

Flexible Spending Account (FSA)

DMH Electric offers a Healthcare Flexible Spending Account to all full-time employees.

What is a Flexible Spending Account (FSA)?

- Money is set aside for FSA from each paycheck before taxes are taken out.
- Use pre-tax FSA funds throughout the plan year to pay for eligible healthcare expenses.
- Save money on expenses which are already being paid for.

Healthcare FSA Eligible Expenses

- Medical expenses: co-pays, co-insurance, and deductibles
- Dental expenses: exams, cleanings, X-rays, and braces
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractor, and acupuncture
- Prescription drugs
- Over-the-counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.



Healthcare FSA

Maximum Annual Contribution	up to the maximum 2021 legal limit
Deadline to Incur Expenses	March 15th
Deadline to Submit Claims	March 31st

Value of Pre-Tax Benefits

Section 125 Plan

DMH Electric operates a Premium Only Section 125 Plan. This type of plan allows employees to reduce their total taxable income by their portion of the group insurance premiums. In effect, this is just like getting a raise; withholding taxes are reduced and take-home pay increases. See below example for sample calculation.



Employee earns \$30,000 annually and pays \$200 a month for benefits

	Without Pre-Tax Benefits	With Pre-Tax Benefits
Gross Pay	\$30,000	\$30,000
Insurance Deductions	\$0	\$2,400
Taxable Income	\$30,000	\$27,600
Taxes at 25%	\$7,500	\$6,900
After-Tax Income	\$22,500	\$20,700
After-Tax Payment for Benefits	\$2,400	\$0
Take-home Pay	\$20,100	\$20,700
INCREASE IN TAKE-HOME PAY		+\$600



Employee Rewards

Employee Referral Program

DMH Electric is always looking for qualified employees and appreciates recommendations made by existing employees. If you recommend someone who is hired on a full-time basis and who continues to be employed by the Company after 120 days, you are eligible to be paid a Referral Bonus. The current Referral Bonus is:

- Full Time Licensed Electricians: \$500.00
- Full Time Apprentice: \$250.00

Employee Stock Ownership Plan

DMH Electric employees are employee-owners, meaning they own "shares" in the company through ESOP. The ESOP is fully funded by company contributions at no cost to employees. Employees are 100% vested after six (6) years of employment. As an employee owner, you have a great stake in the company and an opportunity to reap the rewards of ownership.

Tuition Reimbursement Program

DMH Electric is proud to support employees continuing their education. Tuition reimbursement program is available to regular, full-time employees for the pursuit of their electric license. You will be reimbursed 1/2 of your qualifying tuition with certificate of completion and payment receipt.

Milestone Recognition Program

DMH Electric values the contribution, knowledge and experience of long-term employees. In appreciation of this dedicated service, DMH recognizes employees as they reach milestone anniversaries of employment. Full-time, active employees become eligible for a milestone monetary award after fifteen(15) years of service and every five (5) year increment after that.

Parental Leave Program

The purpose of paid parental leave is to enable the employee to care for and bond with a newborn. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable. This policy will be in effect for births occurring on or after 1/1/2021.

Eligible employees will receive a maximum of 8 weeks for birthing parent or primary care giver or 3 weeks for non-birthing parent of paid parental leave per birth. The fact that a multiple birth may occur (e.g., the birth of twins) does not increase the number of week total amount of paid parental leave granted for that event. In addition, in no case will an employee receive more than 8 weeks of paid parental leave in a rolling 12-month period, regardless of whether more than one birth event occurs within that 12-month time frame.

Each week of paid parental leave is compensated at 80 percent of the employee's regular straight-time weekly pay up to \$1,200.00. Paid parental leave will be paid on a Bi-weekly basis on regularly scheduled pay dates.



Legal Notices

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Patient Protection Notice

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself

and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact DMH Electric Human Resources 978-422-0400



Legal Notices

Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 addresses how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have a right to inspect copy-protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you get access to the information, contact the Human Resources Department.

The HIPAA Privacy Rule was effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI). The provisions of the Privacy Rule have a significant impact on those who deal with health information and on all citizens with regard to their personal PHI. Our health insurance broker and all our contracted plans adhere to the HIPAA Privacy Rule.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

The right to COBRA continuation coverage was created by federal law, so that you and your covered dependents may continue your employer-sponsored benefits coverage at full costs (plus an administrative fee). After a qualifying event, COBRA continuation coverage must be offered to each qualified beneficiary. You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost as a result of a qualifying event.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Family Medical Leave Act (FMLA)

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

Twelve workweeks of leave in a 12-month period for:

- the birth of a child and to care for the newborn child within one year of birth;
- the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;

- to care for the employee's spouse, child, or parent who has a serious health condition;
- a serious health condition that makes the employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or

Twenty-six workweeks of leave during a single 12-month period to care for a covered servicemember with a serious injury or illness if the eligible employee is the servicemember's spouse, son, daughter, parent, or next of kin (military caregiver leave).

Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.