

Benefit FAQs

Learn more about your options for Open Enrollment and beyond.



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Plan details can be found at [MAPFRE.gobenefits.net](https://www.mapfre.usa.com/gobenefits.net).



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2022 BENEFITS

Our New Approach to Health Care Coverage

Why is the medical plan changing?

We are continually evaluating our benefits to ensure we are providing you with valuable coverage at a reasonable cost. Our goal is to bring you plans that are competitive in our industry, both in terms of benefits and rates, equitable across all employees and with different payment options. This year, in addition to a comprehensive benefits package, we've enhanced our cost options to fit your unique needs.

What is MAPFRE's approach to medical coverage?

- We are proud to offer you a medical plan with comprehensive coverage and the same robust provider network, which allows you to choose from three options based on how you prefer to pay for your health care needs (i.e., more money from your paycheck vs. more money when you need care).
- We provide an array of resources to help you evaluate your current situation, your health care needs and your payment preferences, which lets you make informed decisions about your plans. See **page 3** for details.
- We offer tools and programs to help you save money and take charge of your health care expenses, such as tax-advantaged health savings accounts with contributions from MAPFRE, flexible spending accounts and a new medical bill negotiation and payment service. You'll also save money on your medical plan contributions when you receive a biometric screening and get fully vaccinated for COVID-19.

What are my options with the medical plan?

This year, your choices include:

- **EPO:** Lowest deductible, highest premium
- **Value HSA:** Higher deductible, lower premium
- **Super Value HSA:** Highest deductible, lowest premiums

What happens if I waive medical coverage? **NEW!**

If you had coverage in 2021 and waive coverage in 2022, you will receive a waiver credit each pay period. This does not apply if you waived coverage in 2021.



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MEDICAL PLANS

What is an exclusive provider organization (EPO)?

With an EPO Plan, you are provided with a comprehensive network of doctors and hospitals to receive services. You are covered when you use the doctors and hospitals within the network. Services are not covered when you go outside of this network for your care, except in the case of emergencies.

How do I find a network provider?

To check if your doctor is in the network, or to find a new provider, visit harvardpilgrim.org and:

- Click “Find a Provider” at the top
- If you are a current member, log in to your account
- To search without logging in, click “Select a Plan”
- Select the “Access America” or “Access America Value” plan under “Standard Plans”
- Search by location, name or provider type

Or, you can call Harvard Pilgrim member services at **888-333-4742**.

Do I need a referral to see a specialist?

No, referrals are not required for any of the three medical plan options.

Can I receive services outside of the network?

If you decide to seek non-emergency care from an out-of-network provider, the plan will not share in the cost of these services and you will be required to pay out of pocket. Your care will be covered in the case of an emergency.

How do the deductibles and out-of-pocket maximums apply?

If you enroll any family members in your coverage, they apply as follows:

Annual Deductible: The amount you meet before the plan starts to pay

- **Value HSA:** You must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
- **Super Value HSA and EPO:** Each family member needs to only meet the individual deductible and the plan will pay for that member.

Out-of-Pocket Maximum: Once you meet this amount, the plan pays 100%

- **Value HSA:** You must meet the full FAMILY out-of-pocket maximum before the plan starts to pay at 100% for any one individual.
- **Super Value HSA and EPO:** Each family member needs to only meet the individual maximum and the plan will pay 100% for that member.

Finding the Best Option

How do I know which option is best for me?

The benefits that best match your situation depend on several factors, such as how you use health care services and how you prefer to pay for them. Using the resources below will help you understand your needs and preferences and make informed benefit decisions.

ALEX® — myalex.com/MAPFRE/2022

Available starting October 22

In just 15 minutes, ALEX will ask a few questions about your needs, crunch some numbers and point you to the options that make sense for you.

MyHealthMath (MHM) — myhealthmath.com/MAPFRE

Available starting October 25

An MHM benefit analyst will talk with you to learn how you plan to use medical services in the coming year, and mail you a report detailing the plan that is optimal for your circumstances.



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Biometric Screening and COVID-19 Vaccination Discount

What is this discount?

Employees who are enrolled in the medical plan and complete the wellness requirements by December 3, 2021, will reduce their 2022 contribution rate for the medical plan by \$520, or \$20 per paycheck. (This incentive amount is increased from the 2021 incentive of \$260.)

To receive the discount, you must:

- Receive a biometric screening with your doctor, at a Labcorp location or at an onsite biometric screening event.
- Attest to the completion of COVID-19 vaccination by updating your vaccination status in Appian, or if fully remote, by sending an email to Benefits_and_ReadySetGo@mapfreusa.com.

What is a biometric screening?

It is a quick and confidential screening with a health professional to monitor your cholesterol, blood pressure and glucose.

Why do I need this screening?

It's always a good idea to monitor these levels and know what your numbers are. It's part of your preventive efforts, along with nutrition, exercise and stress management. Your health and wellbeing is important to MAPFRE, but only you can manage it. Preventive care is critical to disease prevention and management, and helps to reduce your long-term cost of care.

How do I get this screening?

There are three ways to get your biometric screening:

- 1 **Visit a LabCorp location** — ask the LabCorp technician to complete the form at your visit.
- 2 **At your physician's office** — your doctor will complete the form for you.
- 3 **At an onsite screening event** — to register for an appointment, go to ehealthscreenings.com/signup or call EHS Customer Service at 888-708-8807 (ext. 1) for assistance.

Where can I find the form I need?

Forms can be downloaded from ehealthscreenings.com/signup. Use the code **MAP05**.

How do I submit my biometric screening form?

Forms filled out by your physician can be emailed or uploaded to the [ehealthscreenings](https://ehealthscreenings.com) site. If you go to a LabCorp location, LabCorp will submit your form to ehealthscreenings for you.

Is my information confidential?

Yes, no one at MAPFRE will have access to this information. You should share the results with your doctor so that they can identify if any further action is needed to maintain your health.



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SAVINGS ACCOUNTS

Health Savings Account

What is a health savings account (HSA)?

An HSA is a tax-advantaged savings account that belongs to you and allows you to set aside pre-tax dollars to cover certain qualified out-of-pocket health care expenses not covered by your plan. Detailed HSA information is available at [MAPFRE.gobenefits.net](https://www.mapfre.gobenefits.net).

What are the benefits of an HSA?

1. Your contributions are made through pre-tax payroll deductions.
2. There's no tax on the earnings—and, you can invest the money and watch it grow.
3. When you withdraw the money to pay for qualified health care expenses, you don't pay tax on it.
4. The money is always yours—if you leave MAPFRE, your account goes with you and can be used to pay for qualified expenses.

Who is eligible to enroll in an HSA?

If you are actively employed and you enroll in MAPFRE's Value HSA or Super Value HSA plan option offered through Harvard Pilgrim, you will be automatically enrolled in the HSA. An employee enrolled in the HSA **cannot**:

- Be enrolled in Medicare (though your spouse can be enrolled)
- Be covered under another health plan
- Be covered under a health care flexible spending account (FSA) (either yours or your spouse's)
- Have a carryover balance in a health care FSA
- Be claimed as a tax dependent on another individual's tax return
- Be a veteran who has received medical treatment from the Veteran's Administration within the last three months (except for preventive care, dental or vision care)

How does MAPFRE's funding of the HSA work for employees who are hired midyear?

MAPFRE's contribution will be made on the first day of the month following the hire date. The annual employer contribution will be divided by 12 and then multiplied by the number of months remaining in the calendar year. The amount deposited will be reduced for the number of months not employed with MAPFRE.

What if I have an expense in excess of MAPFRE's contribution early in the year?

The HSA works differently than the FSAs. Like a bank account, you can only use the funds that are actually in the account. However, you can elect an employee contribution and opt to "front load" your contributions by selecting a higher payroll contribution amount early in the year and then lower or stop your contribution later.

You can also make a contribution to your HSA directly by check. At the end of the year, you would exclude this contribution from your taxable income when filing your tax return. However, you will pay FICA tax on any amount contributed outside of payroll deductions.

Can HSA money be used to pay for COBRA premiums? What about Medicare premiums in retirement?

Yes. However, you can't use HSA funds to pay for Medicare supplement or Medigap premiums.

If I do not use all the money in my HSA in 2022, can I use it to pay for medical expenses in the future, even if I'm not enrolled in the Value HSA or Super Value HSA options?

Yes, the HSA is yours for life, even if you change health plans or leave the company. Many choose to fund and invest in an HSA to pay for medical expenses and insurance premiums in retirement.



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Can I elect MAPFRE's HSA if I have coverage under another high-deductible health plan (e.g., my spouse's)?

No, you must be enrolled in MAPFRE's Value HSA or Super Value HSA option in order to participate in MAPFRE's HSA.

Do I use my Fidelity Netbenefits Access debit card for both my FSA and HSA?

Yes. If you enrolled in both an HSA and a limited-purpose FSA, Fidelity will fund your card with your contributions from both accounts.

Am I required to substantiate my HSA expenses (as with FSA expenses)?

No, you own the HSA, and you are responsible for following the rules associated with withdrawing funds from the account as set by the IRS.

What if I don't use all the money in my account during the calendar year?

Funds roll over year after year, so your account balance can grow over time. Your account stays with you, even if you leave MAPFRE. You can pay qualified health care expenses through your HSA or you can choose to save those funds for qualified health care expenses in later years.

Do I have to pay state taxes on my HSA?

Some states do currently tax contributions and/or earnings to an HSA. The states that currently tax contributions are California and New Jersey. The states that currently tax earnings on an HSA are Tennessee and New Hampshire. Please consult with your tax advisor for additional details.

Can I have an individual HSA with Fidelity while my spouse also has an individual HSA through their employer?

Yes, if you and your spouse each meet the requirements for establishing and funding an HSA, you can each have your own separate HSA. However, the total amount per year that a couple can contribute to all HSAs combined cannot exceed the annual family contribution maximum set by the IRS. Please note that MAPFRE will only make its employer contribution based on the coverage elected under the Value HSA or Super Value HSA.

What if I have a qualifying life event that changes my coverage tier after I have received MAPFRE's annual contribution?

If you are going from Dual or Family coverage to Individual coverage, no adjustment is made to the employer contribution already made in that year. You keep the full employer contribution.

If you are going from Individual coverage to Dual or Family coverage, the difference will be deposited to your HSA the first business day of the month following the effective date of your change. If you have already met the IRS contribution limit for that year—for example, because your spouse also has an HSA—it is your responsibility to notify MAPFRE to avoid any excess contributions. If you are contributing outside of payroll deductions, you may also need to adjust the amount of your contribution and should contact the Human Resources Department for assistance.

What happens if I exceed the IRS contribution limit?

Since MAPFRE is not able to view your account at Fidelity, it is up to you to ensure you do not exceed the IRS contribution limit each calendar year. If you exceed the contribution limit, you should contact Fidelity before the state and federal tax filing deadline for that tax year to correct the excess contribution. A fee may apply to make this correction.



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Can I use the HSA to pay for expenses for my parent(s)?

Though they are not eligible for coverage under the MAPFRE medical plan, for the purposes of HSA reimbursement, a dependent may also include a grandchild, parent, grandparent, sister, brother, aunt, uncle, niece or nephew, if it can be demonstrated that they are a tax dependent and they depend on you for support. However, expenses that have been paid under another medical plan are not eligible for reimbursement.

What happens when I turn 65?

If you are age 65, or will reach age 65 during the calendar year, you can still use the funds in your account for qualified health care expenses, though you cannot contribute to the HSA or receive employer contributions upon your enrollment in Medicare.

When I enroll in Medicare, when do I need to stop my HSA contributions?

You are ineligible to make HSA contributions the first day of the first month that your Medicare coverage begins.

My spouse is enrolled in Medicare, but I am not. Can I contribute to an HSA?

Yes, as long as you are otherwise eligible. Spouses and dependents on Medicare do not affect an employee's HSA eligibility. On the first of the month in which you, the employee, enroll in Medicare, you are no longer eligible to contribute money into an HSA.

My spouse is enrolled in Medicare. Am I able to pay for my spouse's out-of-pocket expenses under Medicare?

Yes, as long as the expenses are considered qualified health care expenses in accordance with the IRS guidelines.

If I am not a U.S. citizen, may I enroll?

Yes, you may enroll in the Value HSA or Super Value HSA.

If you are employed in the U.S. and are paid in U.S. dollars, you will need a US-based Social Security or Tax Identification number to open an HSA.

What if I leave MAPFRE or retire?

If you leave MAPFRE or retire, contributions cease as of your last day of employment. You are able to continue using your account for qualified health care expenses even after your employment ends. If you continue to keep your account at Fidelity, you will be responsible for any future account maintenance fees. If you enroll in a qualified high-deductible health plan (HDHP) with an HSA in the future, you may roll over the balance of your HSA to your new employer's plan.

What happens to my HSA if I pass away?

When setting up your HSA, you will need to name a beneficiary for your account. If you name your spouse as beneficiary, your spouse may continue to use the HSA for qualified health care expenses. If your beneficiary is not your spouse, the HSA ceases to be an HSA as of the date of your death and will be taxed. However, no penalty tax will apply.

Whose expenses can be covered under my HSA?

Your dependent must be a tax dependent to reimburse their expenses through your HSA. These include your spouse, your domestic partner (only if they are a dependent under federal tax law) and children who derive over half of their support for the calendar year from you—including stepchild(ren), foster child(ren), legally adopted child(ren) or grandchild(ren) who are under age 19 or under age 24 if they are full-time students and are not the qualifying dependent of another tax payer for the tax year.



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Health Care FSA & Limited-Purpose FSA

What is the difference between a health savings account (HSA) and a health care flexible spending account (FSA)?

They both allow you to save for medical costs on a pre-tax basis. However, an:

- HSA is a savings account and the money you put into it is yours forever. You decide when to take the money out and use it.
- FSA is a spending account that you have to use within the calendar year, or you'll lose the savings not spent in excess of \$550.

Important: If you choose to enroll in the Value HSA or Super Value HSA, neither you nor your spouse may contribute to a health care FSA.

What happens to my FSA rollover if I enroll in an HSA?

If you enroll in an HSA, whether you elect to contribute to it, your remaining FSA money (no more than \$550) will automatically roll into a limited-purpose FSA. Any balance over \$550 is forfeited.

What is a limited-purpose FSA (LPFSA) and what expenses can I use it for?

An LPFSA is an optional account available to employees who enroll in the Value HSA or Super Value HSA and can be used along with your HSA to maximize your ability to pay for qualified expenses tax free. The LPFSA can only be used for dental and vision expenses. For these expenses, you will want to use your LPFSA first, as it is subject to the same "use it or lose it" rule as a health care FSA.

Why should I elect an LPFSA?

You may want to elect an LPFSA if you elect the maximum to your HSA, are looking for additional tax savings and you have upcoming known dental and vision expenses.

Is there a \$550 rollover with the LPFSA?

Yes, the LPFSA has the same \$550 rollover allowance as the standard FSAs.

If I elect the LPFSA along with my HSA, will I have two cards, one for the LPFSA and one for the HSA, or is there one card for both?

Both accounts will be available to you using the same card. For qualified dental and vision expenses, the LPFSA will be debited first. If the LPFSA is exhausted, any future qualified dental and vision expenses will be debited from the HSA. All medical expenses will be withdrawn from the HSA.

What is the annual maximum pre-tax contribution for a health care FSA and LPFSA for 2022?

The annual maximum for a health care FSA and LPFSA is currently \$2,750.



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INCOME PROTECTION

Accident

What is the Accident Insurance Plan?

The Accident Insurance Plan provides an additional level of financial protection when you or a covered family member are in an accident. The plan will pay a specific lump-sum benefit (from \$25 to \$30,000) for one or more non-occupational injuries caused in an accident or for treatments related to an accident.

What does the Accident Insurance Plan cover?

Treatments and injuries that are covered include chiropractic care, physical therapy, follow-up visits, arthroscopic surgery, concussions, eye injuries, physical therapy, fractures and dislocations, joint replacements, emergency dental coverage and prostheses. A complete list can be found in the Benefits section of the Total Rewards page on Entity.

Critical Illness

What is the Critical Illness Insurance Plan?

The Critical Illness Insurance Plan pays a lump sum to a person diagnosed with a serious covered illness to assist in paying for things like rent, mortgage, utilities, childcare and other expenses. You can choose from two coverage levels: \$10,000 or \$20,000. The specific illness determines what percentage of the \$10,000 or \$20,000 is paid. Coverage is available for you, your spouse and/or your eligible child(ren).

What does the Critical Illness Insurance Plan cover?

Some illnesses/procedures that are covered include stroke, cancer, heart attack, aneurysms, loss of vision, paralysis and transplants. A complete list can be found in the Benefits section of the Total Rewards page on Entity.

My spouse and I both work at MAPFRE. Can we each elect Critical Illness coverage?

Yes, but coverage is excluded for any dependent who is covered by this plan as an employee.

Hospital Indemnity

What is the Hospital Indemnity Plan?

The Hospital Indemnity Plan pays a lump-sum benefit to assist in covering daily living expenses during an inpatient hospital stay. Coverage is available for you, your spouse and/or your eligible child(ren).

What does the Hospital Indemnity Plan pay?

- The first day in the hospital, you will receive \$1,000 and then \$150 per day after that, up to 90 days per year.
- The first day in the ICU, you will receive \$2,000 and then \$300 per day after that, up to 30 days per year.

Enrollment

When do I sign up for these benefits?

Critical illness, accident and hospital indemnity coverage are offered during Open Enrollment. Outside of Open Enrollment, you must either be a new hire and elect this coverage within 30 days of your hire date or elect coverage when you experience a qualifying life event. You can sign up using the enrollment system on **Benefitfocus**.

If elected during Open Enrollment, coverage will be effective January 1, 2022. If elected as a new hire, coverage will be effective on your date of hire.