



# Foxdale Village

*A Life Plan Community Guided by Quaker Values*

## EMPLOYEE BENEFIT GUIDE



January 2025 – December 2025

## Pick The Best Benefits for You and Your Family

Foxdale Village strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of your benefits — that's why we've put together this Benefit Guide.

This guide can be used as a quick reference for the different benefits offered through Foxdale Village so you can identify which offerings are best for you and your family.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Saprina Harter, your Payroll and Benefits Coordinator, at 814-272-2111 or contact the Webber Advisors Member Advocacy Team at 1-800-326-9850.



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## Who is eligible to enroll in benefits?

If you're a full-time employee at Foxdale Village, you're eligible to enroll in all the benefits outlined in this guide. If you're a regular part-time employee at Foxdale Village, you're eligible to enroll in the dental and vision benefits outlined in this guide.

Eligible dependents include dependent children up to age 26 and spouses as outlined in your plan document.

## Where to Find More Benefit Information:

Use your web browser to access the Employee Benefit Center (EBC) portal at:

[www.myfoxdalevillagebenefits.org](http://www.myfoxdalevillagebenefits.org)

The EBC portal is available to you and your family when you need it – 24/7, 365 days a year.

## How do I make changes to my benefits?

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

If you experience a life changing qualifying event, you must notify Saprina Harter, your Payroll and Benefits Coordinator, at 814-272-2111 within 30 days of the event happening.

## Access the 2025 Benefit Presentation Video



Scan the QR Code to the right using your smart phone.

1. Open the camera app
2. Point the camera at the code
3. Tap to open in your selected browser
4. Or go to <https://ispri.ng/73llK>



## Online Benefit Enrollment Instructions

Benefit enrollment for the Foxdale Village must be completed through the on-line benefit enrollment system, Selerix. The Selerix website can be accessed via your computer, laptop, smart phone, or tablet.

If you have any questions, please do not hesitate to contact Saprina Harter, your Payroll and Benefits Coordinator, at 814-272-2111 or the Webber Advisors Member Advocacy Team at 1-800-326-9850.

## Access the Online Enrollment System

1. Use your web browser to access the Selerix enrollment system via the following link:

[www.benselect.com/foxdale](http://www.benselect.com/foxdale)

2. Enter the following information:

**Employee ID or SSN:** Enter your social security number with no dashes.

**PIN:** The last four digits of your social security number followed by the last two digits of your birth year. **Please note that everyone's PIN is reset during each open enrollment period.**

**Example:** John Thompson with **SSN 123-45-6789** and **DOB** of **1/1/1980**  
**SSN: 123456789**    **PIN: 678980**

3. You will then be prompted to change your password. Be sure to remember this password in the case you need to access the system again. Save and continue once you have entered a new password.
4. After logging into the system, please verify and update the information that has been pre-loaded into the system. Please notify your HR Department if you find a discrepancy in your information that you are unable to change.
5. After entering/verifying dependents, the system will walk you through your benefit options.
6. When you have completed your enrollment, the system will provide you with an Enrollment Confirmation Form containing all the pertinent details of your benefits, choices, dependents, etc. Please print the form and keep it for your records as a confirmation statement.



## Health Insurance

The following chart summarizes the medical and prescription drug benefit plans available to you and your family for 2025. Please refer to the full benefit summary for additional information.



Services	\$750 PPO Plan		\$1500 PPO Plan	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (Individual/Family)	\$750/\$1,500	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000
<b>Coinsurance %</b>	90%/10%	50%/50%	80%/20%	50%/50%
<b>Coinsurance Max</b>	\$250/\$500	\$1,250/\$2,500	\$2,000/\$4,000	\$5,000/\$10,000
<b>Total Max Out-of-Pocket</b> (Individual/Family)	\$9,450/\$18,900	\$4,250/\$8,500	\$9,450/\$18,900	\$8,000/\$16,000
<b>Primary Care Visit</b>	\$15 copay	50% after deductible	\$50 copay	50% after deductible
<b>Specialist Care Visit</b>	\$35 copay	50% after deductible	\$75 copay	50% after deductible
<b>Urgent Care Visit</b>	\$35 copay	50% after deductible	\$75 copay	50% after deductible
<b>Emergency Room Visit</b>	\$100 copay - waived if admitted		\$250 copay - waived if admitted	
<b>Telemedicine Visit</b>	\$15 copay	Not covered	\$49 copay	Not covered
<b>Hospital Services<sup>2</sup></b>	90% after deductible	50% after deductible	80% after deductible	50% after deductible
<b>Preventive Care Services<sup>3</sup></b>	100%	Not covered	100%	Not covered
<b>Retail Pharmacy<sup>4</sup>:</b>				
Generic	\$15 copay <sup>6</sup>		10% copay <sup>6</sup>	
Preferred	\$30 copay <sup>6</sup>		30% copay <sup>6</sup>	
Non-Preferred	\$60 copay <sup>6</sup>		50% copay <sup>6</sup>	
Specialty <sup>5</sup>	\$30 copay <sup>6</sup>		30% copay <sup>6</sup>	
<b>Mail Order<sup>4</sup>:</b>				
Generic	\$30 copay <sup>6</sup>		10% copay <sup>6</sup>	
Preferred	\$60 copay <sup>6</sup>		30% copay <sup>6</sup>	
Non-Preferred	\$120 copay <sup>6</sup>		50% copay <sup>6</sup>	
Specialty <sup>5</sup>	\$30 copay <sup>6</sup>		30% copay <sup>6</sup>	

1 - Plan payments for services received from an out-of-network provider are based on the allowable charge for the type of care, service, or treatment received. If the provider's charges are more than the allowable charge, you will be responsible for paying the difference. Any of these extra amounts you must pay will not count toward your calendar-year deductible and coinsurance requirements or the total annual out-of-pocket maximum.

2 - Precertification required. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, the patient will be responsible for payment of any costs not covered.

3 - The complete schedule of covered preventive services is outlined in Highmark's *Preventive Schedule* and *Women's Health Preventive Schedule* which are updated periodically based on changes in clinical practice guidelines.

4 - Mandatory generic when available.

5 - Prior authorization required for all specialty pharmaceuticals.

6 - Copays for outpatient prescription drugs are not counted toward meeting your calendar-year deductible and coinsurance requirements.

## Your Cost in 2025

Medical benefits are provided through the Highmark Blue Shield Preferred Provider Organization (PPO) Program. It is your responsibility to make sure that a health care provider is a network provider before medical treatment is received. The health care provider that you select can assist with this information. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care.

<b>Employee Bi-Weekly Payroll Deductions - Full-Time working 72+ hrs. per-pay</b>			
<b>Tier</b>	<b>Monthly Rate</b>	<b>Employee Monthly Cost</b>	<b>Employee Per Pay</b>
<b>Medical \$750 Plan</b>			
<b>Employee Only</b>	\$992.73	\$119.12	<b>\$54.98</b>
<b>Employee/Spouse</b>	\$2,082.84	\$458.23	<b>\$211.49</b>
<b>Employee/Child</b>	\$1,462.99	\$263.34	<b>\$121.54</b>
<b>Employee/Children</b>	\$1,798.32	\$359.67	<b>\$166.00</b>
<b>Family</b>	\$2,753.99	\$688.50	<b>\$317.77</b>
<b>Medical \$1500 Plan</b>			
<b>Employee Only</b>	\$819.12	\$49.14	<b>\$22.68</b>
<b>Employee/Spouse</b>	\$1,698.73	\$186.85	<b>\$86.24</b>
<b>Employee/Child</b>	\$1,198.57	\$107.88	<b>\$49.79</b>
<b>Employee/Children</b>	\$1,469.16	\$146.92	<b>\$67.81</b>
<b>Family</b>	\$2,240.27	\$291.24	<b>\$134.42</b>

<b>Employee Bi-Weekly Payroll Deductions Full-Time working 60-71 hrs. per-pay</b>			
<b>Tier</b>	<b>Monthly Rate</b>	<b>Employee Monthly Cost</b>	<b>Employee Per Pay</b>
<b>Medical \$750 Plan</b>			
<b>Employee Only</b>	\$992.73	\$143.00	<b>\$66.00</b>
<b>Employee/Spouse</b>	\$2,082.84	\$550.33	<b>\$254.00</b>
<b>Employee/Child</b>	\$1,462.99	\$316.33	<b>\$146.00</b>
<b>Employee/Children</b>	\$1,798.32	\$431.17	<b>\$199.00</b>
<b>Family</b>	\$2,753.99	\$825.50	<b>\$381.00</b>
<b>Medical \$1500 Plan</b>			
<b>Employee Only</b>	\$819.12	\$54.17	<b>\$25.00</b>
<b>Employee/Spouse</b>	\$1,698.73	\$205.83	<b>\$95.00</b>
<b>Employee/Child</b>	\$1,198.57	\$119.17	<b>\$55.00</b>
<b>Employee/Children</b>	\$1,469.16	\$162.50	<b>\$75.00</b>
<b>Family</b>	\$2,240.27	\$320.67	<b>\$148.00</b>

## Telemedicine – How to Register for Well360 Virtual Health

### Getting Started for the First Time?

- Visit **Well360VirtualHealth.com** or download the Well360 Virtual Health app.
- Fill out the required information on the Well360 Virtual Health landing page and click **Sign Up**.
- Follow the prompts to create your account. You will need your member ID number to register.



### Previously Used Amwell?

If you previously used Amwell, you can still use your same login for Well360 Virtual Health. However, you'll need to set up a new password. You can do this either from Well360 Virtual Health website or through the Virtual Health app.

#### From the Well360VirtualHealth.com website:

- Click on **Log in**.
- Next click on **I forgot my email or password** and then select **I forgot my password** then click **Continue** and follow the instructions to finish setting up a new password.

#### From the Virtual Health app:

- Click on **Need Help logging in**.
- Next click the **forgot password link** and follow the instructions to finish setting up a new password.

### Need Assistance?

Call Member Service at the number on the back of your member ID card.



Access the  
Member  
Website



Download the  
Highmark  
Plan App



## Health Reimbursement Account (HRA)

A health reimbursement account (HRA) is an employer-funded account that is designed to reimburse employees for qualified medical expenses that are paid for out-of-pocket.

### **Who is eligible?**

All employees who are enrolled in the Foxdale Village medical plan can participate in the HRA.

### **What is a qualified medical expense?**

The HRA administered by Webber Advisors will reimburse up to **\$500** in deductible expenses for individual coverage and up to **\$1,000** in deductible expenses for family coverage. Copays and coinsurance **are not** eligible for reimbursement under the HRA account.

### **Who funds the HRA account?**

The HRA account is completely funded by Foxdale Village.

### **How do you enroll in the HRA account?**

Employees who enroll in the Foxdale Village medical plan are automatically enrolled in the HRA. No employee contributions are required for this additional benefit.

### **How do you submit a claim for reimbursement by the HRA?**

To submit a deductible expense for reimbursement under the HRA account, you must submit a copy of the explanation of benefits (EOB) that you received from Highmark along with a claim form to Webber Advisors by mail, fax, or email using the instructions below.

**Mail:** Webber Advisors  
PO Box 593  
Hollidaysburg, PA 16648

**Fax:** (814) 317-1610

**Email:** [claims@webberadvisors.com](mailto:claims@webberadvisors.com)

### **How long does it take to get my reimbursement?**

Claims that are submitted by 4pm on Friday are processed by Tuesday the following week and a check is goes out in the mail on Thursday. You may also choose to have your reimbursement directly deposited into your bank account, in place of a physical check, by completing the direct deposit steps in the Webber Advisors Portal. Refer to page 12 of this guide for instructions on how to access the portal. Funds that are direct deposit will be in your account Friday.

### **Who pays the provider for my deductible expense?**

It is your responsibility to pay the provider. If you submit your claim for reimbursement to Webber Advisors as soon as you receive your EOB from Highmark, you should receive your reimbursement in plenty of time to pay the provider. If you have any questions about the HRA, please call Webber Advisors at 1-800-326-9850.





## Dental Insurance

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.



United Concordia Dental offers a nationwide network that makes it easy to find an in-network dentist. You’ll save money by staying in network for your dental care. You still have the flexibility to see an out-of-network dentist, but you’ll usually pay more out of pocket. You may also have to file claims yourself.

## Your Cost in 2025

### Full-Time Employees working 72+ hrs. per pay

#### Basic Plan

	Total Cost	Employee Monthly Cost	Employee Per Pay
<b>Employee Only</b>	\$28.86	\$5.10	\$2.35
<b>Employee/Spouse</b>	\$49.01	\$20.74	\$9.57
<b>Employee/Child(ren)</b>	\$52.94	\$22.40	\$10.34
<b>Family</b>	\$82.26	\$34.81	\$16.07

#### Buy-Up Plan

Total Cost	Employee Monthly Cost	Employee Per Pay
\$31.97	\$8.62	\$3.98
\$54.29	\$26.95	\$12.44
\$58.65	\$29.11	\$13.44
\$91.12	\$45.23	\$20.88

### Full Time Employees working 60-71 hrs. per pay & Part-Time Employees

#### Basic Plan

	Total Cost	Employee Monthly Cost	Employee Per Pay
<b>Employee Only</b>	\$28.86	\$28.86	\$13.32
<b>Employee/Spouse</b>	\$49.01	\$49.01	\$22.62
<b>Employee/Child(ren)</b>	\$52.94	\$52.94	\$24.43
<b>Family</b>	\$82.26	\$82.26	\$37.97

#### Buy-Up Plan

Total Cost	Employee Monthly Cost	Employee Per Pay
\$31.97	\$31.97	\$14.76
\$54.29	\$54.29	\$25.06
\$58.65	\$58.65	\$27.07
\$91.12	\$91.12	\$42.06

The following chart summarizes the dental benefits available to you for 2025. Please refer to the full benefit summary for additional information.

Benefit Highlights	Basic Plan	Buy-Up Plan
	In-Network	In-Network
<b>Plan Year Deductible</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$25 \$75	\$25 \$75
<b>Preventative</b> <ul style="list-style-type: none"> <li>Exams – 2 per year</li> <li>Cleanings – 3 per year</li> <li>Bitewing x-rays – every 18 months</li> <li>Full mouth x-rays – every 60 months</li> </ul>	Covered at 100% Deductible waived Does not count towards annual maximum	Covered at 100% Deductible waived Does not count towards annual maximum
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Filings</li> <li>Extractions</li> <li>Endodontics</li> <li>Crown, Bridge, and Denture Repairs</li> </ul>	Covered at 90% after deductible	Covered at 90% after deductible
<b>Major Services</b> <ul style="list-style-type: none"> <li>Inlays</li> <li>Onlays</li> <li>Dentures</li> <li>Implants</li> </ul>	Covered at 60% after deductible	Covered at 60% after deductible
<b>Annual Maximum</b>	<b>\$1,000 per person</b>	<b>\$1,500 per person</b>
<b>Orthodontic Services</b> (Children up to age 19)	Covered at 50% Deductible waived Does not count towards annual maximum	Covered at 50% Deductible waived Does not count towards annual maximum
<b>Orthodontic Lifetime Max</b>	<b>\$1,500 per child</b>	<b>\$1,500 per child</b>

### Manage Your Benefits & Find A Dental Provider

[www.unitedconcordia.com](http://www.unitedconcordia.com)

- Click on **Find a Dentist**
  - Type in an office location or dentist's name
- Select the **Elite Plus** network from the drop-down list
  - Click **Next** to view the available providers



## Vision Insurance

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Foxdale Village’s vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

The following chart summarizes the vision benefits available to you for 2025. Please refer to the full benefit summary for additional information.

Benefit Highlights	In-Network Coverage
Exam	\$5 Copay - Every 12 Months
Prescription Glasses	\$20 Copay – Every 12 Months
Frame	Up to \$50 Wholesale Allowance– Every 24 Months
Lenses	Single Vision, Bifocal, Trifocal – Every 12 Months
Contacts (Instead of glasses)	15% off UCR Fitting Fee and Evaluation \$90 Material Allowance for Contacts

### Full-Time Employees working 72+ hrs. per pay

	Total Cost	Employee Monthly Cost	Employee Per Pay
Employee Only	\$4.46	\$2.88	\$1.33
Employee/Spouse	\$10.55	\$4.88	\$2.25
Employee/Child(ren)	\$10.55	\$4.88	\$2.25
Family	\$10.55	\$4.88	\$2.25

### Full Time Employees working 60-71 hrs. per pay & Part-Time Employees

	Total Cost	Employee Monthly Cost	Employee Per Pay
Employee Only	\$4.46	\$4.46	\$2.06
Employee/Spouse	\$10.55	\$10.55	\$4.87
Employee/Child(ren)	\$10.55	\$10.55	\$4.87
Family	\$10.55	\$10.55	\$4.87

### Manage Your Benefits & Find A Vision Provider

[www.vbaplans.com/vision](http://www.vbaplans.com/vision)

- Access secure information about your VBA vision benefits, including an image of your ID card.
- Search the network for a participating provider and view available discounts to VBA members.
  - Your online account will be set up within 30 days after your plan effective date.

## Flexible Spending Accounts

Paying for health care can be stressful. That's why Foxdale Village offers both a Healthcare FSA and a Dependent Care FSA through Webber Advisors, providing employees the ability to pay for health care and/or dependent care expenses on a "pre-tax" basis.



### **Healthcare Flexible Spending Account (FSA)**

By enrolling in the Healthcare FSA, you can pay for eligible, uninsured medical, dental and vision expenses with pre-tax dollars. All expenses must be submitted to your insurance plan first if coverage is available. Your out-of-pocket portion may then be submitted to the plan for reimbursement.

The plan follows the IRS maximum amounts allowed per year. **The maximum projected amount for 2025 is \$3,300. A maximum of \$640 of unused funds from 2024 may roll over into the 2025 plan year.**

Below is a brief list of eligible expenses:

- Office visit copays
- Deductibles and coinsurance
- Eyeglasses and exams
- Chiropractic services
- Over-the-counter drugs and medical supplies (Band-aids, medical brace, cold medication, etc.)
- Protective Personal Equipment (PPE) to prevent the spread of COVID (medical grade gloves, masks, hand sanitizer)
- Prescription drug copays
- Dental and orthodontia expenses
- Contact lenses and solutions
- Hearing exams & hearing aids

**All claims must be submitted with a receipt detailing the name of the provider, provider's tax identification or social security number, time for which the expense is being incurred and the amount of the expense.**

### **Dependent Care Flexible Spending Account (DCA)**

A Dependent Care Account (DCA) will reimburse you with your pre-tax dollars for day-care expenses for your child(ren) and other qualifying dependents. **You can contribute up to \$5,000 a year or \$2,500 if you are married and filing a separate tax return.** A brief list of eligible expenses under the Dependent Care Accounts is indicated below:

- Before and after school programs
- Summer day camp (cannot be an overnight camp)
- Care in a home or by a licensed provider (individual must be claiming on their income taxes)
- Nursery school or preschool

Some ineligible expenses under the Dependent Care Account plan are as follows:

- Child support payments
- Food, clothing, and entertainment
- Educational supplies and activity fees

**A detailed receipt must accompany your claim. The receipt must contain the name of the provider, dependent name, date of service, amount of claim and service performed.**

**IMPORTANT:** Anyone enrolling in the DCA plan year will have a 2½ month grace period and will be able to incur expenses until March 15 of the following year. Eligible claims must have been incurred during the Plan Year and/or the grace period to be eligible for reimbursement in that plan year. You may not change your healthcare FSA election(s) during the plan year unless you have a change in status. Monies from the Medical Spending Account may not be applied to the DCA and vice versa. Please refer to your Summary Plan Description for further information about the plan.

## How do I access the Webber Advisors Online Portal?

- Using your web browser, navigate to:  
<https://webberadvisors.lh1ondemand.com>
- You are automatically assigned a temporary Login ID and Password once you are enrolled. This means you do not need to setup a new account. Please use the “Existing User” section.
  - Temporary Login ID: Beginning letter of First Name, Full Last Name, Last 4 of SSN  
Example: Jane Smith = JSmith1999
  - Temporary Password: Full SSN (no dashes)
- Type your Username and Password into the appropriate fields and click LOGIN. **Please note:** first time users will have to establish their security questions and update their password.



### *What will I be able to do once I am logged into the portal?*



- File a claim
- Check your balance
- View your claim history
- Upload required debit card receipts
- Establish direct deposit reimbursements

If you have questions about your Flexible Spending Account, contact:

**Webber Advisors Member Advocacy Team**

**1-800-326-9850**

**[benefitshotline@webberadvisors.com](mailto:benefitshotline@webberadvisors.com)**

**Monday – Friday**

**8:00am – 4:00pm EST**





## Disability Income Benefits



Foxdale Village provides full-time employees who work at least 30 hours per week with short- and long-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

At Foxdale Village, we want to do everything we can to protect you and your family. That’s why Foxdale Village pays for the full cost of short- and long-term disability insurance—meaning that you owe nothing out of pocket.

If you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers’ compensation benefits.

	Short-Term Disability
Benefits Begin	8 <sup>th</sup> day
Benefits Payable	Up to 12 weeks
Percentage of Income Replaced	66 2/3%
Maximum Benefit	\$1,250 Weekly

	Long-term Disability
Benefits Begin	91 <sup>st</sup> day
Benefits Payable	To your normal social security retirement age
Percentage of Income Replaced	60%
Maximum Benefit	\$6,000 Monthly

## Basic Term Life Insurance



Life insurance can help provide for your loved ones if something were to happen to you. Foxdale Village provides full-time employees with one times your base annual earnings in group life insurance. The minimum coverage amount is \$10,000.

If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. Refer to the plan booklet for details.

Payment of premium can be waived if you are totally disabled for 9 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 65. This provision may vary by state.

Coverage will be reduced as you age - by 35% at age 65 and 50% at age 70.

Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy issued by One America Financial.

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

Basic AD&D pays you and your beneficiary a benefit for the loss of life or other injuries resulting from a covered accident -- 100% for loss of life and a lesser percentage for other injuries. Injuries covered may include loss of sight or speech, paralysis, and dismemberment of hands or feet. Basic AD&D benefits are paid regardless of other coverages you may have.

You are automatically enrolled for an amount equal to your Basic Term Life coverage amount. Foxdale Village pays for the full cost of this benefit - meaning you are not responsible for paying any monthly premiums.

**To update your beneficiary information, contact Saprina Harter, your Payroll and Benefits Coordinator:**

**Saprina Harter**  
Payroll and Benefits Coordinator  
814-272-2111  
[sharter@foxdalevillage.org](mailto:sharter@foxdalevillage.org)

## Voluntary Term Life Insurance



Foxdale Village offers a voluntary term life insurance benefit through One America Financial to all full-time employees. You may elect coverage for you and your eligible dependent(s) up to the maximum amounts outlined below with no medical questions asked. If you decline coverage during open enrollment period, a medical questionnaire and approval by the insurance carrier will be required to elect it at a future open enrollment period. Deductions will be made from your paycheck on a bi-weekly basis to pay for the coverage. Amounts will be adjusted in January of every year to coincide with the rate for your age at that time. You have 31 days from a qualifying event date to add coverage on newly acquired dependents (i.e. you get married or have a child) with no medical questions asked subject to the provisions outlined below.

### Employee Voluntary Life Insurance

If you elect at least \$10,000 now, you will have an opportunity to increase your life benefit by \$10,000 at each open enrollment cycle up to the \$100,000 limit with no health plan questions asked. The amount you elect cannot exceed five times your base annual wage. The cost per pay will be based on your age as of 1/1/2025. The cost per pay may increase as of January 1<sup>st</sup> of each year based on your age at that time.

Employee	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
To age 29	\$0.18	\$0.35	\$0.53	\$0.70	\$0.88	\$1.05	\$1.23	\$1.40	\$1.58	\$1.75
30-34	\$0.24	\$0.48	\$0.72	\$0.96	\$1.20	\$1.44	\$1.68	\$1.92	\$2.16	\$2.40
35-39	\$0.33	\$0.66	\$1.00	\$1.33	\$1.66	\$1.99	\$2.33	\$2.66	\$2.99	\$3.32
40-44	\$0.57	\$1.14	\$1.70	\$2.27	\$2.84	\$3.41	\$3.97	\$4.54	\$5.11	\$5.68
45-49	\$0.93	\$1.86	\$2.78	\$3.71	\$4.64	\$5.57	\$6.49	\$7.42	\$8.35	\$9.28
50-54	\$1.45	\$2.90	\$4.35	\$5.80	\$7.25	\$8.70	\$10.14	\$11.59	\$13.04	\$14.49
55-59	\$2.08	\$4.15	\$6.23	\$8.31	\$10.38	\$12.46	\$14.54	\$16.62	\$18.69	\$20.77
60-64	\$2.43	\$4.86	\$7.28	\$9.71	\$12.14	\$14.57	\$16.99	\$19.42	\$21.85	\$24.28
65-69	\$3.90	\$7.81	\$11.71	\$15.62	\$19.52	\$23.43	\$27.33	\$31.24	\$35.14	\$39.05
70+	\$8.74	\$17.48	\$26.22	\$34.97	\$43.71	\$52.45	\$61.19	\$69.93	\$78.67	\$87.42





## Spousal Voluntary Life Insurance

If you have elected voluntary life coverage on yourself, you may also elect up to 50% of life coverage on your spouse.\*\* Elections over \$25,000 will require medical underwriting and approval from the insurance carrier. New spousal elections or increases in elections in future enrollment periods will also be subject to medical underwriting and approval. The amounts noted below are based on the **employee’s age** as of the benefits effective date. Cost per pay may increase as of January 1<sup>st</sup> of each year, as appropriate, based on the employee’s age as of that date.

Spouse	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000*	\$35,000*	\$40,000*	\$45,000*	\$50,000*
To age 29	\$0.09	\$0.18	\$0.26	\$0.35	\$0.44	\$0.53	\$0.61	\$0.70	\$0.79	\$0.88
30-34	\$0.12	\$0.24	\$0.36	\$0.48	\$0.60	\$0.72	\$0.84	\$0.96	\$1.08	\$1.20
35-39	\$0.17	\$0.33	\$0.50	\$0.66	\$0.83	\$1.00	\$1.16	\$1.33	\$1.50	\$1.66
40-44	\$0.28	\$0.57	\$0.85	\$1.14	\$1.42	\$1.70	\$1.99	\$2.27	\$2.55	\$2.84
45-49	\$0.46	\$0.93	\$1.39	\$1.86	\$2.32	\$2.78	\$3.25	\$3.71	\$4.17	\$4.64
50-54	\$0.72	\$1.45	\$2.17	\$2.90	\$3.62	\$4.35	\$5.07	\$5.80	\$6.52	\$7.25
55-59	\$1.04	\$2.08	\$3.12	\$4.15	\$5.19	\$6.23	\$7.27	\$8.31	\$9.35	\$10.38
60-64	\$1.21	\$2.43	\$3.64	\$4.86	\$6.07	\$7.28	\$8.50	\$9.71	\$10.92	\$12.14
65-69	\$1.95	\$3.90	\$5.86	\$7.81	\$9.76	\$11.71	\$13.67	\$15.62	\$17.57	\$19.52
70+	\$4.37	\$8.74	\$13.11	\$17.48	\$21.85	\$26.22	\$30.60	\$34.97	\$39.34	\$43.71

\*This election will require a medical questionnaire to be completed and coverage approved by the insurance carrier.

## Dependent Child Voluntary Life Insurance

Dependent life coverage is available with no medical questions asked if you have elected at least \$10,000 in voluntary life on yourself.\*\* **Dependent life coverage cannot exceed the spouse’s coverage amount.** This benefit provides coverage for ALL dependent children based on the following amounts:

From age 6 months to 26 years old: \$10,000  
(if unmarried)

From live birth to 6 months: \$1,000

The cost per pay noted below covers all eligible dependent children.

Children	\$1.00
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\*\* If a spouse or dependent is confined in any medical facility, rehab center, convalescent care facility, nursing home, or correctional facility on the date employee's coverage is effective, that dependent coverage will not become effective until the dependent is discharged from the facility.

## Electronic Disclosure Notice

### **Availability of Health & Welfare Plan Notices and Summary of Health Information**

The Employee Retirement Income Security Act (ERISA), Department of Labor (DOL), Department of Health and Human Services (HHS) and Internal Revenue Service (IRS) require plan administrators to provide certain information related to their health and welfare benefit plans to plan participants in writing. Below are the notices that are located at [www.myfoxdalevillagebenefits.org](http://www.myfoxdalevillagebenefits.org). These notices explain your rights and obligations in relation to the health and welfare plans provided by Foxdale Village.

The **Summary of Benefits and Coverage (SBC)** noted below, summarizes important information about any health coverage option in a standard format, to help you compare across options. Please read these notices carefully and retain a copy for your records.

The **Health Insurance Marketplace Coverage** Notice summarizes basic information about the Marketplace and employment-based health coverage offered by Foxdale Village.

### **The following are the Health Care Reform Notices included in the Health and Welfare Notice:**

- ✓ Lifetime Maximum Notice
- ✓ FSA/HSA/HRA Over-the-Counter Restrictions
- ✓ Information on Rescissions
- ✓ Information on Nondiscrimination 105(h) Rules

### **The following are additional annual Notices included in the Health and Welfare Notice:**

- ✓ Women’s Health and Cancer Rights Act (WHCRA) Enrollment Notice
- ✓ The Newborns’ and Mothers’ Health Protection Act (NMHPA) Notice
- ✓ Mental Health Parity Act (MHPA)
- ✓ Health Information Technology for Economic and Clinical Health Act (HITECH)
- ✓ Genetic Information Nondiscrimination Act (GINA)
- ✓ HIPAA Special Enrollment Rights Notice
- ✓ Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice

### **The following are additional annual Notices located at [www.myfoxdalevillagebenefits.org](http://www.myfoxdalevillagebenefits.org): (separate from the Health and Welfare Notice)**

- ✓ Medicare Part D Notice
- ✓ Children’s Health Insurance Program Reauthorization Act (CHIPRA) Notice
- ✓ Summary of Benefits and Coverage (SBC)
- ✓ Health Insurance Marketplace Coverage Notice

### **Please follow the directions below to get to the notices.**

1. Go to the website address: [www.myfoxdalevillagebenefits.org](http://www.myfoxdalevillagebenefits.org)
2. Click on the “**Compliance Notices**” tab.

A paper copy is also available, free of charge, by calling 1-800-326-9850.



## *Payroll and Benefits Coordinator*

**Saprina Harter**

814-272-2111

saprinah@foxdalevillage.org



## *Webber Advisors Member Advocacy Team*

Confidential assistance with things like:

- Missing or lost ID cards
- Claims issues
- Questions about medical, dental, vision, prescription coverage, health reimbursement account and flexible spending accounts

### **How to reach us:**

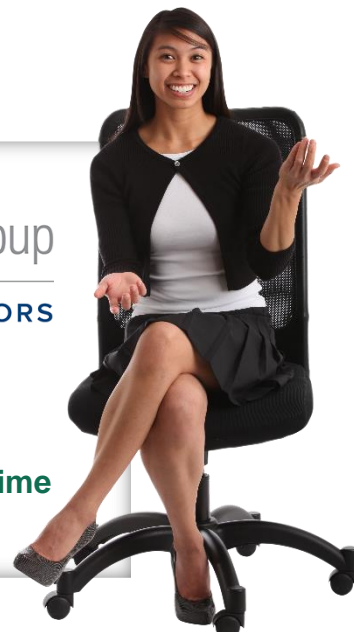
**Phone:** (800) 326-9850

**Email:** [benefitshotline@webberadvisors.com](mailto:benefitshotline@webberadvisors.com)

**Weekdays: 8:00 a.m. to 4:00 p.m. eastern time**

 **Leavitt Group**

**WEBBER ADVISORS**



*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and 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 the guide, please contact HR.*