



EMPLOYEE BENEFITS

August 1, 2023 - July 31, 2024



2023

NOTES

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Please Note: This booklet describing the benefit plans is only a summary of the provisions of the plan. While every effort has been made to ensure that this booklet accurately reflects the provisions of the plans, only the official plan documents govern the operations of the plans and payment of benefits. If you have any questions about your benefits, contact your Human Resources Department or benefit contact. Benefits are subject to the contractual terms, limitations, and exclusions as set forth in the master contracts.

CONTACTS *for Benefits*

PLAN		GROUP NUMBER	MEMBER SERVICES	WEBSITE
CareFirst Medical Plans		OLSP	888-567-9155	carefirst.com
Flores HRA & Flexible Spending Accounts			800-532-3327	flores247.com
CareFirst Dental Care		OLSP	866-891-2802	carefirst.com
EyeMed Vision Care		1033259	866-939-3633	eyemed.com
New York Life Basic Life and AD&D and Voluntary Life and AD&D		Life: FLX969821 AD&D: OK971260	888-842-4462	mynylgbs.com
New York Life Short Term Disability & Long Term Disability		STD: LK752806 LTD: LK966509	888-842-4462	mynylgbs.com
Cigna Accident & Critical Illness			800-754-3207	cigna.com
New York Life Employee Assistance Program			800-344-9752	guidanceresources.com Web ID: NYLGBS
Additional Questions Ashley Human Resources			410-273-2267	hr@ashleytreatment.org



CareFirst Mobile App by CareFirst

Log into My Account, view online ID cards, find a provider or urgent care, and more!



CareFirst Video Visit

See a doctor anytime on your phone, tablet or computer. CareFirst BlueCross BlueShield Video Visit allows you and your family members to connect with doctors whenever and wherever you want.



Flores Mobile

Flores Mobile can be used to submit supporting documentation for Debit Card transactions as well as requests for reimbursement from your account. It is so easy to use-especially if you're on-the-go!



EyeMed Members

EyeMed gives you access to your benefit information on-the-go. Check your benefit details for eye exams, eyeglass frames, contacts, and lenses directly from your phone.

ELIGIBILITY *for Benefits*

ELIGIBILITY

Full time employees working at least 30 hours per week are eligible for all plans offered through Ashley, Inc.

Part time employees working less than 30 hours, but at least 20 hours per week, are eligible for medical, dental, vision, HRA, FSA, Voluntary and EAP benefits.

All employees become eligible for benefits on the first of the month following date of employment.

The following family members may be enrolled in the benefit programs:

- Your legal spouse or domestic partner
- For medical, dental, and vision benefits, children to age 26

- For voluntary child life, children from birth to age 26
- Your dependent child who is incapable of self support because of a mental or physical disability

For the purpose of our benefits plans, your children include:

- Natural and adopted children
- Stepchildren who you support and who live with you in a parent-child relationship
- Any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order

MAKING CHANGES TO YOUR BENEFITS

Special Enrollment Rights

Open Enrollment occurs once each year. You may change your benefit elections during the open enrollment period. Once you have made your selection, you may not change benefit elections until the next open enrollment unless you have a qualifying event in employment or family status.

QUALIFYING EVENTS

Qualifying Events include:

- Marriage, divorce, or legal separation (state specific)
- Dependent child through birth, adoption, or court-ordered custody
- Death of a spouse or child
- Your work schedule changes (i.e. reduction or increase in hours which affects eligibility)
- You change your permanent address outside of your plan's service area
- Your dependent loses eligibility for coverage
- You or your dependent become eligible for Medicare
- Your spouse involuntarily loses health coverage through his/her employer
- You and/or your spouse and dependents become eligible for COBRA
- You and/or your spouse and dependents gain or lose Medicaid coverage
- You received a Qualified Medical Child Support Order (QMCSO)

If you experience one of these qualifying events, you have 30 days from the date of the event to notify the Human Resources Department and make any desired benefit changes. Otherwise, elections you make during open enrollment will remain in effect for the entire plan year. Also, if you or your eligible dependents are covered under Medicaid or a State Children's Health Insurance Program (CHIP) and that coverage ends, you may be able to enroll yourself and any affected dependent in this plan's medical coverage. You must request enrollment within 60 days after the Medicaid or CHIP coverage ends. If you or your eligible dependent becomes eligible, under Medicaid or a State CHIP plan for financial assistance to pay for health coverage under this plan, you may be able to enroll yourself and any affected dependent in this plan. You must request enrollment within 60 days after the date a government agency determines that you are eligible for that financial assistance.



If you experience a family status change and want to change your benefits, you **MUST** contact Human Resources within 30 days of the change. Reach out to hr@ashleytreatment.org with additional questions.



MEDICAL *through CareFirst*

We offer three medical plans through CareFirst. As you evaluate your options, it's important to understand:

- How each plan works
- What services are covered
- If your doctors are covered by the plan
- Your total cost (the amount deducted from your paycheck + the amount you pay when you receive care)



Group Number: 0LSP

Customer Service: 888-567-9155

Website: [carefirst.com](https://www.carefirst.com)

THERE'S AN APP FOR THAT

Check out the
CareFirst Mobile App!




INSTRUCTIONS FOR FINDING A PARTICIPATING MEDICAL PROVIDER

1. Go to [carefirst.com](https://www.carefirst.com) or the CareFirst Mobile App
2. Select **Search For Care** under Find a Doctor
3. Select **Continue as Guest** or Log in to your personal portal and select **Find a Doctor**
4. Select your medical plan from the Network drop-down menu at the top:
 - BlueChoice HMO Open Access
 - BlueChoice Advantage
5. Enter search criteria for doctor/facility and location
6. For additional assistance, please call 888-567-9155

Important Note To maximize your in-network benefits, change the filter near the top of the search page from All Tiers to **Lowest Cost - \$**.

LIVE OUTSIDE OF DC/MD/NORTHERN VA?

If you enroll in the BlueChoice Advantage plan and you are obtaining services outside of the CareFirst MD/DC/Northern VA service area, your providers must participate with BlueCard PPO in order for claims to process at the in-network level. BlueCard PPO is the premier national BlueCross BlueShield Preferred Provider Program that affords members the ability to use any network doctor or network hospital in any location. This logo tells providers that your plan  is compatible with BlueCard PPO.

LABORATORY SERVICES

If you receive laboratory services inside the CareFirst Service area (Maryland, D.C., Northern Virginia) you must utilize a LabCorp to receive In-Network benefits. Services performed by any other provider, while inside the CareFirst Service area will be considered out-of-network. If you receive laboratory services outside of Maryland, D.C. or Northern Virginia, you may use any participating BlueCross BlueShield laboratory and receive in-network benefits. **Please confirm network participation prior to making your appointment.**

CLOSEKNIT VIRTUAL PCP NETWORK

CloseKnit is a virtual primary care practice available 24/7 through a convenient app that offers preventive care, urgent care, and mental health services to members 18 years and older. Visit your CareFirst MyAccount for more information, or access the CloseKnit website or app to create your profile! If your plan requires a PCP designation, you can assign CloseKnit as your PCP through the PCP directory within your CareFirst MyAccount.

MEDICAL *through CareFirst*

The following chart provides an overview of these benefits and the different options available for the plan year. The In-Network lab vendor is LabCorp **Please note**, the carrier specific formulary list could potentially change during the plan year. **In-Network** refers to providers or facilities that are part of your medical plan's network of providers with which it has negotiated a discount. **Out-of-Network** refers to providers or facilities that are not a part of your medical plan's network of providers. Therefore, no negotiated discount is given so your out-of-pocket expenses will be higher.

GENERAL PLAN PROVISIONS	BLUECHOICE HMO OPEN ACCESS HRA OPTION 3	BLUECHOICE HMO OPEN ACCESS HRA OPTION 2
	IN-NETWORK	IN-NETWORK
Plan Year Deductible (Individual / Family)	\$4,000 / \$8,000	\$2,500 / \$5,000
Plan Year Out-of-Pocket Maximum (Individual / Family)	\$6,550 / \$13,100	\$3,500 / \$6,550
HRA Employer Funding (Individual / Family)	\$2,500 / \$5,000	\$2,500 / \$5,000
Coinsurance Limit	N/A	N/A
Referral Required	No	No
PCP Required	Yes	Yes
PREVENTIVE SERVICES		
Well Child Care	No Charge	No Charge
Physical / GYN / Cancer Screenings	No Charge	No Charge
OFFICE VISITS, LABS & TESTING		
Primary Care Visit	Ded.	Ded.
Specialist Visit	Ded.	Ded.
Complex Imaging	Ded.	Ded.
X-ray	Ded.	Ded.
Lab Tests	Ded.	Ded.
URGENT CARE & EMERGENCY ROOM		
Urgent Care Center	Ded.	Ded.
Emergency Room (waived if admitted)	Ded., then \$100 Copay	Ded., then \$100 Copay
HOSPITALIZATION		
Inpatient Facility	Ded., then \$250 per admission	Ded., then \$250 per admission
Outpatient Surgery	Ded.	Ded.
VISION		
Routine Exam ¹	\$10 Copay	\$10 Copay
PRESCRIPTION DRUGS Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty		
Retail Pharmacy	Ded., then \$0 / \$25 / \$45 / 50% to \$100 / 50% to \$150	Ded., then \$0 / \$25 / \$45 / 50% to \$100 / 50% to \$150
Retail & Mail Order (90-day supply)	Ded., then \$0 / \$50 / \$90 / 50% to \$200 / 50% to \$300	Ded., then \$0 / \$50 / \$90 / 50% to \$200 / 50% to \$300

¹Your medical plan includes a routine eye exam. For comprehensive vision coverage please see page 15 for the EyeMed Vision plan.

MEDICAL *through CareFirst*

The following chart provides an overview of these benefits and the different options available for the plan year. The In-Network lab vendor is LabCorp **Please note**, the carrier specific formulary list could potentially change during the plan year. **In-Network** refers to providers or facilities that are part of your medical plan's network of providers with which it has negotiated a discount. **Out-of-Network** refers to providers or facilities that are not a part of your medical plan's network of providers. Therefore, no negotiated discount is given so your out-of-pocket expenses will be higher.

GENERAL PLAN PROVISIONS	BLUECHOICE ADVANTAGE HRA	
	IN-NETWORK	OUT-OF-NETWORK ¹
Plan Year Deductible (Individual / Family)	\$2,000 / \$4,000	\$4,000 / \$8,000
Plan Year Out-of-Pocket Maximum (Individual / Family)	\$3,000 / \$6,550	\$5,950 / \$11,900
HRA Employer Funding (Individual / Family)	\$2,000 / \$4,000	
Coinsurance Limit	10%	40%
Referral Required	No	No
PCP Required	No ²	No
PREVENTIVE SERVICES		
Well Child Care	No Charge	40% of AB ¹
Physical / GYN / Cancer Screenings	No Charge	40% of AB ¹
OFFICE VISITS, LABS & TESTING		
Primary Care Visit	Ded., then \$30 Copay	Ded., then 40% of AB ¹
Specialist Visit	Ded., then \$30 Copay	Ded., then 40% of AB ¹
Complex Imaging	Ded., then 10% of AB ¹	Ded., then 40% of AB ¹
X-ray	Ded., then 10% of AB ¹	Ded., then 40% of AB ¹
Lab Tests	Ded., then 10% of AB ¹	Ded., then 40% of AB ¹
URGENT CARE & EMERGENCY ROOM		
Urgent Care Center	Ded., then \$75 Copay	In-Network Ded., then \$75 Copay
Emergency Room (waived if admitted)	Ded., then \$300 Copay	In-Network Ded., then \$300 Copay
HOSPITALIZATION		
Inpatient Facility	Ded., then \$300 per admission	Ded., then 40% of AB ¹
Outpatient Surgery	Ded., then \$300 Copay	Ded., then 40% of AB ¹
VISION		
Routine Exam ⁴	\$10 Copay	Total Charge minus \$33 AB ¹
PRESCRIPTION DRUGS Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty		
Retail Pharmacy	Ded., then \$10 / \$25 / \$45 / 50% to \$100 / 50% to \$150 ³	
Retail & Mail Order (90-day supply)	Ded., then \$20 / \$50 / \$90 / 50% to \$200 / 50% to \$300 ³	

¹AB = Allowed Benefit is the amount established for payment of covered In-Network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance and all charges that exceed the Allowed Benefit for services received Out-of-Network. This is called balance billing.

² Although a PCP is not required for the BlueChoice Advantage plan, a PCP selection is required to qualify for Blue Rewards.

³ Specialty drugs must be filled through the Exclusive Specialty Pharmacy Network

⁴ Your medical plan includes a routine eye exam. For comprehensive vision coverage please see page 15 for the EyeMed Vision plan.

MEDICAL *continued through CareFirst*

MY ACCOUNT

My Account provides a wealth of information about your CareFirst insurance at your fingertips. Get personalized estimates with the Treatment Cost Estimator, find network providers, access your claims, request replacement ID cards and more. Register for your My Account at member.carefirst.com.

PATIENT-CENTERED MEDICAL HOME (PCMH)

PCMH-designated providers are Primary Care Physicians who are given additional resources to coordinate care when more comprehensive care is needed. If asked, your participation in the program is voluntary. To learn more, visit member.carefirst.com.

FIRSTHELP

If you have a health concern, illness or urgent medical condition and are unable to reach your doctor, a registered FirstHelp nurse is available to answer your questions and assist you in determining your options. FirstHelp is available to you 24 hours a day, 7 days a week by calling 800-535-9700.

DISCOUNTS ON HEALTH & WELLNESS

The Blue365 discount program is for members enrolled in the medical plans and offers a rotating selection of discounts on fitness gear, gym memberships, and more. For additional details visit carefirst.com/options and click on the Blue365 link.

CAREFIRST WELLBEINGSM

Register for your account at carefirst.com/wellbeing to access motivating resources and specialized programs such as:

Resources and tools: On a desktop or via the mobile app, you can access tools such as the RealAge test, health trackers, challenges, and inspirations..

Health coaching: Coaches are registered nurses and trained professionals who provide one-on-one support to help you reach your wellness goals. If you are interested in health coaching or are contacted, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

Weight management program: Improve your overall health, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases.

Tobacco cessation program: Expert guidance, support and wealth of tools make quitting easier than you might think.

Financial well-being: CareFirst members now have access to Dave Ramsey's program, SmartDollar, which includes fully integrated tools like the EveryDollar budget app and the Debt Snowball calculator.

For more information about any of these programs, please call WellBeing support at 877-260-3253.

BLUE REWARDS

Blue Rewards offers you incentives for taking steps to get and stay healthy. To learn more log into your [My Account](#). Both you and your spouse/domestic partner can earn rewards for completing one or all of the following activities:



**EARN
\$200**

Participate in health coaching.

- Session 1 = \$30
- Session 2 = \$70
- Session 3 = \$100

Sessions must be held 2–60 days apart and must be completed before end of your benefit period.



**EARN
\$100**

Select a primary care provider (PCP) & complete a health screening.

You can visit your PCP or a CVS MinuteClinic® to complete your screening.

Must complete within 180 days of your effective date.



**EARN
\$50**

Consent to receive wellness emails & take the RealAge® test.

RealAge is a simple questionnaire that will help you determine the physical age of your body compared to your calendar age.

Must complete within 180 days of your effective date.



**EARN
\$25**

Retake the RealAge test.

If you earned the reward for taking the test initially, you can earn an additional reward for retaking it after 90 days.

RealAge answers must be updated or confirmed no earlier than 90 days after the original assessment, and before the end of the benefit period.

VIDEO VISIT *included in your CareFirst Coverage*

Video Visit is integrated into your medical plan. A Video Visit lets you see and talk to a doctor from your smartphone, tablet, or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription if needed, that you can pick up at your local pharmacy.

GET TREATMENT FOR COMMON HEALTH ISSUES:

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Cold and flu symptoms
- Bronchitis
- Allergies
- Poison Ivy
- Pink eye
- Urinary tract infection
- Sinus problems
- Ear infection
- and more!

SCHEDULE A VISIT FOR THESE ADDITIONAL SERVICES:

- **Therapy/Psychiatry** — Talk with a therapist or psychologist for help managing mental health issues.
- **Diet/Nutrition** — Connect with a registered dietitian to get support with dietary and nutrition needs.
- **Breastfeeding Support** — Speak with a lactation consultant who can advise you on breastfeeding topics.

REGISTER TODAY SO YOU'LL BE READY WHEN YOU WANT TO VISIT. THERE ARE TWO EASY WAYS:

1. Visit carefirstvideovisit.com and click on any of the Video Visit links. OR
2. Download the CareFirst Video Visit app from your favorite app store.

WHEN TO USE VIDEO VISIT:

- Your doctor is not available.
- You become ill while traveling.
- You are considering visiting a hospital emergency room for a non-emergency health condition.



VIDEO VISIT FAQ

How do I start the process? Video Visit is available through carefirst.com/needcare and the mobile app. Members must have access to a camera on their computer or phone.

What is the cost? The cost for Video Visit varies based on your benefits, but your specific cost information will be shown to you before your visit begins. Any amount paid will be applied towards the deductible (if applicable) and out-of-pocket maximum.

What network does this utilize? AmericanWell. *Please note, MedStar Health and MyPrivia may be additional video visit options available to you depending on your location, state restrictions apply. Log into your MyAccount member portal to learn more.*

Can Video Visits doctors prescribe medicine? Yes.

Do my family members on the plan need to have their own accounts? Yes, anyone over the age of 18 will need to register for their own account.

Where is this service available?

- Available in all states.

To learn more, log in to carefirstvideovisit.com!

BEHAVIORAL HEALTH RESOURCE

CareFirst has partnered with 7 Cups of Tea (7 Cups), the world's largest behavioral health support system, to bring you 24/7 app-based support. 7 Cups is free for members aged 13+ who are enrolled in the medical plans. Therapist appointments using 7 Cups will follow the member cost share for a specialist appointment under your specific medical plan. To learn more, log into your CareFirst [My Account](#) or download the 7 Cups mobile app. Support is available in 140+ languages with:

- Access to over 430,000 trained listeners through chat-based messaging
- Learn new coping skills with growth paths
- Caring support via online discussion boards, group chats and moderated and topic-specific chat rooms
- Help connecting to a licensed therapist within the CareFirst provider network

HEALTH REIMBURSEMENT ACCOUNT

through Flores

Your medical plan includes a Health Reimbursement Account (HRA) which is a tax-advantaged account funded by your employer to help cover your health care costs that are subject to the deductible. The HRA can pay for health care expenses that you or your family members incur that are subject to the deductible. Flores is the administrator of the HRA and will provide you with a healthcare payment card.



USING YOUR ACCOUNT

There are two ways to pay for health care:

Use Your Flores Payment Card: This is the simplest way to purchase health care! Pay using your Flores payment card and keep your Explanation of Benefits (EOB) from CareFirst as documentation. Then, log in to your online account to see if documentation is needed. If so, print the claim submission form and submit your EOB as documentation.

Pay Out-of-Pocket and Request Reimbursement: Pay using your own personal credit card, cash, or check and keep your itemized receipt and EOB as documentation to send to Flores. Then, log in to your online account to file for reimbursement. Print the claim submission form and submit documentation. You can receive reimbursement funds via check or direct deposit.

HOW TO PAY...

- **At the Doctor or Hospital:** When you pay for health care at the doctor or hospital, be sure to always present your health insurance ID card first to ensure proper processing of your charges.
- **Copays:** If you are asked to pay a copay, you may pay with your Flores payment card, or you may pay out of pocket and request reimbursement from your account. Save your EOB to submit as documentation to Flores.

- **Additional Charges:** If you're asked to pay additional charges, do not pay your provider until the claim is processed by your health plan and you receive your EOB from CareFirst. This helps avoid overpayment. Compare your EOB with the provider bill to verify the amount being charged by your provider is the same as the patient balance on the EOB. Then, pay with your Flores payment card, or pay out of pocket and request reimbursement from your account. You may send in your EOB as documentation.
- **At the Pharmacy:** When purchasing prescriptions, be sure to always present your health insurance ID card first to ensure proper processing of your charges. You may pay with your Flores payment card, or you may pay out-of-pocket and request reimbursement from your account. Save your itemized receipts to submit as documentation.

Please Note: The funds in this account do NOT rollover and only eligible expenses within the plan year, August 1, 2023 to July 31, 2024, will be accepted. If you terminate employment with Ashley Addiction Treatment, the HRA funds are not portable and you will no longer be eligible to use the funds.

FLEXIBLE SPENDING ACCOUNTS

through Flores

Flexible Spending Accounts allow you to pay for goods and services you already use with money deducted from your paycheck before it is taxed. This can reduce your eligible medical and dependent care expenses. These plans are administered by Flores.

To make the most of these benefits, it's important to understand the following:

- **Plan year:** The plan year for our Flexible Spending Accounts is 8/1/2023 - 7/31/2024.
- **Open enrollment:** You must re-enroll in these benefits each year during Open Enrollment.
- **Carryover:** If you have Medical FSA funds remaining in your 2023 account as of 10/29/2024, you may carryover up to \$610. The carryover benefit is not available with the Dependent Care FSA. Any carryover amount will not be available until the run-out period is complete.

In addition, please note that the IRS prohibits you from using these accounts to reimburse expenses incurred by domestic partners or their children.

MEDICAL FSA

Up to \$3,050 Annually

This account allows you to pay for qualifying out-of-pocket health care expenses for you and your dependents. The amount you choose to contribute will be deducted from your pay in equal installments throughout the year. You cannot change this amount unless you have a qualifying life event.



Customer Service: 800-532-3327

Website: flores247.com

DEPENDENT CARE FSA

Up to \$5,000 Annually Per Household

This account allows you to pay for dependent daycare so that you can work. While you may use these funds to pay a relative, that individual must be over the age of 19 and cannot be considered one of your tax dependents. If you are married, your spouse must also work full-time, be actively seeking employment, attending school full-time, or disabled. Spouses working part-time must accumulate enough earned income to exceed the Dependent Care FSA contribution amount. If your spouse also contributes to a Dependent Care FSA, your total contributions as a couple cannot exceed \$5,000.

SAMPLE EXPENSES

Over-the-counter (OTC) medicines do not require a prescription in order to be eligible for reimbursement. Please refer to your plan documents or fsastore.com for a full list of eligible expenses.

Health Care

Deductibles and Copays
Hospital & Laboratory Bills
X-rays and MRI
Obstetrics & Fertility
Psychiatrist / Psychologist Fees
Dental Fees and Eye Exams
Orthodontia Expenses

Dependent Care¹

After and Nursery School Care
Babysitter
Elder care
Summer day camp

OTC Items

Allergy & Asthma Medications
Cough, Cold & Flu Medications
Sleeping Aids
Blood Pressure Monitor
Contact Lens Solution
Reading Glasses
Hearing Aid Batteries
Menstrual Products
Contraceptive Devices
Pregnancy Tests
Diabetic Supplies
First Aid Supplies

¹These expenses cannot be submitted until after services have been received.

HAVING TROUBLE SPENDING YOUR FSA DOLLARS?

Check out fsastore.com!


DENTAL *through CareFirst*

Ashley Addiction Treatment offers a dental plan through CareFirst.

With this plan, you can receive care from any provider. However, your out-of-pocket expenses will generally be higher if you visit a dentist out-of-network.


Please see below for a brief description of the benefits.

The benefit period begins on August 1st of each year.



Group Number: 0LSP
Customer Service: 866-891-2802
Website: carefirst.com

THERE'S AN APP FOR THAT
 Check out the
 CareFirst Mobile App!



PLAN PROVISIONS	BLUEDENTAL PLUS PPO	
POLICY YEAR	IN-NETWORK	OUT-OF-NETWORK ¹
Maximum Benefit	\$5,000	
Deductible - Individual	\$25	\$50
Deductible - Family	\$150	\$150
Orthodontic Lifetime Maximum per person	\$1,500	
COVERED SERVICES	YOU PAY AFTER DEDUCTIBLE	
Preventive Two cleanings per benefit period, exams and x-rays	Ded. waived, no charge from participating dentist ¹	
Basic Fillings, simple extractions, general anesthesia, oral surgery, endodontics	20% of AB ¹	
Major Care Full and/or partial dentures, bridges, crowns, inlays, onlays	50% of AB ¹	
Orthodontia	50% of AB ¹ No age limit	

¹AB = Allowed Benefit is the amount established for payment of covered In-Network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance and all charges that exceed the Allowed Benefit for services received Out-of-Network. This is called balance billing.


INSTRUCTIONS FOR FINDING A PARTICIPATING DENTAL PROVIDER

1. Go to carefirst.com
2. Select **Search For Care** under Find a Doctor
3. Select **Continue as Guest** or Log in to your personal portal
4. Select your plan under the Network drop-down menu at the top: **BlueDental**
5. Enter search criteria for doctor/facility
6. For additional assistance, please call member services at 866-891-2802

VISION *through EyeMed*


Ashley Addiction Treatment offers a vision plan through EyeMed. This plan offers a large national network of providers, and you have a choice of using in-network or out-of-network providers.

The benefit period begins on August 1st of each year.



Group Number: 1033259
Customer Service: 866-939-3633
Website: eyemed.com

THERE'S AN APP FOR THAT
 Check out the
 EyeMed Mobile App!



PLAN PROVISIONS	VISION	
FREQUENCY OF SERVICES		
Vision Exam	Once every plan year	
Lenses	Once every plan year	
Frames	Once every plan year	
Contact Lenses (in lieu of glasses)	Once every plan year	
VISION SERVICES	IN-NETWORK	OUT-OF-NETWORK
Exam Copay	\$10 Copay, or \$0 at a PLUS Provider	Reimbursed up to \$40
Frames (Once per frequency period)	\$0 Copay, 20% off balance over \$170 allowance	Reimbursed up to \$84
• PLUS Provider		
• Standard Provider	\$0 Copay, 20% off balance over \$120 allowance	
Eyeglass Lenses (Once per frequency period)		Reimbursed up to:
• Single Vision	\$25 Copay	\$30
• Bifocal	\$25 Copay	\$50
• Trifocal	\$25 Copay	\$70
Contact Lenses Allowance		Reimbursed up to:
• Elective Conventional	\$0 Copay, 15% off balance over \$120	\$84
• Elective Disposable	\$0 Copay, \$120 Allowance	\$84
• Medically Necessary	\$0 Copay, covered in full	\$210
Contact Lens Fit and Follow Up		
• Standard	Up to \$40 Copay	N/A
• Premium	10% off retail price	N/A

Discounts also offered for LASIK, call 1-800-988-4221 for details

INSTRUCTIONS FOR FINDING A PARTICIPATING VISION PROVIDER

1. Go to eyemed.com
2. Click **Find an eye doctor**
3. Input your search criteria and choose your network: **Insight**
4. Remember to look for PLUS providers for more savings!
5. For additional assistance, please call 866-9-EYEMED

BASIC LIFE & AD&D *through New York Life*

Basic Life and Accidental Death and Dismemberment (AD&D) coverage is provided at no cost to eligible employees. Life insurance provides some financial security to your dependents in the event of your death. If you have a qualifying accident which results in the loss of limb(s) or eyesight, you will receive a percentage of the AD&D amount. New York Life (formerly Cigna) insures these benefits.

IRS regulations allow employers to provide up to \$50,000 of life insurance to employees on a tax-free basis. The premium paid on behalf of employees for coverage amounts in excess of \$50,000 will be added to the employee's gross income for tax purposes. This is referred to as "imputed income."



Life: FLX969821

AD&D: OK971260

Customer Service: 888-842-4462

Website: mynylgbs@com

PLAN PROVISIONS	BASIC LIFE AND AD&D
Life Benefit	One times your annual earnings to a maximum of \$200,000.
AD&D Benefit	One times your annual earnings to a maximum of \$200,000.
Reductions to the Benefits if You are Working	At age 70: coverage is reduced by 35%. At age 75: coverage is reduced by an additional 15%.
Accelerated Benefit	If you are terminally ill, you may receive up to 75% of your lifetime life insurance benefit, or \$150,000, whichever is less, as long as your life expectancy is less than 12 months. Your life benefit will be reduced by this accelerated payment. See plan document for full details and limitations.
Portability & Conversion	You may be able to convert this policy to an individual policy upon termination of your employer provided coverage. Contact New York Life for details and rates.
Beneficiary Designation	It is your responsibility to ensure that your beneficiary information is correct. If you experience a life event change, be sure to update your beneficiary(ies).



DISABILITY *through New York Life*

Disability insurance replaces a percentage of your income during extended periods of illness or injury that prevent you from performing your regular work. These benefits will coordinate with any state disability programs in which you are automatically enrolled.



STD: LK752806

LTD: LK966509

Customer Service: 888-842-4462

Website: mynylgbs@com

PLAN PROVISIONS	SHORT TERM DISABILITY
Your Benefit	60% of your weekly pre-disability earnings, up to a maximum of \$2,000 per week.
Benefit Period	You will receive benefits as long as you qualify as disabled, for up to 13 weeks.
When Benefits Begin	Benefits begin on the 8th day of disability or illness.
Definition of Disability	You are qualified if you are unable to work due to illness or injury as determined by a physician in writing pending insurance approval.
PLAN PROVISIONS	LONG TERM DISABILITY
Your Benefit	60% of your monthly pre-disability earnings, up to a maximum of \$7,500 per month.
Benefit Period	You will receive benefits as long as you qualify as disabled. If you become disabled prior to age 62, benefits will continue until age 65 or to the date the 42nd payment is made, if later. If you are still working and become disabled after the age of 62 years, the duration of benefit payments are subject to the schedule found in the policy.
When Benefits Begin	Benefits begin after 90 days of disability or illness.



VOLUNTARY LIFE & AD&D through New York Life

While the basic life insurance benefit is designed to provide a foundation for you and your dependents, we recognize the potential need to increase your family's protection. Additional Life and AD&D is provided by New York Life.

You have the option of purchasing additional Term Life Insurance for you, your spouse and any children up to age 26. Please note that through age 64, your benefit amount is 100%. At age 65 benefits begin to reduce, see the chart for details.

To apply for additional Life and AD&D insurance, please contact Human Resources for the necessary paperwork.



Vol. Life: FLX969821
Vol. AD&D: OK971260
Customer Service: 888-842-4462
Website: mynylgbs@com

PLAN PROVISIONS	VOLUNTARY LIFE AND AD&D
Your Benefit	<p>Coverage is available in increments of \$10,000 to a maximum of \$500,000. If you apply when initially eligible, there is a guaranteed issue of \$200,000. See plan documents for full details.</p> <p>Evidence of Insurability (EOI) is required for amounts over \$200,000 or for any amount if you do not apply when you are initially eligible. If you enroll in Voluntary Life insurance, you will automatically be enrolled in Voluntary AD&D at the same election amount.</p>
Spouse/Domestic Partner Benefit	<p>Spouse coverage is available in increments of \$5,000 to a maximum of \$250,000, not to exceed the Employee's benefit amount.</p> <p>EOI is required for amounts over \$25,000 or for any amount, if you do not apply when initially eligible. Spouse rates are calculated based on the employee's age. See plan documents for full details.</p>
Child Benefit	<p>Children from birth to 6 months: \$500</p> <p>Children from age 6 months to 26 years: increments of \$1,000 to a maximum of \$10,000.</p> <p>See plan documents for full details.</p>
Reductions to the Benefits	<p>At age 65: coverage is reduced by 35%.</p> <p>At age 70: coverage is reduced by an additional 25%. Spouse coverage ends at age 70.</p> <p>At age 75: coverage is reduced by an additional 15%.</p> <p>At age 80: coverage is reduced by an additional 10%.</p>
Accelerated Benefit	<p>If you are terminally ill, you may receive a lump sum payment of 75% of your lifetime benefit, up to \$375,000, as long as your life expectancy is less than 12 months. Your death benefit will be reduced by this accelerated payment.</p> <p>See plan documents for full details and limitations.</p>
Portability & Conversion	<p>You may be able to convert this policy to an individual policy upon termination of your employer provided coverage. Contact New York Life for details and rates.</p>



SUPPLEMENTAL BENEFITS *through Cigna*

In order to help offset out-of-pocket costs, Ashley Addiction Treatment would like to offer supplemental benefits on a voluntary basis. Below is a summary of the benefits that you can select from. These benefits are available to all employees working a minimum of 20 hours per week. Please see Human Resources for more details.

ACCIDENT INSURANCE

An accident can happen to anyone and recovery can be costly. Your major medical insurance may pick up most of the tab, but leave you with out-of-pocket expenses that add up quickly. Accident insurance can help ease the unplanned financial burden by complementing other insurance you may have, including major medical and disability coverage. You may choose from a High Plan or Low Plan and receive a cash benefit for fractures, burns, ambulance rides, and more.

CRITICAL ILLNESS

Facing a serious illness can be devastating. Critical Illness insurance can provide a lump-sum benefit upon verified diagnosis of covered conditions. It also offers coverage for your dependents. The first time you are diagnosed with a covered critical illness you will be paid a lump-sum benefit. If you suffer from this illness again later, or if you are diagnosed with another illness in the same category, you may qualify for another payment. See the detailed plan information from Cigna for specific covered illnesses and details.



Accident:

Critical Illness:

Customer Service: 800-754-3207

Website: cigna.com

EMPLOYEE ASSISTANCE PROGRAM

Ashley Addiction Treatment's New York Life group benefits include access to employee assistance and wellbeing resources for you and your family members.

CONFIDENTIAL 24/7 HELP

Whether you are feeling overwhelmed, stressed, or have questions about legal or financial concerns, the Employee Assistance Program can connect you to the right professional for your situation. **Three confidential counseling sessions** are provided to you and your family members, per issue, per year.

Call: 800-344-9752

WELLBEING COACHING

If you need help meeting personal challenges or feel overwhelmed by physical issues, a certified coach can work one-on-one with you to address your concerns. You have access to **five telephonic sessions per year**.



Available 24/7: 800-344-9752

Website: guidanceresources.com

GUIDANCE RESOURCES

Visit guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, relationships, education and career and finance. Additionally, you'll find articles, podcasts, on-demand training and more.

Web ID: NYLGBS

COMPANY BENEFITS

Some of the additional benefits offered to Ashley Inc. employees are listed below. Please see Human Resources for details.

WAIVER PREMIUM

For full-time employees who have coverage through another plan and opt-out of medical health coverage through Ashley, the company will pay the employee \$50.00 a month, subject to applicable payroll taxes, paid quarterly.

PAID TIME OFF (PTO)

Paid Time Off for employees varies depending on length of service. Employees who work 30-36 hours receive prorated leave at 80% the amount of full time employees. Total PTO days accrued range from 14.4 to 18 days, depending on your full-time status. Some limited accrual may be carried forward into the next year. The amount of carryover depends on your length of service.

HOLIDAYS - 10 HOLIDAYS PER YEAR

7 designated and 3 floating holidays.

OTHER PAID LEAVE

Company provides up to 3 days for Jury Duty and up to 3 days of Bereavement Leave. We also provide up to 2 weeks annually for Military leave.

401(K) PLAN

Full-time employees (30 hrs/wk or more) are eligible to enroll in the plan the first of the month after achieving one full month of continuous service. All other employees may be eligible once they complete 1,000 working hours in any given fiscal year (7/1 through 6/30). Eligible employees are subject to automatic enrollment with a 6% contribution from their pay unless they opt out. For all participants, Ashley will match dollar for dollar up to the first 6% of the employee contribution. Employees become 100% vested in the company matching immediately.

TUITION REIMBURSEMENT PROGRAM

Employees are eligible for reimbursement of tuition and fees up to \$5,250 per calendar year after completing one year of service.

CREDIT UNION BUSINESS AFFILIATION

Ashley has a business affiliation with the Aberdeen Proving Ground Federal Credit Union. Our employees are eligible to join the credit union and enjoy all the discounts afforded.



GLOSSARY OF TERMS

This glossary contains key words that appear in this overview. These terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms may not have the same meaning when used in your policy or plan, and in any such case, the policy or plan governs (see your Summary of Benefits and Coverage for information regarding how to get a copy of your policy or plan document).

ALLOWED BENEFIT

The amount established for payment of covered in-network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance and all charges that exceed the Allowed Benefit for services received out-of-network. This is called balance billing.

BALANCE BILLING

When a provider bills you for the difference between the provider's charge and the carrier's discounted price ("Allowed Benefit"). For example, if the provider's charge is \$100 and the allowed benefit is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill for the difference between their charge and the Allowed Benefit.

COINSURANCE

The portion of the cost of covered medical services paid by the patient under a health plan, after first meeting any applicable plan deductible. Coinsurance amounts, which are typically a percentage of the cost, may vary by type of service. Coinsurance requirements are specified in the plan documents.

COPAYMENT

A set dollar amount or portion that you pay for your medical services. Usually, copays start after you first pay any deductible your plan has. Copays may differ by type of service. You can find your copay rules in your plan documents.

DEDUCTIBLE

A fixed dollar amount during the benefit period - usually a year - that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles.

EVIDENCE OF INSURABILITY

A questionnaire that insurance companies use to ask about the health of a participant. Depending on the responses, this may lead to the requirement of a physical exam. These forms are often used if you apply for voluntary benefits outside of your initial eligibility period or if you apply for a coverage amount above the Guaranteed Issue amount.

GUARANTEED ISSUE

The amount of coverage (benefit) the insurance company is willing to provide regardless of your health. Guaranteed Issue only applies if you enroll in the program when you are first eligible for coverage.

MAIL ORDER

A benefit that allows you to receive multiple months' worth of maintenance medication by mail.

OUT-OF-POCKET MAXIMUM

The limit on the amount an individual is required to pay for health care services covered by his/her/their benefits plan. Look for this information in insurance plan documents such as your Certificate of Coverage.

IN-NETWORK

Refers to providers or facilities that are part of your medical plan's network of providers with which it has negotiated a discount.

OUT-OF-NETWORK

Refers to providers or facilities that are not a part of your medical plan's network of providers. Therefore, no negotiated discount is given so your out-of-pocket expenses will be higher.

EMPLOYEE COSTS 2023

PLAN	BI-WEEKLY EMPLOYEE CONTRIBUTIONS	
MEDICAL	FULL TIME EMPLOYEES	PART TIME EMPLOYEES
CareFirst BlueChoice HMO Open Access HRA Option 3		
Employee Only	\$10.29	\$157.86
Employee + Child(ren)	\$101.63	\$340.97
Employee + Spouse/DP	\$122.21	\$412.33
Family	\$147.94	\$501.52
CareFirst BlueChoice HMO Open Access HRA Option 2		
Employee Only	\$92.86	\$214.00
Employee + Child(ren)	\$295.39	\$466.05
Employee + Spouse/DP	\$357.58	\$564.23
Family	\$435.30	\$686.81
CareFirst BlueChoice Advantage HRA		
Employee Only	\$125.33	\$236.56
Employee + Child(ren)	\$347.36	\$504.05
Employee + Spouse/DP	\$420.49	\$610.20
Family	\$511.86	\$742.76
DENTAL		
CareFirst BlueDental Plus		
Employee Only	\$7.58	\$7.58
Employee + Child(ren)	\$17.41	\$17.41
Employee + Spouse/DP	\$17.41	\$17.41
Family	\$28.64	\$28.64
VISION		
EyeMed Vision Plan		
Employee Only	\$3.00	\$3.00
Employee + 1	\$5.71	\$5.71
Employee + 2 or More	\$8.38	\$8.38
ADDITIONAL BENEFITS		
Basic Life and AD&D	These benefits are provided at no cost to eligible employees	
Short and Long Term Disability		
Employee Assistance Program		
Voluntary Life and AD&D	See HR for rates	
Accident and Critical Illness Plans		

ABOUT YOUR CONTRIBUTIONS

Any contributions you make for yourself, your spouse or your children's medical, dental, or vision plan coverage are automatically deducted from your paycheck on a pre-tax basis per IRS guidelines under Section 125. This decreases your taxable earnings and can increase your take-home pay. You are enrolled in this program when you become eligible for benefits and do not need to take any action if no changes are needed.

PREMIUMS FOR DOMESTIC PARTNERS & THEIR CHILDREN

The IRS does not recognize domestic partners or their children (unless they qualify as dependents under Section 152) for tax filing purposes. We are required to "impute" the value of these benefits and report that value, less any post-tax deductions, as taxable income to you. The applicable amount will be added back into your paycheck as taxable income and you will pay taxes on that amount. In addition, deductions for your Domestic Partner and their children will be taken post-tax.

If you enroll a domestic partner in these plans, you may be able to deduct your portion of the premium costs on your state tax return. Each state's requirements vary; please consult your tax advisor for details.

Some states do not permit pre-tax or tax-free coverage for adult children. As a result, we may impute the value of this coverage and report it as taxable income.

To determine the applicable imputed income for the plan you have chosen, please contact Human Resources.

