

Effective Date 1/1/2021 – 12/31/2021

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Salary Reduction Agreement for \_\_\_\_\_ 2021 Benefits Plan

This is an agreement to participate and have my salary reduced by electing the following noted benefits. Please indicate your choices and SIGN & DATE this form and return it to the Benefits Coordinator.

**HEALTH**

Your allocation for health insurance cost is based on your employment category being: Management

Your coverage is based on: Employee Only Coverage which includes you.

Please select one of the following plans:

<u>NAME OF PLAN:</u>	<u>Amount of Bi-Weekly Payroll Deduction</u>
<input type="checkbox"/> United HealthCare OCI / HSA Silver 2600 CE-1H	\$179.33
<input type="checkbox"/> United HealthCare OCI / HSA Bronze 7000 CE-Z5	\$144.84

**VISION**

<input type="checkbox"/> United HealthCare Vision	Employee Only	<u>Amount of Bi-Weekly Payroll Deduction</u>
		\$2.36

**DENTAL**

<u>DELTA Dental Eff. 12/1/2020</u>	<u>Amount of Bi-Weekly Payroll Deduction</u>
Employee Only	( ) \$17.57
Employee & One Dependent	( ) \$31.76
Employee & Family	( ) \$52.29

**LIFE INSURANCE** \*\*added Benefit to all Full Time Employee\*\* Equal to 1 times your yearly salary up to 50k paid for by Mid-Atlantic Shore Properties

Also available to employees – check if interested

Short Term Disability ( ) &

Additional Life Insurance Buy Up ( )

\*\*See Attached for Bi-weekly pricing based on age/salary\*\*

**HEALTH SAVINGS ACCOUNT ( )**

\*\*Eligible to all Full Time Employees with current health Insurance plans\*\*

\_\_\_\_ I acknowledge that I have received the Mid-Atlantic Shore Properties, Inc. group SBC (Standard Benefit Coverage Outline). I also acknowledge that I am responsible to show this Mid-Atlantic Shore Properties, Inc. group SBC (Standard Benefit Coverage Outline) to all my dependents.

\_\_\_\_ I acknowledge that I have received the New Health Insurance Marketplace Coverage Options and Your Health Coverage notice dated 10/01/2013.

\_\_\_\_ Full time Employees will be hired into one of three categories – Management, Office & Field. These categories will be utilized when it comes to the allocation of costs for Employment Benefits expensed to the company and the allocation of costs for Employment Benefits expensed to the Employee.

I hereby authorize my employer to reduce my cash compensation as indicated above for each pay period during the Plan Year following the date of this agreement. I understand this election form cannot be revoked or changed during the plan year, unless there is a change in my family status (e.g. – marriage, divorce, death of spouse or child, birth or adoption of child and termination of employment of spouse) which justifies the revocation or change. I also understand that this reduction amount may change automatically during the Plan Year if there is a significant increase or decrease in the employee contribution amount (as determined by the Plan Administrator).

Employee Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Please check this box if you elect not to have Health Insurance Coverage





## Evidence of Coverage Rider

(also called a **Low Income Subsidy (LIS) Rider**) for people who get “**Extra Help**” paying for prescription drugs

### Your new Extra Help starts January 1, 2021.

This rider has information about your Extra Help. It's part of your AARP MedicareRx Saver Plus (PDP) Evidence of Coverage (EOC). Your EOC has all of your plan's rules and procedures. It tells you what your plan covers, your costs, ways to pay your monthly premium, and more.

### What is Extra Help?

The Extra Help program is offered by the Social Security Administration. It helps you save on prescription drug costs. This means you'll get help paying your prescription drug plan's:

- **Monthly premium** – This is how much you pay each month for your prescription drug plan. Your monthly premium is based on the plan's premium and the amount of Extra Help you get. Extra Help does not apply to your Medicare Part B premium.
- **Yearly deductible** – This is the amount you pay each year before the plan begins to pay their share. Since you qualify for Extra Help, you may not have a deductible.
- **Copays or coinsurance** – This is what you will pay for each prescription after your deductible is met (if you have one).

Your membership in our plan will not be affected by your Extra Help. You'll get the same coverage as someone who's not getting Extra Help.

### What will I pay?

Here are the details with your new Extra Help:

Extra Help coverage level	Monthly premium	Yearly deductible	Your cost for generic drugs is no more than	Your cost for all other drugs is no more than
Level 4	\$17.10	\$92	15% (for each prescription)	15% (for each prescription)

### Can the amount I pay change throughout the year?

The amount you pay may change depending on your coverage level.

- **If your Extra Help coverage level is 1 or 2:** Once the amount both you and Medicare pay (as the Extra Help) reaches \$6,550 in a year, your copay will go down to \$0 for each prescription.



- **If your Extra Help coverage level is 3:** Your copays will stay the same throughout the year.
- **If your Extra Help coverage level is 4:** Your coinsurance amount is 15% of the cost of your drug. The amount you pay per prescription may vary each time you fill a prescription. If the copay listed in your EOC is less than the 15% coinsurance, you'll pay that copay.

For example, if the 15% coinsurance amount for a generic drug is \$7.50 and your EOC says that the copay for a generic drug is \$5, you'll pay \$5 for your generic drug.

Once the amount both you and Medicare pay (as the Extra Help) reaches \$6,550 in a year, your copay amounts will go down to:

- \$3.70 for generic drugs
- \$9.20 for all others

- **If your Extra Help coverage level is 1, 2, or 4 and your plan has a \$0 copay for generic drugs:** Once the amount paid by you and/or others on your behalf reaches \$4,130, you will start paying 15% for generic drugs. You can look in your EOC to see if your plan has a \$0 copay for generic drugs.

The Social Security Administration occasionally reviews your eligibility to make sure you still qualify for Extra Help. Your Extra Help may change if you:

- Have a change in your income or resources
- Get married or become single
- Lose Medicaid

### **Does Extra Help apply to non-Part D drugs?**

Some plans offer prescription drugs not normally covered in a Medicare Prescription Drug plan. However, Extra Help does not apply to these drugs.

You can find more information about non-Part D drugs and the amount you pay for them in your Drug List (Formulary). If you have any questions about non-Part D drugs, please call us at the number below.

### **What if I have more questions?**

Please call us at **1-866-460-8854**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week. Or find more information at **[www.myAARPMedicare.com](http://www.myAARPMedicare.com)**.