



Lexington  
Clinic

# **FULL-TIME EMPLOYEE BENEFITS OVERVIEW**

January 1, 2023 – December 31, 2023

# WELCOME

At Lexington Clinic, our Administrative and Benefits team, along with the Benefits Committee, work diligently to provide a competitive benefits package to all Lexington Clinic employees. With the ever-changing healthcare landscape, we continue to review and make adjustments in our benefits plan where required.

We are pleased to be able to offer a PPO option in addition to the High Deductible Plan to you and your family members. On average, Lexington Clinic pays 80% of your health insurance premiums and you pay the remaining 20%. Other available benefits include dental coverage, vision coverage, life insurance, short term disability, long term disability and long-term care coverage. Health and dependent care Flexible Spending Accounts are also available.

Our 401(k) plan continues to grow and we appreciate everyone's participation. This is a fantastic way to get ready for retirement with the help of Lexington Clinic.

Please remember that your benefits package, on average, represents an additional 30 percent to your overall income. We are proud to offer this excellent and competitive benefits package to you.

Should you have any questions, please contact the Benefits Department at extensions 6322 or 6057.

This summary highlights your benefit options offered by Lexington Clinic for the plan year ending December 31, 2023.

“Lexington Clinic realizes the value of offering a *competitive compensation package* that includes *excellent benefits* to attract and retain an exceptional workforce. We are pleased to continue that offering in 2023 and Lexington Clinic continues to fund the majority of these costs for the *benefit of our employees and their families.*”

**KIMBERLY A. HUDSON, MD**  
Chair, Benefits Committee

## Value of Your Benefits

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Lexington Clinic recognizes the importance of quality employee benefits that provide protection for you and your family while satisfying the diverse needs of our workforce. Lexington Clinic’s financial contribution to your benefits represents a substantial percentage of your overall compensation and we want to challenge and encourage you to be a wise consumer of your benefits.

## Eligibility

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If you are an employee working 30 hours a week or more, you are eligible for all benefits outlined in this summary. Eligible employees may elect to cover their spouse and/or dependent child(ren) up to the age limitations specified by each insurance carrier. Benefits are effective on the first day of employment for health, dental, vision and life coverage.

**Note:** Lexington Clinic has the right to request a copy of a valid marriage license or birth certificate for dependents added to coverage.



# Medical Benefits



**ASPIRANT**  
(formerly known as ARC)

Our medical plans are administered through **Aspirant (formerly known as ARC)** using the **Anthem network of providers**. Once enrolled, you may visit Aspirant's website at [www.aspirant.us](http://www.aspirant.us) to access claims payment, provider directories and to request ID cards. Dependents are covered to age 26.

The illustrations below outline the cost for services within Lexington Clinic (Tier 1), within the Anthem Network (Tier 2) or outside of the Anthem Network (Tier 3).

<b>PPO Plans Medical Benefits</b>	<b>PPO PLAN - TIER 1 Lexington Clinic*</b>	<b>PPO PLAN - TIER 2 Anthem In-Network*</b>	<b>PPO PLAN - TIER 3 Outside of Anthem Network</b>
<b>Calendar Year Annual Deductible</b>	\$250 individual \$500 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family
<b>Coinsurance</b> (Plan / Member)	90% / 10%	60% / 40%	50% / 50%
<b>Medical Maximum Out-of-Pocket</b> (includes deductible, medical copays and coinsurance)	\$2,250 individual \$4,500 family	\$6,250 individual \$12,500 family	\$12,500 individual \$25,000 family
<b>COVERED SERVICES</b>			
<b>Primary Care Office Visit</b>	\$10 copay	\$100 copay	Deductible + 50%
<b>Specialist Office Visit</b>	\$20 copay	\$150 copay	Deductible + 50%
<b>Preventive Care</b>	Covered in full	Applicable copay and/or Ded + 40%	Not Covered
<b>Emergency Room</b> (ER charges waived if admitted)	N/A	<b>Facility Copay</b> - Tiered <sup>1</sup> + 40% <b>Physician's Services</b> - Ded + 40%	<b>Facility Copay</b> - Tiered <sup>1</sup> + 40% <b>Physician's Services</b> - Ded + 40%
<b>Immediate Care Center</b>	\$25 copay	\$125 copay	Deductible + 50%
<b>Inpatient Facility Services</b>	N/A	Deductible + 40%	Deductible + 50%
<b>Outpatient Services</b>			
Surgery	Deductible + 10%	Deductible + 40%	Deductible + 50%
Laboratory	Covered in Full	Deductible + 40%	Deductible + 50%
Radiology	Covered in Full	\$200 copay+ 50%	Deductible + 50%
Professional Services	Deductible + 10%	Deductible + 40%	Deductible + 50%
All Other	Deductible + 10%	Deductible + 40%	Deductible + 50%
<b>MENTAL HEALTH/SUBSTANCE ABUSE</b>			
Inpatient	N/A	Deductible + 40%	Deductible + 50%
Outpatient	N/A	\$100 copay	Deductible + 50%
<b>PRESCRIPTION DRUGS</b>			
	<b>CVS/caremark™ Pharmacies</b>	<b>All other In-Network Pharmacies</b>	<b>Out-of-Network Pharmacies</b>
<b>Retail</b>	Deductible (Individual/Family)	\$100 indiv/\$150 family	\$100 indiv/\$150 family
	Generic / Tier 1	\$8	\$25
	Preferred Brand / Tier 2	\$15	\$50
	Non-Preferred / Tier 3	\$30	\$75
<b>Specialty Pharmacy/PrudentRx</b>	\$0 with PrudentRx; 30% without PrudentRx	N/A	N/A
<b>Separate Rx Out-of-Pocket Maximum**</b>	\$2,850 indiv./\$5,700 family		N/A
<b>Mail Order/Maintenance Choice*** (90 day supply)</b>			
	Generic / Tier 1	\$20	Not Covered
	Preferred Brand / Tier 2	\$37.50	Not Covered
	Non-Preferred / Tier 3	\$75	Not Covered

\* Tier 1 and Tier 2 deductibles and maximum out of pockets are separate but can accumulate toward one another. \*\*Prescription copays will apply to a separate max out-of-pocket in keeping with Healthcare Reform. \*\*\*Mail order is required after 3 retail fills on all maintenance medications. Maintenance Choice means you can get your 90-day script for maintenance medication filled at a local CVS Pharmacy instead of mail order.<sup>1</sup> Tiered ER copay per member: 1st visit \$200 copay + 40%; 2nd, 3rd & 4th visits: \$750 copay + 40%; 5 or more visits: \$1,000 copay + 40%. Charges waived if admitted.

**NOTE: \$0 out-of-pocket expense for Specialty medications dispensed by CVS Specialty Pharmacy using PrudentRx (see page 5 for details).**

<b>HDHP/HSA Plans Medical Benefits</b>	<b>HDHP/HSA PLAN - TIER 1 Lexington Clinic*</b>	<b>HDHP/HSA PLAN - TIER 2 Anthem In-Network*</b>	<b>HDHP/HSA PLAN - TIER 3 Out of Anthem Network</b>
<b>Calendar Year Annual Deductible</b>	\$1,500 individual \$3,000 family <sup>1</sup>	\$3,750 individual \$7,500 family	\$7,500 individual \$15,000 family
<b>Coinsurance</b> (Plan / Member)	85% / 15%	75% / 25%	50% / 50%
<b>Medical Maximum Out-of-Pocket</b> (includes deductible, medical copays and coinsurance)	\$4,500 individual \$9,000 family	\$7,500 individual \$15,000 family	\$15,000 individual \$30,000 family
<b>Aggregated or Embedded Accumulators<sup>1</sup></b>	Embedded	Embedded	Embedded
<sup>1</sup> If you enroll in the HDHP/HSA plan with coverage for employee/spouse, employee/child(ren) or family, per IRS guidelines, the minimum deductible for a member is \$2,800.			
<b>COVERED SERVICES</b>			
<b>Primary Care Office Visit</b>	Deductible + 15%	Deductible + 25%	Deductible + 50%
<b>Specialist Office Visit</b>	Deductible + 15%	Deductible + 25%	Deductible + 50%
<b>Allergy Injections</b>	Deductible + 15%	Deductible + 25%	Deductible + 50%
<b>Physical Therapy</b>	Deductible + 15%	Deductible + 25%	Deductible + 50%
<b>Preventive Care</b>	Covered in full	Deductible + 25%	Not Covered
<b>Emergency Room</b>	N/A	Deductible + 25%	Deductible + 25%
<b>Immediate Care Center</b>	Deductible + 15%	Deductible + 25%	Deductible + 50%
<b>Inpatient Facility Services</b>	N/A	Deductible + 25%	Deductible + 50%
<b>Outpatient Services</b>			
Surgery	Deductible + 15%	Deductible + 25%	Deductible + 50%
Radiology / Laboratory	Deductible + 0%	Deductible + 25%	Deductible + 50%
Professional Services	Deductible + 15%	Deductible + 25%	Deductible + 50%
All Other	Deductible + 15%	Deductible + 25%	Deductible + 50%
<b>MENTAL HEALTH/SUBSTANCE ABUSE</b>			
Inpatient	N/A	Deductible + 25%	Deductible + 50%
Outpatient	N/A	Deductible + 25%	Deductible + 50%
<b>PRESCRIPTION DRUGS</b>	<b>CVS/caremark™ Pharmacies</b>	<b>All other In-Network Pharmacies</b>	<b>Out-of-Network Pharmacies</b>
<b>Retail</b> Deductible (Individual/Family)	<b>Subject to Medical Deductible</b>	<b>Subject to Medical Deductible</b>	
Generic / Tier 1	\$5	\$10	Not Covered
Preferred Brand / Tier 2	\$30	\$50	Not Covered
Non-Preferred / Tier 3	\$50	\$70	Not Covered
<b>Specialty Pharmacy/Prudent RX</b>	\$0 with PrudentRx; 30% without PrudentRx	N/A	N/A
<b>Separate Rx Out-of-Pocket Maximum</b>	<b>Included in Medical Out-of-Pocket Maximum</b>		
<b>Mail Order/Maintenance Choice*** (90 day supply)</b>			
Generic / Tier 1	\$12.50	Not Covered	Not Covered
Preferred Brand / Tier 2	\$75	Not Covered	Not Covered
Non-Preferred / Tier 3	\$125	Not Covered	Not Covered
<b>LEXINGTON CLINIC HSA CONTRIBUTIONS</b>	<b>\$500 Employee; \$1,000 Employee + Spouse / Employee + Child(ren) / Family</b>		

\* Tier 1 and Tier 2 deductibles and maximum out of pockets are separate but can accumulate toward one another. \*\*\*Mail order is required after 3 retail fills on all maintenance medications. Maintenance Choice means you can get your 90 day script for maintenance medication filled at a local CVS Pharmacy instead of mail order. Services not available from a Lexington Clinic (Tier 1) provider will be subject to Tier 2 or Tier 3 benefits depending on the participating status of the Provider.

### Copay Assistance Program

- \$0 out-of-pocket expense for Specialty medications dispensed by CVS Specialty Pharmacy using **PrudentRx**
- **30% coinsurance** for Specialty medications that **do not** go through **PrudentRx**
- All members **who are enrolled in the PPO medical plan or the HDHP/HSA plan**, who are receiving Specialty medications, are eligible to participate
- On-the-spot capabilities to apply copayment assistance dollars when the Specialty medication is dispensed by CVS Specialty Pharmacy using **PrudentRX**



# 2023 Medical Rates

## Tobacco Surcharge:

If you and/or your spouse are tobacco-users, you will be charged an additional \$100 per month per tobacco-user; however, Lexington Clinic will provide you and/or your spouse a path where you can pay the regular rates and potentially become healthier along the way. As a tobacco-user, you can pay the regular price if you choose to complete the Quit Now Kentucky tobacco cessation program. Although Lexington Clinic believes that this reasonable alternative standard will accommodate all members, it will consider recommendations from personal physicians if the alternative is not medically appropriate for an individual.

**Note:** Tobacco Cessation products, such as patches or medications are covered on all medical plans at **no cost to you**.

## Working Spouse Surcharge:

If your spouse has medical coverage available through his/her own employer, you will be charged an additional \$100/month to add them to the Lexington Clinic Medical Plan.

**Note:** If your spouse does not have coverage available through their own employer, they can be covered on the Lexington Clinic Medical Plan at the Base Rates with no additional charge.

### Base Rates

Employee Medical Payroll Deductions - 26 Pay Periods		
	PPO	HDHP
<b>Employee</b>	\$59.44	\$31.50
<b>Employee + Spouse</b>	\$135.81	\$71.98
<b>Employee + Child(ren)</b>	\$94.22	\$49.75
<b>Family</b>	\$179.68	\$95.22

The above per pay rates will be increased as follows:

1. One tobacco user on plan (Employee OR Spouse): ..... \$46.15/pay
2. Two tobacco users on plan (Employee AND Spouse): ..... \$92.30/pay
3. Spouse has medical coverage available through his/her own employer but chooses to remain on the Lexington Clinic medical plan: ..... \$46.15/pay



# Dental Benefits



Staying healthy includes obtaining quality dental care for you and your family. Lexington Clinic's dental plan is provided through Delta Dental, which includes an extensive network of providers and offers flexibility based upon where you choose to access care.

Once enrolled, you may visit the Delta Dental website at [deltadentalky.com](http://deltadentalky.com) or call **800.955.2030** to locate a provider. Dependent child(ren) are covered to age 26. See benefit summary for full details.

Dental Benefits	PPO + PREMIER NETWORK** Any licensed dentist	PPO NETWORK	DELTA CARE DHMO Delta Care Providers only
<b>Annual Dental Deductible</b>	\$50 individual \$100 family	\$25 individual \$75 family	\$0 individual \$0 family
<b>Maximum Dental Benefit</b> (per member/per year)	\$1,500	\$1,500	Unlimited
COVERED SERVICES			
<b>Preventive Care*</b> (once every 6 months) Oral exams Cleanings X-rays	No member cost	No member cost	No member cost
<b>Basic Services</b> (deductible applies) Fillings/Extractions Oral Surgery Root Canals	20%	20%	See Benefits Dept. for copay schedule
<b>Major Services</b> (deductible applies) Crowns Bridges Dentures	50%	50%	See Benefits Dept. for copay schedule
<b>Orthodontics</b> (adults and children)	N/A	N/A	\$4,100 copay

\* Preventive Services not subject to deductible. \*\* If a dentist is not participating in the Delta Dental network, the plan will pay based on the usual and customary fee.

## PPO or Premier Network?

Your Delta Dental Plan allows you access to two networks: the PPO network and the Premier network.

### THE PPO NETWORK

Has the greatest discounts offered by Delta Dental and those discounts are passed on to you.

### THE PREMIER NETWORK

Is the larger network, but the discounts are not as deep, so you may pay a little more to see your favorite dentist.

If you choose to go to a dentist that is not in either network, then Delta Dental will pay their normal fees and you will be responsible for additional fees owed.

Employee Dental Payroll Deductions - 26 Pay Periods			
	PPO + PREMIER	PPO	DELTA CARE DHMO
<b>Employee</b>	\$8.64	\$7.50	\$4.80
<b>Employee + 1</b>	\$14.55	\$12.70	\$8.22
<b>Family</b>	\$21.10	\$17.69	\$12.03

# Vision Benefits



We are pleased to provide access to a comprehensive vision program through EyeMed's nationwide **Insight Network**. The amount you pay for vision services depends upon whether you visit a network or non-network provider. To find a network provider, contact EyeMed (contact info at back of this booklet). A brief description of benefits is provided here.

Vision Benefits	In-Network Benefits / Member Cost Share <sup>1</sup>
<b>Copays</b>	
Exams	\$10 Copay
Fitting Fee	Up to \$40
<b>Lens Coverage</b>	
Single Vision Lens	\$10 Copay
Lined Bifocal Lenses	\$10 Copay
Lined Trifocal Lenses	\$10 Copay
<b>Frames</b>	\$0 Copay; \$130 retail allowance, then 20% off remaining balance
<b>Contact Lenses</b>	
Elective	\$0 Copay; \$130 retail allowance then 15% off remaining balance
Disposable	\$0 Copay; \$130 retail allowance
Medically Necessary	\$0 Copay; paid in full
<b>Service Frequency</b>	
Exam	12 Months
Lenses	12 Months
Frames	24 Months

<sup>1</sup> For a complete listing of covered services, see the carrier's Certificate of Coverage and/or Plan Document.

## Employee Vision Payroll Deductions - 26 Pay Periods

	EyeMed Insight Network
<b>Employee</b>	\$3.43
<b>Employee + Spouse</b>	\$6.53
<b>Employee + Child(ren)</b>	\$6.87
<b>Family</b>	\$10.09

# Health Savings Account



You can contribute to a Health Savings Bank Account if you have elected the HDHP/HSA medical plan. This is a personal bank account which is designed to allow you to save pre-tax dollars for current and future medical expenses.

Lexington Clinic will contribute \$500 annually to your Health Savings Account for an individual plan, and \$1,000 annually for those who carry dependents on their plan. This amount is prorated and deposited per pay period directly into your HSA Account.

*“Money in this account is always yours and goes with you even if you leave your employer.”*

However, the money can only be used for medical, dental and vision expenses incurred by you or your dependents, even if they are not covered on your insurance plans.

The Health Savings Account is administered by Optum Bank. Upon initial election of the HDHP/HSA Medical Plan, an Optum bank account will automatically be opened for you. You will receive your HSA debit card in the mail and you must activate your card before using.

## HSA Eligibility

You are **NOT** eligible for a HSA Bank Account if:

- You or your spouse contribute to a Health Flexible Spending Account or;
- You are enrolled in a governmental sponsored medical plan such as Medicare, Medicaid or TRICARE.
- If you are covered under a PPO plan elsewhere.

### HSA ANNUAL CONTRIBUTION LIMIT

Annual contribution amounts are limited by IRS regulations and include both your employer’s contribution and any contributions you wish to make.

#### 2023 CONTRIBUTION LIMITS

\$3,850 for Individual coverage  
\$7,750 for EE + Dependent plans

**If you are over age 55, you can contribute an additional \$1,000 annually.**

# Flexible Spending Accounts

HealthEquity®

WageWorks®

Flexible Spending Accounts allow you to payroll deduct some of your income on a pre-tax basis to pay for certain health or dependent care expenses that may not be covered under your benefit plans. Lexington Clinic offers the following accounts:

### HEALTH FLEXIBLE SPENDING ACCOUNT

Available for those on the PPO Medical Plan or as a stand-alone plan.

The Health FSA allows you to payroll deduct money out of your paycheck pre-tax to cover out of pocket expenses for **medical, dental or vision care (such as deductibles, copayments, coinsurance and such items as orthodontia, glasses and contact lenses)**. The annual maximum contribution is \$2,850 and this money can be used for your spouse and/or dependents, even if they are not covered under your insurance plan.

*“The entire amount you elect will be funded up front and payroll deducted throughout the year.”*

### LIMITED HEALTH FLEXIBLE SPENDING ACCOUNT

(Available for those on the HDHP/HSA Medical Plan).

A Limited Health FSA allows you to payroll deduct money out of your paycheck pre-tax to cover out of pocket expenses for **dental, vision care or post-deductible medical expenses**. The annual maximum contribution is \$2,850 and this money can be used for your spouse and/or dependents, even if they are not covered under your insurance plan. **This Account can be used in conjunction with a Health Savings Account.**

*“The entire amount you elect will be funded up front and payroll deducted throughout the year.”*

**You can incur expenses for the Health FSA and the Limited Health FSA from January 1, 2023 through March 15, 2024. You may request reimbursement of eligible expenses until March 31, 2024 after which time, all remaining funds will be forfeited.**

### DEPENDENT CARE ACCOUNT

(Employees earning over \$130,000/year are excluded from contributing to the Dependent Care Account due to IRS discrimination testing).

This account allows you to payroll deduct money to help fund the care of children under the age of 13 or a spouse or other tax dependent who resides with you and is physically or mentally incapable of self-care, while you work. This account can be used for daycare, preschool, after school care, summer day camp or elder care. The annual maximum contribution is \$5,000 (or \$2,500 if married, filing separately). **Eligible expenses for dependent care must be incurred in the same plan year that your contributions are made or they will be forfeited. The funds in this account can only be used as they accumulate.**



# Open Enrollment

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Our Section 125 plan year is from January 1 to December 31. Your election to participate in Medical, Dental and Vision, will constitute your election to participate in the Premium Only Plan so that your insurance premiums can be taken from your check on a pre-tax basis, saving you money!

**Important Note:** Your plan elections can only be changed during Open Enrollment (for plan year renewal on January 1) or if you have a Change in Family Status. A Change in Family Status is a life event such as:

- Marriage
- Birth of a child
- Adoption or placement for adoption
- Death
- Divorce or legal separation
- Child ceasing to be an eligible dependent
- Loss of coverage elsewhere

Adding/Deleting a dependent is permissible within 30 days of a Change in Family Status event. It is your responsibility to notify the Benefits Department within the 30 day timeframe if you want to make a change to your plan election. It is also your responsibility to notify the Benefits Department when your dependent ages out of coverage on any given plan.



# Disability Benefits

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The financial consequences of not being able to work due to a disabling accident or illness can be devastating. Lexington Clinic certainly recognizes that risk and is pleased to provide you with comprehensive disability benefits after six months of employment.

## SHORT-TERM DISABILITY

The company provides a Short-Term Disability benefit that begins on the 8th day of illness or injury and covers 30% of your covered earnings for 12 weeks. You may purchase an enhancement to this policy that will cover an additional 30% of your covered earnings (to a total of 60 % with a maximum benefit of \$2,500/week).

## LONG-TERM DISABILITY

Benefits begin after 90 days of Short-Term Disability. Coverage is equal to 60% of base earnings, \$8,000 maximum monthly benefit for total disability. This benefit is paid for in full by Lexington Clinic.

\$400 medical reimbursement toward your COBRA costs for medical coverage up to 18 months.



# Long-Term Care Insurance

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Voluntary Long Term Care insurance is available to all Full-time employees of Lexington Clinic. Guarantee Issue is available for specific levels of coverage during your initial eligibility. Coverage is available for employees and family members (including parents, children and siblings). There are various options to choose from. See Summary Booklet for additional details.



# Group Term Life / AD&D

Life insurance is an important part of your financial well being, especially if others depend on you for support.

## BASIC TERM LIFE

Lexington Clinic provides Basic Life and AD&D coverage at no cost to you. The Basic Life and AD&D benefit amount for employees is equal to two times your basic annual earnings to a maximum of \$1,000,000. AD&D insurance provides an additional benefit up to the amount of your life benefit if you suffer a covered loss due to an accident.

## OPTIONAL TERM LIFE / AD&D\*

As an employee you may also purchase additional voluntary life insurance for you and your family in the amounts listed below. Rates will vary depending on age.

### Employee Term Life

You may purchase an amount that is 1-5x your base annual earnings up to a maximum of \$1,000,000. A Guaranteed Issue amount of \$700,000 is available during your initial enrollment or during a Special Enrollment offered by The Hartford.

### Dependent Term Life:

#### Benefits for Spouse:

You may purchase Term Life Insurance for your spouse in increments of \$10,000 up to \$150,000 not to exceed 100% of the employee elected and approved amount. \$50,000 is offered as Guarantee Issue during your initial eligibility or during a Special Enrollment offered by The Hartford.

#### Benefits for Children:

\$10,000 of coverage is available for dependent children from live birth to age 26.

**\* Benefit and age reductions will apply. Guarantee Issue is only available to newly eligible employees and/or during a Special Enrollment. Additional coverage over Guarantee Issue amounts will require Evidence of Insurability.**



# Value-Added Services!

## TRAVEL ASSISTANCE & I.D. THEFT PROTECTION

### Even the best planned trips can be full of surprises.

The best laid travel plans can go awry, leaving you vulnerable and, possibly, unable to communicate your needs. When the unexpected happens far from home, it's important to know whom to call for assistance.

If you are covered under a Hartford Group Policy, you and your family have access to Travel Assistance Services provided by Europ Assistance USA.

With a local presence in 200 countries and territories around the world, and numerous 24/7 assistance centers, they are available to help you anytime, anywhere.

### Good to go: Multilingual Assistance 24/7.

Whether you're traveling for business or pleasure, Travel Assistance services are available when you're more than 100 miles from home for 90 days or less.

### Identity Theft Assistance, too.

Identity theft, America's fastest growing crime, victimizes almost 10 million American consumers each year. Europ Assistance USA helps protect you and your family from its consequences 24/7, at home and when you travel.

In addition to prevention education, this service provides advice and help with administrative tasks resulting from identity theft.

Call: **1-800-243-6108** / ID number: **GLD-09012**

## ESTATEGUIDANCE WILL SERVICES

### An easy and empowering solution.

As a covered employee under a Hartford Group Life insurance policy, you have access to EstateGuidance Will Services provided by ComPsych helps you create a simple, legally binding will quickly and conveniently online, saving you the time and expense of a private legal consultation. Other advantages include:

- Online assistance from licensed attorneys should you have questions.
- The ability to save drafts for up to six months. During this period, you can revise your will at no cost, as long as you haven't already printed or downloaded it.
- Additional estate planning services are also available for purchase, including the creation of living wills and trusts, guidance about divorce proceedings, and durable power of attorney.

Web address: [www.estateguidance.com](http://www.estateguidance.com)

Access Code: **WILLHLF**



# Retirement Plans



Employees are eligible to make personal contributions to the 401(k) plan after 90 days of employment.

Employees are eligible for the Lexington Clinic contribution after one year of employment, with 1,000 hours worked.

## WHAT IS A 401(K)?

A 401(k) is tax deferred savings primarily used for retirement. Pre-tax or after-tax (Roth) contributions are available.

## HOW MUCH CAN I CONTRIBUTE?

At time of printing, the personal contribution limit for 2023 is \$22,500. Age 50 and over can contribute an additional \$7,500.

## DOES LEXINGTON CLINIC CONTRIBUTE?

Lexington Clinic contributes 5 percent of employee's annual salary (pre-tax)

- 3% Basic Contribution, 100% vested\*
- 2% Profit Sharing Contribution (see vesting schedule)
- Percentages based on salary up to maximum of \$305,000

You may select from investment menu or self-direct investments.

For more information, contact Fidelity at **1-800-603-4015** or visit **www.401k.com**.

Vesting Schedule	
PLAN IN YEARS (1,000 hours worked in each plan year)	VESTED SHARE
Less than 2 years	0 %
2 years	20 %
3 years	40 %
4 years	60 %
5 years	80 %
6 years	100 %

\*Vesting is a term used to describe the percentage of ownership a participant has earned in his/her benefit.

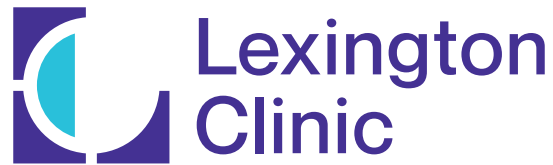


# Employee Assistance Program

- Three (3) face to face visits with the Employee Assistance Program (EAP) with Human Development Company (HDC)

**1-800-877-8332 | humandev.com**





## CONTACTS AT-A-GLANCE

QUESTIONS	COMPANY	WHO ARE THEY?	TELEPHONE	WEB ADDRESS
Lexington Clinic Benefits Department	Lexington Clinic	Lexington Clinic Benefits	Ext. 6322 Ext. 6057	N/A
Medical Information	ASPIRANT (formerly known as ARC)	Insurance Company	1-855-982-2583	<a href="http://www.aspirant.us">www.aspirant.us</a>
Pharmacy Information	CVS/caremark™	Pharmacy Network	1-855-402-2583 (effective 1/1/21)	<a href="http://www.caremark.com">www.caremark.com</a>
Dental Information	DELTA DENTAL®	Insurance Company	1-800-955-2030	<a href="http://www.deltadentalky.com">www.deltadentalky.com</a>
Vision Information	eye Med	Insurance Company	1-866-939-3633	<a href="http://www.eyemed.com">www.eyemed.com</a>
FSA Reimbursement Information	HealthEquity®    WageWorks®	FSA Administrator	1-877-924-3967	<a href="http://www.wageworks.com">www.wageworks.com</a>
Long-Term Care Information	unum	Insurance Company	1-800-421-0344	<a href="http://www.unum.com">www.unum.com</a>
HSA Information	OPTUM Bank™	HSA Administrator	1-866-234-8913	<b>Bank website:</b> <a href="http://www.optumbank.com">www.optumbank.com</a> <b>Education and resource website</b> <a href="http://www.openenrollment123.com">www.openenrollment123.com</a>
Disability Information	THE HARTFORD	Insurance Company	1-800-523-2233	<a href="http://www.thehartford.com">www.thehartford.com</a>
Group Life / AD&D Information				
401(k) Information	Fidelity INVESTMENTS	401(k) Administrator	1-800-603-4015	<a href="http://www.401k.com">www.401k.com</a>
EAP Information	HDC Human Development Company	Employee Assistance Program	1-800-877-8332	<a href="http://www.humandev.com">www.humandev.com</a>

The benefits overview is intended for summary purposes only. It is not to be relied upon for the determination of any policy benefits, limitations or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.



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