

[HOME](#)[ENROLLING](#)[MEDICAL
BENEFITS](#)[FINANCIAL PLANS](#)[DENTAL AND
VISION PLANS](#)[PERSONAL INCOME &
PROTECTION](#)[ALL THE
EXTRAS](#)[CONTACTS](#)[LEGAL
NOTICES](#)

ICHRA ELIGIBLE

WELCOME TO TEAM SELECT INTERACTIVE BENEFITS GUIDE

December 1, 2025 - December 31, 2026 [*Non-Medical Benefits*]
January 1, 2026 - December 31, 2026 [*ICHRA Plan*]

Each day, every member of Team Select Home Care plays a vital role in bringing our mission and core values to life. It is with sincere pleasure that we acknowledge your invaluable contributions by offering a comprehensive benefits package for you and your loved ones.

We invite you to review the benefits information provided in this guide.

MEDICAL | DENTAL | VISION | LIFE | FSA'S AND MORE



How to use this interactive guide



Links to websites



Access to documents



Links to videos





Benefits Eligibility

All employees who work at least 30 hours per week are eligible to participate in our benefit plans. Eligible participants include employee, spouse, domestic partner (affidavit required), and dependent children up to age 26.

- The coverage you elect during Open Enrollment begins:
 - » **Non-Medical Plans:** December 1, 2026
 - » **ICHRA Plan:** January 1, 2026
- As a new hire, coverage begins after you satisfy the new hire waiting period.
- Coverage ends if you no longer meet eligibility requirements, contributions are discontinued, or the Group Insurance Policy is terminated.

Changing Your Benefits Outside Of Open Enrollment

The benefits you elect during the 2025-2026 benefits plan year will remain in effect through December 31, 2026. You cannot make changes to the benefits you elect until the next open enrollment period unless you have a qualifying event. The Health Insurance Portability And Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events. If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date, if there is a loss of other coverage.

You have the right to elect coverage during the plan year if your or your dependent's Medicaid/Children's Health Insurance Program (CHIP) coverage terminates due to discontinuation of eligibility under the program or if you become eligible for a Medicaid/CHIP premium assistance subsidy (if available in your state) providing you request enrollment within 60 days of the loss of coverage or eligibility for premium subsidy.

Qualifying Life Events

A qualifying event is a personal event that may require you to either add or remove coverage for yourself and/or your dependents.

Qualifying Life Events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a dependent child
- Death of a dependent spouse or child
- Gain or loss of coverage for you or your eligible dependents
- Reaching age 26 for dependent children

Important Deadline For Qualifying Event Changes

You must make any coverage change within 30 days of the qualifying event. Log in to Workday and complete the Life Event Benefit Change wizard to elect/change all desired qualified benefits, within the 30-day deadline, except for a Medicare or Medicaid entitlement event, in which case you must make changes within 60 days of the event.

You must include documentation to substantiate your qualifying event. If you miss the deadline, or do not provide the supporting documentation, changes will not be approved. Please contact Benefits within 30 days if you have any questions or believe that you may qualify for an election change.

Note: In the event that you miss the 30-day deadline to report a qualifying event, Team Select is unable to retroactively make changes to the enrollment due to IRS tax regulations (including any monthly costs which the employee may have incurred).

Reviewing and Updating Your Beneficiaries

Regularly updating beneficiary designations for financial accounts like life insurance and retirement plans is crucial to ensuring assets go to intended recipients.

There are primary beneficiaries, who receive assets and benefits first, and contingent beneficiaries, who receive them if the primary beneficiaries are unavailable.



To avoid common errors, update beneficiary designations after significant life changes, such as marriage, divorce, death of a spouse or child, birth of a child or similar event that alters your family.

You should also update your beneficiary listing if a beneficiary changes their name (e.g. marriage).

Seek guidance from Benefits if you are unsure of how to make changes to your beneficiaries.

Terms and Definitions

Before reviewing our benefits, take a look at some terms that may be helpful in understanding and comparing the plans offered to you. By learning a few key insurance terms, you'll be more informed and better able to understand what, exactly, goes into your insurance coverage.

Deductible: The amount of healthcare costs you have to pay for with your own money before your plan will start to pay anything.

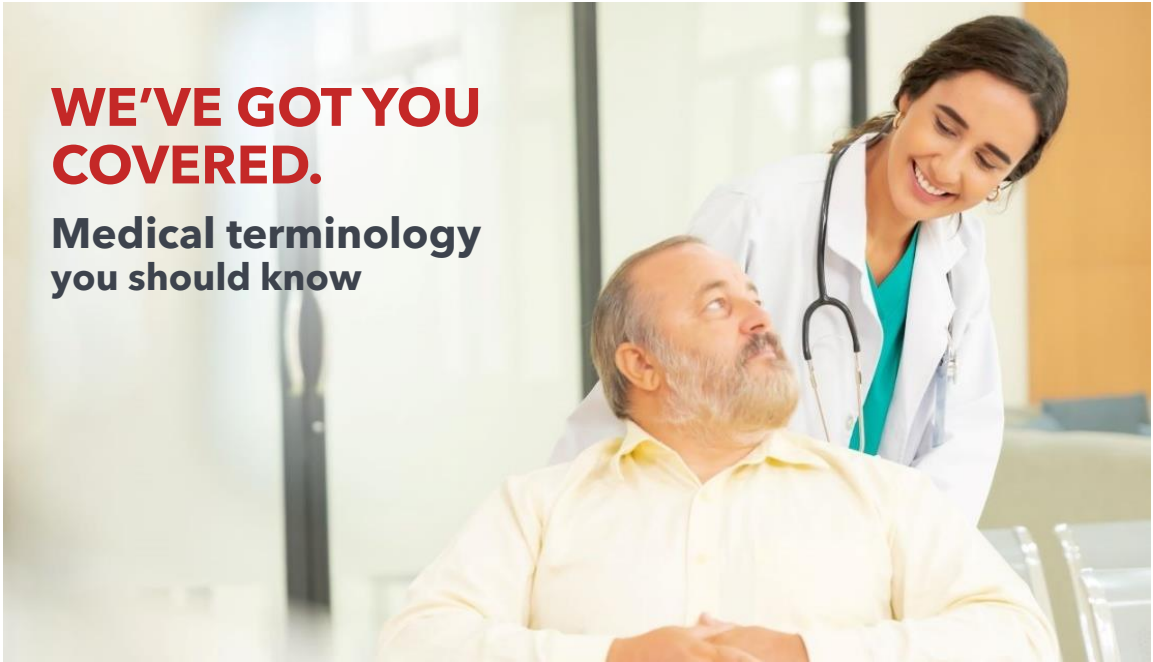
Embedded Deductible: An embedded deductible assigns a separate deductible to each covered individual within a family, with benefits applied after the individual deductible is met. This may or may not apply to your plans.

Shared Deductible: A shared deductible combines individual deductibles within a family, requiring the total expenses for covered services to reach a combined threshold (the family deductible) before insurance coverage begins. This may or may not apply to your plans.

Coinsurance: After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your coinsurance share of the cost is 20%. You are billed for your coinsurance after your visit.

Copay: A set fee you pay instead of coinsurance for some healthcare services, i.e. a doctor's office visit. You pay the copay at the time you receive care.

Out-of-Pocket Maximum: Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.



In and Out-of-Network: In-network services will always be the lowest cost option. Out-of-network services will cost more or may not be covered.



HOME	ENROLLING	MEDICAL BENEFITS	FINANCIAL PLAN	DENTAL AND VISION PLANS	PERSONAL INCOME & PROTECTION	ALL THE EXTRAS	CONTACTS	LEGAL NOTICES
		Medical Terms	Medical Benefits	Understanding Network Types	FAQs	Additional Benefits		

Individual Coverage Health Reimbursement Arrangement (ICHRA)

With the ICHRA plan through Remodel Health you will receive a contribution from Team Select towards the cost of the plan, you choose. These plans are accessed through the Health Insurance Marketplace, a platform where you can shop for and purchase health insurance policies. One of the key advantages of ICHRA plans is that they are “guaranteed-issue,” meaning you cannot be denied coverage based on pre-existing conditions, such as health status, age, or income. Additionally, pre-existing conditions will not affect the cost of your plan, providing peace of mind and stability in your healthcare choices. With ICHRA, you will receive a contribution from Team Select to purchase a plan that meets your needs, allowing you to choose from various options that suit your family.

Individual plans are priced based on three main categories:



Household
size



Ages of household
members



Geographic
location

When you enter your household information into the secure Remodel Health software platform, it will automatically calculate your monthly reimbursement amount. You will be able to use this reimbursement amount to help pay your monthly plan premium!



Click the icon for more information on the ICHRA.



What type of plans are available?

Instead of choosing from company provided plans, you have the freedom to shop for health insurance coverage that best suits your needs. With the support of Remodel Health and licensed health benefits advisors, you can select a plan that fits your preferred network, doctors, and health insurance premium. Below are a few considerations as you explore options:

High-Deductible Health Plans (HDHP)

These plans have higher deductibles, or initial costs for healthcare expenses, but lower premiums. Typically, the higher the deductible, the lower the premium. In many cases, you can utilize a health savings account with these plans.

Co-Pay Plans

Co-Pay plans have set amounts that you pay for each visit or prescription (copays) and often feature lower deductibles. With a co-pay plan, you will typically pay higher premiums than an HDHP because you are likely accessing your benefit more frequently.

Network

There are a variety of networks for plans such as PPO, EPO and HMO. With a PPO plan, you are likely to have the widest network and access to out-of-network coverage. An EPO can have a wide network with a greater likelihood for prior-authorization requests. Finally, an HMO network tends to be narrow and may request a referral before major procedures.





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		Medical Terms	Medical Benefits	Understanding Network Types	FAQs	Additional Benefits		

Understanding Network Types

When choosing an individual health insurance plan, it’s important to understand that different plans come with different types of provider networks. A network is a group of doctors, hospitals, and other healthcare providers that a health insurance plan contracts with to provide services to its members at lower costs. The type of network a plan uses can significantly affect how and where employees receive care—and how much they pay for it.

Each network type—HMO, EPO, POS, and PPO—offers varying levels of flexibility when it comes to choosing providers and seeing specialists. Some plans may require referrals or limit coverage to in-network providers, while others offer more freedom to see out-of-network doctors. The table below outlines the key differences between these network types to help you make more informed decisions when selecting your coverage.

Network Options				
Benefit / Feature	HMO	EPO	POS	PPO
Requires a PCP	Yes	Yes	Yes	No
Requires a referral to see a specialist	Yes, if you have a gated HMO No, if you have an open access HMO	Yes, if you have a gated EPO No, if you have an open access EPO	No	No
Access to out-of-network coverage	Only in case of an emergency	Only in case of an emergency	Yes, but you have a higher coinsurance or medical bill	Yes, but you have a higher coinsurance or medical bill
Cost	\$	\$	\$\$	\$\$\$

Frequently Asked Questions

What is the Health Insurance Marketplace?

The Health Insurance Marketplace is a government-regulated platform where individuals can shop for health insurance plans. It offers coverage to everyone, regardless of health status. By integrating ICHRA with the Marketplace, employers provide employees more flexibility in choosing their healthcare coverage with a broader range of plan options while still offering to help offset the employee's cost.

How do I choose the best plan for me?

During enrollment, the Remodel Health platform will recommend a plan that closely matches what you're currently on through your employer.

You'll also be able to compare and contrast other available plans, specific to your needs, with detailed information on costs, providers and more. If you have a special circumstance or need additional assistance, you can opt for a one-on-one meeting with one of Remodel's licensed benefits advisors for personalized support.

What if my healthcare needs change during the year?

If your healthcare needs change, Remodel Health is here to assist. While you typically can only change your plan during open enrollment or if you have a qualifying life event, our team can guide you through your options and help you get the most out of your current coverage.

Are preventative care services covered under my individual plan?

Yes, all preventative care services are covered at 100%. These services help maintain your health and catch potential issues early, reducing the need for more expensive treatments later.

What do I do when I receive my bill?

Although you have an individual health plan, Remodel Health helps your employer deduct your premium from your paycheck and handles the payment. You may still receive a bill from your carrier, but Remodel Health will manage the payment and send you a confirmation. If you notice anything unusual or see a past-due amount on your monthly bill, contact care@remodelhealth.com.



Looking for more information?

Scan the QR code or visit remodelhealth.com/onboarding to access the comprehensive onboarding guide!



Click the icon for more frequently asked questions.



HOME	ENROLLING	MEDICAL BENEFITS	FINANCIAL PLAN	DENTAL AND VISION PLANS	PERSONAL INCOME & PROTECTION	ALL THE EXTRAS	CONTACTS	LEGAL NOTICES
		Medical Terms	Medical Benefits	Understanding Network Types	FAQs	Additional Benefits		

Additional Benefits



Licensed Benefits Advisors

Remodel Health’s non-commissioned, licensed benefits advisors are available to help you choose the health benefit that best suits your needs and the needs of your household. **Schedule an advisement in your Remodel Health profile at: app remodelhealth.com.**



Main Point of Contact

A customer success representative will be your contact for all the questions you have about your health benefits. Their goal is to be your advocate and answer any questions you may have regarding coverage. You’ll want to reach out to your insurance carrier directly to process claims.

You can reach your Customer Success Representative at: care@remodelhealth.com.



Educational Resources

Remodel Health customers have access to a variety of free educational resources through the Remodel Health platform. Learn how to best utilize your health benefits—from how to use an HSA, when to use Teladoc, and more!

Visit: <https://help remodelhealth.com/>



Next steps



Create

Create your Remodel Health account and complete your verification checklist.



Select

Select your preferred plan or talk with a licensed advisor.



Receive

Receive ongoing support from your Remodel Health Customer Success Representative.





Health Savings Account (HSA)

If you are enrolled in an ICHRA **HDHP Plan** and have elected a Health Savings Account (HSA), your contributions are tax-exempt, meaning you save on both FICA and Federal taxes when contributing through payroll. Your HSA funds can be used to pay for unreimbursed medical, dental or vision expenses for you and your dependents, whether or not they are covered by your health plan. You can even use funds to pay for COBRA, long-term care, and Medicare (but not Medigap) premiums. Your HSA works like a personal bank account - no 'use-it or lose-it' rule. Funds remain in your account until needed, even if you change jobs or retire.

The HSA is not an automatic feature of enrolling in a HDHP; it is a separate application that you must make through Workday. Similar to other direct deposits you may already have, you can increase, decrease, start or stop your HSA contributions throughout the year.

How much can I contribute to an HSA?

For 2026, the contribution limits are:

- \$4,400 for Individual Coverage - just you on the plan
- \$8,750 for Family Coverage - you and any number of dependents
- If you're age 55 or older, you can contribute up to \$1,000 more than the limits listed here

Who is eligible to open and fund an HSA?

Anyone who is:

- covered by a qualified HDHP (HSA Open Access Plan); and
- not covered under another medical plan that is not a qualified HDHP - including Medicare, Medicaid, TriCare, VA and/or a Health Care Flexible Spending Account (FSA), including a spouse's FSA.

What if I establish an HSA mid-year?

Your HSA contributions are generally determined on a monthly basis. If you establish an HSA mid-year, you're allowed to make the full year's contribution, provided you are eligible on January 1 of that year and you remain eligible to make HSA contributions throughout the next calendar year.

How do I make contributions to my HSA?

You can contribute to your HSA through payroll deductions.

Where can I find a list of qualified expenses?

Refer to the list found on [Publication 502](#) on the IRS website.

When can I start using the funds in my HSA?

You can use the funds in your HSA once they are available. You can reimburse yourself for qualified HDHP expenses months or even years later if you retained receipts and your HSA was established when the expense occurred.

Can I use my HSA to pay for non-qualified expenses?

Non-qualified expense withdrawals are subject to income tax and a 20% penalty until age 65. After age 65, non-qualified expense withdrawals are penalty-free but remain subject to income tax.

What happens to my HSA if I leave my employer?

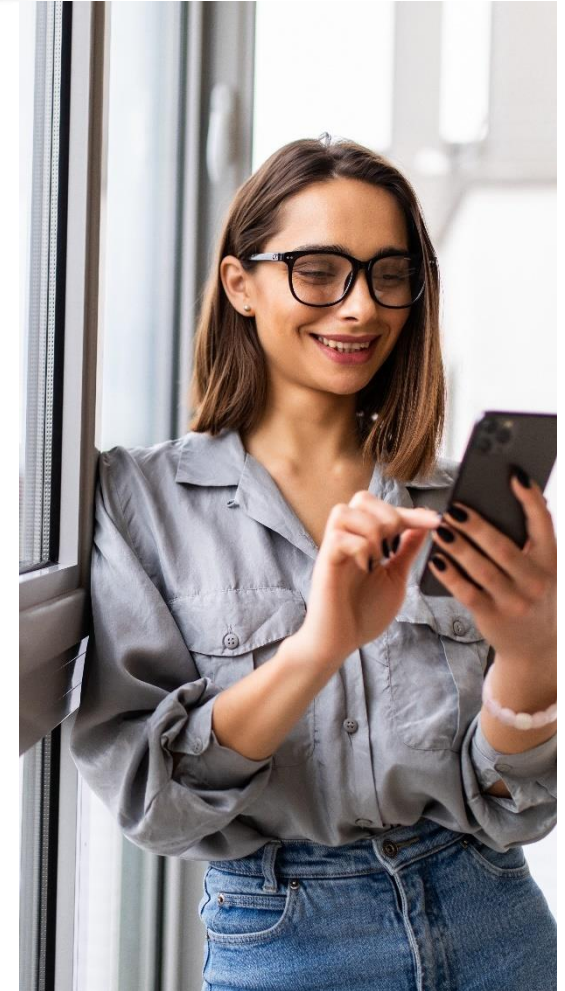
The HSA is yours to keep. If you continue to meet the eligibility criteria for funding the account, you can continue making contributions to your HSA. If you are no longer eligible to fund the account, you're still eligible to spend the money (tax-free) on qualified expenses, and you will be required to pay the monthly maintenance fee assessed by the HSA vendor and deducted from your account.

Can I use the money in my HSA to pay for my dependents' health care expenses?

You can use the money in your HSA to pay for the health care expenses belonging to your eligible spouse and/or dependent children - even if they are not covered as your dependents. Refer to Internal Revenue Code Section 152 to determine if your spouse and/or child is an eligible dependent.

Can couples establish a "joint" HSA and both make contributions, including "catch-up" Contributions?

"Joint" HSAs are not permitted. Each spouse should consider establishing an HSA in his or her own name. This allows you to both make catch-up contributions when you are age 55 or older.





HOME	ENROLLING	MEDICAL BENEFITS	FINANCIAL PLAN	DENTAL AND VISION PLANS	PERSONAL INCOME & PROTECTION	ALL THE EXTRAS	CONTACTS	LEGAL NOTICES
			Health Savings Account	HSA Continued	Flexible Spending Accounts			



Dependent Care Flexible Spending Accounts (FSA)

A Dependent Care FSA is used to reimburse work related expenses while you or your spouse work, look for work or attend school full-time and are physically unable to care for your dependent.

You have the opportunity to pay for eligible expenses cover care for children under 13 or dependents unable to care for themselves through Pinnacle. This includes daycare, preschool, and before/after school programs.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income or FICA taxes on the portion of your paycheck you contribute to your FSA.

If you still have money in the account at the end of the Calendar Year (January 1, 2026), you will have a 2½ -month extension period to turn in additional eligible expenses from the prior Plan Year. Any money remaining in the account when the extension period ends is forfeited; this is the "use-it or lose-it" rule.

Dependent Care FSA elections can only be changed during Open Enrollment or due to a Qualifying Event. Per IRS guidelines, Dependent Care FSA contributions must be elected every year.

Plan Year: January 1, 2026 - December 31, 2026

2026 Dependent Care Annual Contribution Limit: **\$7,500**

Transportation & Parking Spending Accounts (QTAs)

This is a pre-tax benefit that allows employees to set aside money for work-related commuting expenses. The funds are automatically deducted from your paycheck and can be accessed by using your Pinnacle Debit Card. An alternative is to submit receipts for reimbursement. You must accumulate the funds prior to using to cover expenses.

Transit covers public transportation cost, such as, bus, train, subway, and vanpool fares. Parking covers parking expenses near your workplace or a location where you commute for public transit.

Plan Year: January 1, 2026 - December 31, 2026

2026 Transit Spending Account Monthly Contribution Limit: Up to **\$340**

2026 Parking Spending Account Monthly Contribution Limit: Up to **\$340**

IMPORTANT NOTE:

This benefits is only available to employees who live in **Illinois** or **Pennsylvania**.

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What Are Commuter Benefits?

<https://flimp.live/HubDeliverablesCommuter>





Dental

Our dental plan benefits are provided through MetLife's PDP Network. The table below outlines how some of the most common services are paid at in-network and out-of-network providers and facilities. While you have the ability to see any dentist, you will pay less for care when you see an in-network physician.

As a voluntary benefit, you are responsible for the cost of this coverage through payroll deduction.

To find a dental provider: visit <https://providers.online.metlife.com/findDentist> or call (800) 942-0854 to speak with a MetLife representative.

MetLife Dental Plans

Benefit / Feature	High Plan		Low Plan	
	PDP Network	Out-of-Network	PDP Network	Out-of-Network
Deductible • Individual • Family	\$50 \$150		\$50 \$150	
Plan Year Maximum	\$1,500		\$1,000	
Preventive Services	Covered at 100%		Covered at 100%	
Basic Services You pay	0% AD	20% AD	20% AD	50% AD
Major Services You pay	40% AD	50% AD	70% AD	85% AD
Orthodontia Services (up to age 19)	Covered at 50%; deductible does not apply		Not covered	
Orthodontia Lifetime Maximum	\$1,000		Not covered	

AD = After Deductible is Met

Please refer to your plan documents for full details and exclusions.

[HOME](#)[ENROLLING](#)[MEDICAL
BENEFITS](#)[FINANCIAL
PLAN](#)[DENTAL AND
VISION PLANS](#)[PERSONAL INCOME &
PROTECTION](#)[ALL THE
EXTRAS](#)[CONTACTS](#)[LEGAL
NOTICES](#)[Dental Plan](#)[Vision Plan](#)

VSP Vision Plan

Our vision plan benefits are provided through the VSP Vision Network. The below table outlines how some of the most common services are paid at in-network providers and facilities. You will pay less for care when you see an in-network physician. As a voluntary benefit, you are responsible for the cost of this coverage through payroll deduction.

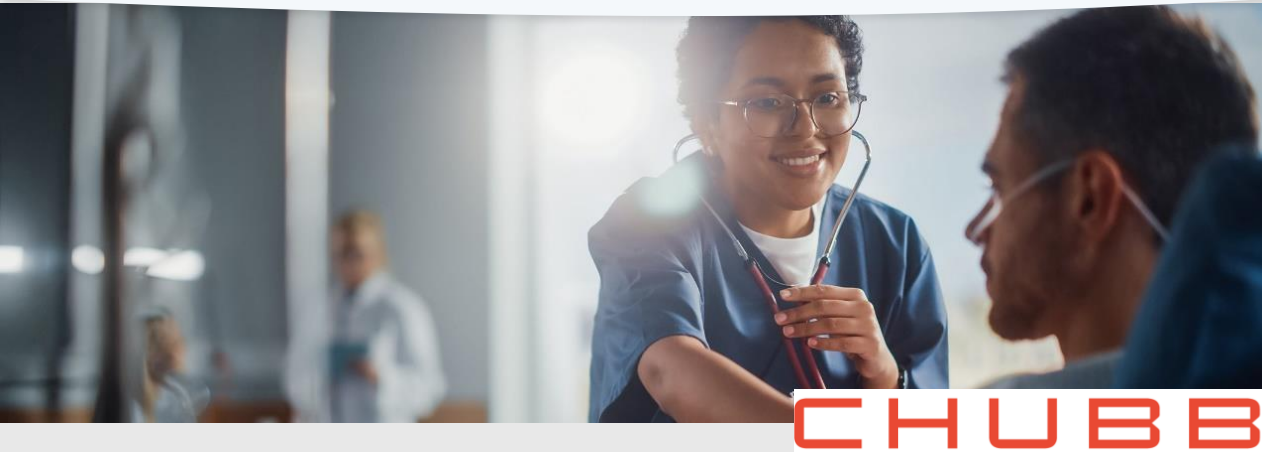
VSP Vision Plan		
Benefits / Feature	Base Plan	Buy-Up Plan
Frequency		
Exam / Lenses / Contact Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 12 months
Eye Exam	\$10 copay	\$10 copay
Eyeglass Lenses		
•Single	\$25 copay for all listed lenses	\$25 copay for all listed lenses
•Lined Bifocal		
•Lined Trifocal		
•Lined Lenticular		
Frames	\$180 allowance	\$150 allowance + 20% discount on remaining balance
Contact Lenses <i>(Instead of Lenses)</i>	\$130 allowance	\$130 allowance
Supplemental Benefits		
VSP LightCare	Non-prescription blue light filtering glasses/sunglasses- Covered in full after copay (up to frame allowance)	Non-prescription blue light filtering glasses/sunglasses- Covered in full after copay (up to frame allowance)
VSP EasyOptions	N/A	\$200 frame allowance, anti-reflective coating, photochromic lenses, premium progressive lenses, OR \$200 contact lenses allowance



Additional Benefits	
Extra Savings Contracted VSP Providers	•\$70 Walmart/Costco frame allowance •Laser Vision Correction: Average 15% off retail price or 5% off promotional price. •Retinal Screening: no more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision Exam. •Glasses and Sunglasses. •Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. •20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam.
	•Hearing Aid Discounts through TruHearing.
Diabetic Eye Care Plus Program	Services related to diabetic eye disease, glaucoma and age- related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.

To find a vision provider: visit www.vsp.com/eye-doctor or call (800) 877-7195 to speak with a VSP representative.





Hospital Indemnity Insurance

Everyone deserves protection against hospital bills

Hospital stays can be pricey, and often unexpected. Even the best medical plans can leave you with extra expenses to pay or services that just aren't covered. Things like plan deductibles copays, extra costs for out of-network care, or non-covered services.

Many people aren't prepared to handle these extra costs, so having this extra financial support when the time comes may mean less worry for you and your family.

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What is Hospital Indemnity Insurance?

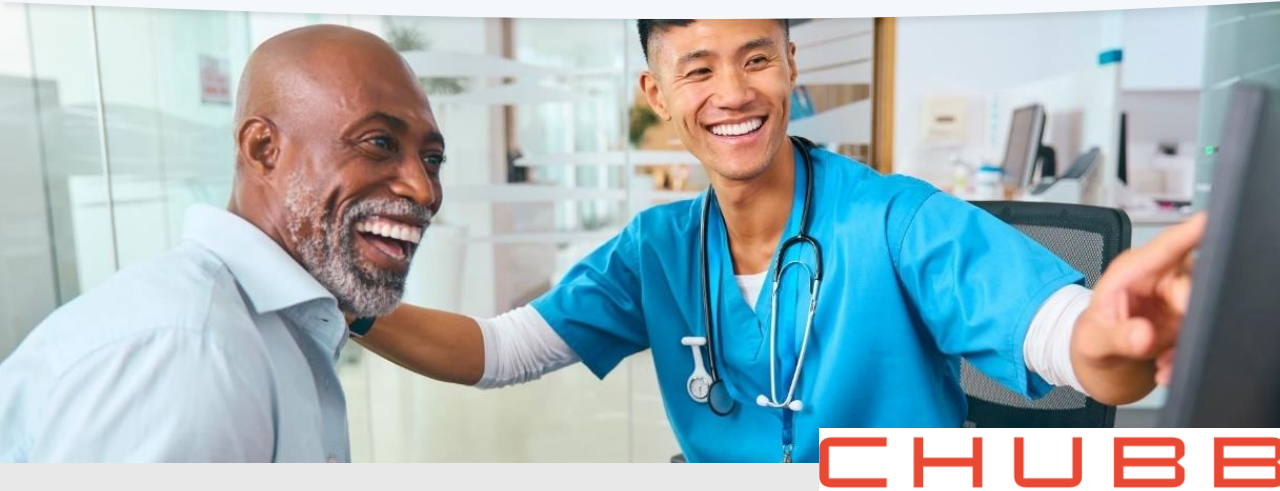
<https://flimp.me/HubDeliverablesHospitalIndemnity>

Value of Hospital Indemnity Insurance

- Cash benefit for unplanned or uninsured expenses resulting from a hospitalization due to sickness or injury
- Premiums are convenient and paid through payroll deduction
- Coverage is guaranteed with no medical questions asked
- There are no deductibles, no copayments and no network restrictions
- Benefits are portable, take it with you if you leave or change jobs

Benefits can help you pay for:

- Costs that are not covered by health plans
- Deductibles and copays let by major medical insurance
- Lost income while receiving care or replace a spouse's income while they're by your side
- Out-of-network costs for alternative treatment
- Travel for care and treatment, or even a second opinion
- Contractor or handyman to make changes to your home after an illness, such as a wheelchair ramp



Group Critical Illness Insurance

Protection that may help ease the financial, mental, and emotional burden that comes with cancer

Cancer can affect anyone – and treatment can be costly. While cancer survival rates are on the rise, out-of-pocket costs pose a substantial economic burden to patients and their families. In fact, the average out-of-pocket cost for a person battling cancer is estimated to be \$2,598 a month with cancer patients 2 times more likely to declare bankruptcy than healthy people. Even with the best medical plan, you can be left with unexpected costs. Deductibles, out-of-network treatments, home health care needs and travel are just some of the costs you could face if diagnosed with cancer, leaving you with reduced savings.

Age-based rates for this coverage can be found in Workday.

Value of Group Critical Illness with Cancer Coverage

- Cash benefits for a diagnosis of invasive and non-invasive cancers
- Affordable premiums paid through payroll deduction
- Coverage is guaranteed with no medical questions asked
- No restrictions on network or medical provider
- Benefits are portable, take it with you if you leave or change jobs

Benefits can help you pay for:

- Your medical plan's annual deductible
- Non-medical expenses resulting from treatment
- Alternative and experimental treatment
- Daily expenses, like food and utilities
- Contractor fees for home modifications. Such as a wheelchair ramp



What is Critical Illness Insurance?

<https://flimp.me/HubDeliverablesCI>

Important Coverage Notice: The Critical Illness plan with CHUBB pays based on date of diagnosis. This means if you were/are being tested for a diagnosis but not yet diagnosed until after your policies effective date, the plan would pay the benefits.

Group Accident Insurance

Help protect your family from the out-of-pocket costs of an accident

CHUBB Employee Benefits' Accident insurance plan complements your group health insurance and covers unexpected expenses that result from all kinds of accidents, even sports-related and households ones.

Their simple-to-use, expense-based plan, has no schedule of benefits, and eligible services related to the original accident are covered, even if they're incurred on different days or with different providers. Think of it as "one bucket" of money you could use, to pay for deductibles and copays. It pays 100% of eligible services and supplies related to an accidental injury (unless covered by workers' compensation or similar law) up to the benefit limits.



Value of Accident Insurance

- Pays a lump sum cash benefit for covered expenses due to accidental injuries
- Spouse and children coverage available
- Pays in addition to other insurance
- Affordable premiums, conveniently payroll deducted
- Benefits are portable, take it with you if you leave or change jobs

How Can Accident Insurance Help?

Medical expenses:

- Copayments
- Deductibles
- Other care you are financially responsible for under your medical plan

Non-medical expenses whole recovering:

- Groceries
- Rent or mortgage
- Car payments
- Childcare

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What Is Accident Insurance?

<https://flimp.me/HubDeliverablesAccident>

Voluntary Individual Short-Term (iSTD)

We offer Individual Short-Term Disability (iSTD) insurance through Unum. As voluntary benefits, you are responsible for paying the cost of this coverage through post-tax payroll deduction. Rates for these coverages are salary-based and can be found on the EnrollVB platform via a link in Workday.

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers’ compensation benefits.

Voluntary Individual Short-Term Disability			
% of Income Replaced	Maximum Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of <u>monthly earnings while meeting the definition of disability</u>	\$4,000 per month	14 days	3 Months Or 6 Months
Pre-existing Condition Limitation	Any condition that you receive medical attention for in the 12 months prior to your effective date of coverage that results in a claim during the first 12 months of coverage, would not be covered.		

Want to Enroll in iSTD?

EnrollVB provides the benefit enrollment platform for Team Select employees to elect Individual Short-Term Disability. Here you will be able to access the plan description and documents.

EnrollVB allows ease of monthly premium payment. During your enrollment, you will provide your payment information. This allows EnrollVB to coordinate and manage your monthly payments with Unum.

Visit www.enrollvb.com/teamselect to enroll now!

UNUM Short Term Disability




Unum Short Term Disability
plan description and overview

Have Questions?
Contact EnrollVB

(770) 709-6499

support@enrollvb.com

Health and Wellbeing Resources

It's important to know what benefits you have when a question comes up. Whether it's finding free counseling or managing your finances, help is available through your Team Select Home Care health and well-being benefits as well as several national resources.

FindHelp.org

On www.findhelp.org, you can search for and connect to support for reduced cost help related to food, housing, goods, transit, health, money, care, education and legal needs based on your zip code.

988Lifeline.org

Need Immediate Help in a Crisis? Whether you're facing mental health struggles, emotional distress, alcohol or drug use concerns, or just need someone to talk to, our caring counselors are here for you. You are not alone. Dial 988 or visit the 988 Suicide & Crisis Lifeline online at www.988lifeline.org.

NAMI

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. If you or someone you know needs help (depression, anxiety, stress, PTSD, grief, domestic abuse, substance abuse, sexual assault, etc., call the NAMI helpline at (800) 950-6264, email helpline@nami.org, or text 62640.



Confidential Employee Assistance Plan

The Employee Assistance Plan (EAP) can assist you during challenging times when you need a little extra help. Whether the issues are big or small, the EAP support program is available to help you, and your family find a solution to restore peace of mind. All employees have free, confidential access to a program that offers support, guidance and resources.

- Child and senior care issues
- Relationships
- Workplace Conflicts
- Stress, anxiety and depression

- Life improvement and personal achievement
- Legal and financial consultation
- 100% CONFIDENTIAL

You and your household members have access to three face-to-face sessions with a behavioral counselor. Access New York Life's EAP Program 24 hours a day, 7 days a week by calling.

(800) 344-9752 or by going online at www.guidanceresources.com, using Web ID: **NYLGBS**.

Available to all employees and members of their household, including children up to age 26.

Will Preparation and Planning

Help protect your and your family's financial future. This simple, online Will preparation tool helps you create a customized Will built around your state-specific laws. You can also create other legal documents, like a living Will and power of attorney document. It's easy, safe and secure. Get prepared at www.guidanceresources.com.

Identity Theft

Use our online tips and prevention kit to help stop identity theft before it happens. If someone steals your identity, we can help. Just call our personal case managers for step-by-step assistance. Real-time support is available anytime, from anywhere in the world. For help, please call (800) 344-9752 or visit www.guidanceresources.com and use the Web ID: **NYLGBS**.

Pet Insurance

As a Team Select employee, you're eligible for preferred pricing on coverage for your pets through ASPCA pet insurance. For more information, contact ASPCA at (877) 343-5314 or visit www.aspcapetinsurance.com/teamsselect; enter discount code: **PET18TSHC**.

Coverage includes accidents, illnesses, cancer, hereditary conditions, behavioral issues and more. You can also add preventive care. This benefit is a discount program; you pay ASPCA directly.



Watch this short video to learn more about Voluntary Insurance Plans.



Work/Life Balance Programs

Whether your needs are big or small, New York Life Group Benefit Solutions is there for you with the Employee Assistance & Wellness Support program.

It can help you and your family find solutions and restore your peace of mind. This is just another example of how we are committed to Putting Benefits To Work For People.

New York Life Group's suite of value-add resources includes:

GuidanceResources

When you need information quickly to help handle life's challenges, you can visit www.guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

Well-being Coaching

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

FamilySource

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

[HOME](#)[ENROLLING](#)[MEDICAL
BENEFITS](#)[FINANCIAL
PLAN](#)[DENTAL AND
VISION PLANS](#)[PERSONAL INCOME &
PROTECTION](#)[ALL THE
EXTRAS](#)[CONTACTS](#)[LEGAL
NOTICES](#)

Contacts

Benefit	Carrier	Phone	Website
Medical	Remodel Health		www remodelhealth.com/login
Health Savings Account Flexible Spending Accounts	Pinnacle Bank	(800) 328-4337	www.pnfp.com
Dental	MetLife Group #: 235398	(800) 942-0854	www.metlife.com
Vision	VSP Group #: 30095638	(800) 877-7195	www.vsp.com
Individual Short-Term Disability (iSTD)	Unum	(866) 679-3054	www.unum.com
	Enroll through EnrollVB	(770) 709-6499	www.enrollvb.com/teamselect
Accident, Critical Illness, & Hospital Indemnity	CHUBB	(833) 542-2013	www.chubb.com/WorkplaceBenefitsClaims
Will Prep/Estate Planning & Identity Theft Employee Assistance Plan (EAP)	New York Life	(800) 344-9752	www.guidanceresources.com WEB ID: NYLGBS When registering, you will be asked to provide the first 5-characters of the company name. Please type "TEAM " (with a space included).
Pet Insurance	ASPCA	(877) 343-5314	www.aspcapetinsurance.com/teamselect

Legal Notices



Employees can access these notices on your Workday. You may also request a printed copy of the required notices by contacting Benefits.

IMPORTANT: Our benefit package is designed under “Section 125” of the IRS Code. This allows you to take advantage of federal and state laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, any required contributions for medical, dental, vision, HSA, and FSA will be made with pre-tax dollars.

REMINDER: You may only change your pre-tax benefit elections once per year, during open enrollment, unless you experience a qualified life event.



Click the icon to access all legal notices.



This Benefit Guide is designed to provide basic information regarding employee benefit plans and programs available to eligible employees of Team Select Home Care [and its subsidiaries]. It does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts or the Summary Plan Descriptions (SPDs) for the various benefit plans and programs. This overview merely summarizes the employee benefit plans and programs and does not create any contractual rights for any current or former employee or any other individual. The benefit provisions of the applicable plan document, contract or SPD will govern the determination of any individual's rights under any employee benefit plan or program. This document does not constitute a plan document or SPD as defined by the Employment Retirement Income Security Act of 1974, as amended (ERISA). Team Select Home Care [and its subsidiaries] reserve the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.