



# 2023 BENEFITS GUIDE



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# ENROLLMENT OVERVIEW

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## ACCESS YOUR PAYCOM SELF-SERVICE ACCOUNT

Go to [www.paycom.com](http://www.paycom.com) and click the enrollment link under MyBenefits

## ENROLLMENT CHECKLIST

**Step 1:** Read this entire guide to understand your benefits.

**Step 2:** Collect necessary documentation, such as Social Security numbers and dates of birth for all eligible dependents you want to cover.

**Step 3:** Follow the steps on page 4

## ACTION REQUIRED

As a benefit-eligible employee, you automatically receive a basic life insurance policy provided by Facility Solutions Group at no cost to you, but you must indicate whom you want to be the beneficiary of your policy. If you waive benefits, be sure to designate your beneficiaries for your facility Solutions Group-paid life insurance, even if you are declining other coverage. To update your beneficiary, log in at [www.paycom.com](http://www.paycom.com) and click on Benefits >> Dependents and Beneficiaries.

## Who is Eligible to Enroll?

If you work 30 or more hours a week, you and your eligible dependents are eligible to enroll in the benefits described in this guide. Qualifying new hires will become eligible for benefits on the 1st of the month following 60 days of employment.

## How Do I Enroll?

The first step is to review your benefits and evaluate your needs for the year, then log in Paycom Self-Service account at [www.paycom.com](http://www.paycom.com) click the enrollment link under My Benefits, and complete your enrollment for 2023.

## Can I Make Changes After I Enroll?

This enrollment period is the only time you may make benefit decisions for the upcoming calendar year. Once you have enrolled in the plans you cannot cancel coverage unless you have a qualifying life event (i.e. birth, adoption, marriage, divorce, death, or loss of other coverage). If you have a qualifying life event in 2023, you can change your pre-tax benefits by logging into Paycom Self-Service to make your "life-event" benefits change request and by contacting HR within 30 days of the qualifying event. If you do not make your request within 30 days, you will be unable to make any changes until open enrollment or if you experience an additional event in 2023. If your qualifying life event is due to gaining or losing coverage for your children through Medicaid/CHIPS, you have 60 days to enter the life event.

## TOBACCO PREMIUMS

FSG is dedicated to encouraging and ensuring a healthy environment and lifestyle for all of its employees. Therefore, you will pay a \$75 per month health plan surcharge if you or your covered dependents have used tobacco products within the 30 days prior to open enrollment. In order to avoid a tobacco surcharge, you must complete an affidavit during Open Enrollment, attesting that you and your dependents are tobacco-free. If tobacco users would like the opportunity to eliminate the \$75/per month surcharge, they must register and successfully complete the QUITPOWER program through UnitedHealthcare. Otherwise, you and your covered dependents will be imposed the surcharge for all of them.

**QUITPOWER Smoking Cessation Program:** Up to eight weeks of the patch or gum\*, you own personal coach to guide you through each step of the quitting process, motivation, and inspiration to keep you on track for success and at NO extra cost — the program is already part of your benefits. Call to enroll today: 1-877-784-8797

# ELIGIBILITY

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**All regular, full-time Employees working 30 or more hours per week are eligible for benefits on the first of the month following 60 days of employment. (Eligibility for client-paid life and disability benefits varies.)**

## **SPOUSES/DOMESTIC PARTNERS**

You can enroll your legal spouse or same or opposite-sex domestic partner (affidavit required).

## **CHILDREN**

- Medical – Your natural child or a natural child of your domestic partner, your legally adopted child, stepchild, a child who is your dependent for federal income tax purposes or whose primary residence is your household and whom you are the legal guardian or related by blood or marriage and dependent upon you for more than half of their support; until the end of the calendar month, the child reaches age 26.
- Dental/Vision – Your natural or adopted child; your stepchild (including the child of a domestic partner); or a child who resides with and is fully supported by you; and who, in each case, is under age 26 and unmarried.
- Supplemental Life Insurance – Your unmarried child until they reach age 19 (25 if primarily supported by you).

## **VERIFICATION OF ELIGIBLE DEPENDENTS**

When you become eligible for coverage, you must provide supporting documentation and/or sign an affidavit (if applicable) in order to enroll your dependents and/or domestic partner. You are responsible for notifying Facility Solutions Group when you move, acquire new dependents, or get married or divorced. Please be aware that a misrepresentation of eligible dependents on your enrollment record will result in a forfeiture of your right to participate in FSG's healthcare plans.

## **DISABLED CHILDREN**

You may cover your dependent child who is beyond the limiting age, as long as the disability occurred before the limiting age. Eligible disabled children are incapable of self-sustaining employment by reason of mental or physical handicap, and chiefly dependent upon you for support and maintenance. Disabled children can be covered until the end of the month in which they do not meet the requirements for extended eligibility.



### ***WHO DO I CONTACT WITH QUESTIONS?***

Employees can contact the Benefits team at [benefits@fsgi.com](mailto:benefits@fsgi.com) with questions about the plan offerings and for assistance with eligibility and verification.

# WHEN YOU CAN CHANGE BENEFITS

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## ANNUAL OPEN ENROLLMENT PERIOD

Once a year we conduct an Open Enrollment where you can add or drop benefit plans and add or remove dependents from your coverage for the coming plan year.

## QUALIFYING EVENTS

Outside of the annual Open Enrollment period, you may only change your benefit elections during the year if you experience a Qualifying Event. You must make the changes to your benefits within 30 days of a Qualifying Event. It is required you send documentation to Human Resources to verify your change of status. If this is not done within 30 days, your change will not go into effect, and you will have to wait until the next annual Open Enrollment period to make changes.

### Examples of Qualifying Events include, but are not limited to:

- Marriage, divorce, or legal separation
- Death of spouse or dependent
- Birth, adoption, or placement for adoption
- Change of employment status of Employee, spouse, or dependent due to termination or start of employment, LOA, FMLA, or change in worksite
- A dependent's eligibility status changes due to age, student status, marital status, or employment
- You or your spouse experience a change in work hours that affect benefit eligibility
- Relocation into or outside of your plan's service area
- Eligibility for Medicaid or CHIP (60-day special enrollment)
- Loss of Medicaid or CHIP (60-day special enrollment)

## MAKING CHANGES DUE TO A QUALIFYING EVENT

When you have a Qualifying Event, it is your responsibility to initiate the process to make applicable changes to your benefit elections. You have 30 days from the date of the event to go online to [www.paycom.com](http://www.paycom.com) to enter your election changes and add/delete your dependent(s).

- Verification is Required: You must also provide the supporting documentation to your Benefits Department within 30 days from the date of your qualified change in family status.
- Deadline Date: Failure to make changes within 30 days from the event date will result in the inability to make changes to any of your elections until the next Open Enrollment period.
- Payroll Deductions: Changes to your benefit deductions will be reflected on the appropriate paycheck after your revised elections have been processed. Additional premium deductions may be applied based on the effective date of coverage. No retroactive refunds will apply.

PLEASE NOTE: Employees must be already enrolled in Supplemental Life Insurance at the time of the Qualifying Event in order to be able to add Supplemental Life Insurance for their spouse or child(ren).

# MEDICAL BENEFITS

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Employers nationwide are faced with the challenge of rising health care costs, and Facility Solutions Group (FSG) is no exception. The great news is that we are doing something about it! We're taking the steps necessary to keep our benefits competitive and affordable. In 2023, we are proud to continue our partnership with United Healthcare and offer the same great benefit plan options.

## **UNITED HEALTHCARE IS HERE TO WALK YOU THROUGH THIS**

To learn more about new plan details, look up doctors, or research the cost of prescription drugs, visit [www.myuhc.com](http://www.myuhc.com).

## **CONNECT WITH YOUR HEALTH CARE RESOURCES**

When you're making decisions that impact your health or that of your family, you have access to a variety of resources to help you make informed choices so you can feel confident about your care.

### ***Log In***

Register at [www.myuhc.com](http://www.myuhc.com) to access your plan information anytime.

### ***Go Mobile***

Download the [myuhc.com](http://www.myuhc.com) mobile app for on-the-go access to your plan information.

### ***Ask a Nurse***

24/7 phone access to a registered nurse. Simply call the phone number on your health plan ID card.

### ***Talk with Them***

A representative can call you promptly. Just alert UnitedHealthcare through [www.uhc.com](http://www.uhc.com) or [myuhc.com](http://www.myuhc.com). Monday through Friday, during business hours. On the [myuhc.com](http://www.myuhc.com) app, you can also schedule a callback.

# CHOOSING THE RIGHT PLAN FOR YOU

When choosing a medical plan, it is important to look at your budget, your preferences, and the age and health of you and your covered dependents. You should consider the key differences between plan types and choose one that best suits you and your family. Cost of coverage (including payroll deductions) and how you and the plan pay for services throughout the year should be considered when selecting a plan.

## KEY FEATURES OF THE TWO PLANS

For 2023, you can choose between two plans from UnitedHealthcare.

- Convenience Care Plan has a low deductible and out-of-pocket limit along with copays for office visits, urgent care, and prescription drugs. In turn, the plan only covers in-network doctors and facilities and has a higher cost per paycheck.
  - Premium Designated Providers: One great benefit of this plan is that it offers discounted copays for doctors who are classified as Premium Designated Providers.
- HealthSaver HSA Plan: has a higher deductible, includes both in- and out-of-network coverage and costs less per paycheck, but you'll pay more out of pocket when you use health care services.

Let's look at how the two plans compare when it comes to the features that matter most to you.

PLAN FEATURE	Convenience Care Plan	HealthSaver HSA Plan
Cost from your paycheck	\$\$	\$
Annual Deductible	\$	\$\$
Annual Out-of-Pocket Maximum	\$\$	\$
Medical deductible must be met before prescription copays apply	No	Yes – except preventive medications which are not subject to the deductible
Includes FREE VirtualVisits	✓	✗
Includes out-of-network coverage	✗	✗
Includes discount for premium-designated providers	✓	✗
\$0 copay for children under age 19	✓	✗
In-network preventive care covered at 100%	✓	✓
Covers office visits with a flat copay	✓	No – you pay for care out of pocket until your deductible is met, then you pay coinsurance.

# PRESCRIPTION DRUG COVERAGE

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No matter which UnitedHealthcare medical plan you enroll in, prescription drug coverage is included. Through UnitedHealthcare, you have access to thousands of independent pharmacies and large retail chains.

## HEALTH SAVER HSA PLAN

It's important to note that if you are enrolled in the HealthSaver HSA plan, you first must meet your medical deductible before you can pay just the copay amount as listed in the medical comparison chart. The only exception is if your prescription is on the 100% covered preventive list, in which case you will not have to first meet your deductible.

## CONVENIENCE CARE PLAN

Those enrolled in the Convenience Care plan do not have to meet the plan's deductible before prescription copays apply; members automatically pay a flat copay when filling prescriptions. See the chart on page 11 for details.

## PRIOR AUTHORIZATION / STEP THERAPY

Your prescription benefit program has a prior authorization and step therapy process for certain medications.

It's a good idea to contact UnitedHealthcare or visit their website at [www.myuhc.com](http://www.myuhc.com) to confirm how a certain prescription is covered.

- **Prior Authorization** is a requirement that your physician obtains approval from your health plan to prescribe a specific medication for you.
- **Step Therapy** is when your prescription benefit requires you to try another medication prior to starting the medication your physician prescribed.



# TERMS YOU NEED TO KNOW

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## **Annual Deductible**

Each year, you have a deductible, which is the amount that you pay before the plan starts paying benefits for your non-preventive doctor's visits, and any other medical services. The ConvenienceCare plan has a much lower deductible of the two plans.

## **Coinsurance**

Once your annual deductible has been met, you and the plan split the cost of your medical care. This is called coinsurance. The HealthSaver plan pays 80% coinsurance (you pay 20%) once the plan's deductible has been met, whereas the ConvenienceCare plan pays 80% coinsurance (you pay 20%) for certain services.

## **Copays**

One of the main benefits of the Convenience Care plan is that it offers copays for certain services like doctor's visits. (It even has a \$0 copay for primary care doctor's visits for children under age 19.) A copay is a flat dollar amount you pay at the time of service. After you pay the copay, the plan pays the remaining expenses for that service at a specified level. Even after you meet your deductible, you will be required to pay your copay for each medical visit. If you enroll in the HealthSaver plan, there are no copays except for prescription drugs. You'll pay for services out of pocket until the plan's deductible is met, then you will be responsible for your coinsurance amount.

## **Out-of-Pocket Maximum**

The out-of-pocket maximum is the most you could pay out of your own pocket for covered medical costs in one year. Once you reach this amount, the plan pays 100% of any additional coverage costs during the rest of the year. Deductibles, coinsurance, office visits, and prescription copays count toward the out-of-pocket maximum.

## **Premium Designated Providers**

You will see this term in the medical plan comparison chart. If a doctor is designated as a premium provider by United Health care you will pay less for services. These doctors are recognized as providing the best quality care and better overall outcomes compared to non - premium providers. Why would you pay less for higher quality care? Because studies show that poor-quality care can lead to higher complications, repeated surgeries, unnecessary hospitalizations, and a higher chance of a wrong diagnosis - all of which add up to greater costs for you and FSG down the line. To search for a Tier 1 or Premium Care Physician go to [www.myuhc.com](http://www.myuhc.com) and click on Find a Provider. The Convenience Care Plan utilizes the Choice network. The HealthSaver plan utilizes the Choice Plus network.

## **In-Network / Out-of-Network**

When you review the medical chart on \*page 11\* you will see that both the Convenience Care and Health Saver plans includes in-network benefits ONLY (except for true emergencies).

# MEDICAL RESOURCES

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## VIRTUAL VISITS

### SEE A DOCTOR WHENEVER, WHEREVER!

UnitedHealthcare medical plan members get access to care 24/7 with Virtual Visits. A Virtual Visit lets you see a doctor from your mobile device or computer without an appointment. Get help with common issues such as:

- Bladder infection/Urinary tract infection
- Bronchitis
- Cold/flu
- fever
- Pinkeye
- Rash
- Sinus problems
- Sore throat
- Stomachache

### TIPS FOR REGISTERING

1. Locate your member ID number on your MyUHC ID card.
2. Have your credit card ready to cover any costs not covered by your health insurance.
3. Choose a pharmacy that's open in case you're given a prescription.\*

*\*Prescription services may not be available in all states.*

### LEARN MORE ABOUT VIRTUAL VISITS

- Go to [www.uhc.com](http://www.uhc.com)
- You can also go directly to [www.myuhc.com](http://www.myuhc.com) on UnitedHealthcare's mobile app
- Virtual Visits are covered under your health plan benefits, either way, you decide to access care

## HEALTH ADVOCATE

If you enroll in UnitedHealthcare's Medical plans, you have access to a great resource called Health Advocate. Health Advocate provides support to help you make sense of healthcare and take control of your health. They are available over the phone, online, or through their mobile app. Connect with them for help with:

- **Medical Care**  
Get answers about medical conditions, find out about the latest research, and connect with the right in-network providers for second opinions.
- **Administrative Issues**  
Navigate through issues you are having with eligibility, coverage questions, medical bills, transferring medical records, and more.
- **Access to Info On The Go**  
Download the app to access your Health Advocate benefits, as well as check the status of your cases and upload documents.

Health Advocate can be accessed during normal business hours Monday–Friday, from 8 a.m. to midnight, ET. Staff is available for assistance after hours and on weekends.

### For Help...

- Call (866) 695-8622
- Email [answers@healthadvocate.com](mailto:answers@healthadvocate.com)
- Go Online to [members.healthadvocate.com](http://members.healthadvocate.com)
- They also have a mobile app available on the App Store and Google Play for added convenience.

# ADDITIONAL MEDICAL SOLUTIONS

Employees and dependents with the following conditions who are enrolled in either the ConvenienceCare or HealthSaver plans may be eligible to participate in the programs below.

## Rally Coach Living with Diabetes

For people with type 2 diabetes, there's a new way to get support, information and encouragement. With the Rally Coach™ **Living with Diabetes** 8-week program, you can connect with others online to learn strategies for living with diabetes, making lifestyle changes and planning for the unexpected. Each weekly session is led by a registered nurse trained in diabetes management.



**Join weekly** small-group virtual sessions led by a registered nurse specializing in diabetes. No video or camera connections are required.



**Get encouragement** and motivation boosters to help you stay on track.



**Connect with others** and learn from their experiences in a privacy-protected setting.



**Access online tools** to help manage diabetes, change habits and improve health.

# \$0

### No additional cost

Rally Coach Living with Diabetes is available at no additional cost as part of your health plan



To register, visit [rallyhealth.com/LWD](https://rallyhealth.com/LWD)

Follow the prompts on the Rally Coach Living with Diabetes program page to see if you qualify

## Say hello to AbleTo, a confidential virtual therapy and coaching program

These days, taking care of our emotional health is important. Sometimes, it may be easy to feel overwhelmed or discouraged—especially if you might have a chronic health condition.

### We're here for you

UnitedHealthcare and AbleTo are working together to bring you 8 weeks of 1-on-1 virtual therapy and coaching—covered under your plan.\*

### With AbleTo, you'll get:

- 1-on-1 therapy sessions with a licensed therapist and a 1-on-1 session with a coach. Sessions are private and confidential
- Personalized coping tools and techniques designed to help improve your day-to-day life
- Convenient appointments that may work with your schedule
- Sessions by phone or video chat from the comfort and privacy of your own home

Get started with your virtual therapy and coaching sessions and get on the road to a brighter tomorrow. In the next few weeks, AbleTo may reach out to see if you're interested in the program.

**Call today**

Call 1-833-881-1469, TTY 711, 9 a.m. – 8 p.m. ET, Monday – Friday.

# ADDITIONAL MEDICAL SOLUTIONS

Employees and dependents who are enrolled in either the ConvenienceCare or HealthSaver plans may be eligible to participate in the program below.

## REAL APPEAL - WEIGHT LOSS SUPPORT

Real Appeal® is a free\* online lifestyle program designed to help you lose weight, feel better, and improve your health – one small step at a time.

### Make the Change You've Always Wanted

Real Appeal is a program on Rally Coach™ available to you and eligible family members at no additional cost as part of your health insurance.



#### Live Online Sessions

Join weekly online group sessions led by a coach, with the flexibility to reschedule anytime.



#### Tailored to You

You are not visible in the online group sessions and can choose how you'd like to participate.



#### Stay on Track

Use our fitness, food and weight trackers to stay on top of your progress and hit your goals.



#### Success Kit

Receive a Success Kit with food and weight scales, exercise tools, food guides and more.

Get Started Today at  
[enroll.realappeal.com](https://enroll.realappeal.com)

Have your health insurance ID card handy when enrolling.

### With Real Appeal, You'll Learn Ways to

- Eat Healthier
- Stay Active
- Fit healthy choices into your lifestyle
- Stay motivated and energized
- Develop lasting, healthy habits

### What you need to Register

- ➕ Health Insurance Card
- 📅 Personal Calendar – to choose your weekly online session day and time
- 📍 Shipping Address – to receive a Success Kit after attending your first online session.

Not on our health plan yet? Sign up for Real Appeal once your benefits are active.

RALLY/COACH™

# COMPARING MEDICAL PLANS

IN-NETWORK ONLY	ConvenienceCare	HealthSaver HSA
<b>FSG HEALTH SAVINGS MATCHING CONTRIBUTION</b>		FSG will provide 50% of the annual match on 1/1/2021
Per Individual	Not Applicable	Up to \$1,000
Per Family	Not Applicable	Up to \$2,000
<b>DEDUCTIBLE</b>		
Per Individual	\$1,000	\$3,500
Family Maximum	\$3,000	\$7,000
<b>OUT OF POCKET (OOP) MAXIMUM</b>		
Per Individual	\$6,850	\$6,550
Family Maximum	\$13,700	\$13,100
<b>MEMBER COSTS</b>		
Preventative Care	No Cost	No Cost
Inpatient Hospital	Deductible + 20%	Deductible + 20%
Emergency Room	\$400 Copay + 20%	Deductible + 20%
Virtual Visit	No Cost	Deductible + 20% (average cost \$45-\$55)
Primary Care Office Visit	Premium for Children <19 \$0/Adult \$30 Non Premium \$60	Deductible + 20% Premium/Deductible + 30% Non-Premium
Specialty Office Visit	Premium \$50/Non Premium \$90	Deductible + 20% Premium/Deductible + 30% Non-Premium
Outpatient Mental Health/ Substance Abuse	\$30 copay	Deductible + 20%
Outpatient Diagnostic Labs/X	\$0	Deductible then reimbursed at 100%
High Tech Imaging (CT, MRI, PET)	Deductible + 20%	Deductible + 20%
<b>PRESCRIPTION DRUG COST</b>		
Tier 1 (30 day supply)	\$5 copay	Preventive Rx \$5 copay/All other Rx Deductible + 20%
Tier 2 (30 day supply)	\$25 or 20% whichever is greater	Preventive RX \$25 or 20% whichever is greater/All other Rx Deductible + 20%
Tier 3 (30 day supply)	\$40 or 30% whichever is greater	Preventive Rx \$40 or 30% whichever is greater/All other Rx Deductible + 20%
Mail order through OptumRx	2 x Retail Benefit	Preventive Rx 2 x Retail Benefit/ All other Rx Deductible + 20%

Key features of the benefit plans are summarized in this Benefit Guide. However, it does not cover all details. Details of all benefit plans can be found in the Summary Plan Description ( S P D ) which will be available following your effective date of coverage. As always, the client reserves the right to make future changes in the benefit plan at any time for any reason.

# MEDICAL PLAN RATES

Weekly	ConvenienceCare Plan	HealthSaver HSA Plan
Employee Only	\$66.86	\$28.08
Employee + Spouse	\$147.09	\$102.96
Employee + Children	\$123.69	\$86.58
Employee + Family	\$213.95	\$149.77

Semi-monthly	ConvenienceCare Plan	HealthSaver HSA Plan
Employee Only	\$144.86	\$60.84
Employee + Spouse	\$318.70	\$223.09
Employee + Children	\$128.00	\$187.60
Employee + Family	\$463.57	\$324.50

## ***Tobacco Premiums***

Weekly	ConvenienceCare Plan	HealthSaver HSA Plan
Employee Only	\$84.17	\$45.39
Employee + Spouse	\$164.40	\$120.27
Employee + Children	\$141.00	\$103.89
Employee + Family	\$231.26	\$167.07

Semi-monthly	ConvenienceCare Plan	HealthSaver HSA Plan
Employee Only	\$182.36	\$98.34
Employee + Spouse	\$356.20	\$260.59
Employee + Children	\$305.50	\$225.10
Employee + Family	\$501.07	\$362.00

*QUITPOWER Smoking Cessation Program:* Up to eight weeks of the patch or gum\*, you own personal coach to guide you through each step of the quitting process, motivation, and inspiration to keep you on track for success and at NO extra cost — the program is already part of your benefits. Call to enroll today: 1-877-784-8797

# CHOOSING THE RIGHT HEALTHCARE SETTING

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs:

	Type of Care	Wait Time	Cost	When to Go
	<b>24/7 Nurseline</b> You may speak by phone with a registered nurse any time of day, seven days a week.	 20-30 Seconds	\$0	<ul style="list-style-type: none"> <li>• Help choosing the right health care setting for illness or injury</li> <li>• Information about common health problems or injuries</li> </ul>
	<b>Virtual Visits</b> You may request a consultation from a board-certified doctor any time of day, seven days a week through Virtual Visits. You can visit with a doctor over the phone, video, or mobile app.	 10 Minutes	\$0-\$55 average cost	<ul style="list-style-type: none"> <li>• Cold or flu</li> <li>• Bronchitis</li> <li>• Respiratory infection</li> <li>• Sinus problems</li> <li>• Abrasions, bruises, minor headaches, arthritic pains</li> <li>• Allergies</li> <li>• Urinary tract infection</li> <li>• Pediatric care</li> <li>• Eye infections, pink eye, earache, body ache</li> </ul>
	<b>Retail Clinic / Convenient Care Clinic</b> Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets and pharmacies.	 30 Minutes	\$100-\$150 average cost	<ul style="list-style-type: none"> <li>• Colds or flu</li> <li>• Sinus infections</li> <li>• Allergies</li> <li>• Vaccinations or screenings</li> <li>• Minor broken bones or cuts</li> <li>• Minor infections or rashes</li> <li>• Earaches</li> </ul>
	<b>Urgent Care</b> Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends.	 30-60 Minutes	\$250-\$350 average cost	<ul style="list-style-type: none"> <li>• Sprains and strains</li> <li>• Mild asthma attacks</li> <li>• Sore throats</li> <li>• Minor broken bones or cuts</li> <li>• Minor infections or rashes</li> <li>• Earaches</li> </ul>
	<b>Clinical care (your Primary Care Physician's office)</b> Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.	 1-7 days	\$75-\$150 average cost	<ul style="list-style-type: none"> <li>• Preventive services and vaccinations</li> <li>• Medical problems or symptoms that are not an immediate, serious threat to your health or life</li> </ul>
	<b>Emergency room (ER)</b> Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours and your health plan may not cover non-emergency ER visits.	 3 to 12 Hours	\$1,000-\$3,500 average cost	<ul style="list-style-type: none"> <li>• Sudden change in vision</li> <li>• Sudden weakness or trouble talking</li> <li>• Large, open wounds</li> <li>• Difficulty breathing</li> <li>• Severe head injury</li> <li>• Heavy bleeding</li> <li>• Spinal injuries</li> <li>• Chest pain</li> <li>• Major burns</li> <li>• Major broken bones</li> </ul>
	<b>Free Standing ER</b> DESCRIPTION.	 30-60 Minutes	\$3,500+	*We recommend that you always use an Emergency Room at a hospital for care. Remember that your plan does not cover out-of-network services unless a true medical emergency

# HEALTH SAVINGS ACCOUNT (HSA)

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A health savings account (HSA) allows you to save money for qualified medical expenses that you're expecting, as well as unexpected ones - for this year and the future.

## **WHY HAVE AN HSA?**

### **YOU OWN IT**

The money is yours until you spend it, even deposits made by others, such as a client or family member. You keep it, even if you change jobs, health plans, or retire.

### **TAX SAVINGS**

HSAs help you plan, save, and pay for health care, all while saving on taxes

- The money you deposit is federal income-tax-free
- Savings from income-tax-free
- Withdrawals for qualified medical expenses that are also income-tax-free

### **IT'S NOT JUST DOCTOR VISITS**

Once you've contributed to your account, you can use the funds to pay for qualified expenses such as:

- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses, and LASIK surgery
- Prescription Medication
- Chiropractic Services
- Acupuncture

### **SAVE FOR THE FUTURE**

Your HSA rolls over from year to year, so you can continue to grow your savings and use it in the future - even into retirement

## **WHO IS ELIGIBLE?**

Employees who are enrolled in the Health Savings Account Plan are required to open a Health Savings (HSA) with Optum Bank - the client pays the administrative costs for this.

### **To have an HSA, you cannot:**

- Be enrolled in a traditional PPO plan
- Be enrolled in Medicare
- Have used VA or TriCare benefits in the last 3 months
- Be claimed as a dependent on someone else's tax returns

## **WHY PARTICIPATE?**

The answer is simple: "tax savings". You can determine a portion of your pay to go into an HSA before taxes are calculated. You may then pay for qualified medical expenses using this pre-tax account, where the money comes out of your HSA and stays untaxed. In other words, you never pay taxes on the money going into or coming out of your HSA.

If you're like most people who have health insurance, you never have enough out-of-pocket health care expenses to claim them as a tax deduction on your tax return. However, the out-of-pocket expenses you do have can add up to a significant amount of money.

## **2023 EMPLOYER CONTRIBUTIONS**

In 2023 FSG will match your HSA per pay period contributions 100% up to \$1,000 for those enrolling in employee only coverage and \$2,000 for employee plus dependent(s).

These are contribution limits set by the Internal Revenue Service (IRS) and adjusted annually.

The 2023 contribution limits are: **\$3,850 - Single** | **\$7,750 - Family**

\*You are eligible to contribute an additional \$1,000 if you're 55 or older

# FLEXIBLE SPENDING ACCOUNT (FSA)

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**You may participate in the Traditional Flexible Spending Account (FSA) which allows you to set aside a portion of your salary before taxes, to pay for qualified healthcare expenses.**

- You may use these funds to pay for eligible medical, dental, and vision expenses for you, your spouse, and your eligible dependents as long as they are claimed as dependents on your tax return.
- The required minimum election is \$250.
- The maximum amount you can elect for 2023 is \$3,050

## **IMPORTANT:**

You cannot participate in a traditional FSA if you are currently making contributions to a Health Savings Account (HSA). You may, however, participate in a Limited Purpose FSA.

## **USE IT OR LOSE IT!**

Be conservative in your estimate. The IRS has a “Use It or Lose It” rule in place for FSAs. Funds not spent by the end of a plan year are at risk of being forfeited. For 2023 Balances can be used for claims incurred prior to March 15 and filed by March 31 of the following plan year. Any unused funds will be forfeited after March 31—so be sure to carefully estimate the amount you’d like to put aside..

## *NOTE FOR 2021 AND 2022 PLAN YEAR EXPENSES:*

As a result of the Consolidated Appropriations Act (CAA) you will be allowed reimbursement for expenses incurred in 2022 plan year from the 2021 remaining balance through 12/31/2022. You will also be allowed reimbursement for expenses incurred in the 2023 plan year from the 2022 remaining balance through 12/31/2023.

## **USING YOUR FSA IS EASY**

- Automatic payment
- Direct deposit: We can reimburse your money directly into your personal bank account
- Online claim form: Easily submit your claims at [optumbank.com](http://optumbank.com) to get reimbursed from your FSA
- Learn more at [www.optumbank.com](http://www.optumbank.com)

## **LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)**

The Limited Purpose FSA is a flexible spending account that only reimburses eligible dental and vision expenses. The LPFSA is available to employees who are enrolled in the HSA plan.

- The maximum amount you can elect for 2023 is \$3,050.

# **FLEXIBLE SPENDING ACCOUNT (FSA)**

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## **DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)**

You may participate in the Dependent Care Flexible Spending Account (DCFSA), which allows you to set aside a portion of your salary before taxes to use to pay for eligible expenses.

The maximum you can contribute is up to \$5,000 (\$2,500, if you are married but file taxes separately) for eligible expenses that allow you, and if you are married, your spouse to work.

- Your dependent child under the age of 13
- Your spouse or dependent who is physically or mentally unable to care for him or herself

The funds cannot be used for you or your dependent(s) health care expenses. You can submit a claim online and for reimbursement as funds are deposited into your account throughout the year.

## **COMMUTER EXPENSE REIMBURSEMENT ACCOUNT (CERA)**

A Commuter Expense Reimbursement Account (CERA) with Optum lets you set aside some of your pretax pay from each paycheck to use for your eligible commuting and parking expenses. You can set aside up to \$300 each month before taxes in 2023. Any money over that amount will be taxed as regular income.

With CERA you can pay for:

- Public transit services such as bus, light rail, regional rail, streetcar, trolley, subway, or ferry fares
- Vanpool
- Parking at or near work
- Parking at or near public transportation for your commute

Tax savings made simple.

CERA saves you money by lowering the income that's subject to federal income tax, FICA(Social Security and state income tax (in most states). Your savings depend on your commuting expenses, tax situation and monthly limits set by the IRS.

# HEALTH ADVOCATE

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## **NEGOTIATES UNPAID MEDICAL AND DENTAL BILLS AND SUPPORT CONSUMER-DRIVEN HEALTH PLANS**

Our highly specialized negotiation team has the skills and resources to motivate providers to lower their uncovered medical bills. We leverage industry pricing data and ensure that providers are paid quickly. If you need additional help with healthcare or insurance issues, they are easily transitioned to our Health Advocacy Personal Health Advocates.

The program offers:

- Negotiations for uncovered medical or dental bills with a balance of \$400 or more
- Use of critical pricing trend information
- Easy-to-read Savings Result Statement that summarizes negotiation
- Provider sign-off on payment terms and conditions

## **THE MEDICAL BILL SAVER ADVANTAGE: EXTRA SUPPORT. EXTRA SAVINGS.**

Here are the benefits:

- "Safety Net" for employees enrolled in consumer-driven plans, HSAs, FSAs, etc.
- High success rates achieving significant savings
- Education about overall benefit plans

## **THE PROGRAM OFFERS**

- Authoritative, evidence-based information about conditions, A-Z
- 150 decision topics relating to procedures, medications, tests, and alternative treatments; includes costly and high-prevalence health choices, such as surgery, diagnostic test, and medications
- Comparative measures include risk, costs, side effects, recovery time, and outcomes
- Assessments gauge feelings and preferences to boost confidence about decisions
- Downloadable summary to share with healthcare team
- Personalized help from Personal Health Advocates for help resolving insurance issues, finding providers, securing second opinions, etc.

## **THE MEDCHOICE SUPPORT ADVANTAGE: EMPOWERING YOU TO TAKE CHARGE OF YOUR HEALTH**

- Critical comparison tool for high-deductible health plans
- Promotes shared decision-making
- Good health decisions can mean reduced costs and better care
- Informs you about options that may be less costly have fewer risks or complications, or shorter recovery times
- You can call a Personal Health Advocate for a full range of healthcare and insurance-related issues
- Convenient access, 24/7

## **A SMART TOOL FOR SMART DECISIONS**

Our interactive, self-directed tool guides you through key health decisions.

It combines authoritative medical information with practical, personal assessments, facilitating access to more appropriate care that may be less complicated, risky, and costly. Paired with personalized help from our Health Advocacy service, you are assured of well-rounded support for decision-making and problem-solving anytime you need it.

Call the Health Advocate Customer Service at (866) 695-8622 or go online at [healthadvocate.com](http://healthadvocate.com) for more information!

# HEALTH ADVOCATE

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## MEDICARE EDUCATION

Reaching age 65 is a milestone—it's when eligibility for Medicare begins. There are many different parts to Medicare, and it can be confusing. Knowing how it all works is important, whether you decide to continue working or retire. As part of your Health Advocate benefit, paid for by your employer or plan sponsor, your Personal Health Advocate can walk you through Medicare so you can choose what's right for you.

## ABC'S OF MEDICARE

Medicare can be confusing. There are many different parts and you need to do your homework so you can choose the option that's right for you. Your Personal Health Advocate can walk you through the choices, clearly explaining the coverage and costs of each. We can also help your parents and parents-in-law with Medicare decisions.

### Understanding the Plan

- Clarity "Original" Medicare. This includes **Part A** (covers hospital costs) and **Part B** (covers doctor visits and other "medically necessary services")
- Educate about Medicare Advantage plans (**Part C**), and how they compare to Original Medicare
- Discuss Medicare **Part D** prescription drug plans

### We Will Give You Guidance

- Review all the parts of Medicare. Medicare is not free! Learn about the deductibles, coinsurance, co-pays, and premiums that may apply.
- Research Medigap plans, which supplement Original Medicare coverage
- Alert you to enrollment deadlines to avoid penalties
- Explain how Medicare works with your employer's or spouse's health benefits
- Locate Medicare-participating physicians

### Circle the Date!

Call us three months before your or your spouse's 65th birthday. We can help you review your coverage options, answer any questions, and help you apply for coverage so you can avoid costly penalties.

### Remember....

Your Personal Health Advocate can answer any of your Medicare questions as well as assist you with a variety of healthcare and insurance-related issues. Eligible employees, their spouses, dependent children, parents, and parents-in-law are all covered.

Call the Health Advocate Customer Service at (866) 695-8622 or go online at [healthadvocate.com](http://healthadvocate.com) for more information!

# HEALTH ADVOCATE

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## HOW HEALTH ADVOCATE HELPS

- Find the right doctors, dentists, hospitals, and other healthcare providers. Expedite appointments.
- Address complex medical conditions, research, and locate the latest treatments
- Coordinate care and schedule follow-up visits with the medical team; help transfer X-rays, medical results
- Arrange specialized treatments and tests; answer questions about results, treatments, and prescribed medication
- Clarify benefits including copays, and help facilitate access to appropriate care
- Provide health cost estimates for common medical procedures for informed decisions
- Offer personal contact with a nurse and web-based health information to support treatment decisions
- Help resolve insurance claims, negotiate billing
- Locate eldercare including assisted living, adult daycare, and other issues facing parents, parents-in-law
- Gaps in Care Coaching. Ongoing tailored "gaps in care" health coaching by Personal Health Advocates

## WHAT IS A PERSONAL HEALTH ADVOCATE?

- Registered Nurses with 10+ years of experience in clinical care, case management, nursing education, supervision, and administration
- Benefits Experts with 5+ years experience in benefits administration, claims management, provider group administration
- Supported by full-time Medical Directors for every clinical case
- Trained clinical professionals - social workers, behavior change counselors, nutritionists, dieticians, dental care, and pharmacy management
- Single, ongoing contact person - direct dial phone number, email, text, cell phone
- Chosen for medical expertise, commitment to service excellence, communication skills, and strong problem resolution approach

## EXPANDED COVERAGE

Core Health Advocacy service is available 24/7 to eligible employees, their spouses, dependent children, parents, and parents-in-law.

Call the Health Advocate Customer Service at (866) 695-8622 or go online at [healthadvocate.com](http://healthadvocate.com) for more information!

# DENTAL BENEFITS

Dental care isn't just about preventing cavities. It's actually a vital part of your overall health. Having dental coverage helps ensure you and your family get the care you need at prices you can afford. All Facility Solutions Group Employees are eligible to purchase voluntary dental insurance through Cigna.

The dental plan provides coverage for typical dental expenses, such as cleanings, X-rays, and fillings. It also includes child and adult orthodontia coverage, which most clients' dental plans don't necessarily offer. You can visit any dentist you choose, but if you use the Cigna network, you'll pay less for your care. For a list of Cigna network dentists, go to [www.cigna.com](http://www.cigna.com).

Dental Benefits	PPO	DHMO
Provider Access	In Network / Out-of-Network	In Network Only
Waiting Period		
Calendar Year Deductible	\$50 / 3x Family	\$0
Calendar Year Maximum	\$1,500	\$0
Orthodontia Lifetime Maximum	\$2,000	No Coverage
Preventive & Diagnostic	100%, after deductible	See Patient Charge Schedule
Basic Services	80%, after deductible	See Patient Charge Schedule
Major Services	50%, after deductible	See Patient Charge Schedule
Orthodontia Services <small>(under the age of 19 only)</small>	50%, no deductible	See Patient Charge Schedule
Oral Surgery	80%, after deductible	See Patient Charge Schedule
Periodontics	80%, after deductible	See Patient Charge Schedule
Endodontics	80%, after deductible	See Patient Charge Schedule
Provider Network	Total CIGNA DPPO	CIGNA Dental Care Access Plus

Weekly	PPO	DHMO
Employee Only	\$9.02	\$2.57
Employee + Spouse	\$20.14	\$4.89
Employee + Children	\$20.41	\$5.15
Employee + Family	\$31.71	\$8.36

Semi -Monthly	PPO	DHMO
Employee Only	\$19.54	\$5.57
Employee + Spouse	\$43.65	\$10.59
Employee + Children	\$44.22	\$11.15
Employee + Family	\$68.72	\$18.12

# VISION BENEFITS

All FSG's employees are eligible to purchase voluntary vision coverage through EyeMed. The vision plan promotes preventive care through regular eye exams and provides coverage for materials like glasses and contact lenses.

If you enroll for vision coverage, you can go to any eye care provider you choose, but you will receive a discount on services in the EyeMed network. To find a network provider, go to [www.eyemed.com](http://www.eyemed.com). The Vision Plan is designed to cover eye care needs that are visually necessary. You have to pay extra if you choose certain cosmetic or elective eyewear, so be sure to ask your eye doctor what items are covered by the plan before you purchase materials.

Vison	Eyemed	
	In-Network	Out-of-Network
<b>Benefit Frequency</b>		
• Exam	12 months	
• Lenses or Contact Lenses	12 months	
• Frames	12 months	
<b>Eye Exam</b>		
	\$20 copay	up to \$40 allowance
<b>Lenses</b>		
Single Vision	\$20 copay	up to \$40 allowance
Bifocal	\$20 copay	up to \$60 allowance
Trifocal	\$20 copay	up to \$80 allowance
Standard Progressive	\$20 copay	up to \$80 allowance
Lenticular	\$20 copay	up to \$80 allowance
<b>Frames</b>		
	\$130 allowance plus 30% off balance over \$130	up to \$45 allowance
<b>Contact Lenses</b>		
Elective (conventional & disposable)	\$20 copay	up to \$125 allowance
Contact Lens Fitting Exam	\$20 copay	Not Covered
<b>Laser Vision Correction</b>		
	Discounts Available	Not Available
<b>Provider Network</b>	<a href="http://www.eyemed.com">www.eyemed.com</a>	

Vision	Weekly	Semi-monthly
Employee Only	\$1.19	\$2.58
Employee + Spouse	\$2.36	\$5.12
Employee + Children	\$2.31	\$5.01
Employee + Family	\$3.52	\$7.62

# VISION BENEFITS

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## EYEMED FREEDOM PASS

With Freedom Pass, members get a special offer at Target Optical and participating Sears Optical: \$0 out-of-pocket cost for their choice of frames – no matter the price point. That means you will incur no cost on frames from top leading brands, including:



## HOW TO REDEEM

Take the Freedom Pass flyer to any Sears® Optical or Target® Optical. They'll handle the rest.

OFFER CODE: 755288

You must present the FSG Freedom Pass Code at the time you purchase your frames to receive the enhanced benefit.

# LIFE INSURANCE

## EMPLOYER-PAID

### Group Life and AD&D Insurance Benefits

Life insurance is an important part of your financial well-being, especially if others depend on you for support. Therefore, Facility Solutions Group provides basic term life insurance and accidental death & dismemberment in the amount of \$10,000 to all full-time employees. This plan is through Mutual of Omaha and provided at no cost to you.

## EMPLOYEE-PAID

### Supplemental Life and (AD&D) Benefits

Supplemental Life Insurance coverage is available in \$10K (\$5K spouse) increments up to 5 times your annual salary or \$500,000 (\$250K spouse), whichever is less (Spouse cannot exceed 100% of employee coverage). If you apply or increase your coverage after you were initially eligible, you will need to complete a Statement of Health form. Coverage will not be effective until it is approved by Mutual of Omaha.

### Supplemental Life and (AD&D) Rates

AGE	Employee Monthly Rates Per \$1000
Under 20	\$0.105
20-24	\$0.105
25-29	\$0.105
30-34	\$0.125
35-39	\$0.139
40-44	\$0.172
45-49	\$0.255
50-54	\$0.392
55-59	\$0.657
60-64	\$1.024
65-69	\$1.715
70-74	\$2.675
75+	\$4.045

AGE	Spouse and Child(ren) Monthly rates per \$1,000
Under 20	\$ 0.093
20-24	\$0.093
25-29	\$0.093
30-34	\$0.113
35-39	\$0.127
40-44	\$0.160
45-49	\$0.243
50-54	\$0.380
55-59	\$0.645
60-64	\$1.012
65-69	\$1.703
70-74	Coverage Terminates
Child(ren)	\$ .149

# DISABILITY BENEFITS

## SHORT-TERM DISABILITY

Optional Short-Term Disability provides income benefits in the event you become disabled from a non-work-related injury or sickness for more than 14 days. The benefit is 60% of your weekly pay up to a maximum of \$2,500. Pre-existing conditions will not be covered until you have been covered for 6 months.

Age	Monthly rates per \$1,000
Under 20	\$0.37
20-24	\$0.37
25-29	\$0.37
30-34	\$0.37
35-39	\$0.37
40-44	\$0.38
45-49	\$0.41
50-54	\$0.47
55-59	\$0.60
60-64	\$0.73
65-69	\$0.81
70-74	\$0.84
75+	\$0.84

## LONG-TERM DISABILITY

Optional LTD insurance protects your financial security if you become unable to work due to illness or disability for more than 180 days. The benefit is 60% of monthly pay to a maximum of \$10,000 per month. If you elect LTD insurance during Open Enrollment, you must provide evidence of insurability by completing a Statement of Health form, available through Human Resources. Coverage will not be effective until it is approved by Mutual of Omaha.

Age	Monthly rates per \$100
Under 20	\$0.06
20-24	\$0.07
25-29	\$0.11
30-34	\$0.16
35-39	\$0.24
40-44	\$0.40
45-49	\$0.65
50-54	\$1.09
55-59	\$1.39
60-64	\$1.46
65-69	\$1.53
70-74	\$1.61

## The Importance of Disability



30%

The average worker has a 30% chance of getting disabled.



12% of the population get **disability benefits**.



1/8

1 out of every 8 workers will be disabled within at least **5 years** during their working years.

# CRITICAL ILLNESS & ACCIDENT

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## CRITICAL ILLNESS

As an active employee of Facility Solutions Group, Inc., you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through United of Omaha Life Insurance Company. A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke, or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living. How much insurance is enough?

Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.

## ACCIDENT

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from United of Omaha Life Insurance Company.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of Facility Solutions Group, Inc., you may purchase this coverage for yourself and your family members, and premiums can be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.

**For Critical Illness and Voluntary Accident plan details and rates, please see Benefits Summary in your Paycom account under the 'My Benefits' tab > 'Benefit Forms and Links'.**

# FMLA/ABSENCE MANAGEMENT

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**THE FOLLOWING ARE STEP-BY-STEP INSTRUCTIONS ON WHAT YOU NEED TO DO TO APPLY FOR A LEAVE OF ABSENCE.**

## **STEP 1**

Contact AbsencePro to notify your need for a leave by visiting the Absence Pro website [www.absencepro.absencemgmt.com](http://www.absencepro.absencemgmt.com) or by calling (877) 365-2666  
Monday - Friday 7:30am - 9:00pm CST

## **STEP 2**

Receive the Medical Certification Form from either your Leave Notification Packet sent by AbsencePro or download from AbsencePro [absencepro.absencemgmt.com](http://absencepro.absencemgmt.com)

The Medical Certification Form is time-sensitive material. Be certain to check for the certification due date on your initial request letter provided in your FMLA Notification Packet.

## **STEP 3**

Take the blank Medical Certification Form to either your or your family member's Health Care Provider.

If your leave is not for medical reasons, please follow the instructions provided by the AbsencePro Specialist and/or your Leave Notification Packet.

## **STEP 4**

Ensure that AbsencePro received the completed Medical Certification Form prior to the certification due date. It is your responsibility to ensure paperwork gets returned in a timely fashion. If there are delays completing your forms, be sure to contact AbsencePro prior to your certification due date.

Return the completed Medical Certification Form to AbsencePro

Fax: (877) 309-0218

Email [Support@AbsencePro.absencemgmt.com](mailto:Support@AbsencePro.absencemgmt.com)

Address: NBC Tower - 13th Floor, 455 N. Cityfront Plaza Drive, Chicago, IL 60611-5322

## **STEP 5**

Receive and review the Decision Letter from AbsencePro. Please note the decisions are based on the certification completed by the health care provider. Notify AbsencePro if your leave was denied and you need clarification on next steps.

## **STEP 6**

If approved for the leave, you will be responsible for keeping track of your available entitlement:

**Intermittent Frequency Leave:** Be sure to report each intermittent FMLA absence to AbsencePro within 24 hours and follow your department's call-off procedures. All rescheduled appointments need to be tracked ahead of time with both AbsencePro and your company. Failure to call off to both parties may be subject to disciplinary action.

**Continuous Frequency Leave:** Pay close attention to the date range on your Decision Letter. Your position at your company is only protected during that date range. To keep your entitlement accurate and ensure protection, please notify AbsencePro if your leave is different than what was provided on the Decision Letter.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

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**All Facility Solutions Group Employees are eligible through your group coverage with Mutual of Omaha to automatically receive an Employee Assistance Program (EAP).**

Your personal well-being is important to us. Mutual of Omaha, our EAP vendor, can help you 24/7 with confidential support, guidance, and resources. This service is provided to you at no cost.

**You can receive assistance with such concerns as:**

- Marital Conflict
- Stress Management
- Alcohol or Drug Abuse
- Interpersonal Conflict
- Personal Decision Making
- Depression or Anxiety
- Referrals to Community Resources
- Identity Theft Services
- Family Relationships
- Grieving a Loss
- Conflict at Work
- Financial/Legal/Consumer Concerns

## **BENEFITS OFFERED THROUGH THIS PROGRAM INCLUDE:**

- Assistance for you or an immediate household family member who is age 16 or older
- Three (3) in-person help per calendar year
- Toll-free phone and web access 24/7
- Work/life services for assistance with:
  - Childcare, eldercare, and adoption
  - Relationships
  - Financial issues

You can also find useful online resources to help you balance the demands of work and personal issues, 24 hours a day, 7 days a week. Simply go to [www.mutualofomaha.com/EAP](http://www.mutualofomaha.com/EAP)

*Did you know that the information you share with an EAP provider is strictly confidential? Facility Solutions Group does not have access to any discussions or information you share with counselors.*

To learn more about the Mutual of Omaha Employee Assistance program call (800) 316-2796

# EMPLOYEE HARASSMENT PROTECTION PLAN

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FSG partners with Work Shield, a team of specialized, caring professionals who provide a safe and impartial way to ensure your workplace harassment and discrimination concerns are heard, investigated, and resolved without fear of retaliation.

## No Retaliation

Employees report incidents directly to Work Shield, ensuring there is no retaliation from employers.

## Top Priority

Every incident reported to Work Shield is a priority. All concerns are heard, are important, and are investigated quickly.

## Impartial Investigations

Work Shield experts are trained to conduct investigations without bias, so you can be certain to receive fair treatment.

## Quick Resolutions

Incidents are resolved effectively and efficiently at Work Shield. We provide resolutions in about five days.

FSG has a zero-tolerance policy for harassment and discrimination of all kinds, including bullying and unfair treatment due to race, color, religion, sex, gender, sexual orientation, national origin, age, and disability.

If you are experiencing workplace harassment or discrimination of any kind, start with Work Shield. Safely report incidents at [workshield.com](https://workshield.com) or 866.946.5558.

**BE  
HEARD .**



# PAID TIME OFF (PTO)

FSG believes that employees should have opportunities to enjoy time away from work to help balance their lives. The Company recognizes that employees have diverse needs for time off from work and has established a paid time off (PTO) policy to meet those needs. The benefits of PTO are that it promotes a flexible approach to time off. Employees are accountable and responsible for managing their own PTO hours to allow for adequate reserves if there is a need to cover vacation, illness or disability, appointments, emergencies, or other situations that require time off from work.

PTO may be used for vacation, personal time, personal or family illness, doctor appointments, school, volunteerism, time off to care for dependents, time off for jury duty, bereavement leave, and other activities of the employee's choice. PTO may also be used duty by U.S. armed services reserve members to attend scheduled drills and training or if called to active duty.

Completed Years of Service	Holidays	PTO Days	Total Paid Days Off	Max PTO Hours	PTO Factor Per Hour
0-9	7	15	22	176.00	9.244% (0.09244)
10+	7	20	27	216.00	11.588% (0.11588)

## HOLIDAYS

Company offices are closed on certain holidays. Exempt employees do not need to submit PTO requests for holiday pay - it is automatically credited to employee pay according to the employee's regularly scheduled workday. Company offices are closed on the following holidays:

New Year's Day (January 1)	Thanksgiving (fourth Thursday in November)
Memorial Day (last Monday in May)	Day after Thanksgiving
Independence Day (July 4)	Christmas (December 25)
Labor Day (first Monday in September)	

# 401K RETIREMENT PLAN

## WHO CAN PARTICIPATE?

You are eligible to participate if you are at least 18 years old and have worked full-time for FSG for one (1) year.

## YOUR CONTRIBUTIONS

- Your contributions and the earnings on those contributions are always 100% yours
- Contributions are pre-tax - before federal and state income taxes are withheld
- Maximum Contributions \$19,500 in 2023 (additional \$6,500 if age 50 or older)

## EMPLOYER CONTRIBUTIONS

- Company will match .50 cents per dollar up to 5% of your gross pay
- You may suspend your contributions at any time by contacting Principal
- FSG may make matching discretionary contributions to your account.

## LOANS - YOU MAY QUALIFY TO BORROW A PORTION OF YOUR VESTED BALANCE:

- The maximum amount of any loan is the lesser of:
  - 50% of the member's vested account, reduced by any outstanding balance
  - \$50,000, reduced by the highest outstanding loan balance during the one-year period ending on the day before the loan is made
- Minimum amount of any loan is \$1,000
- Maximum number of outstanding loans is 2
- Maximum term of any loan is 5 years
- You may be granted a maximum of two loans during any one-year period
- Loan repayment is through payroll deductions

## DISTRIBUTIONS

- You can take distributions from your account at Normal retirement, which is 65 (subject to ordinary income taxation, both state and federal)
- Age 59 1/2 while still employed
- Termination, death, or disability

## ROLLOVERS - YOU CAN ROLLOVER YOUR BALANCE FROM A PRIOR EMPLOYER'S PLAN BY:

- Completing a rollover request with Principal

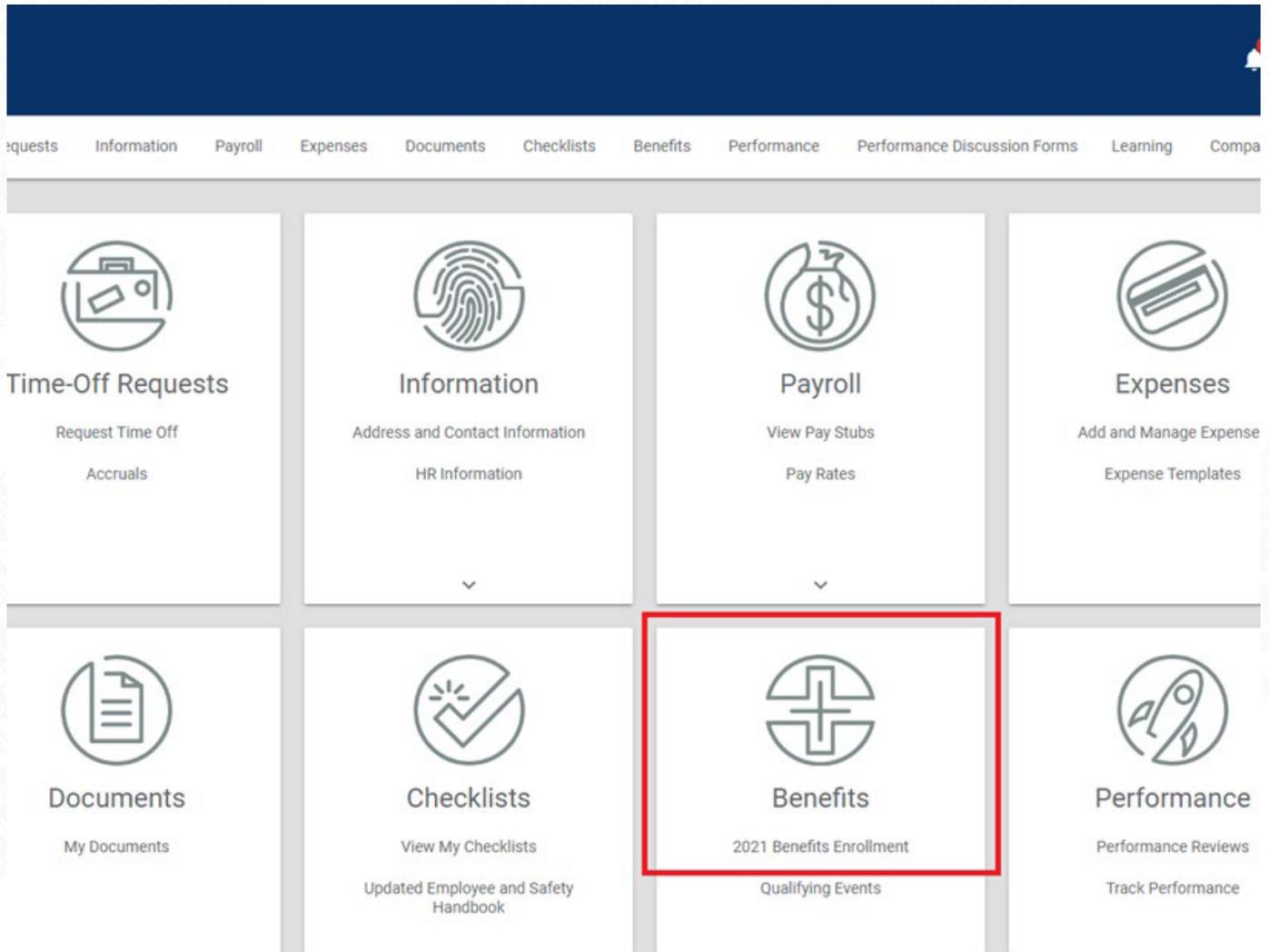
## VESTING SCHEDULE - EMPLOYER DISCRETIONARY CONTRIBUTIONS

- You become vested in—which means you will earn ownership of the company- discretionary contributions according to this schedule
- Vesting begins on your date of hire

Years of Service	Vesting Percentage
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 + years	100%

# HOW TO ENROLL

Access your Paycom self-service account at [www.paycom.com](http://www.paycom.com) and click the enrollment link under My Benefits to enroll.



If you fail to enroll during your initial eligibility period you will not be eligible to enroll until next year's open enrollment unless you have a qualifying life event.

# IMPORTANT CONTACTS

BENEFIT	WHO TO CALL	GROUP NUMBER	PHONE	WEBSITE / EMAIL
Medical and Pharmacy	UnitedHealthcare	99765	(844) 639-8595	<a href="http://www.myuhc.com">www.myuhc.com</a>
Telemedicine (Virtual Visits)	UnitedHealthcare	99765	Must register and make appointment online by registering at <a href="http://myuhc.com">myuhc.com</a>	<a href="http://www.myuhc.com">www.myuhc.com</a>
Health Savings Account	Optum Bank	99765	(866) 234-8913	<a href="http://www.optumbank.com">www.optumbank.com</a>
Flexible Spending Account	Optum Bank	99765	(866) 234-8913	<a href="http://www.optumbank.com">www.optumbank.com</a>
Health Advocate	Health Advocate	N/A	(866) 695-8622	<a href="http://www.healthadvocate.com">www.healthadvocate.com</a>
Dental	CIGNA	3343010	(800) 244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Vision	EyeMed	1024907	(866) 800-5457	<a href="http://www.eyemed.com">www.eyemed.com</a>
Disability	Mutual of Omaha	G000AIXC	(800) 877-5176	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Life Insurance	Mutual of Omaha	G000AIXC	(877) 365-2666	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
FMLA	Mutual of Omaha	G000AIXC	(877) 365-2666	<a href="http://www.absencepro.absencemgmt.com">www.absencepro.absencemgmt.com</a>
Employee Assistance Program	Mutual of Omaha	G000AIXC	(800) 316-2796	<a href="http://www.mutualofomaha.com/EAP">www.mutualofomaha.com/EAP</a>
Travel Assistance	Mutual of Omaha	9900MOO2	US (800) 856-9947 Outside US call collect (312)935-3658	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Critical Illness & Accident	Mutual of Omaha	G000AIXC	(800) 775-8805	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
401(K)	Principal	807047	(800) 547-7754	<a href="http://www.principal.com">www.principal.com</a>
Davis Bacon Pension Plan	Davis Bacon	N/A	(866) 467-7756	<a href="http://www.participant.empower-retirement.com">www.participant.empower-retirement.com</a>

This 2023 Benefit Guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act (ERISA) as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description.

The information contained in this guide should in no way be construed as a promise or guarantee of employment. The client reserves the right to modify, amend, suspend or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the document or policies will always prevail. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies, and plan documents available from your Human Resources Department.

All information in this guide is intended for your general use only and is not a substitute for medical advice or treatment for specific medical conditions. You should seek prompt medical care for any specific health issues and consult your physician before taking any action on your health conditions.

# IMPORTANT NOTICES

Federal laws require that Facility Solutions Group provide you with certain notices that inform you about your rights regarding eligibility, enrollment, and coverage of health care plans. These notices, SPDs and plan amendments will be available through the \*benefits portal\*. If you do not have access to the Internet or if you do not have the programs necessary to view this type of file, you can request printed copies of these documents from the Benefits department.

NOTICE	WHAT IT MEANS FOR YOU
<b>HIPAA PRIVACY NOTICE</b>	Describes your rights to health privacy.
<b>PREMIUM ASSISTANCE UNDER MEDICAID AND CHIP</b>	Provides a list of states that have premium assistance programs to help you pay for medical coverage if you are unable to afford health care coverage premiums.
<b>FAMILY AND MEDICAL LEAVE ACT (FMLA)</b>	If you or a family member is faced with a health condition that causes you to miss work, you may be able to take up to 12 weeks of job-protected time off under the FMLA.
<b>SUMMARY OF BENEFITS AND COVERAGE (SBC)</b>	Summarizes important information about your health coverage options in a standard format to help you compare each option.
<b>NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT</b>	Describes protections for mothers and their newborn children relating to the length of their hospital stays following childbirth.
<b>WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998</b>	Provides information regarding a woman's rights after a mastectomy.
<b>GENETIC INFORMATION NON-DISCRIMINATION ACT OF 2008 (GINA)</b>	Prohibits clients from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by the law.
<b>MICHELLE'S LAW</b>	Prohibits group health plans from terminating the coverage of a dependent child who has lost student status as a result of a medically necessary leave of absence.
<b>CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)</b>	Provides details about how COBRA can provide ongoing health benefits after coverage ends under certain conditions.
<b>YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE</b>	The key purpose of this notice is to advise you that the prescription drug coverage you have under the Team Car Care and Welfare Plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2022. (This is known as "creditable coverage.")
<b>HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS</b>	Provides basic information about individual health insurance options available through the Marketplace (also referred to as Exchanges).