



2024 BENEFITS GUIDE



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WHAT'S NEW FOR 2024

FSG HAS ADDED A COMPANY-PAID MEDICAL PLAN!

FSG will pay 100% of the employee-only premium

NEW COMPANY PAID VIRTUAL VISITS WITH A \$0 COPAY

All full-time employees, your spouse/domestic partner and children to age 26 are covered. This is a separate policy from our medical plans. You do not have to be enrolled in medical to use this benefit.

If you are enrolled in the HealthSaver Plan or the Base HDHP, you will have access to the \$0 virtual visits through TELADOC. However, you do not need to be enrolled in Medical coverage in order to use this service.

COMPANY-PAID LIFE INSURANCE IS INCREASING FROM \$10,000 TO \$30,000!

NEW COMPANY PAID ENHANCED EMPLOYEE ASSISTANCE PROGRAM (EAP)!

All full-time employees and your spouse/domestic partner and children to age 26 are covered.

The plan includes:

- 5 free face-to-face counseling visits
- Financial resources and a 30-minute consultation with a Money Coach
- Legal resources including a free consultation with a lawyer

NEW VOLUNTARY HOSPITAL REIMBURSEMENT PLAN

IMPORTANT CONTACTS

Benefit	Who to Call	Group Number	Contact Number	Website
\$0 Medical and Mental Health Virtual Visits	Teladoc	N/A	(800) 835-2362	teladochealth.com
Employee Assistance Program (EAP)	Health Advocate	N/A	(866) 799-2728	healthadvocate.com/members
Health Care Concierge Medicare Assistance	Health Advocate	N/A	(866) 799-2728	healthadvocate.com/members
Employee Harassment Protection Plan	WorkShield	N/A	(866) 946-5558	workshield.com
Medical/Prescriptions	United Healthcare Optum RX	0909765	(844) 639-8595	myuhc.com
Dental	Cigna	334010	(800) 244-6224	mycigna.com
Vision	Eyemed	1024907	(866) 800-5457	eyemed.com
Health Savings Account	Optum Bank	0909765	(866) 234-8913	optumbank.com
Flexible Spending Accounts	Optum Bank	0909765	(866) 234-8913	optumbank.com
Life Insurance	Mutual of Omaha	G000AIXC	(800) 775-8805	mutualofomaha.com
Disability Insurance	Mutual of Omaha	G000AIXC	(800) 775-8805	mutualofomaha.com
FMLA	Mutual of Omaha	G000AIXC	(800) 775-8805	absencepro.abcensemgmt.com
Voluntary Accident, Critical Illness and Hospital Indemnity	Mutual of Omaha	G000AIXC	(800) 775-8805	mutualofomaha.com
Travel Assistance	Mutual of Omaha	9900M002	US: (800) 856-9947 Outside US call: (312) 935-3658	N/A
Will Preparation	Mutual of Omaha	Use Code: MUTUALWILLS	N/A	willprep.clientsecured.com/ willprep
FSG Employee Discount Program	Benefithub	Use Code: P4HCQL	N/A	fsgemployeediscountprogram.benefithub.com
401(k)	Principal	807047	(800) 547-7754	principal.com
Davis Bacon Pension Plan	Davis Bacon	N/A	(866) 467-7756	participant.empower-retirement.com

2024 ENROLLMENT OVERVIEW

START HERE!

Read about the enrollment process below.

ACTION REQUIRED

The 2024 Annual Enrollment will be a Passive Enrollment. If you do not complete enrollment through Paycom, your current benefits will roll over to 2024. We encourage everyone to complete the annual enrollment so that you understand the new company-paid benefits available to you, including no-cost medical for employees, no-cost virtual visits for all employees, spouses, and children, and the new Voluntary Hospital Reimbursement Plan.

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 who you want to be the beneficiary of your policy. If you waive all other benefits, be sure to designate your beneficiaries for your life insurance. To update your beneficiary, log in at 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 30 days of employment.

HOW DO I ENROLL?

The first step is to review your benefits and evaluate your needs for the year, then login to your Paycom Self-Service account at www.paycom.com click the enrollment link under My Benefits, and complete your enrollment for 2024.

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 qualified life event (i.e. birth, adoption, marriage, divorce, death, or loss of other coverage). If you have a qualified life event in 2024, 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 2024. If your qualified life event is due to gaining or losing coverage for your children through Medicaid/CHIPS, you have 60 days to enter the life event.

ELIGIBILITY

EMPLOYEES

All regular, full-time employees working 30 or more hours per week are eligible for benefits on the first of the month following 30 days of employment.

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 to whom you are 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.
- **Voluntary Life Insurance** – Your unmarried child until they reach age 26

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 to 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 with questions about the plan offerings and for assistance with eligibility and verification.

\$0 VIRTUAL AND MENTAL HEALTH

TELADOC

New Benefit January 1, 2024!

Company-paid Virtual Visits for Medical and Mental Health with \$0 cost to you, your spouse, and your children up to 26 years of age. This benefit is separate from the medical plans with UHC. You do not have to be enrolled in an FSG medical plan to use this benefit. **Even if you are enrolled in the HealthSaver or Base HDHP plan and have an HSA Account, you are still able to access the TELADOC Virtual Benefits at no cost.**

24/7 Healthcare from the break room, living room, or anywhere else. Access your healthcare by phone, video, or app.



Teladoc[™]
HEALTH

General Medical (24/7 Care)

Need care for non-urgent and common conditions? Get same-day appointments with a certified clinician from wherever you are. Our clinicians diagnose, treat and even prescribe medicine if needed.

- Allergies
- Bronchitis
- Flu
- COVID-19
- Pink eye
- Rashes
- Sinus infections
- Sore throats
- And more

Mental Health

Find support that works best for you. You can connect with a therapist 7 days a week and get a personalized plan and online content designed for you.

- Anxiety and depression
- Sleep issues
- Relationship conflicts
- Trauma and PTSD
- Medication management

Activate your benefit and schedule your visit today!

Visit [TELADOCHealth.com](https://www.teladoc.com) or Call (800) 835-2362

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your personal well-being is important to us. There are times in all of our lives when we need a little help. No matter what the issue, you can get the confidential support, guidance, and resources you need. **This is a company-paid benefit and it is available to all full-time employees, spouses, dependent children, parents, and parents-in-law.** Services are available 24 hours a day, 7 days a week.

You can access up to 5 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support. Counseling sessions are available face to face, via televideo or chat therapy.

**Life can be hard.
Getting help shouldn't be.**

Wellbeing Services	Financial	Legal
<p>Anxiety Depression Relationship support Stress management Work/life balance Grief and loss Substance misuse and more</p> <p>5 free sessions per issue per year Chat therapy</p>	<p>Credit and debt issues College funding Tax and IRS questions and preparation Budgeting Retirement and financial planning Mortgages and refinancing</p> <p>Free telephonic consultation with a financial professional</p>	<p>General law Family law Civil/Criminal law Divorce Wills and other documents Real estate transactions Mediation services</p> <p>Free telephonic consultation with a lawyer</p>

TO ACCESS SERVICES:

Call: (866) 695-8622 or Visit: [Health Advocate](#)

MEDICAL PLANS

REMINDER: If you are enrolled in the HealthSaver or Base HDHP Plan, you are eligible for **\$0 cost** Virtual Medical and Mental Health visits through the company-paid policy with **TELADOC**. If you use the UHC Virtual option and you have not met your deductible, you will pay the full cost. **Visit [TELADOCHealth.com](https://www.teladoc.com) or call (800) 835-2362**

2024 Medical Plans	ConvenienceCare Plan	HealthSaver HSA Plan	Base HDHP Plan
Pre-tax Savings Accounts You Can Have With This Plan	Full Purpose Health Care FSA	HSA & Limited Purpose FSA or Full Purpose FSA	HSA & Limited Purpose FSA or Full Purpose FSA
What You Pay			
All of the medical plans offered by FSG are EPO (exclusive Provider Only). There is no coverage if you use a non-network provider			
Virtual Visit UHC	No Cost	20% after deductible	0% after deductible
Primary Care Office Visit	Premium: Children <19 \$0 copay Adult \$30 copay Non-Premium: \$60 copay	Premium: 20% after deductible Non-Premium: 30% after deductible	0% after deductible
Specialty Office Visit	Premium: \$50 copay Non-Premium \$90 copay	Premium: 20% after Deductible Non-Premium: 30% after Deductible	0% after deductible
Preventive Care	No Cost	No Cost	No Cost
Emergency Room	20% after \$400 copay	20% after deductible	0% after deductible
Outpatient Mental Health	\$30 copay	20% after deductible	0% after deductible
Outpatient Diagnostic Labs/X-rays	\$0	0% after deductible	0% after deductible
High-Tech Imaging (CT, MRI, PET)	20% after deductible	20% after deductible	0% after deductible
Inpatient Hospital	20% after deductible	20% after deductible	0% after deductible
All Other Covered Services	20% after deductible	20% after deductible	0% after deductible
Prescription Drug Cost			
All Preventive Drugs	No Cost	No Cost, this plan includes an expanded preventive drug list	No Cost, this plan includes an expanded preventive drug list
Tier 1 (30day supply)	\$5 copay	20% after deductible	0% after deductible
Tier 2 (30day supply)	\$25 or 20% whichever is greater	20% after deductible	0% after deductible
Tier 3 (30day supply)	\$40 or 30% whichever is greater	20% after deductible	0% after deductible
Mail order through OptumRx	2 x Retail Benefit	20% after deductible	0% after deductible
Specialty Medications	Must be Filled Through the UHC/Optum/Brioiva Specialty Program		
FSG HSA Match			
Per Individual	Not Applicable	Up to \$1,000	\$0
Per Family	Not Applicable	Up to \$2,000	\$0
Calendar Year Deductible			
Per Individual	\$1,000	\$3,500	\$7,500
Family Maximum	\$3,000	\$7,000	\$15,000
Calendar Year Maximum Out-of-Pocket			
Per Individual	\$6,850	\$6,550	\$7,500
Family Maximum	\$13,700	\$13,100	\$15,000
Search for a Network Provider	www.myuhc.com		
UHC Network	Choice		

MEDICAL PLAN RATES

TOBACCO PREMIUMS

FSG is dedicated to encouraging and ensuring a healthy environment and lifestyle for all 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 2024.

Weekly Non-Tobacco User Premiums			
Weekly	ConvenienceCare Plan	HealthSaver HSA Plan	Base HDHP Plan
Employee Only	\$68.20	\$28.64	\$0.00
Employee + Spouse	\$150.03	\$105.02	\$84.02
Employee + Children	\$126.17	\$88.32	\$70.65
Employee + Family	\$218.23	\$152.76	\$122.21
Weekly Tobacco User Premiums			
Weekly	ConvenienceCare Plan	HealthSaver HSA Plan	Base HDHP Plan
Employee Only	\$85.51	\$45.95	\$17.31
Employee + Spouse	\$167.34	\$122.33	\$101.33
Employee + Children	\$143.48	\$105.63	\$87.96
Employee + Family	\$235.54	\$170.07	\$139.52
Semi-Monthly Non Tobacco User Premiums			
Semi-Monthly	ConvenienceCare Plan	HealthSaver HSA Plan	Base HDHP Plan
Employee Only	\$147.76	\$62.06	\$0.00
Employee + Spouse	\$325.08	\$227.55	\$182.04
Employee + Children	\$273.36	\$191.35	\$153.08
Employee + Family	\$472.84	\$330.99	\$264.79
Semi-Monthly Tobacco User Premiums			
Semi-Monthly	ConvenienceCare Plan	HealthSaver HSA Plan	Base HDHP Plan
Employee Only	\$185.26	\$99.56	\$37.50
Employee + Spouse	\$362.58	\$265.05	\$219.54
Employee + Children	\$310.86	\$228.85	\$190.58
Employee + Family	\$510.34	\$368.49	\$302.29

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: (877) 784-8797

MEDICAL RESOURCES

HEALTH ADVOCATE

Health Advocate is your personal Health Care Concierge. This is a company-paid benefit and it is available to all full-time employees, spouses, dependent children, parents, and parents-in-law. Even if you are not enrolled in FSG's medical plans.

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, and 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.
- Medicare education and enrollment assistance
- Personal contact with a nurse and web-based health information to support treatment decisions.
- Help resolve insurance claims, and negotiate billing.
- Locate eldercare including assisted living, adult day care, and other issues facing parents, and parents-in-law.

**CONTACT HEALTH ADVOCATE CUSTOMER SERVICE AT
(866) 695-8622 or online at www.healthadvocate.com**

MEDICAL RESOURCES

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.

Understanding the Plan

- Clarify “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

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 apply for coverage so you can avoid costly penalties.

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

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-in-law are all covered.

TURN TO US - WE CAN HELP

**Call: (866) 695-8622 Email: answers@HealthAdvocate.com
www.HealthAdvocate.com/members**

IMPORTANT MEDICAL TERMS & FEATURES

ANNUAL DEDUCTIBLE

Each year, you have a deductible, which is the amount that you pay before the plan starts paying benefits for your non-preventative doctor's visits any other medical 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 and ConvenienceCare plans pays 80% coinsurance (you pay 20%) once the plan's deductible has been met.

COPAYS

One of the main benefits of the ConvenienceCare 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 you'll pay for all medical and prescription expenses out-of-pocket until the plan's deductible is met, then you'll be responsible for your coinsurance amount and prescription copays.

IN-NETWORK / OUT-OF-NETWORK

When you review the medical chart on page 9 you will see that **all three medical plans cover in-network benefits ONLY. You have no coverage if you use an out-of-network provider (except for true emergencies).**

OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum is the most you will pay out of your own pocket for covered medical costs in a calendar year. Once you reach this amount, the plan pays 100% of any additional covered expenses for the rest of the calendar year. Deductibles, coinsurance, and 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 UHC 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 this adds up to higher costs down the line. To search for a Tier 1 or Premium Care Physician go to www.myuhc.com and click on Find a Provider. All plan utilize the Choice network.

HEALTH SAVINGS ACCOUNT (HSA)

Optum

A health savings account (HSA) allows you to save money for qualified medical expenses that you're expecting, such as contact lenses or monthly prescriptions, 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 when you change jobs, health plans or retire.

HSA TAX ADVANTAGES

Your contributions to your HSA come out of your paycheck before taxes are withheld. That means every dollar that goes toward your HSA reduces your taxable income. A Health Savings Account, or HSA, is a tax-advantaged savings account you can use for healthcare expenses. Along with saving you money on taxes, HSAs can help you grow your nest egg for retirement.

TRIPLE TAX SAVINGS

1. You do not pay federal taxes on contributions to your HSA.
2. Earnings from interest and investments are tax-free.
3. Distributions are tax-free when used for qualified medical expenses.

IT'S NOT JUST FOR DOCTOR VISITS:

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

- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses, and LASIK surgery
- Prescription medications
- Chiropractic services and acupuncture
- COBRA premiums and Medicare premiums (including supplement plans)
- Long-Term Care

SAVE FOR THE FUTURE

Your HSA is a bank account that you own. You never lose the money in your account, until you decide to spend it. Your balance grows from year to year, so you can continue to grow your savings and use it in the future – even into retirement.

HEALTH SAVINGS ACCOUNT (HSA)

Optum

WHO IS ELIGIBLE?

Employees who are enrolled in the HealthSaver or Base HDHP plans can open a Health Savings Account (HSA) through Optum Bank. To have an HSA, you cannot:

- Be enrolled in a traditional PPO plan
- Have a spouse enrolled in a Healthcare FSA 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 use it for qualified expenses. You will pay a penalty and taxes if you use the account for ineligible expenses.

If you're like most people who have health insurance, you never have enough out-of-pocket healthcare 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.

2024 EMPLOYER CONTRIBUTIONS

If you are enrolled in the HealthSaver plan, 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). You will receive 50% of the annual match on January 1, 2024. There is no employer match for the Base HDHP Plan.

2024 CONTRIBUTION LIMITS

There are contribution limits set by the Internal Revenue Service (IRS) and adjusted annually. These limits include both employer and employee contributions.

The 2024 contribution limits are:

- \$4,150- Single
- \$8,300 - Family
- You are eligible to contribute an additional \$1,000 if you're 55 or older

FLEXIBLE SPENDING ACCOUNTS (FSA)

FSA: Optum

FSA TAX ADVANTAGES

Interested in lowering your taxable income while paying for eligible expenses? Be sure to take advantage of the Flexible Spending Accounts. You can contribute to your Full Purpose Health Care, Limited Purpose or Dependent Care FSA Accounts before taxes are withheld from your paycheck. That means that you decrease your taxable income, which could save you hundreds of dollars per year.

The full amount of your Health Care FSA is immediately available to you as of January 1, 2024.

FSG will be offering three types of FSA plans:

- **Full Purpose Health Care** This account is used to pay for eligible out-of-pocket medical, dental, and vision care expenses for you and your eligible dependent(s). **If you are enrolled in the HealthSaver or Base HDHP medical plans, you may not elect the full-purpose FSA.**
- **Limited Purpose FSA** This account only reimburses for eligible out-of-pocket dental and vision care expenses for you and your eligible dependent(s). **You may enroll in this plan if you are enrolled in the HealthSaver or Base HDHP medical plans.**
- **Dependent Care FSA (DCFSA)**— used to pay for eligible expenses for the care of a dependent child up to age 13 or a dependent adult. **The DCFSA is not for your dependent healthcare expenses. This account is for daycare expenses that allow you to work.**

2024 FSA Limits

- You can contribute up to \$3,200 for eligible expenses not reimbursed by insurance.
- These expenses can be for you or your eligible tax dependents, whether or not they are covered on a FSG medical plan. You can pay for expenses using your debit card or submit a claim online and be reimbursed.

Dependent Care FSA

- You can contribute 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

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. Your annual FSA balances can be used for claims incurred from January 1 through March 15 of the following calendar year. All expenses must be 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.

DENTAL

Cigna

The PPO Plan offers in-network and out-of-network coverage. When using in-network providers, participants cannot be billed for eligible costs above the negotiated rates. If you use an out-of-network provider, you may be billed the difference between what the plan allows and what your provider charges.

The DHMO plan requires you to select an approved DHMO provider. There is no coverage if your care is not provided by your assigned DHMO provider. This plan is only available to our associates living in an area where CIGNA has an HMO network. If you enroll dependents in the DHMO plan, they too must reside in or receive all care through an approved DHMO provider in Texas.

Dental Benefits	PPO	DHMO
	In-Network / Out-of-Network	In-Network Only
Member Costs		
Calendar Year Deductible	\$50 / \$150 Family	\$0
Calendar Year Maximum	\$1,500	\$0
Preventive & Diagnostic	0%, no deductible	See Patient Charge Schedule
Basic Services	20% after deductible	See Patient Charge Schedule
Major Services	50% after deductible	See Patient Charge Schedule
Oral Surgery	20% after deductible	See Patient Charge Schedule
Periodontics	20% after deductible	See Patient Charge Schedule
Endodontics	20% after deductible	See Patient Charge Schedule
Orthodontia Lifetime Maximum	\$2,000	See Patient Charge Schedule
Orthodontia Services (under the age of 19 only)	50%, no deductible	See Patient Charge Schedule
Out-of-Network Benefits	Maximum Allowable Charge	No Coverage
Search for a Network Provider	CIGNA www.cigna.com	
CIGNA 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

EyeMed

Vision	EyeMed	
	In-Network	Out-of-Network
Benefit Frequency		
Exam	12 months	
Lenses or Contact Lenses	12 months	
Frames	12 months	
Member Costs		
Eye Exam		
	\$20 copay	up to \$40 allowance
Lenses		
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
Frames		
	\$130 allowance plus 20% off balance over \$130	up to \$45 allowance
Contact Lenses		
Elective (conventional & disposal)	\$20 copay, then 100% up to \$125, 15% off balance	up to \$125 allowance
Contact Lens Fitting Exam	\$20 copay	Not covered
Laser Vision Correction		
	Discounts Available	Not Available
Search for a Network Provider	www.eyemed.com	

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

LIFE & AD&D

Mutual of Omaha

EMPLOYER-PAID LIFE AND AD&D INSURANCE

Life insurance is an important part of your financial well-being, especially if others depend on you for support. **FSG provides every full-time employee with \$30,000 of Life & AD&D coverage.**

VOLUNTARY GROUP LIFE AND AD&D INSURANCE

You may also purchase additional life insurance for you, your spouse and your children.

REMINDER

Whether you enroll in or waive benefits in www.paycom.com during Open Enrollment, be sure to confirm your life insurance beneficiaries are up to date!

Voluntary Life Insurance	
Benefits	
Employee	\$10,000 increments, up to the lesser of 5 times annual earnings or \$500,000 Guarantee Issue: the lesser of 5 times annual earnings or \$200,000
Spouse	\$5,000 increments, up to the lesser of \$250,000 or 100% of employee coverage Guarantee Issue: \$50,000
Child(ren)	Live Birth to age 26: \$1,000 increments up to \$10,000 with a minimum of \$2,000 Guarantee Issue: \$10,000. You pay one rate, regardless of the number of children
Important Terms and Features	
Guarantee Issue	This is the maximum amount of coverage you are eligible for without answering health questions.
Age Reduction	Life insurance benefits will automatically reduce to 65% when you reach age 65; to 45% at age 70; to 30% at age 75 and to 20% be age 80.
Accelerated Death Benefit (Employee Only)	If you are terminally ill, you may be eligible to receive a portion of your life insurance benefits before you die. Your doctor must provide a statement verifying that you have 12 months or less to live.
Evidence of Insurability	
If you enroll in voluntary life coverage when you are first eligible for coverage, you may elect up to the guaranteed issue amounts listed above without Evidence of Insurability (EOI). If you elect coverage over the guaranteed issue amount when first eligible, choose to elect new coverage or increase coverage amounts during an annual enrollment period you will be required to submit EOI. Coverage will not be effective until it is approved by Mutual of Omaha. The carrier reserves the right to deny your coverage.	

WILL PREPARATION SERVICES



Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children, or are a grandparent, your will should be tailored to your life situation.

That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).

EASY, FREE AND SECURE

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

EPOQ PROVIDES THE FOLLOWING FREE DOCUMENTS:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

HERE'S HOW IT WORKS:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer the simple questions and watch the customization of your document happen in real time
- Download, print, and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce and the birth of a child
- Make the document legally binding — Check with your state for requirements

Create your will at:

WWW.WILLPREPSERVICES.COM CODE: MUTUALWILLIS

DISABILITY BENEFIT

VOLUNTARY DISABILITY

Serious illness or injury often causes a loss of income when health problems keep you from working. FSG offers a voluntary Short-Term and Long-Term Disability plan to all full-time associates. You pay the cost for this benefit if you choose to elect it. You pay premiums with after-tax deductions which makes your benefit tax-free.

Voluntary Short Term Disability Insurance	
Benefits	
Weekly Benefit	60% of weekly salary up to \$2,500 per week Salary includes base salary without commission, overtime or bonus
Waiting Period Before Benefits Begin	14 Days
Maximum Duration	24 Weeks
Pre-existing Condition Limitation	3/6
Voluntary Long Term Disability	
Benefits	
Weekly Benefit	60% of monthly salary up to \$10,000 per month Salary includes base salary without commission, overtime or bonus
Waiting Period Before Benefits Begin	180 days
Maximum Duration	SSNRA
Pre-existing Condition Limitation	3/12

PRE-EXISTING CONDITION LIMITATIONS

There are pre-existing limitations associated with the disability plans. A pre-existing condition is a condition that existed before your coverage began. If were diagnosed with a condition, had a doctor's consultation, filled a prescription and/or are currently receiving treatment due to an illness or injury in the 3 months prior to your coverage effective date; the plan will not cover that condition for the first 12 months that you are enrolled in the plan.

FMLA

The following are step-by-step instructions on what you need to do to apply for a leave of absence.

STEP #1:

Contact AbsenceProSM to notify your need for a leave by either the AbsencePro website or by phone.

Website: AbsencePro.absencemgmt.com

Phone: 1-877-365-2666 Monday – Friday
7:30 a.m. – 9:00 p.m. CST

Return the completed Medical Certification Form to AbsencePro:

Fax: 1-877-309-0218

Email:

Support@AbsencePro.absencemgmt.com

Address: NBC Tower – 13th Floor, 455 N.

Cityfront Plaza Drive, Chicago, IL 60611-5322

STEP #2:

Receive the Medical Certification Form from either your Leave Notification Packet sent by AbsencePro or download from 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 you 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 in completing your forms, be sure to contact AbsencePro prior to your certification due date.

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 AbsenceProSM within 24 hours and follow your department's call-off procedures. All prescheduled appointments need to be tracked ahead of time with both AbsenceProSM and your company. Failure to call off to both parties may be subject to disciplinary action.

VOLUNTARY BENEFITS

HOW MUCH INSURANCE IS ENOUGH?

Even if you have the best health insurance plan, it will not cover 100% 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. FSG is proud to offer 3 voluntary plans that can help bridge the gap. As an active employee of Facility Solutions Group, Inc., you may purchase these coverages for yourself and your eligible 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.

CRITICAL ILLNESS

As an active employee of FSG, 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 Mutual of Omaha. 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.

ACCIDENT

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

HOSPITAL INDEMNITY - **NEW FOR 2024!**

When you are hospitalized, expenses can add up quickly. Hospital stays can be stressful and having to worry about the high costs of a hospitalization should not be part of the recovery plan. Hospital Indemnity insurance helps to ease your mind about handling hospitalization costs – even if they are not hospital bills.

A hospital indemnity insurance policy supplements your medical coverage and provides a cash benefit for hospital-related fees you or an insured family member sustains as a result of being hospitalized. These benefits can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses, and unpaid time off work.

401K RETIREMENT PLAN

WHO CAN PARTICIPATE?

All full-time employees at least 18 years of age are eligible to participate. You will be automatically enrolled upon your hire.

HOW MUCH CAN I CONTRIBUTE

- Your contribution will automatically begin at 3%, with deductions starting the first payroll of the month after your date of hire. If you do not wish to participate in the 401k program, simply login to Principal.com and update your contribution amount to 0%
- Your contributions are pre-tax – before federal and state income taxes are withheld. Through automatic payroll deductions, you may contribute up to the IRS limit.
- The 2023 IRS limit is \$22,500. If you reached age 50 or will reach age 50 during the calendar year January 1-December 31, 2023, and make the IRS maximum contribution of \$22,500, you may make additional catch-up contributions up to an additional \$7,500. **At the time of publishing this guide, the IRS has not announced the 2024 maximums.**
- You may suspend your contributions at any time by contacting Principal online at Principal.com.

DOES FSG MATCH MY CONTRIBUTIONS?

The company will match \$0.50 cents per dollar up to 5% of your gross pay.

WHEN AM I VESTED?

You become vested in your company’s contributions based on your years of service. Vesting begins on your date of hire.

Vesting Schedule	
Years of Service	Vested Percentage
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 Years or more	100%

401K RETIREMENT PLAN

Planning for retirement doesn't have to be complicated. Set up your account to stay on track with your retirement savings goals. And since your life is busy enough, we've made getting to your information simple and convenient. Use these resources to access your account when and how you want.

Online		
First-time users	Ongoing account access	
Go to principal.com	Go to principal.com	
<ul style="list-style-type: none"> • Select Log In and choose Personal • Click on the Create an Account link • Enter your first name, last name, date of birth and your ID number (this is either your Social Security number or a specific ID provided by your employer) or ZIP code • Agree to do business electronically and click Continue • Answer a few personal questions so we can confirm it's really you • Create a unique username, set a secure password and add your email • Select and answer two security questions to use if you need to call us • You now have access to your online account, and you'll get a confirmation email within a few minutes • The first time you log in, you'll need to choose where we send you verification codes (text message or email) and how often you want to use them 	<ul style="list-style-type: none"> • Select Log In and choose Personal • Enter your username and password (Click Forgot Username or Forgot Password if you need to reset) and click Log in • If you're logging in from a new device, resetting your username or password, or you've opted to use verification codes every time you log in, you'll receive a security code via text message or email • Enter the security code and click Verify 	
	<p>Questions? Having trouble setting up your login, or have other questions? Give us a call at (800) 547-7754.</p>	
	Your Account	Education Hub
Information Available Online at principal.com	<ul style="list-style-type: none"> • Plan info & forms • Statements • Contributions • Investments • Loans & withdrawals • Rollovers • Retirement Planner 	<ul style="list-style-type: none"> • Overview • My Virtual Coach • Monthly webinars • Retirement planning • Managing money • Life event planning • Calculators & tools

EMPLOYEE HARASSMENT PROTECTION PLAN

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** or **(866) 946-5558**.

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 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.

BE HEARD .



EMPLOYEE DISCOUNT PROGRAM

A world of discounts is waiting. SAVE BIG. EVERY DAY.

Enjoy discounts, rewards, and perks on thousands of the brands you love in a variety of categories:

- Travel
- Entertainment
- Auto
- Electronics
- Apparel
- Local deals
- Restaurants
- Health and wellness
- Beauty and spa
- Tickets
- Sports and outdoors
- Education



1

SCAN HERE



2

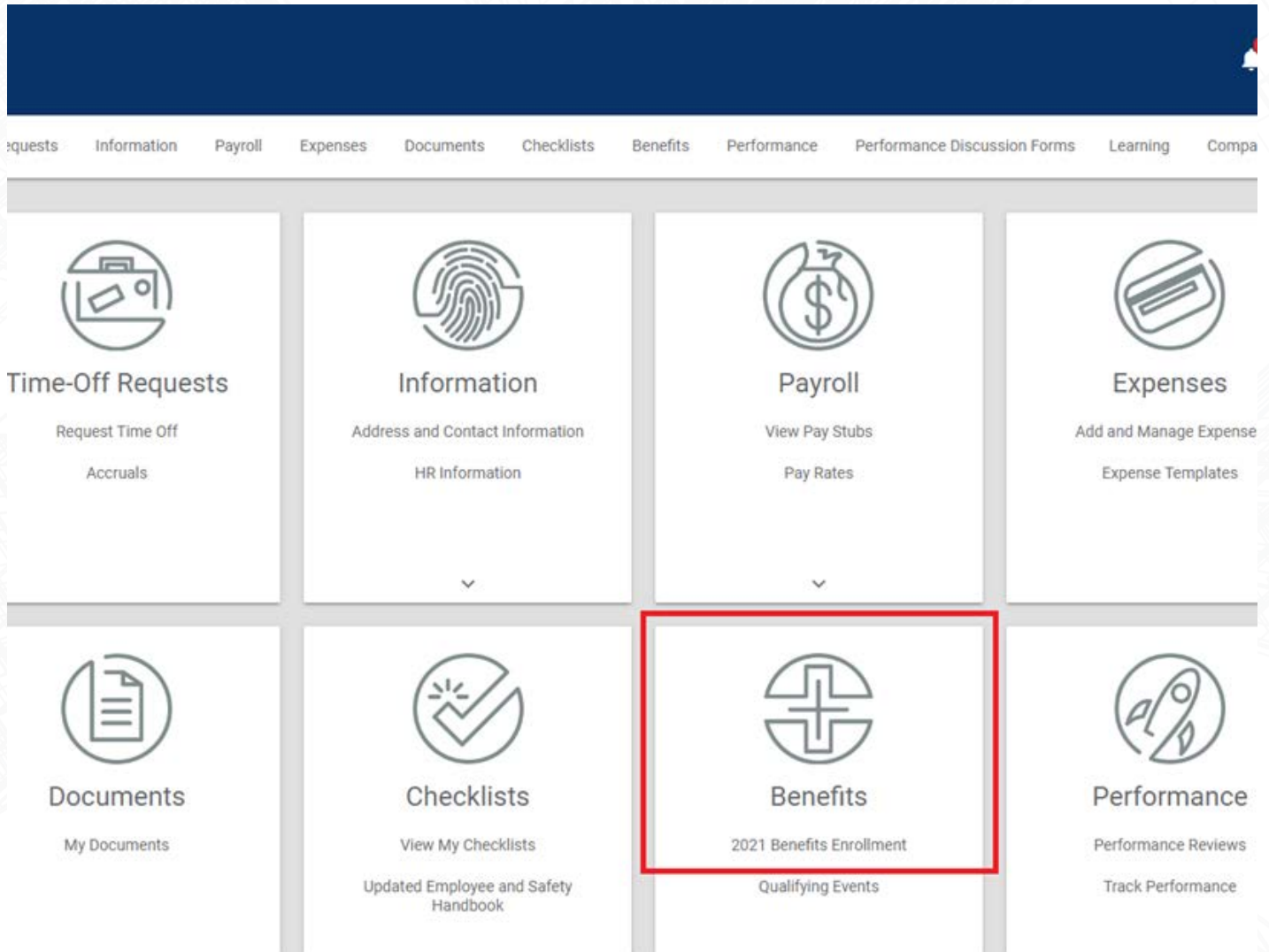
Create an account by entering the referral code P4HCQL and your personal (non-FSG) email address

3

Start saving today!
Questions?
Call or email
(866) 664-4621
customer@benefithub.com

HOW TO ENROLL IN BENEFITS

Access your Paycom self-service account at 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 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 at www.paycom.com. 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 at benefits@fsg.com.

Important Notices	
NOTICE	WHAT IT MEANS FOR YOU
HIPAA Privacy Notice	Describes your rights to health privacy
Special Enrollment Rights	Describes when you can enroll for coverage when you have previously declined coverage.
Premium Assistance Under Medicaid and CHIP	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.
Family and Medical Leave Act (FMLA)	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.
Summary of Benefits and Coverage (SBC)	Summarizes important information about your health coverage options in a standard format to help you compare each option.
Newborns' and Mothers' Health Protection Act	Describes protection for mothers and their newborn children relating to the length of their hospital stays following childbirth.
Women's Health and Cancer Rights Act of 1998	Provides information regarding a woman's rights after a mastectomy.
Genetic Information Non-Discrimination Act of 2008 (GINA)	Prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by the law.
Michelle's Law	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.
Consolidated Omnibus Budget Reconciliation Act (COBRA)	Provides details about how COBRA can provide ongoing health benefits after coverage ends under certain conditions.
Your Prescription Drug Coverage and Medicare	The key purpose of this notice is to advise you that the prescription drug coverage you have under the FSG Health and Welfare Plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2016. (This is known as "creditable coverage.")
Health Insurance Marketplace Coverage Options	Provides basic information about individual health insurance options that will be available through the Marketplace (also referred to as Exchanges) beginning in 2024.

2024 BENEFITS GUIDE

The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by our benefits carriers and administrators. The text contained in this Guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please contact The Benefits Department at benefits@fsgi.com.

