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**EMPLOYEE  
BENEFITS  
GUIDE**

*Edgewood Properties offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.*

# WELCOME TO EDGEWOOD!

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## QUESTIONS?

*If you have questions about your benefits, please contact the Benefits Member Advocacy Center at **800.563.9929** (Monday through Friday, 8:30 am to 5:00 pm ET) or go to [www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)*

# IMPORTANT ENROLLMENT INFORMATION

## WHO IS ELIGIBLE?

If you are an Edgewood full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this Guide on the first of the month following 60 days of continuous employment. Please remember that only eligible dependents can be enrolled. Eligible dependents include all of the following:

- Your legal spouse/civil union partner
- Your dependent child(ren) until the age of 26

If you are enrolling a dependent(s) for the first time, you will need to provide proof of your dependent's eligibility (i.e., birth certificate, marriage certificate, proof of full-time student status, etc.).

## HOW TO ENROLL

You need to contact Human Resources if you:

- Would like to enroll yourself and/or your eligible dependent(s) in medical, dental, vision, and life and disability benefits
- Would like to waive benefits

## MAKING PLAN CHANGES

Unless you experience a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified status changes include:

- Marriage, Divorce, Legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in your spouse's benefits or employment status

If an eligible dependent had other coverage and such coverage is lost, the eligible dependent may be eligible for enrollment during a "special enrollment period," which is usually the 31-day period following the date that other coverage was lost, due to a qualified change in status.

**You must notify Human Resources within 31 days of experiencing a qualified status change.**



# MEDICAL BENEFITS

## CIGNA

Eligible employees and their eligible family members may enroll in one of the Cigna medical plans. Both plans provide you access to Cigna’s national network. When you enroll in medical benefits, you will also be enrolled in prescription drug, dental, and vision benefits.

**Don’t forget! Preventive Care Services are covered 100% in-network!**

### OPEN ACCESS PLUS IN-NETWORK (OAPIN)

### OPEN ACCESS PLUS

BENEFIT DESCRIPTION	IN-NETWORK <u>ONLY</u>	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLE (INDIVIDUAL/FAMILY)</b>	\$1,000/\$2,000	\$2,000/\$4,000	\$5,000/\$10,000
<b>OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)</b>	\$3,500/\$7,000	\$4,000/\$8,000	\$10,000/\$20,000
<b>PREVENTIVE CARE SERVICES</b>	Plan pays 100%	Plan pays 100%	Plan pays 70% after deductible
<b>PCP OFFICE VISIT</b>	\$15 copay	\$30 copay	Plan pays 70% after deductible
<b>SPECIALIST OFFICE VISIT</b>	\$25 copay	\$30 copay	Plan pays 70% after deductible
<b>DIAGNOSTIC LABORATORY AND X-RAY</b>	Plan pays 100%	Plan pays 90% after deductible	Plan pays 70% after deductible
<b>COMPLEX IMAGING (MRI, CT-SCAN)</b>	Plan pays 100% after deductible	Plan pays 90%	Plan pays 70% after deductible
<b>EMERGENCY ROOM</b>	\$100 copay	\$100 copay, then Plan pays 100%	
<b>URGENT CARE CENTER</b>	Plan pays 100%	Plan pays 90% after deductible	
<b>INPATIENT HOSPITAL</b>	\$500 per day up to a 5 day maximum after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible
<b>OUTPATIENT SURGERY HOSPITAL OUTPATIENT SURGICENTER OUTPATIENT</b>	\$250 copay after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible

**Please Note:** The out-of-pocket maximum accumulates on a contract year basis (July to June) for the Open Access Plus In-Network (OAPIN). For the Open Access Plus plan the deductible and out-of-pocket maximum accumulate on a contract year basis (July to June)

## FIND A DOCTOR OR PROVIDER

To find a provider, visit [www.cigna.com](http://www.cigna.com) and click on “Find a Doctor”. Select “Employer or School” and enter the geographic information to the city/state or zip code you want to search. Select the search type and enter a name, specialty, or other search items. Continue as a guest and select the **Open Access Plus, OA Plus, Choice Fund OA Plus**.

# PRESCRIPTION BENEFITS

## EXPRESS SCRIPTS

If you elect coverage in one of the medical plans, you are automatically enrolled in the prescription drug plan through Express Scripts.

### RETAIL PHARMACY UP TO A 30-DAY SUPPLY

### MAIL ORDER UP TO A 90-DAY SUPPLY

PRESCRIPTION TYPE	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>GENERIC</b>	\$10 copay	Member pays 100%*	\$25 copay	Member pays 100%*
<b>PREFERRED BRAND</b>	\$30 copay		\$75 copay	
<b>NON-PREFERRED BRAND</b>	\$60 copay		\$150 copay	

**Please Note:** You will be responsible for paying 100% of your prescription drug cost, out-of-pocket, at the time of purchase. Express Scripts will then reimburse you an amount not to exceed the in-network price of the prescription.

### SAVE ON YOUR PRESCRIPTIONS WITH MAIL ORDER

Using the mail order program for your maintenance medications will save you money. You can receive up to a 90-day (3-month) supply. In addition to the savings, your prescriptions will be delivered right to your home.

To begin using mail order, simply complete a mail order form at [www.express-scripts.com](http://www.express-scripts.com) and send along with your prescription(s) written for a 90-day supply of medication.

### HOW MUCH CAN YOU SAVE WHEN USING MAIL-ORDER?

#### COMPARE FOR YOURSELF....

RETAIL PHARMACY	MAIL ORDER	ANNUAL SAVINGS
Non-Preferred Brand-Name Copay <b>\$60</b>	Non-Preferred Brand-Name Copay <b>\$150</b>	<b>\$120</b>
Annual Cost (\$60 per month x 12 fills) <b>\$720</b>	Annual Cost (\$150 per month x 4 fills) <b>\$600</b>	



# DENTAL BENEFITS

## METLIFE

Eligible employees and their eligible family members may enroll in the MetLife dental plan. This plan includes 100% coverage for preventive services. **If you do not elect medical and prescription coverage, you may still elect dental coverage as a stand-alone plan.**

### METLIFE DENTAL PLAN

BENEFIT DESCRIPTION	AVAILABLE BOTH IN AND OUT-OF-NETWORK
<b>CALENDAR YEAR DEDUCTIBLE</b>	\$50 individual/\$150 family
<b>CALENDAR YEAR MAXIMUM</b>	\$1,500
<b>CLASS I EXPENSES: PREVENTIVE &amp; DIAGNOSTICS</b> Oral exams, Cleanings (two per calendar year), Routine X-rays, Fluoride application, Sealants, Space maintainers (limited to non-orthodontic treatment), Non-Routine X-rays, Emergency care to relieve pain	Plan pays 100%
<b>CLASS II EXPENSES: BASIC RESTORATIVE CARE</b> Fillings, Oral surgery (simple extractions), Oral surgery (all except simple extraction), Surgical extraction of impacted teeth, Anesthetics, Relines/Rebases and Adjustments, Repairs to bridges, crowns, and inlays, Brush biopsy	Plan pays 80% after deductible
<b>CLASS III EXPENSES: MAJOR RESTORATIVE CARE</b> Major periodontics, Minor periodontics, Root canal therapy/endodontics, Denture repairs, Crowns/inlays/onlays, Dentures, Bridges, Stainless steel/resin crowns	Plan pays 50% after deductible
<b>X-RAYS</b>	Bitewing: Two (2) per calendar year Full mouth: One (1) per 36 consecutive months Panorex: one (1) per 36 consecutive months



# VISION BENEFITS

## EYEMED

If you do not elect medical and prescription coverage, the EyeMed Vision plan is not offered as a stand-alone benefit.



### EYEMED VISION PLAN

BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
<b>EXAM</b>	\$0 copay	\$40 copay
<b>FRAMES</b>	\$0 copay; \$130 allowance; 20% off balance over \$130	\$91
<b>LENSES</b>		
Single Vision	\$25 copay	\$30
Bifocal	\$25 copay	\$50
Trifocal	\$25 copay	\$70
Lenticular	\$25 copay	\$70
<b>CONTACT LENSES</b> (in lieu of eyeglasses)	\$0 copay; \$130 allowance; 15% off balance over \$130	\$130
<b>FREQUENCY</b>		
Vision Exam	Once every 12 months	N/A
Lenses		
Frames		



# LIFE/AD&D AND DISABILITY INSURANCE

## NJTDB & NEW YORK LIFE

### BASIC TERM LIFE AND AD&D INSURANCE

All active, eligible employees are eligible for the Basic Life and Accidental Death and Dismemberment (AD&D) plan. **This plan is available to employees at no cost - Edgewood pays 100% of the Basic Life and AD&D premium.**

BASIC TERM LIFE AND AD&D PLAN	
<b>BENEFIT AMOUNT</b>	1 times your annual base salary up to a maximum of \$100,000

### SHORT-TERM DISABILITY (STD)

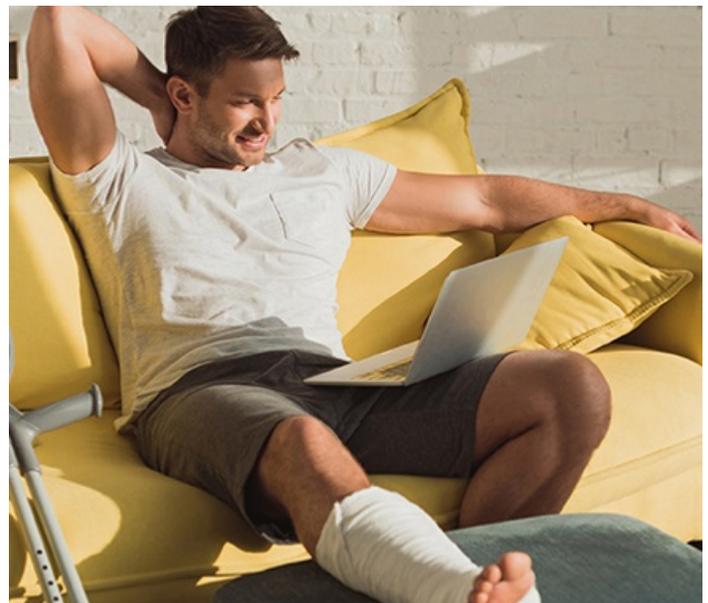
Edgewood provides NJ state-mandated Temporary Disability Benefits (TDB) through a state-approved plan. If you are a NJ employee and become disable from a non-work related injury or illness, disability income benefits are provided as a source of income, upon approval.

SHORT-TERM DISABILITY (STD)	
<b>BENEFIT AMOUNT</b>	85% of your current weekly salary
<b>BENEFITS BEGIN</b>	After 7 consecutive days due to an accident or illness
<b>MAXIMUM BENEFIT</b>	\$1,055 weekly
<b>BENEFIT DURATION</b>	You may receive payments up to 6 months, if you remain disabled after 6 months, you will transfer to the long-term disability plan

### LONG-TERM DISABILITY (LTD)

All active, eligible employees are eligible for the Long-Term Disability (LTD) plan. **This plan is available to employees at no cost - Edgewood pays 100% of the LTD premium.**

LONG-TERM DISABILITY (LTD)	
<b>BENEFITS BEGIN</b>	After 180 days of continuous disability
<b>PERCENTAGE OF INCOME REPLACED</b>	60% of monthly base pay
<b>MINIMUM BENEFIT PER MONTH</b>	\$100
<b>MAXIMUM BENEFIT PER MONTH</b>	\$5,00



# SUPPLEMENTAL LIFE INSURANCE

## NEW YORK LIFE

### SUPPLEMENTAL EMPLOYEE TERM LIFE AND AD&D

All active, eligible employees are eligible to participate in the Supplemental Employee Term Life and AD&D plan. **Since this plan is optional, the employee is responsible for 100% of the premium.**

SUPPLEMENTAL EMPLOYEE TERM LIFE AND AD&D	
<b>BENEFIT INCREMENTS</b>	\$10,000
<b>MAXIMUM AMOUNT</b>	\$300,000 or 5 times your annual salary May be subject to Evidence of Insurability (EOI)

### SUPPLEMENTAL SPOUSAL TERM LIFE AND AD&D

You have the option of purchasing life insurance for your spouse, at your own expense. **Since this plan is optional, the employee is responsible for 100% of the premium.**

SUPPLEMENTAL SPOUSAL TERM LIFE AND AD&D	
<b>BENEFIT INCREMENTS</b>	\$5,000
<b>MAXIMUM AMOUNT</b>	\$100,000; may not exceed 50% of employee term life amount. Maybe be subject to Evidence of Insurability (EOI)

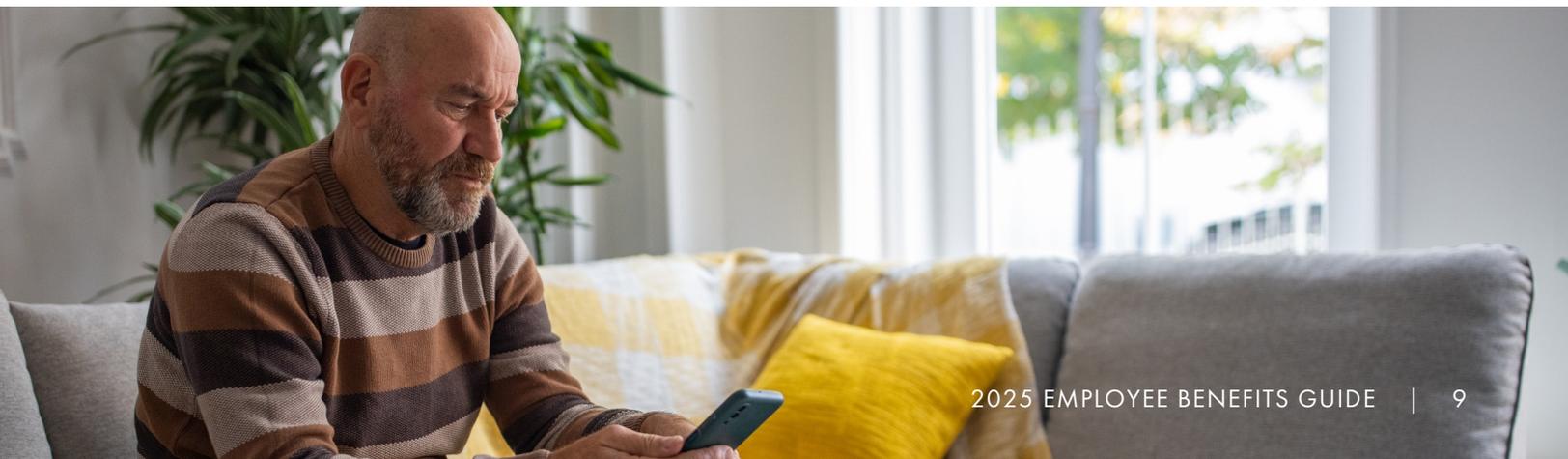
### SUPPLEMENTAL CHILD(REN) TERM LIFE AND AD&D

You have the option of purchasing life insurance, for your child(ren), at your own expense. **Since this plan is optional, the employee is responsible for 100% of the premium.**

SUPPLEMENTAL CHILD(REN) TERM LIFE AND AD&D	
<b>BENEFIT INCREMENTS</b>	
Child under 15 days	\$100
Child 15 days to 6 months old	\$250
Child more than 6 months - 18 years	Options of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$10,000

#### IMPORTANT NOTE:

*You must purchase Supplemental Employee Term Life Insurance to participate in Supplemental Spousal and/or Child(ren) Term life plans.*



# EMPLOYEE CONTRIBUTIONS

## WEEKLY

### MEDICAL & PRESCRIPTION DRUG BENEFITS

(INCLUDES VISION AND DENTAL COVERAGE)

ENROLLMENT TIER	OPEN ACCESS PLAN IN-NETWORK	OPEN ACCESS PLAN
EMPLOYEE	\$66.65	\$105.84
EMPLOYEE + SPOUSE	\$213.39	\$312.03
EMPLOYEE + CHILD(REN)	\$167.91	\$251.48
FAMILY	\$325.43	\$465.59

### DENTAL BENEFITS

(IF YOU CHOOSE TO NOT ELECT MEDICAL BENEFITS)

ENROLLMENT TIER	DENTAL PLAN
EMPLOYEE	\$7.26
EMPLOYEE + SPOUSE	\$14.68
EMPLOYEE + CHILD(REN)	\$16.19
FAMILY	\$23.87



# BENEFIT RESOURCES

## CONNER STRONG & BUCKELEW

### BENEFITS MEMBER ADVOCACY CENTER

**Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!**

The Benefits Member Advocacy Center (MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits Mac to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer

**You can contact Member Advocacy in any of the following ways:**

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm
- Via the web:  
[www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)
- Via e-mail: [cssteam@connerstrong.com](mailto:cssteam@connerstrong.com)

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

### BENEPORTAL

With BenePortal, you have access to a full-range of valuable employee benefit information. You are able to review your current employee benefit plan options online, 24 hours a day, 7 days a week! By using BenePortal, our online tool that houses our benefit program information, you can:

- Review medical, prescription drug, dental, and vision plan options
- Explore additional voluntary employee benefit programs available to you
- Find links to insurance carriers' websites
- Download plan designs, forms, affidavits, etc.

To access BenePortal, visit:

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



# CARRIER CONTACTS

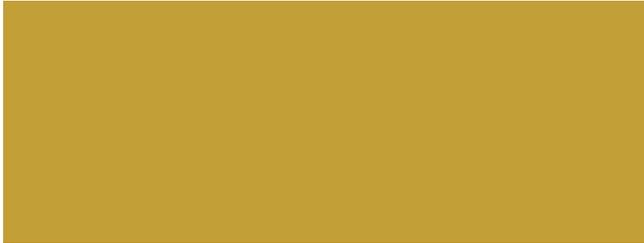
BENEFIT	CARRIER/VENDOR	PHONE NUMBER	WEBSITE
<b>MEDICAL</b>	Cigna	866-494-2111	<a href="http://www.mycigna.com">www.mycigna.com</a>
<b>PRESCRIPTION DRUG</b>	Express Scripts	800-835-3784	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>VISION</b>	EyeMed	866-939-3633	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
<b>DENTAL</b>	MetLife	800-494-2111	<a href="http://www.metlife.com">www.metlife.com</a>
<b>FLEXIBLE SPENDING ACCOUNT</b>	WEX (FKA Discovery Benefits)	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
<b>SHORT-TERM DISABILITY</b>	NJTDB	609-292-7060	<a href="http://www.myleavebenefits.nj.gov">www.myleavebenefits.nj.gov</a>
<b>LIFE AND DISABILITY</b>	New York Life	800-225-5695	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
<b>BENEFITS MEMBER ADVOCACY CENTER</b>	Conner Strong & Buckelew	800-563-9929	<a href="http://www.connerstrong.com/memberadvocacy">www.connerstrong.com/memberadvocacy</a>

## LEGAL NOTICES

### AVAILABILITY OF SUMMARY HEALTH INFORMATION

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Edgewood offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.



EDGEWOOD  PROPERTIES  
E X C E L L E N C E I N L I V I N G

*Edgewood Properties reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.*