

FOR BENEFITS EFFECTIVE 1/1/23-12/31/23

We recognize the importance of benefits within the overall compensation package provided to all of our eligible employees. Outerstuff takes pride in offering a comprehensive and competitive benefits package to employees. This Benefits Guide provides an overview of the benefits available to you.

2023 PLAN HIGHLIGHTS

- **There are no changes to the Medical, Dental or Vision benefits.** All plans will remain with Oxford / United HealthCare.
- **There are no Employee Contribution changes** for the medical and vision; however there is a slight increase on the dental plan.

ELIGIBILITY

If you are a full-time employee, working at least 30 hours per week, you are eligible for the benefits outlined in this guide. Full-time employees may enroll in Medical, Dental, Vision, and Supplemental Life Insurance benefits on the first of the month following 60 days of employment.

HOW TO GET STARTED

Prior to open enrollment, you will receive enrollment reminders and instructions from HR.

Until then, now is the perfect time to prepare by doing the following:

- ⇒ Checking that your personal information is accurate on the ADP Portal
- ⇒ Reviewing the benefits in which you are currently enrolled
- ⇒ Reading the benefit guide for more information about all the plans being offered this year

In this booklet, you'll find easy-to-understand instructions to help you make your benefit decisions. Wishing all a safe and healthy 2022!

Open enrollment runs
November 21—December 2

CONTACT INFORMATION

If you have any questions regarding your benefits, please contact Laura Peticca in HR, your CBIZ representative, or the insurance carrier.



Medical

Oxford
myuhc.com
800-444-6222

Dental

United HealthCare
Myuhc.com
800-445-9090

Vision

United HealthCare
Myuhcvision.com
800-638-3120

CBIZ Service Center

PAbenefits@cbiz.com | 800-820-5090

CBIZ Representative

Lucas Chappel
lchappel@cbiz.com | 732-292-6096

REMINDER

If you have an update regarding your benefits (like a new address, name change, or changes to your enrollment) please contact Human Resources.

CBIZ does not have authority to make changes without a direct request from your HR Department



Throughout this booklet you will find video and link icons that will take you to resources that provide additional information on the benefits available to you.

Medical Plan Options

Plan Name	HSA	EPO	Liberty
In Network			
Network	Liberty	Liberty	Liberty
Deductible Schedule	Calendar Year	Calendar Year	Calendar Year
Deductible	\$2,000 Individual / \$4,000 Family	\$1,000 Individual / \$2,000 Family	None
Coinsurance	80% Plan / 20% Member	90% Plan / 10% Member	100% Plan / 0% Member
Maximum Out of Pocket	\$4,000 Individual / \$8,000 Family	\$4,000 Individual / \$8,000 Family	\$2,500 Individual / \$5,000 Family
Office Visit Copays			
Primary Care		\$20 copay per visit	\$25 copay per visit
Specialist	Deductible, & 20% Coinsurance	\$40 copay per visit	\$40 copay per visit
Urgent Care		\$40 copay per visit	\$40 copay per visit
Preventive Care	No Charge	No Charge	No Charge
Out of Hospital Services			
Laboratory		20% Coinsurance	20% Coinsurance
Outpatient Surgery	Deductible, & 20% Coinsurance	Free Standing Facility - Deductible & 10% Coinsurance	Free Standing Facility - No Charge
Diagnostic X-ray		Hospital - Deductible & 30% Coinsurance	Hospital - Deductible & 20% Coinsurance
Hospital Services			
Facility Fee / Hospital Room		Deductible & 10% Coinsurance	No Charge
Physician/Surgeon Fees	Deductible, & 20% Coinsurance	Deductible & 10% Coinsurance	No Charge
Hospital Emergency Room		\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Out of Network			
Deductible	In-Network Benefits Only (Except in case of True Emergency)	In-Network Benefits Only (Except in case of True Emergency)	\$3,000 Individual / \$6,000 Family
Coinsurance			60% Plan / 40% Member
Maximum Out of Pocket			\$7,000 Individual / \$14,000 Family
Prescription Drug Coverage			
Retail (30 day supply)	Medical Deductible, then \$15 / \$35 / \$75	\$15 / \$35 / \$75	\$15 / \$25 / \$50
Mail Order (90 day supply)	Medical Deductible, then \$30 / \$70 / \$150	\$30 / \$70 / \$150	\$30 / \$50 / \$100



Check out these helpful videos:

- [Key Benefit Terms](#)
- [High Deductible Health Plan with an HSA](#)
- [EPO vs. PPO](#)
- [Health Savings Account](#)

REMEMBER:

Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.

This is a brief summary only. For exact terms and conditions, please refer to your summary of benefits and coverage certificate

Health Savings Accounts (HSAs)

Health Savings Accounts (HSAs) are only available to employees who enroll in the HSA Medical Plan.

UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

Two ways you can put money into your HSA:

1. Regular payroll deductions on a pre-tax basis;
2. Lump-sum contributions of any amount, anytime, up to the maximum limit.

WHAT IS AN HSA?

A savings account where you can either direct pre-tax payroll deductions or deposit money to be used to pay for current or future qualified medical expenses for you and/or your dependents. Once money goes into the account, it's yours to keep—the HSA is owned by you, just like a personal checking or savings account.

THE HSA CAN ALSO BE AN INVESTMENT OPPORTUNITY.

Depending upon your HSA account balance, your account can grow tax-free in an investment of your choice (like an interest-bearing savings account, a money market account, a wide variety of mutual funds—or all three). Of course, your funds are always available if you need them for qualified health care expenses.

HSA FUNDS CAN BE USED FOR YOUR FAMILY.

You can use your HSA for your spouse and tax dependents for their eligible expenses—even if they're not covered by your medical plan.

This may be the best plan option for you if any of the following is true:

- You do not incur a lot of medical and prescription medication expenses.
- You would like money in a savings account to pay for Qualified Expenses permitted under Federal Law.
- You would like the opportunity to contribute pre-tax income to a Health Savings Account.



[HDHP with HSA](#)

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CONTRIBUTE UP TO \$3,850 AS A SINGLE & \$7,750 AS A FAMILY

WHAT ARE THE RULES?

- You must be covered under a Qualified High Deductible Health plan (QHDHP) in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Limited Purpose FSA.
- You cannot be enrolled in Medicare or Tricare due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be claimed as a dependent under someone else's tax return.

WHAT ELSE SHOULD I KNOW?

- You can invest up to the IRS's annual contribution limit. **Contributions are based on a calendar year. The contribution limits for 2023 are \$3,850 for Single and \$7,750 for Family coverage.** If you're age 55 or older, you are allowed to make extra \$1,000 contribution each year.
- The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision expenses and over-the-counter medications with a physician's prescription).
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- If your healthcare expenses are more than your HSA balance, you need to pay the remaining cost another way, such as a credit card or personal check. But save your receipts in case you are ever audited! You can request reimbursement later, after you have accumulated more money in your account.

Dental Plan Options

Benefit Description	Low PPO	High PPO
In-Network		
Preventive & Diagnostic	100%	100%
Basic Restorative Care	80%	80%
Major Services	50%	50%
Out of Network		
Preventive & Diagnostic		100%
Basic Restorative Care	In-Network Benefits Only	80%
Major Services		50%
Annual Per Member Maximum	\$1,000	\$1,500
Orthodontia Lifetime Maximum	\$1,000 (Child up to age 19)	\$1,000 (Child up to age 19)

Get the most from your Dental Benefits

- Find a network dentist by visiting myuhc.com or calling customer care
- Visit a specialist without referral
- Get an estimate for dental services that cost more than \$500

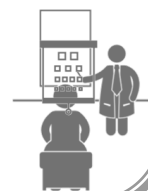


Vision Plan

Benefit Description	In-Network	Out of Network
Service Intervals		
Examinations	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
Contacts (in lieu of frames)	Once every 12 months	
Eye Exam Copay	\$10	Up to \$40
Lenses (per pair)		
Single Vision	Covered in full after applicable materials copay	Up to \$40
Lined Bifocal		Up to \$60
Lined trifocal		Up to \$80
Frames	Up to \$130	Up to \$45
Contacts (in lieu of frames)		
Contacts—Selection	Up to 4 boxes covered in full after applicable materials copay	Up to \$105
Contacts—Non-Selection	Up to \$105	Up to \$105
Contacts - Medically Necessary	Covered 100%	Up to \$210

PRINTING VISION ID CARDS

- Go to myuhcvision.com
- Log in or register.
- Click on "Print ID Card". If you do not see this option, click on the blue "Select" button next to your plan name
- From the drop down menu select the appropriate ID card and click "View"
- This generates a document with your ID card called *How to Use Your Vision Care Benefits*. Scroll to the bottom of this document to find the printer icon.



Life / AD&D Insurance



[What is Life Insurance?](#)

Basic Life and AD&D Insurance

Outerstuff provides all eligible employees with \$20,000 Group Term Life Insurance and \$20,000 Group Accidental Death and Dismemberment (AD&D) insurance. This is provided to you at no additional cost and is offered through United Health Care.

Voluntary Employee Life Insurance


In addition to your Basic Life and AD&D coverage, you may also purchase Voluntary Life Insurance for yourself or a dependent with United Health Care. Coverage may be purchased in \$10,000 increments to a maximum of \$500,000 or 5x your annual salary, whichever is the lesser. The guaranteed issue amount is \$50,000 for newly eligible employees.

Any amounts above the guaranteed issue amounts are subject to Evidence of Insurability. If you did not enroll when initially eligible, you may be subject to Evidence of Insurability for any Supplemental amount.

Voluntary Life Insurance Rates	
Age Band	Monthly Rate per \$1,000 of coverage
Under 25	\$0.050
25-29	\$0.057
30-34	\$0.066
35-39	\$0.091
40-44	\$0.139
45-49	\$0.220
50-54	\$0.349
55-59	\$0.532
60-64	\$0.724
65-69	\$1.153
70-74	\$1.948
75 & above	\$5.778

Employee Assistance Program

We offer an Employee Assistance Program (EAP).

This service is confidential. Employees will receive up to 3 face to face or unlimited telephonic consultations. The EAP is available 24/7/365 and is there to help with personal problems that might adversely impact your health and well-being. To contact please call **866-248-4094** or go online to liveandworkwell.com. 

Benefit Contacts

Plan	Provider	Phone	Website/Email
Medical	Oxford	800-444-6222	myuhc.com
Dental	UHC	800-445-9090	myuhc.com
Vision	UHC	800-638-3120	myuhcvision.com
HSA	HSA Bank	800-357-6246	hsabank.com
EAP	Optum	866-248-4094	liveandworkwell.com
Broker Employee Help Line	Lucas Chappel, CBIZ	732-292-6096	lchappel@cbiz.com

2023 Bi-Weekly Payroll Deductions for Benefits

Medical	HSA	EPO	Liberty
Single	\$80	\$120	\$220
Family	\$220	\$300	\$440

Dental	Low PPO	High PPO
Employee	\$12.76	\$26.68
Employee + 1	\$24.25	\$53.62
Family	\$37.38	\$100.68

Vision	
Employee	\$2.72
Employee + Spouse	\$5.16
Employee + Child	\$6.06
Family	\$8.52

YOUR BENEFIT COSTS

NO COST BENEFITS

- BASIC LIFE / AD&D

PRE-TAX BENEFITS

- MEDICAL (INCLUDING RX)
- DENTAL
- VISION

POST TAX BENEFITS

- VOLUNTARY EMPLOYEE LIFE INSURANCE
- VOLUNTARY SPOUSE / DEPENDENT LIFE INSURANCE

2023 Annual Contribution Limits

Health Savings Account

For HSA Medical Plan Only

Employee-Only Enrollment	\$3,850
Family Enrollment (at least one child, spouse or family)	\$7,750
Catch-up Contributions for age 55 or older	\$1,000

INSURANCE TERMS



Coinsurance—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.



Copays—A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.



Deductible—The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.



Lifetime Benefit Maximum—All plans are required to have an unlimited lifetime maximum.



Network Provider—A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.



Out-of-pocket Maximum—The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.



Preauthorization—A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.



UCR (Usual, Customary and Reasonable)—The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

MEDICAL TERMS



Prescription Drugs—Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.



Urgent Care—Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.



Emergency Room—Services you receive from a hospital for any serious condition requiring immediate care.



Preventive Services—All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.



Medically Necessary—Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.