

 Milton Hershey School allows you to defer a portion of your pay through payroll deduction into flexible spending accounts. The money that goes into an FSA is deducted on a pre-tax basis, which means it is taken from your pay before federal and social security taxes are calculated. Because you do not pay taxes on the money that goes into your FSA, you decrease your taxable income.

Employee account reports are available online at www.optum.com.

It is important that you estimate carefully. If you do not use all of the money in your accounts by the end of the plan year, federal law requires you to forfeit any unused balances. You have up to March 31st of the following plan year to submit qualified expenses for reimbursement incurred during the prior year.

Medical FSA (not available if enrolled in the HSA):

You may deposit up to **\$2,500** per plan year into your Medical FSA to cover you and your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, copayments and coinsurance payments, routine physicals, vision and dental care expenses, and hearing expenses. You are not eligible for a Medical FSA if you are enrolled in the Qualified High Deductible Health Plan with an HSA.

After enrolling, you will receive a Mastercard benefit card in the mail from Optum. The Mastercard benefit card allows immediate access to FSA funds for eligible expenses.

Dependent Care FSA:

You may deposit up to **\$5,000** per plan year into your Dependent Care FSA during the plan year. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elder care.



2023 Benefits Plan Overview

The following pages offer a highlight of Milton Hershey School's benefit plans. This benefits summary includes information about the programs available to eligible employees. Your specific rights to benefits are governed solely, and in every respect, by the official Plan Documents and Summary Plan Descriptions (SPD). If there is any discrepancy between the description of the programs as contained in the material and the official plan documents, the language in the official plan document shall prevail as accurate. The SPD's are located on the intranet, under Benefits.

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Life Events

The Internal Revenue Service (IRS) states that eligible employee may only make elections to the plan at time of hire and once a year during Open Enrollment. Open Enrollment is typically held in early November to make changes for the following calendar year (January 1). The following circumstances are the only reasons you may change your benefits during the year:

- Marriage
- Birth & Adoption
- Gain/Loss of spouse or dependent coverage when coverage is maintained through the spouse/dependent employer coverage
- Divorce
- Loss of dependent status
- Death of a dependent/spouse
- Change in day care expenses (Dependent FSA only)

These special circumstances, often referred to as life event changes, will allow you to make applicable changes at any time during the year in which they occur. For any allowable changes, you must inform Human Resources within 31 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

Eligibility & Dependents

As a benefits-eligible employee, your spouse and dependent children up to age 26 are eligible for medical, dental, vision and life insurance. Spouse life of \$15,000 benefit and dependent children \$10,000 benefit. The child life is for under age 26 and it's one price/contract for all children under 26.

If you would like to cover your spouse and/or children on our plans, you must provide documentation as described in the benefit plan eligibility handout. All documentation must be provided at time of hire or when reporting a life event, to enroll eligible dependents.

MHS Coordination of Benefits

If both parents cover a child, which plan pays primary is determined by the Birthday Rule. In this rule the parent whose birthday (month and day only) falls first in a calendar year is the parent with the primary coverage for the dependent. When both spouses work full-time at MHS, there are special rules that apply to the medical, dental and vision insurances. We refer to this as "coordination of benefits", general information below.

| Benefit | Houseparent Couples | Non-houseparent Couples |
|---------|--|--|
| Medical | One spouse elects coverage and covers the entire family. The other spouse waives coverage and receives a \$840/yr. waiver bonus. | Both spouses may elect & pay for coverage. You may also elect to waive coverage and receive the waiver bonus of \$840/yr. |
| Dental | Both spouses may elect the coverage. If two plans are selected, the plans will coordinate to potentially have the service paid at 100% in network. | Both spouses may elect the coverage. If two plans are selected, the plans will coordinate to potentially have the service paid at 100% in network. |
| Vision | Both spouses may elect the coverage. If two plans are selected, the plans will duplicate coverage. | Both spouses may elect the coverage. If two plans are selected, the plans will duplicate coverage. |

Disability Insurance

Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident or injury.

Short-Term Disability (STD): Your STD benefit equals 100% of your weekly base earnings for weeks 1-13 and 85% for weeks 14-26.

Long-Term Disability (LTD): Your LTD benefit equals 50% of your base annual salary to a maximum benefit of \$5,000 per month. You may elect to buy-up to a 60% or 66 2/3% benefit with a maximum benefit of \$6,000 or \$6,667 per month, respectively.

Life Insurance

All full-time regular employees receive basic life insurance equal to 1x your annual base salary to a maximum of \$700,000. Supplemental Life Insurance is also available up to 4 times your annual basic earnings, but the combination of basic and supplemental life will not exceed \$1,000,000. For coverage over 3x your salary, an Evidence of Insurability is necessary. You may elect to purchase spouse life insurance of \$15,000 and dependent life insurance of \$10,000.

Employee Assistance Program



We understand the importance of balancing work and family issues. Through our Employee Assistance Program, counseling and referral services are available through Mazzitti & Sullivan. Milton Hershey School is pleased to provide this EAP benefit at not cost to eligible employees, their spouses, eligible dependents, and anyone living in your household. You are automatically enrolled. Our EAP offers 4 face-to-face counseling life coaching services, online services and access, webinars, legal services and financial services.

Member Service Phone: 1-800-543-5080
Access Online Services: www.mseap.com

Miscellaneous Information

- Benefit offerings are on the intranet under Human Resources, Benefits
- Annual Wellness Offerings – details are on the intranet under Human Resources, MHS Wellness
- Policy 4.07 Health and Fitness Reimbursement Plan
- Monthly benefits tips via Email

Summary of Benefits

| Benefit | Description | Who Pays |
|---|--|---|
| Medical and prescription – First of month following date of hire or coincident if hired on first day of month | Highmark Blue Shield: one plan offered | Employee and Employer |
| Dental - First of month following date of hire or coincident if hired on first day of month | United Concordia: three plans offered | One plan available at no cost to the employee. The other two plans are Employee and Employer. |
| Vision - First of month following date of hire or coincident if hired on first day of month | National Vision Administrators (NVA): one plan | Employer |
| Flexible Spending Accounts - First of month following date of hire or coincident if hired on first day of month | Optum: medical spending account (not available if enrolled in the HSA) and dependent care spending account | Employee |
| Health Savings Account | Optum: must be enrolled in the Qualified High Deductible Health Plan | Employee and Employer |
| Life Insurance – Basic & Supplemental Coverage (eff. Date of hire) | The Hartford: one basic plan and 1-4x supplemental offered | Employer pays for basic plan. Employee pays for supplemental coverage. |
| Spouse & Child Life (eff. Date of hire) | The Hartford: one plan each offered | Employee |
| Long-term Disability (eff. Date of hire) | The Hartford: one basic plan and supplemental offered | Employer pays for basic plan. Employee pays for supplemental coverage. |
| Employee Assistance Program (eff. Date of hire) | Mazzitti & Sullivan: one plan | Employer |
| Short-term Disability (eff. Date of hire) | UPMC/MHS: one plan | Employer |
| Retirement Plans (voluntary eff. Immediately) | TIAA: two plans offered | Employer and Employee |

Medical Benefits



MHS offers a Qualified High Deductible Health Plan (QHDHP) with a Health Savings Account (HSA). With a QHDHP the deductible applies to all services (except preventive). A HSA is a tax favored savings account created for the purpose of paying medical, dental & vision expenses. Contributions, distributions and interest earned are all tax free if used for qualified medical expenses.

You are eligible to open and contribute to an HSA if:

- You are covered by an QHDHP
- You are not covered by any other health plan that is not a QHDHP
- You are not claimed as a dependent on someone else's tax return
- You are not enrolled in any form of Medicare or TRICARE
- You are not covered by a health care flexible spending account (FSA)

For provider information, visit www.highmarkblueshield.com. Search Providers under the PPOBlue network.
Member Service: 1-800-345-3806
Express Scripts: 1-800-903-6228



HSA is administered by Optum Bank. For more information visit www.optumbank.com, phone 800.243.5543. Once enrolled, you will receive a welcome letter providing account information, and a debit Mastercard in a separate mailing.

*MHS pays the base monthly maintenance fee. You are responsible for the monthly Investment Fee if you choose to invest.

| BENEFIT | Qualified High Deductible Health Plan | |
|--|---|----------------------|
| | In-Network | Out-of-Network |
| Annual Deductible | \$2,000 Individual; \$4,000 Family | |
| Plan Pays - based on plan allowance | 100% after deductible | 60% after deductible |
| Out-of-Pocket Limit (Once met, plan pays 100% coinsurance for the rest of the benefit period) | | |
| Individual | None | \$5,000 |
| Family Aggregate | None | \$15,000 |
| Total Maximum Out Of Pocket Limit (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) | 7,500 single 15,000 family | N/A N/A |
| Retail Clinic Visits & Virtual Visits | 100% after \$30 copay after deductible | 60% after deductible |
| Primary Care Provider Office Visits & Virtual Visits | 100% after \$20 copay after deductible | 60% after deductible |
| Specialist Office Visits & Virtual Visits | 100% after \$30 copay after deductible | 60% after deductible |
| Urgent Care Center Visits | 100% after \$50 copay after deductible | 60% after deductible |
| Telemedicine Service | 100% after \$20 copay after deductible | Not Covered |
| Emergency Room Services | 100% after \$100 copay after INN deductible (waived if admitted) | |
| Preventive Care Physical Exams, Adult & Pediatric Immunizations, Routine Gynecological Exams, Pap Test, Mammograms, Colorectal Cancer Screening, Diagnostic Services and Procedures | 100% | 60% after deductible |
| Hospital Inpatient | 100% after deductible | 60% after deductible |
| | Limit: 365 days/2 pint blood deductible/benefit period | |
| Hospital Outpatient | 100% after deductible | 60% after deductible |
| Diagnostic Services Advanced Imaging (MRI, CAT, PET scan, etc.) | 100% after deductible | 60% after deductible |
| Physical Medicine | 100% after deductible | 60% after deductible |
| | Limit 20 visits/calendar year | |
| Respiratory Therapy | 100% after deductible | 60% after deductible |
| Speech & Occupational Therapy | 100% after deductible | 60% after deductible |
| | Limit: 12 visits for speech & 12 visits for occupational therapy/benefit period | |
| Spinal Manipulations | 100% after deductible | 60% after deductible |
| | Limit: 20 visits/benefit period | |
| Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis) | 100% after deductible | 60% after deductible |
| Inpatient Mental Health Services | 100% after deductible | 60% after deductible |
| Inpatient Detoxification / Rehabilitation | 100% after deductible | 60% after deductible |
| Outpatient Mental Health Services | 100% after deductible | 60% after deductible |
| Outpatient Substance Abuse Services | 100% after deductible | 60% after deductible |
| Prescription Drug Deductible Individual & Family | Integrated with Medical Deductible | |
| | Retail (31 day Supply) After deductible has been met Copays and Coinsurance apply • \$10 Generic Copay • 20% to \$100 Maximum Coinsurance for Brand Prescriptions | |
| | Mandatory Mail Order – initial prescription and one refill; then mail order (90-day Supply) After Deductible has been met Copays and Coinsurance apply • \$20 Formulary Generic Copay • 20% to \$200 Maximum Coinsurance for Brand Prescriptions | |

Dental Benefits

MHS offers three dental plans, The network is the same for all three plans. Please note that only the in-network benefits are listed on the summary grid. A complete provider directory can be accessed online at www.unitedconcordia.com. Search participating providers under the Advantage Plus Network. Member Service: 1-800-332-0366

As an enrollee in UCCI Dental, College Tuition Benefit is included free of charge. Tuition Rewards are discounts off of tuition to over 400 private colleges and universities nationwide. 1 Tuition Reward point = \$1 in tuition discounts. For more details, log onto the intranet to find out how to enroll.

| DENTAL SERVICES | Basic | Enhanced | High Option |
|--|----------------------------------|----------------------------------|----------------------------------|
| Annual Maximum per Calendar Year | \$1,000 | \$1,500 | \$2,000 |
| Lifetime Orthodontic Maximum | Not Covered | \$1,500 | \$1,500 |
| Deductible Per Person / Per Family | \$25 / \$75 | \$25 / \$75 | \$25 / \$75 |
| Diagnostic/Preventive (Deductible does not apply for the Enhanced or High Option) | Member Pays 20% Plan Pays 80% | Member Pays 0% Plan Pays 100% | Member Pays 0% Plan Pays 100% |
| Routine Exam (Two routine oral exams eligible during a calendar year period) | Member Pays 20% Plan Pays 80% | Member Pays 0% Plan Pays 100% | Member Pays 0% Plan Pays 100% |
| Basic Restorative/Oral Surgery/ Endodontic/Periodontic (Covered oral surgery codes: D3410, D3421, D3425, D3426, D3430, D3450, D3920, D6100, D7210, D7220, D7270, D7280, D7291, D7310, D7311, D7320, D7321, D7340, D7350, D7510, D7511, D7670, D7671, D7770, D7771, D7960, D7963, D7971, D7995, D7999) | Member Pays 20% Plan Pays 80% | Member Pays 0% Plan Pays 100% | Member Pays 0% Plan Pays 100% |
| Major Services - Crowns, inlays, onlays, complex oral surgery*, surgical periodontics *Additional benefits may be covered under the medical plan | Member Pays 20% Plan Pays 80% | Member Pays 20% Plan Pays 80% | Member Pays 20% Plan Pays 80% |
| Prosthetics - Dentures/Fixed Bridges | Not Covered | Member Pays 50% Plan Pays 50% | Member Pays 20% Plan Pays 80% |
| Orthodontics - Diagnostic, Active Retention Treatment (Dependents to age 19; High option covers adult ortho) | Not Covered | Member Pays 50% Plan Pays 50% | Member Pays 50% Plan Pays 50% |
| Bleaching Services (Service must be received in a dentist's office or custom tray/kit made by dentist is eligible. Services are eligible once every 24 months (D9972 or D9973)) | Not Covered | Not Covered | Member Pays 0% Plan Pays 100% |
| Implants | Not Covered | Not Covered | Member Pays 50% Plan Pays 50% |

Vision Benefits www.e-nva.com 1-800-672-7723

| Benefit | Frequency | In-Network | Out-of-Network |
|---|----------------------|---|---|
| Eye Exam | Once every 12 months | Covered 100% | Reimbursed Amount Up to \$32 |
| Contact Lenses Evaluation/Fitting | Once every 12 months | Covered 100% | Daily Wear: \$20 / Extended Wear: \$30 |
| Lenses | Once every 12 months | Standard Glass or Plastic Covered 100% | Single Vision: Up to \$24 Bifocal: Up to \$36 Trifocal: Up to \$48 Lenticular: Up to \$72 Polycarbonates (under age 19): Up to \$70 (including standard lens allowance) |
| Frames | Once every 24 months | Retail Allowance Up to \$115 (30% discount off balance) | Up to \$60 |
| Elective Contact Lenses (in lieu of lenses) | Once every 12 months | Up to \$130 Retail (25% discount off balance) | Up to \$75 |

Retirement Plans TIAA www.tiaa.org 1-800-842-2776 (for appointments 1-800-732-8353)

- **Eligibility**
 - > Normally met after 1 year of service
 - > Immediate vesting
- **Group Supplemental Retirement Annuity**
 - > Voluntary contributions
- **Money Purchase Plan**
 - > 100% School funded
 - > Contributions 8%