

2023

# BENEFITS GUIDE



HEALTH • FINANCIAL • WORK-LIFE

January 1 - December 31, 2023



## Dear Masters Gallery Foods Employee:

Open Enrollment is your once-a-year opportunity for you to add, change and/or cancel certain benefits. Please take time to review all the benefit offerings that are available to you and your dependents to make educated decisions when going through the Open Enrollment process.

Be certain to review the plans in detail to make an educated decision regarding your medical benefits, as mid-year changes can not be made without a qualified enrollment event such as a new dependent, marriage, spousal job change, etc.

All full-time (30+ hours/week) Masters Gallery Foods employees have the option to make changes during our Open Enrollment period from October 3 - October 31, 2022.

This year's Open Enrollment includes:

- **A NEW Medical Plan**
  - ~ Masters Gallery will be implementing a new medical plan with Centivo effective January 1, 2023.
  - ~ The new plan design offers a choice between 1) Narrow network plan with **NO** deductible, or 2) Broader network plan with a deductible.
- **A NEW Life, Disability, Accident and Critical Illness Benefits Carrier - and an exciting note on Long-Term Disability Coverage**
  - ~ Starting January 1, 2023, Masters Gallery will be partnering with Mutual of Omaha for all Life, Disability, Accident & Critical Illness benefits.
  - ~ Masters Gallery will now be covering premiums for all full-time employees for Long-Term Disability coverage.
  - ~ Short-Term Disability premiums will now be rated on an age-banded scale vs. group rates.
  - ~ Lower premiums and increased benefits levels will now be available on Accident and Critical Illness benefits.
  - ~ **NOTE:** This year is a **TRUE** open enrollment for all of these benefits. If you have previously waived coverages, this is your one chance to re-evaluate your benefit needs and enroll.
- **Enhanced Dental Benefit**
  - ~ The Masters Gallery dental plan will now include increased benefit maximums! The annual dental benefit has been increased to \$2,000 per year and the orthodontia benefit has been increased to a lifetime \$2,000 maximum per dependent child.
- **Well Worker Premiums – Employee and Spouse** (if covered under Medical Plan)
  - ~ **Well Worker premiums will be honored and continue for all employees and spouses who qualified in 2022 or upon hire. Employees who are currently paying the higher premium can complete a Well Worker exam for 2023 by December 15, 2022 to qualify for Well Worker 2023 premiums.**
- **Flexible Spending Accounts** (Health / Dependent Care) - **A new election amount is required EVERY calendar year.**
  - ~ 2023 Health Care Flexible Spending Limit - \$2,850 (Allows for \$570 carryover at year-end).
  - ~ 2023 Dependent Care Flexible Spending Limit - \$5,000 per household (No carryover allowed at year-end).

Sincerely,

Tammy Flora, SHRM-SCP, SPHR  
Vice President - Human Resources

Katie Boge, SHRM-CP  
Compensation / Benefits Manager

# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2023.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

# Inside

- Medical
- Dental
- Vision
- Flexible Spending Accounts (FSAs)
- Life and AD&D Insurance
- Disability Insurance
- Employee Assistance Program (EAP)
- Valuable Extras
- Voluntary Benefits
- Cost of Benefits
- Contact Information

# Enrollment

Starting October 3, go to **nw16.ultipro.com\***. On a laptop or computer (not the app), log into UKG and follow: Myself/Benefits/Manage My Benefits/Open Enrollment

\* Additional Benefits Information, including Summary Plan Descriptions (SPDs) and Compliance Notices\*, are available on the Masters Gallery Foods, Inc., UKG homepage Myself/Benefits/Links

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Centivo PPO

The two plan offerings provide a choice involving networks and benefits. Both plans will require activation of a Primary Care Provider (PCP), and require referrals from the PCP to specialists. The No-Deductible plan does not include Advocate Aurora Health as a provider, however if access to Aurora is important to you, the Choice Network plan does include it.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.



Following is a high-level overview of the coverages available. For complete coverage details, please refer to the SBCs.

Key Medical Benefits	Centivo No Deductible Network PPO		Centivo Choice Network PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible (per calendar year)</b>				
<b>Individual / Family</b>	\$0 / \$0	N/A / N/A	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>Out-of-Pocket Maximum (per calendar year)</b>				
<b>Individual / Family</b>	\$4,000 / \$8,000	N/A / N/A	\$6,500 / \$13,000	\$10,000 / \$20,000
<b>Covered Services</b>				
<b>Office Visits</b> (physician/specialist)	No charge / \$100 copay	N/A	No charge / \$100 copay	50%*
<b>Routine Preventive Care</b>	No charge	N/A	No charge	50%*
<b>Outpatient Diagnostic</b> (lab/X-ray)	\$20 copay	N/A	\$20 copay	50%*
<b>Complex Imaging</b>	\$200 copay	N/A	\$200 copay	50%*
<b>Emergency Room</b>	\$350 copay	\$350 copay	\$300 copay + 30%*	\$300 copay + 30%*
<b>Urgent Care Facility</b>	\$100 copay	N/A	\$100 Copay	50%*
<b>Inpatient Hospital Stay</b>	\$900 copay	N/A	30%*	50%*
<b>Outpatient Surgery</b>	\$700 copay	N/A	30%*	50%*
<b>Prescription Drugs</b>				
<b>Retail Pharmacy</b> Generic / Preferred / Non-Preferred	30-Day Supply: \$10 / 20% / 30% 90-Day Supply: \$30 / 20% / 35%	N/A	30-Day Supply: \$15 / 20% / 30% 90-Day Supply: \$45 / 20% / 35%	N/A
<b>Mail Order</b> (90-day supply)	\$25 / 20% / 35%	N/A	\$37.50 / 20% / 35%	N/A

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. \*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

## Telehealth Services

- ▶ Available nationwide
- ▶ Healthcare 24/7/365
- ▶ Diagnosis & treatment provided by state-licensed, board-certified medical providers
- ▶ Prescriptions can be picked up locally\*.

\*when medically necessary



(480) 300-3961 | solutions@memd.me | MeMD.me

## About Centivo

Centivo is an innovative health plan that helps provide high-quality care at lower costs to participants and their families by working directly with local healthcare providers.

## About Your Plans

This year, we are offering two medical plan options for Masters Gallery Foods employees.

Centivo administers the No Deductible Plan and the Choice Network Plan. That means they provide member support, an easy-to-use app and portal, member communications, Explanation of Benefits statements (EOBs) and payment processing when you get care.

Both plans offer high-quality, affordable care. It's built around a partnership between you and your Primary Care Team. They will get to know you and your healthcare needs, help you navigate the healthcare system and maintain care, so your costs stay low.

Visit [mastersgalleryfoods.centivo.com](https://mastersgalleryfoods.centivo.com) to view provider listings and search for qualifying providers.

### No Deductible-Plan

- **The No Deductible Plan has a more narrow network however there is no deductible, so coverage begins immediately. Features include:**
  - No deductible
  - FREE visits with your designated in-network Primary Care Team
  - Set copays so you always know what you'll owe before you get care
  - A Primary Care Team who will coordinate your care and refer you to local, trusted specialists
  - Centivo Virtual Primary Care, a convenient no-cost alternative to in-person primary care that you can access anywhere from your phone or computer
  - Urgent care covered at in-network rates when you are away from home
  - Emergency care covered at in-network rates no matter where you are



### Choice Network Plan

- **The Choice Network Plan has a deductible, so you'll have to pay out-of-pocket before your plan will cover your care. This plan has a broader network however the premiums will cost more. Features include:**
  - FREE visits with your designated in-network Primary Care Team
  - Set copays so you always know what you will owe before you get care
  - A Primary Care Team who will coordinate your care and refer you to local, trusted specialists
  - Centivo Virtual Primary Care, a convenient no-cost alternative to in-person primary care that you can access anywhere from your phone or computer
  - Urgent care covered at in-network rates when you are away from home
  - Emergency care covered at in-network rates no matter where you are



## Navitus Rx

### Enjoy greater convenience at your fingertips

With the mobile app you can:

- Compare medication prices to find the lowest cost option for you
- Locate the most convenient network pharmacies
- Save your preferred pharmacies for quick and easy access
- Save your medication information
- View your member ID card
- The mobile app features easy registration, simple navigation, and an innovative, user-friendly design to help you navigate your prescription benefits. Plus, you'll gain access to all of the helpful information you need to make informed decisions about your prescriptions and continue on the path to improved health.



# Dental

We are proud to offer you a comprehensive dental plan.



This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates **in the network**.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental PPO	
	In-Network	Out-of-Network
<b>Deductible</b> (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)		
Per Individual	<b>\$2,000</b>	<b>\$2,000</b>
<b>Covered Services</b>		
<b>Preventive Services</b>	No charge	No charge
<b>Basic Services</b>	20%*	20%*
<b>Major Services</b>	50%*	50%*
<b>Orthodontia</b> (Child Only up to age 19)	<b>\$2,000 lifetime maximum benefit; see schedule for details</b>	<b>\$2,000 lifetime maximum benefit; see schedule for details</b>

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount in the Delta Dental contract.

# Vision

We are proud to offer you a vision plan.

The **Delta Vision** plan (Eye Med) gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Delta Vision network.

Following is a high-level overview of the coverage available.

Visit [www.eyemed.com](http://www.eyemed.com) to search for providers.

Key Vision Benefits	In-Network	Out-of Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10	Up to \$35
<b>Materials Copay</b>	\$10	N/A
<b>Lenses</b> (once every 12 months)	\$10	Up to \$25
		Up to \$40
		Up to \$55
		Up to \$65
<b>Frames</b> (once every 24 months)	Covered up to \$130	Up to \$65
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$120; 15% off balance	Up to \$96



# Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered through EBCFlex. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2023, you may contribute up to \$2,850 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶Coinsurance
- ▶Prescriptions and Over-the-Counter Drugs
- ▶Menstrual Care Products
- ▶Orthodontia
- ▶Copayments
- ▶Deductibles
- ▶Dental treatment
- ▶Eye exams, materials, Lasik

## Dependent Care FSA

For 2023, you may contribute up to \$5,000 per family (\$2,500 if you and your spouse file separate tax returns) to cover eligible dependent care expenses. Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA:** Unused funds of up to \$570 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$570 will **NOT** be returned to you or carried over to the following year.

**Dependent Care FSA:** Unused funds will **NOT** be returned to you or carried over to the following year.

**You can incur expenses through March 15, 2024, and must file claims by March 31, 2024.**

*Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.*

# Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Mutual of Omaha.

Benefit Amount	
Employee	1 times your base salary, up to \$50,000



## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Mutual of Omaha for yourself and your eligible family members.

Benefit Option		Guaranteed Issue <sup>1</sup>
Employee	\$25,000 increments; minimum of \$25,000 up to \$200,000 (not to exceed 5 times your base salary)	\$200,000
Spouse	\$5,000 increments; minimum of \$5,000 up to \$50,000 (not to exceed 50% of your additional life coverage)	\$50,000
Child(ren)	Under age 26 - up to \$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.



# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Voluntary Short-Term Disability

Provided at an affordable group rate through Mutual of Omaha.

Benefit Percentage	60%
Weekly Benefit Maximum	\$800
When Benefits Begin	After 14th day of disability
Max Benefit Duration	13 weeks

## Long-Term Disability

Provided at **NO COST** to you through Mutual of Omaha.

Benefit Percentage	50%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 90 days of disability
Max Benefit Duration	5 years

# Employee Assistance Program (EAP)



## Mutual of Omaha

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Mutual of Omaha.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to 3 in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# Valuable Extras

We also offer the following additional benefits that require an affirmative election:

- ▶ Prevea Center for Health and Wellness
- ▶ AAA - Company-paid AAA membership covers employees for Roadside Assistance, travel discounts, Identity Theft Protection and other AAA benefits.

# Voluntary Benefits

## Mutual of Omaha

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Mutual of Omaha are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500<sup>1</sup>. And it's not only broken limbs – an average non-fatal injury could cost you \$6,620 in medical bills<sup>2</sup>. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

## Critical Illness

Most of us don't have an extra \$7,000 ready to spend – even if we do, we do not want to use it all on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000<sup>3</sup>. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses and more.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov  
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.  
3. MetLife Accident and Critical Illness Impact Study.

## Wellness Benefit

Both Critical Illness and Accident coverage offer a wellness incentive of **\$100 per covered member per year** when a wellness screening occurs.

Accident: \$100/covered member per year  
Critical Illness: \$100/covered member per year

Example: Employee, spouse, and child covered under the accident plan. Each completes a qualified exam - \$300 total for the year.



# Center for Health and Wellness (CHW)



The Center for Health and Wellness (CHW) is available to all employees and their spouse, dependents and household members. To ensure your dependents and household members are eligible to use the CHW be sure to add them as your dependents on UKG or they will not be eligible for coverage. Disabled child(ren) age 26 or older who meet certain criteria may continue on your CHW coverage.

### Locations (Services vary per location)

**Center for Health & Wellness** (primary location)  
Inside Prevea Plymouth Health Center  
825 Walton Drive • Plymouth, WI 53073  
920.893.0903

**Prevea Oostburg Health Center**  
15 S. 10th St. #920 • Oostburg, WI 53070  
920.552.5046

### Cost

- ▶ \$0 for preventive care, family medicine, health coaching, physical therapy or behavioral care visits
- ▶ \$20 for chiropractic visit via payroll deduction
- ▶ \$0 for lab test
- ▶ If radiology or pathology services are required, those will be billed directly to your medical plan.

Additional access is available at Kohler & Sheboygan Prevea locations. Contact CHW for additional details.

Refer to the CHW brochure (available on UKG) for specific services and hours.



## Retirement Savings Plan - 401(k)

Masters Gallery Foods is pleased to offer eligible employees a Retirement Savings Plan through OneAmerica®. Enrollment in the Plan begins the first of the month following 3 months of employment. Participants must be 18 years of age. Plan highlights include:

- ▶ Deferrals up to 75% of your income
- ▶ Automatic Enrollment at 6% of compensation
- ▶ Pre-tax Contributions up to IRS Limits
- ▶ Roth (after tax) Contributions up to IRS Limits
- ▶ Employer Discretionary Match on First 6% of Employee Compensation
- ▶ Employee Contributions are always 100% vested
- ▶ Rollovers Accepted from Qualified Plans
- ▶ Financial Strategies and Advice provided by our financial plan advisors, Spectrum Investment Advisors

## Notes

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# RATES

## 2023 EMPLOYEE CONTRIBUTIONS



**JANUARY 1, 2023 – DECEMBER 31, 2023**

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your bi-weekly paycheck before taxes. All other coverages will be deducted post-tax.

### MEDICAL COVERAGE

Coverage Tier	Bi-Weekly Employee Pre-Tax Contribution		
	Centivo No-Deductible Plan	Centivo Choice Network	Additional Smoker Premium
Employee Only	\$99 / \$69	\$84 / \$58	\$10
Employee + Spouse	\$202 / \$143	\$174 / \$123	\$20 (\$10 EE/\$10 SP)
Employee + Child(ren)	\$163 / \$114	\$140 / \$99	\$10
Family	\$288 / \$210	\$247 / \$180	\$20 (\$10 EE/\$10 SP)

Please note: If you do not participate in the well worker program it is not possible to prove smoker status and you will automatically be charged.

### DENTAL COVERAGE

Coverage Tier	Bi-Weekly Employee Pre -Tax Contribution Delta Dental
Employee Only	\$3
Employee + Spouse	\$6
Employee + Child(ren)	\$8
Family	\$10

### VISION COVERAGE

Coverage Tier	Bi-Weekly Employee Pre-Tax Contribution Delta Vision
Employee Only	\$3.89
Employee + Spouse	\$7.78
Employee + Child(ren)	\$7.94
Family	\$11.83

### SUPPLEMENTAL LIFE / AD&D COVERAGE - Post-Tax Deduction Cost per Paycheck

Coverage Level Employee & Spouse	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
	Mutual of Omaha										
\$25,000	\$0.92	\$1.04	\$1.27	\$1.38	\$1.50	\$2.08	\$3.00	\$5.31	\$7.96	\$15.00	\$24.12
\$50,000	\$1.85	\$2.08	\$2.54	\$2.77	\$3.00	\$4.15	\$6.00	\$10.62	\$15.92	\$30.00	\$48.23
\$75,000	\$2.77	\$3.12	\$3.81	\$4.15	\$4.50	\$6.23	\$9.00	\$15.92	\$23.88	\$45.00	\$72.35
\$100,000	\$3.69	\$4.15	\$5.08	\$5.54	\$6.00	\$8.31	\$12.00	\$21.23	\$31.85	\$60.00	\$96.46

Child(ren) Cost: \$0.71 per paycheck for \$10,000 of Supplemental Life and AD&D coverage.

# RATES

## 2023 EMPLOYEE CONTRIBUTIONS



**JANUARY 1, 2023 – DECEMBER 31, 2023**

### SHORT-TERM DISABILITY COVERAGE - Cost Per \$10 of Coverage (Post-Tax)

To Calculate your Bi-Weekly Short-Term Disability Premium: (Example: John, 37, \$45,000/year annual salary)

Multiply your weekly earnings by 0.6 ( $(\$45,000 / 26) * 0.6 = 1038.46$ )

Divide the result by 10, then multiply that result by the rate for your age-bracket ( $(1038.46 / 10) * 0.50$ )

Take that result, multiply by 12, then divide by 26. ( $(51.92 * 12) / 26 = \$23.96$  per paycheck)

Coverage Level	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-74	75-79	80+
	Mutual of Omaha											
Varies by Salary	\$0.46	\$0.46	\$0.46	\$0.50	\$0.52	\$0.54	\$0.59	\$0.71	\$0.87	\$1.01	\$1.11	\$1.11

### CRITICAL ILLNESS COVERAGE - Premium Per Paycheck (Post-Tax)

Employee/Spouse	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
Coverage Level	Mutual of Omaha												
\$5,000	\$0.60	\$0.74	\$0.97	\$1.32	\$1.94	\$2.86	\$4.06	\$5.70	\$8.35	\$11.70	\$16.34	\$20.95	\$25.85
\$10,000	\$1.20	\$1.48	\$1.94	\$2.63	\$3.88	\$5.72	\$8.12	\$11.40	\$16.71	\$23.40	\$32.68	\$41.91	\$51.69

Child insurance is automatic. A separate premium is not required.

### ACCIDENT COVERAGE - Premium Per Paycheck (Post-Tax)

Coverage Tier	Bi-Weekly Employee Contribution Mutual of Omaha
Employee Only	\$5.94
Employee + Spouse	\$10.50
Employee + Child(ren)	\$11.16
Family	\$15.65

**Critical Illness and Accident Coverages qualify for the annual \$100 Wellness Benefit**

Accident Coverage Example:

A family of 3 would pay a premium of \$406.90 annually. If all three family members qualify for the annual wellness benefit (\$300 total), the true cost of coverage would be \$106.90 annually.

# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Centivo	833-600-2101	<a href="mailto:www.membersupport@centivo.com">www.membersupport@centivo.com</a>
HY\YU\GYfj JWg	A YA 8	(, \$! '\$\$!' - *%	<a href="http://www.A YA 8.com">www.A YA 8.com</a>
Prescription Drug Coverage	Navitus Rx	866-333-2757	<a href="http://www.navitus.com">www.navitus.com</a>
Voluntary Benefits	Mutual of Omaha	800-775-6000	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Dental	Delta Dental	800-236-3712	<a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
Vision	Delta Vision (EyeMed Vision Care)	844-848-7090	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Flexible Spending Accounts (FSAs)	EBCFlex	800-346-2126	<a href="http://www.ebcflex.com">www.ebcflex.com</a>
Life/Disability, CI, Accident, EAP	Mutual of Omaha	800-775-6000	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
401(k)	OneAmerica	800-858-3829	<a href="http://www.oaretirement.com">www.oaretirement.com</a>
Financial Advisors	Spectrum Investment Advisors	800-242-4735	<a href="http://www.spectruminvestor.com">www.spectruminvestor.com</a>

## Benefits Website

Our benefits website [nw16.ultipro.com](http://nw16.ultipro.com) can be accessed anytime you want additional information on our benefits programs.

UKG: Myself/Benefits/Links

## Questions?

If you have additional questions, you may also contact:

Compensation / Benefits Manager  
Katie Boge  
920.893.9146

or submit a contact request through the MyMGF App to Human Resources.



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

