ Spouse's or dependent's open enrollment.
    - ▲ Dependent care changes.
    - ▲ HIPAA special enrollment rights.
    - ▲ Judgment, decree or court order.
    - ▲ Enrollment/ceasing to be enrolled in Medicare or Medicaid.
    - ▲ Family and Medical Leave Act (FMLA) special requirements.

<sup>1</sup>Change in status includes change in marital status, change in number of dependents, change in employment status of the employee, spouse or dependent, change in residence, dependent satisfying or ceasing to satisfy plan's eligibility requirements.

## Eligibility

Benefits are available to all employees who are regularly scheduled to work a minimum of 30 hours a week. Benefits begin on the first of the month following 30 days of eligible employment.



## BENEFIT CHOICES

The Cornerstones of Care benefits plan is designed to accommodate our diverse workforce. Our program's flexibility recognizes this diversity and encourages each of you to design your own benefits package based on your individual needs.

### Your Benefit Choices

- Medical/Prescription Coverage.
  - BlueSelect Plus Spira.
  - BlueSelect Plus/BlueSaver PPO with HSA.
  - Preferred-Care Blue/BlueSaver PPO with HSA.
  - Preferred-Care Blue/PersonalBlue PPO with PCA.
- Voluntary Dental Coverage.
  - Base Plan.
  - Buy-Up Plan.
- Voluntary Vision Coverage.
- Voluntary Life and Accidental Death and Dismemberment (AD&D).
- Voluntary Short-Term Disability.
- Flexible Spending Accounts.
  - Medical FSA.
  - Dependent Care FSA.
- Health Savings Account.
- Paid Time Off.

## MEDICAL AND PRESCRIPTION DRUG COVERAGE

Cornerstones of Care medical plans utilize the Preferred-Care Blue network and the Blue Select Plus network with Blue Cross Blue Shield of Kansas City. Call your doctor and ask if he or she is a Preferred-Care Blue or Blue Select Plus provider, or you can locate a participating provider by calling the Blue Cross Blue Shield of Kansas City doctor and hospital information line at 816.395.3558. You can also locate this information by accessing the Blue Cross Blue Shield of Kansas City website at [bluekc.com](http://bluekc.com) and using the Find Care search function.

### PPO Options

Under our four PPO plan options, medical services and benefits are paid at higher levels when you use in-network providers. Three of the four options give you the freedom to utilize the services of any out-of-network providers by paying higher deductibles and coinsurance. The fourth plan, Blue Select Plus Spira, does not cover any out-of-network expenses.

#### **Important Responsibility When Using In-Network Providers**

Our medical plans do not require you to see a preselected primary care physician or obtain a referral for specialty, hospital, laboratory services or another provider's care. You choose your doctors, specialists, hospitals and laboratories from the network whenever or wherever you need care. With this freedom comes an important responsibility: You must make sure you are receiving care from in-network providers in order for your expenses to be reimbursed at the in-network level. It is necessary to confirm with your provider and the network that the provider and the facility in which they offer their services belong to the network before services are rendered.

### Eligible Dependents

Eligible dependents include your spouse and natural, step and adopted children. Children are eligible for coverage until the end of the month in which they reach age 26.

Please note that Cornerstones of Care pays a portion of all the medical plans offered, up to 83 percent.

## BlueSelect Plus Spira

Spira Care Centers are an innovative new offering developed by Blue Cross and Blue Shield of Kansas City and a top regional healthcare provider. This plan offers comprehensive primary care with no additional cost for procedures received at Spira Care Center locations. For needs outside of Spira Care Centers, you will have access to all of the benefits of the BlueSelect Plus network.

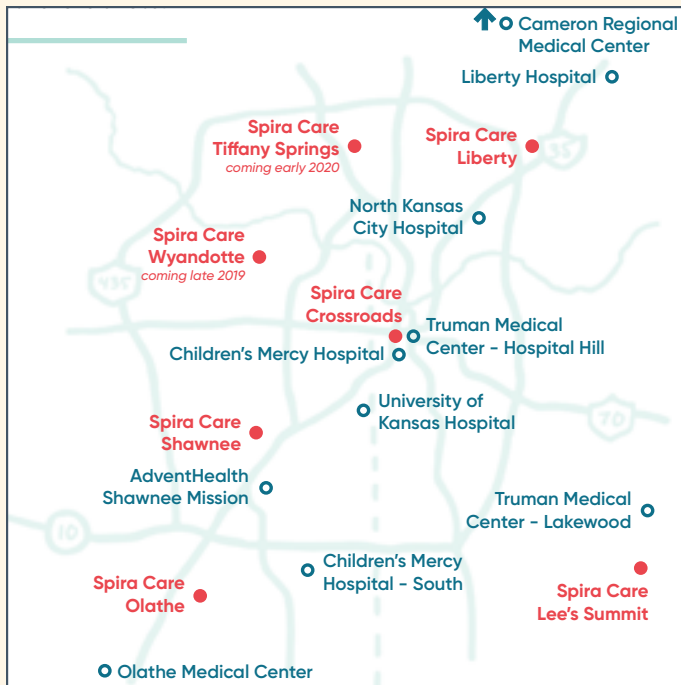
### Comprehensive Services

- Routine preventive care.
- Adult and pediatric primary care.
- Chronic condition management.
- Behavioral health services.
- Digital X-rays.
- Lab draws.

### Convenient Benefits

- Common prescriptions filled on-site.
  - Select prescriptions offered at regular copay level.
- Specialist referrals and scheduling.
- Patient wellness follow-ups.
- Outside-of-care center support.
- Extended full-service hours.
- Access to *A Healthier You* platform.

#### SPIRA CARE AND BLUESELECT PLUS NETWORK



#### Crossroads

**1916 Grand Boulevard  
Kansas City, MO 64108**

#### Lee's Summit

**760 NW Blue Parkway  
Lee's Summit, MO 64086**

#### Liberty

**8350 N Church Road  
Kansas City, MO 64158**

#### Olathe

**15710 W 135th Street  
Suite 200  
Olathe, KS 66062**

#### Shawnee

**10824 Shawnee Mission Parkway  
Shawnee, KS 66203**

#### Tiffany Springs — Coming in early 2020

**8765 N Ambassador Drive  
Kansas City, MO 64154**

#### Wyandotte — Coming in late 2019

**9800 Troup Avenue  
Kansas City, KS 66111**

## Medical Plan Summaries

### BlueSelect Plus Network

The two plans below utilize the BlueSelect Plus network. This network has deep discount available when using providers within the Kansas City metro area. This plan can be elected by employees who reside in the five-county metro area, which includes Jackson, Clay, Clinton and Platte in Missouri and Johnson and Wyandotte in Kansas.

There are 3,600 providers and 11,000 access points to primary care physicians and specialists in this network, including some of the region's top hospitals. You can search eligible providers in this network by visiting [bluekc.com](http://bluekc.com) and selecting the BlueSelect Plus network on the provider search tool.

Benefits and Services	BlueSelect Plus Spira		BlueSelect Plus/BlueSaver PPO with HSA	
	In-network	Out-of-network	In-network	Out-of-network
Deductible	\$2,800 individual \$5,600 family	Not covered	\$2,800 individual \$5,600 family	\$4,000 individual \$8,000 family
HSA/PCA	N/A		\$350/\$700	
Coinsurance	100%	None	80%	50%
Out-of-pocket maximum	\$2,800 individual \$5,600 family	Not covered	\$4,000 individual \$8,000 family	\$12,000 individual \$24,000 family
Office visits	Deductible Spira: No cost	Not covered	Deductible, then coinsurance	
Preventive services (includes mammograms, pap smears and colonoscopies)	Paid at 100%	Not covered	Paid at 100%	Deductible, then coinsurance
X-rays, radiology and lab work	Deductible Spira: No cost	Not covered	Deductible, then coinsurance	
Urgent care	Deductible Spira: No cost	Not covered	Deductible, then coinsurance	
Hospitalization	Deductible	Not covered	Deductible, then coinsurance	
Emergency room	Deductible		20% after in-network deductible	
Prescription drugs	In-network	Out-of-network	In-network	Value-based Rx
<b>Retail</b>				
Generic contraceptives	Paid at 100%		Paid at 100%	
Generic	\$15 copay	Not covered	Deductible, then \$12 copay	Deductible + \$0 copay
Brand name	\$50 copay	Not covered	Deductible, then \$60 copay	Deductible + \$0 copay
Nonpreferred	Deductible	Not covered	Deductible, then \$80 copay	Deductible + \$40 copay
<b>Mail order</b>				
Generic contraceptives	Paid at 100%		Paid at 100%	
Generic	\$15 copay	Not covered	Deductible, then \$36 copay	Deductible + \$0 copay
Brand name	\$125 copay	Not covered	Deductible, then \$180 copay	Deductible + \$0 copay
Nonpreferred	Deductible	Not covered	Deductible, then \$240 copay	Deductible + \$120 copay

If you elect one of the BlueSaver plans, you are eligible to enroll in an HSA through UMB Bank. Similarly, if you elect the BlueSelect Plus Spira or the PersonalBlue PPO with PCA, you are eligible to put money in a medical FSA. More information about spending accounts can be found on page 10.

## Preferred-Care Blue Network

The two plans below utilize the Preferred-Care Blue network. This is a broad network of local and nationwide healthcare providers. The discounts in this network are less than the BlueSelect Plus network, but it offers greater freedom to choose doctors and hospitals. You can search eligible providers in this network by visiting [bluekc.com](http://bluekc.com) and selecting the Preferred-Care Blue network on the provider search tool.

Benefits and Services	Preferred-Care Blue/BlueSaver PPO with HSA		Preferred-Care Blue/PersonalBlue PPO with PCA	
	In-network	Out-of-network	In-network	Out-of-network
Deductible	\$2,800 individual \$5,600 family	\$2,800 individual \$5,600 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family
HSA/PCA	\$350/\$700		\$350/\$700	
Coinsurance	80%	60%	80%	60%
Out-of-pocket maximum	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family	\$3,600 individual \$7,200 family	\$7,200 individual \$14,400 family
Office visits	Deductible, then coinsurance		Deductible, then coinsurance	
Preventive services (includes mammograms, pap smears and colonoscopies)	Paid at 100%	Deductible, then coinsurance	Paid at 100%	Deductible, then coinsurance
X-rays, radiology and lab work	Deductible, then coinsurance		Deductible, then coinsurance	
Urgent care	Deductible, then coinsurance		Deductible, then coinsurance	
Hospitalization	Deductible, then coinsurance		Deductible, then coinsurance	
Emergency room	20% after in-network deductible		20% after in-network deductible	
Prescription drugs	In-network	Value-based Rx	In-network	Value-based Rx
<b>Retail</b>				
Generic contraceptives	Paid at 100%		Paid at 100%	
Generic	Deductible, then \$12 copay	Deductible + \$0 copay	\$12 copay	\$0 copay
Brand name	Deductible, then \$60 copay	Deductible + \$0 copay	\$60 copay	\$0 copay
Nonpreferred	Deductible, then \$80 copay	Deductible + \$40 copay	\$80 copay	\$40 copay
<b>Mail order</b>				
Generic contraceptives	Paid at 100%		Paid at 100%	
Generic	Deductible, then \$36 copay	Deductible + \$0 copay	\$36 copay	\$0 copay
Brand name	Deductible, then \$180 copay	Deductible + \$0 copay	\$180 copay	\$0 copay
Nonpreferred	Deductible, then \$240 copay	Deductible + \$120 copay	\$240 copay	\$120 copay

If you elect one of the BlueSaver plans, you are eligible to enroll in an HSA through UMB Bank. Similarly, if you elect the BlueSelect Plus Spira or the PersonalBlue PPO with PCA, you are eligible to put money in a medical FSA. More information about spending accounts can be found on page 10.



## In-Network Hospitals

Preferred-Care Blue Network PersonalBlue PPO w/PCA BlueSaver PPO w/HSA	Hospital Name	BlueSelect Plus Network BlueSaver PPO w/HSA Spira Care EPO
✓	AdventHealth Shawnee Mission	✓
✓	Cameron Regional Medical Center	✓
✓	Center Point Medical Center	
✓	Children's Mercy Hospitals	✓
✓	KU Medical Center	✓
✓	Lee's Summit Hospital	
✓	Liberty Hospital	✓
✓	Menorah Medical Center	
✓	North Kansas City Hospital	✓
✓	Olathe Medical Center	✓
✓	Overland Park Regional	
✓	Providence Medical Center	
✓	Research Medical Center	
	St. Joseph Medical Center	
✓	St. Luke's (All Locations)	
	St. Mary's Medical Center	
✓	Truman Medical Center (Hospital Hill and Lee's Summit)	✓



## Medical Plan Rates

*Effective Jan. 1, 2020-Dec. 31, 2020*

### BLUESELECT PLUS SPIRA

	Total cost	Cornerstones pays	EE pays/month	EE pays/pay period	COBRA
Employee	\$552.09	\$437.60	\$114.49	\$57.25	\$563.13
Employee + dependent(s)	\$1,048.96	\$618.11	\$430.85	\$215.43	\$1,069.94
Employee + spouse	\$1,159.38	\$683.75	\$475.63	\$237.82	\$1,182.57
Employee + family	\$1,601.05	\$951.78	\$649.27	\$324.64	\$1,633.07

### BLUESELECT PLUS/BLUESAVER PPO WITH HSA

	Total cost	Cornerstones pays	EE pays/month	EE pays/pay period	COBRA
Employee	\$528.31	\$437.60	\$90.71	\$45.36	\$538.88
Employee + dependent(s)	\$1,003.79	\$618.11	\$385.68	\$192.84	\$1,023.87
Employee + spouse	\$1,109.46	\$683.75	\$425.71	\$212.86	\$1,131.65
Employee + family	\$1,532.10	\$951.78	\$580.32	\$290.16	\$1,562.74

### PREFERRED-CARE BLUE/BLUESAVER PPO WITH HSA

	Total cost	Cornerstones pays	EE pays/month	EE pays/pay period	COBRA
Employee	\$572.39	\$437.60	\$134.79	\$67.40	\$583.84
Employee + dependent(s)	\$1,087.53	\$618.11	\$469.42	\$234.71	\$1,109.28
Employee + spouse	\$1,202.01	\$683.75	\$518.26	\$259.13	\$1,226.05
Employee + family	\$1,659.92	\$951.75	\$708.17	\$354.09	\$1,693.12

### PREFERRED-CARE BLUE/PERSONALBLUE PPO WITH PCA

	Total cost	Cornerstones pays	EE pays/month	EE pays/pay period	COBRA
Employee	\$610.88	\$437.60	\$173.28	\$86.64	\$623.10
Employee + dependent(s)	\$1,160.68	\$618.11	\$542.57	\$271.29	\$1,183.89
Employee + spouse	\$1,282.86	\$683.75	\$599.11	\$299.56	\$1,308.52
Employee + family	\$1,771.56	\$951.78	\$819.78	\$409.89	\$1,806.99



## Flexible Spending Accounts (FSAs)

### Medical FSA

To be eligible for a flexible spending account, you have to be enrolled in the Preferred-Care Blue/ Personal Blue PPO or BlueSelect Plus Spira with the BCBSKC. You are not eligible for this plan if you have an HSA or your spouse has an HSA.

A pre-tax account funded through salary reduction used to receive pre-tax reimbursement for medically necessary out-of-pocket expenses.

- Plan year will run from Jan. 1 through Dec. 31.
- Plan carries a \$2,750 plan year maximum.
- Program carries a use-it-or-lose-it provision — so plan carefully.
- Eligible expenses include (but are not limited to):
  - Plan deductibles, copays and coinsurance amounts.
  - Dental expenses.
  - Vision care expenses.
- Dependent care expenses are not eligible.

### Dependent Care FSA

A pre-tax account funded through salary reduction used to receive pre-tax reimbursement for child and legally dependent adult expenses.

- Plan year will run from Jan. 1 through Dec. 31.
- Plan carries a \$5,000 calendar year maximum.
- You must be using day care services so you and your spouse can work.
- Your provider of care must provide you with either his/her Social Security number or tax identification number.
- Program carries a use-it-or-lose-it provision — so plan carefully.
- Eligible expense generally include:
  - Day care for children up to kindergarten.

- Preschool and after-school day care to age 13.
- Nonresidential summer camps to age 13.
- Legally dependent adult care expenses provided in your home.
- Legally dependent adult day care expense (nonresidential).

## Health Savings Account (HSA) Through UMB

To be eligible for a health savings account, you have to be enrolled in a high-deductible health plan — the BlueSelect Plus/BlueSaver PPO or the Preferred-Care Blue/BlueSaver PPO. These plans have a \$2,800 individual deductible.

- An HSA can help you manage your expenses today and in the future.
- It is yours to:
  - **Own:** The HSA is always yours, even if you change jobs, medical plans, become unemployed or retire.
  - **Grow:** Your unused balance rolls over from year to year. No use it or lose it.
  - **Save:** HSAs provide tax-free contributions and tax-free withdrawals and tax-free earnings from investment options.
  - **Choose:** Use for current expenses, save for future, or explore investment options.
- Eligible expenses include (but are not limited to):
  - Plan deductibles, copays and coinsurance amounts.
  - Dental expenses.
  - Vision care expenses.
- Dependent care expenses are not eligible.
- Catch-Up Contribution: Individuals age 55 or older can annually contribute an additional \$1,000 to their HSA.

## VOLUNTARY DENTAL COVERAGE

Our benefits also provide a voluntary dental plan administered by Delta Dental of Missouri. If you use a PPO provider, you will receive a richer benefit. We offer two plans: a base and a buy-up option.

### Eligible Dependents

Eligible dependents include your spouse and unmarried natural, step and adopted children. Dependent children are eligible for coverage to the end of the year in which they reach age 26.

Benefits and services — base plan	PPO dentist	Premier dentist	Non-participating dentist
Annual deductible (does not apply to preventive services)	\$35 individual/ \$105 family	\$50 individual/\$150 family	
Preventive services — oral examination, X-rays, fluoride treatments, prophylaxes		100%	
Basic services — fillings, simple extractions, periodontics (gums) and endodontics (root canals)	60%	50%	
Annual maximum	\$1,000 per person per year		

Benefits and services — buy-up plan	PPO dentist	Premier dentist	Non-participating dentist
Annual deductible (does not apply to preventive services)	\$35 individual/ \$105 family	\$50 individual/\$150 family	
Preventive services — oral examination, X-rays, fluoride treatments, prophylaxes		100%	
Basic services — fillings, simple extractions, periodontics (gums) and endodontics (root canals)	60%	50%	
Major services — inlays and onlays, crowns, dentures, fixed bridgework		50%	
Orthodontia (dependents up to age 19)		50%	
Annual maximum	\$1,000 per person per year		
Orthodontia lifetime maximum	\$1,000 per person per lifetime		

### DELTA DENTAL BASE PLAN

	Total cost	COC pays	EE pays/month	EE pays/pay period	COBRA
Employee	\$24.62	\$0.00	\$24.62	\$12.31	\$25.11
Employee + dependent(s)	\$47.39	\$0.00	\$47.39	\$23.70	\$48.34
Employee + spouse	\$56.17	\$0.00	\$56.17	\$28.09	\$57.29
Employee + family	\$79.94	\$0.00	\$79.94	\$39.97	\$81.54

### DELTA DENTAL BUY-UP PLAN

	Total cost	COC pays	EE pays/month	EE pays/pay period	COBRA
Employee	\$30.79	\$0.00	\$30.79	\$15.40	\$31.41
Employee + dependent(s)	\$64.30	\$0.00	\$64.30	\$32.15	\$65.59
Employee + spouse	\$70.22	\$0.00	\$70.22	\$35.11	\$71.62
Employee + family	\$108.47	\$0.00	\$108.47	\$54.24	\$110.64

## VOLUNTARY VISION COVERAGE

Cornerstones of Care offers a voluntary vision coverage benefit administered by EyeMed. Under this plan, you may use the eye care professional of your choice. However, when you use a participating EyeMed provider, you receive higher levels of coverage under the in-network benefit structure. To locate a participating provider, contact EyeMed at 866.723.0596 or visit the website at [eyemed.com](http://eyemed.com).

### Eligible Dependents

Eligible dependents include your spouse and unmarried natural, step and adopted children. Dependent children are eligible for coverage to the end of the month in which they reach age 26.

Services	In-network (Choice Network)	Out-of-network
	You pay	Plan pays
Eye exam (once every 12 months)	\$10 copay	Up to \$35
Frames (once every 24 months)	\$100 allowance	Up to \$45
Lenses <sup>1</sup> (once every 12 months)		
Single	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Contacts (in lieu of frames and lenses) (once every 12 months)		
Necessary <sup>2</sup>	Covered in full	Up to \$200
Elective	\$115 allowance	Up to \$92

#### Notes:

<sup>1</sup>Covered lenses are clear, plastic lenses only. Discounts are available on cosmetic extras such as tints, transition and progressive lenses. Please contact EyeMed for additional information.

<sup>2</sup>Contacts considered necessary in limited situations such as following cataract surgery, correcting extreme visual problems, certain conditions of anisometropia or keratoconus.

### EYEMED VISION

	Total cost	COC pays	EE pays/month	EE pays/pay period	COBRA
Employee	\$7.21	\$0.00	\$7.21	\$3.61	\$7.35
Employee + family	\$18.25	\$0.00	\$18.25	\$9.13	\$18.62



## HEALTH AND WELLNESS

### Telehealth

Telehealth is a fast, convenient way to see a doctor virtually. Employees with coverage through Blue Cross Blue Shield can have a live virtual visit with a doctor on their computer or mobile device at a time that works for them. For more information on Telehealth, provided by Amwell, visit [www.bluekc.com/telehealth](http://www.bluekc.com/telehealth). Download the Amwell app for free and enroll in this benefit.

#### *Telehealth benefits include:*

- 24-hour availability.
- Safe and secure.
- Care that goes anywhere.
- No appointments necessary.
- Free registration.

### A Healthier You

A Healthier You, an online portal ([mybluekc.com](http://mybluekc.com)) and mobile app (Blue KC A Healthier You) from Blue Cross and Blue Shield, allows members to maintain or achieve better health through personalized Care Plans. Much like a roadmap, a Care Plan is designed to guide a member through the process of meeting their health and wellness goals and closing gaps in their care.

#### *Benefits of A Healthier You include:*

- Health and wellness assessment.
- Identify health risks.
- Management of chronic conditions.
- Earn points and enter in monthly sweepstakes drawings.

### YMCA Memberships

Cornerstones of Care staff can sign up for YMCA memberships through payroll deductions.



## EMPLOYEE ASSISTANCE PROGRAM

Cornerstones of Care knows that life can be tough. When your responsibilities start to feel overwhelming and showing up each day with a smile on your face seems difficult, it's important to reach out for help. New Directions provides our free and confidential Employee Assistance Program (EAP) for support. You and your household are covered when life has you down.

### Services Available:

- Counseling
- Consultation on:
  - Finances
  - Legal Needs
  - Managing employees
  - Life
- Crisis support
- Coaching
- Adult and child care resources
- Personal and professional training
- Digital behavioral health tools

### New Directions helps to:

- Reduce stress
- Handle a life curveball
- Cope after crisis
- Support and improve relationships
- Focus at work
- Lead others
- Navigate the legal system
- Reduce debt
- Live a healthy life

No matter the day or time, these free, confidential services are available 24/7, even on holidays. Call 800-624-5544, download the New Directions EAP mobile app, or visit [www.ndbh.com](http://www.ndbh.com) to access these services.



## NEW CARRIER: UNUM

## VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&amp;D)

You have the opportunity to purchase voluntary term\* life and AD&D insurance for yourself, your spouse and/or dependent children through Unum. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

Coverage	Available benefit	Guaranteed amount
Employee \$1,000 increments	\$10,000 to \$500,000; employees 70+ capped at \$50,000	\$150,000
Spouse \$1,000 increments	\$5,000 to \$100,000 (cannot exceed employee coverage)	\$50,000
Dependent child(ren) \$15,000	Birth to 14 days — no coverage 14 days to 6 months — \$250 6 months to 26 — \$15,000	N/A

Spouse rates will be determined by the employee age.

Employee/spouse <sup>1</sup> voluntary term life and AD&D rates per \$1,000 of coverage			
Under 25	\$0.114	50-54	\$0.444
25-29	\$0.114	55-59	\$0.674
30-34	\$0.124	60-64	\$1.034
35-39	\$0.134	65-69	\$1.824
40-44	\$0.184	70-74	\$3.224
45-49	\$0.284	75+	\$5.284
Child(ren) <sup>2</sup> voluntary term life and AD&D rate per \$1,000 of coverage			
Child(ren)			\$0.218

<sup>1</sup>Spouse rate is determined by the employee's age.

<sup>2</sup>Coverage is based on the cost for one child, regardless of how many children are covered.

## How to Calculate a Rate per \$1,000 of Coverage

For example, if the rate is \$0.114 per \$1,000 and an enrollee elects \$20,000 in coverage, the monthly premium will be \$2.28.

$$\frac{0.114}{\text{Plan rate (determined by age)}} \times \frac{20}{\text{Coverage per \$1,000}} = \frac{\$2.28}{\text{Monthly premium}}$$

\*Term is defined as the period of time in which you are eligible and actively enrolled in the plan.



## NEW CARRIER: UNUM

### VOLUNTARY SHORT-TERM DISABILITY

You also have the opportunity to purchase short-term disability through Unum in 2020. The benefit begins on the 15th consecutive day of an accident or illness and continues until the earlier of recovery or 11 weeks, as designated by your provider. Think of short-term disability as income protection — if you can't work due to an accident or illness, this will pay you a portion of your salary up to a maximum of \$750 per week.

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Your annual earnings}}{52} = \frac{\text{Your weekly earnings}}{1} \times 60\% = \frac{\text{Weekly max. benefits} = \$750}{10} = \frac{\text{Rate}}{1} \times \$0.55 = \$ \text{Monthly cost}$$

### Core Benefits

Core benefits are provided by Cornerstones of Care to all eligible employees. You are automatically enrolled in these benefits at no cost to you.

#### Term Life Insurance

- \$25,000 — For employees.

#### Accidental Death and Dismemberment (AD&D) Insurance

- \$25,000.

#### Long-Term Disability Coverage

- 60 percent up to \$6,000 monthly benefit.
- Benefit begins on the 90th day of continuous disability and continues until the earlier of recovery or up to the maximum benefit period.



## PAID TIME OFF

Time off for vacations, holidays, illnesses or personal issues requiring employee attention is available through the employee accrual of PTO. An employee begins accruing PTO on their first day of employment. Accrual is based on the number of hours for which the employee is regularly scheduled and length of employment. Part-time employees will accrue based on the employee's regularly scheduled hours. The employee must request PTO within the time frame stipulated by the department and must obtain supervisory approval. PTO must be accrued in order to use it. PTO will not be advanced. If a supervisor reduces an employee's hours due to census changes, the employee has the option to use PTO or take the time unpaid.

Length of service	40 hours/week employee hours per pay period	40 hours/week employee hours per year	40 hours/week employee days per year	40 hours/week employee max. accrual
0-12 months	4.93 hours plus 3 days loaded at hire	152 hours	19 days	152 hours
13-36 months	7.38 hours	192 hours	24 days	192 hours
37-60 months	8.31 hours	216 hours	27 days	216 hours
Over 60 months	9.85 hours	256 hours	32 days	256 hours

**Extended Leave Bank (ELB):** Up to three days a year will be deposited into the ELB based on the employee's regularly scheduled hours. Extended leave accruals are designed to ensure employees have access to sick leave. With proper notification to the supervisor and human resources, the ELB may be utilized for medical/illness purposes after the employee has used two consecutive days from their PTO bank. In the event the employee is admitted to a healthcare facility, they may immediately access the ELB. The ELB accruals remain available until used; however, the ELB will only accrue up to a maximum of 480 hours (60 days).

Employees may transfer accrued, unused PTO into their extended leave bank quarterly. To do this, complete a Request to Transfer PTO form and submit the completed form to human resources. The payroll department will reduce the PTO balance by the number of hours designated by the employee and increase the extended leave balance. Once the transfer is completed, it cannot be reversed.

## EMPLOYEE SERVICE AWARDS

Cornerstones of Care values the service and dedication of its employees. Employees who have achieved a service anniversary will receive a certificate signed by the CEO. Employees who have reached milestones in their years of service (milestones are in increments of five years, i.e., 5, 10, 15, 20, 25, 30, etc.) are recognized for their commitment and hard work at the Quarterly Service Awards Ceremonies.



## 401(K) RETIREMENT PLAN

The Cornerstones of Care 401(k) retirement plan is designed to help you prepare for retirement and attain your financial goals. The 401(k) retirement plan makes it easy for you to save money on a tax-deferred basis. When you enroll in the plan, a personal account will be established with Qualified Plan Advisors in your name, funded by:

- Your contributions (pre-tax and/or Roth).
- Employer matching contributions.
- Investment earnings on both types of contributions.

### Eligibility

Cornerstones of Care employees (full-time, part-time and PRN) are eligible to participate in the 401(k) plan on the first day of the quarter (January, April, July, October) after 90 days of employment. Also, for an employee to be eligible, they must have worked 250 hours in the first three months of employment.

Cornerstones of Care will match .25 percent of each dollar contributed by an employee up to 8 percent of an employee's salary for a maximum match of 2 percent.

Your contribution rate	Company match	Total investment
1%	0.25%	1.25%
2%	0.50%	2.50%
3%	0.75%	3.75%
4%	1.00%	5.00%
5%	1.25%	6.25%
6%	1.50%	7.50%
7%	1.75%	8.75%
8%	2.00%	10.00%

Employer Matching Contributions are calculated per pay period.



## Automatic Deferrals and Automatic Increases

Cornerstones of Care employees (full-time, part-time and PRN) are eligible to participate in the 401(k) plan on the first day of the quarter (January, April, July, October) after 90 days of employment. Also, for an employee to be eligible, they must have worked 250 hours in the first three months of employment.

## Employer Matching Contribution

The employer matching contributions and their earnings are vested in 20 percent increments over a five-year period.

Years of service	Vesting %
1	20%
2	40%
3	60%
4	80%
5	100%

## Pre-tax 401(k) Contributions

Pre-tax contributions allow you to reduce your current taxable income. In addition, any earnings on your contributions are also tax-deferred. Any contributions and earnings are fully taxable as ordinary income when you withdraw them.

## Roth 401(k) Contributions

Roth 401(k) contributions are made with after-tax money, so you see no immediate tax benefit. Any earnings from those contributions are tax-free when you take a qualified distribution.

## 2020 401(k) Plan Limits

- An employee's combined elective deferrals — whether to a traditional 401(k), a Roth 401(k) or both — cannot exceed \$19,500 for tax year 2020 if a participant is under age 50.
- If a participant is age 50 or more, he or she may contribute an additional \$6,500 in the form of catch-up contributions.
- The employer matching contribution limit for 2020 is \$12,150.

## Beneficiary Designation

An important aspect of estate planning is making beneficiary designations and keeping them up to date after life changes. It's generally quick and easy to assign or update your beneficiary designation by visiting [yourfutureisdaily.com](http://yourfutureisdaily.com). You will need to provide the name and Social Security number of each beneficiary. If your designation cannot be completed online, you will have access to a paper form and instructions.





# CONTACTS

## Medical/Rx

### Blue Cross Blue Shield of Kansas City

Member services: 816.395.3558  
To verify providers, visit [bluekc.com](http://bluekc.com) and use the provider finder tool located in the upper right-hand corner of the website.

For replacement cards, log in to [bluekc.com](http://bluekc.com). You can request a new or temporary card on the left side of the home page.

## Dental

### Delta Dental of Missouri

Member Services: 800.335.8266  
12399 Gravois Road, #2  
St. Louis, MO 63127

For replacement cards, log in and register on [deltadental.com](http://deltadental.com), then click on the Delta Dental of MO plan. You will then be directed to [deltadentalmo.com](http://deltadentalmo.com).

On the main menu, you can print a temporary ID card or request a new one be mailed to you.

## Vision

### EyeMed

Member services: 866.723.0596  
844.898.2020 (for LASIK providers)  
Website: [eyemed.com](http://eyemed.com)

## Employee Assistance Program (EAP)

### New Directions

Member services: 800.624.5544  
Website: [ndbh.com](http://ndbh.com)

## Flexible Spending Accounts

### Basic Flex

Member services: 800.372.3539  
Mailing address: 9246 Portage Industrial Drive,  
Portage, MI 49024  
Claims fax: 269.327.0716  
Website: [basiconline.com](http://basiconline.com)

## Health Savings Accounts

### UMB Bank

Member services: 866.520.4472  
Website: [hsa.umb.com](http://hsa.umb.com)

## Life Insurance — Basic Life, Voluntary Life, AD&D, LTD and STD

### Unum

Unum customer service: 800.421.0344  
Website: [unum.com](http://unum.com)

## Retirement Plan 401(k)

### Qualified Plan Advisors

Member services: 855.401.5378  
TPP Member Services: 877.311.0303  
Mailing address: 6201 College Blvd,  
7th Floor, Overland Park, KS 66211  
Website: [yourfutureisdaily.com](http://yourfutureisdaily.com)

All changes must be made  
by Nov. 15!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.