

2022 Open Enrollment Presentation

HIRE_RIGHT[®]



IT IS OPEN ENROLLMENT!



November 8th – November 17th

- One time each year you can make changes for any reason
- Switch to a different plan
- Add or drop coverage
- Add or drop dependents
- Re-enroll in Healthcare and dependent care Flexible Spending Accounts (FSA)

WHO IS ELIGIBLE FOR BENEFITS?



Employees

- Team members working 30 or more hours per week

Dependents

- Legally married spouse
- Same or opposite gender domestic partner
 - (please refer to your benefits booklet for eligibility requirements for domestic partner)
- Natural, adopted or stepchildren up to age 26
- Disabled dependent children over age 26
- Children named in a support order (QMCSO)

CHANGING YOUR BENEFITS



When it is not open enrollment, you can change your benefits if you have a change in:

- Marital status
- Number of dependents or dependent eligibility
- Employment that affects eligibility (you or dependents)
- Residence that affects access to network providers
- Health coverage due to spouse's employment
- Eligibility for Medicare or Medicaid

You have 30 days to submit changes

WHAT IS NEW OR CHANGING FOR 2022 ?



Summary of 2022 Changes

- Our three medical plans through Anthem Blue Cross of California will be replaced by three new medical plans with SimplePay Health.
- Our HSA plan will now be administered by Vive who works directly in tandem with SimplePay.
- Our Healthcare, Dependent Care FSAs and Commuter Benefits will now be administered by Navia.
- We will be replacing our incentive program with an automatic monthly employer contribution to eligible Health Savings Account (HSA) plans. HSA eligible plans include the Value and Enhanced High Deductible Health (HDHP) plans. The Core plan is no longer incentive eligible due to the elimination of the plan's high deductible in 2022.

WHAT IS NEW OR CHANGING FOR 2022 ?



Summary of 2022 Changes Continued...

- Our Basic Life annual earning maximum and Long-Term Disability maximum monthly benefit will be changing.
- Hospital Indemnity (previously with Aetna) and Critical Illness (previously with MetLife) will now be administered by The Hartford offering lower rates for you and your family coverages.
- Our medical plan contributions will be increasing, while all other contributions will remain the same.

ENROLLING IN BENEFITS



Enroll at YourBenefitsCenter.com

- **Username:** Your first initial of your first name, up to the first six letters of your last name and the last four digits of your Social Security number
- **Default password:** If you are a new hire logging in to the site for the first time, you will receive a separate email directly from our benefit administration platform, PlanSource, containing your temporary password. After you have entered this password information, you will be prompted to establish a permanent password.

Enrollment is required for 2022 benefits.

ENROLLING IN BENEFITS



Enroll at YourBenefitsCenter.com

- **Forgot your password:** If you have forgotten or need to reset your password, please click on the “Forgot your password?” link on the login page.
- Enter your username and e-mail address onto the Forgot Password screen and a new password will be sent to the e-mail address you provided.
- For additional username and password assistance please submit a request through HR4U > Myself > AskHR > Benefits

Enrollment is required for 2022 benefits.

BENEFITS HELP

[YourBenefitsCenter.com](https://yourbenefitscenter.com)

Have questions about your benefits?

Visit yourbenefitscenter.com to find important information about your benefits and how you can use them to best support you and your dependents.

If you have additional questions please submit a request through HR4U > Myself > AskHR > Benefits or contact the Benefits department at 1-888-921-0563.





MEDICAL PLANS

- SimplePay – Core PPO Plan
- SimplePay – Value HDHP
- SimplePay – Enhanced HDHP

DENTAL PLANS

- Basic Dental Plan
- Premium Dental Plan

VISION PLANS

- VSP Basic Plan
- VSP Premium Plan

WHAT IS SIMPLEPAY?

SimplePay Health has partnered with Aetna/Meritain to provide a simplified healthcare plan that gives you access to Aetna’s large national network while providing transparent pricing, and resources to know your cost of services ahead of time. This means you will not pay coinsurance; rather our medical plans will have a co-pay for every service.

What you need to know

SimplePay Health has partnered with Aetna/Meritain to provide a simplified healthcare plan that gives you access to Aetna’s large national network while providing transparent pricing, and resources to know your cost of services ahead of time. This means you will not pay coinsurance; rather our medical plans will have a co-pay for every service.



Click image to
play video

What You Need to Know About SimplePay

1. How it Works

- All medical plans closely mirror our current plan offerings with Blue Cross of California.
- All medical plans no longer have coinsurance with SimplePay, instead each benefit will have a defined co-pay for every service.
- All medical plans have a 4-tier provider and copay structure with defined copays; Tier I is the most cost effective and with every tier copays increase
- Individuals will no longer receive an Explanation of Benefits per service, members will now pay one amount to SimplePay once monthly for all services.

2. Member Experience

- In the [member portal](#) choose the “Benefits” tab at top, then click “View All”, then scroll down and choose the “Find A Doctor and Compare Costs” card. Follow the prompts and instructions to search for your doctor.

3. SimplePay Tiers

- How SimplePay determines provider and copay tiers:
- SimplePay uses one of the largest healthcare databases in the country to evaluate the quality of service provided by Aetna’s participating network providers. Providers are assigned a tier ranking at the procedure level to naturally steer members to the highest quality of care yielding the best possible member experience and outcomes. The quality metrics used to determine provider tiers include but are not limited to the following:
 - Medical Board Certified
 - Patient Outcomes
 - Re-admission Rates
 - Malpractice History
 - Operating Efficiency
 - Physician Years of Experience

2022 SIMPLEPAY– CORE PPO PLAN

	Tier 1	Tier 2	Tier 3	Out-of-Network
Carrier Network	Aetna Choice POS II			
Annual Deductible	None			
Savings Account Eligibility	Flexible Spending Account (FSA) Eligible			
Employer Contribution to Savings Account	None			
Annual Out-of-Pocket Maximum	\$5,750 per individual / \$11,500 per family			
Office Visit	\$30	\$40	\$65	\$80
Specialist Visit	\$55	\$75	\$125	\$150
Teladoc	No Charge	No Charge	No Charge	Not Covered
Chiropractic (20 visits per calendar year)	\$55	\$75	\$125	\$150
Diagnostic Lab and X-ray	\$80	\$110	\$180	\$225
Urgent Care	\$55	\$75	\$125	\$150
Emergency Room	\$525(copay waived if admitted)			
Inpatient Hospital Services	\$2,850	\$3,800	\$5,750	\$6,900
Outpatient Surgery	\$925	\$1,235	\$2,050	\$2,500

2022 SIMPLE PAY – Value HDHP

	Tier 1	Tier 2	Tier 3	Out-of-Network
Carrier Network	Aetna Choice POS II			
Annual Deductible	\$2,000 per individual / \$4,000 per family			
Savings Account Eligibility	Health Savings Account (HSA) Eligible			
Employer Contribution to Savings Account	Individual: \$70 per month / \$840 per year Family: \$140 per month / \$1,680 per year			
Annual Out-of-Pocket Maximum	\$5,000 per individual / \$10,000 per family			
Office Visit	\$15	\$20	\$30	\$40
Specialist Visit	\$30	\$40	\$65	\$80
Teladoc	No Charge	No Charge	No Charge	Not Covered
Chiropractic (20 visits per calendar year)	\$30	\$40	\$65	\$80
Diagnostic Lab and X-ray	\$40	\$55	\$90	\$110
Urgent Care	\$30	\$40	\$65	\$80
Emergency Room	\$265			
Inpatient Hospital Services	\$1,425	\$1,900	\$3,165	\$3,800
Outpatient Surgery	\$465	\$615	\$1,030	\$1,236

2022 SIMPLEPAY – Enhanced HDHP

	Tier 1	Tier 2	Tier 3	Out-of-Network
Carrier Network	Aetna POS Choice II			
Annual Deductible	\$1,500 per individual / \$3,000 per family			
Savings Account Eligibility	Health Savings Account (HSA) Eligible			
Employer Contribution to Savings Account	Individual: \$70 per month / \$840 per year Family: \$140 per month / \$1,680 per year			
Annual Out-of-Pocket Maximum	\$3,350 per individual / \$6,700 per family			
Office Visit	\$15	\$20	\$30	\$40
Specialist Visit	\$30	\$40	\$65	\$80
Teladoc	No Charge	No Charge	No Charge	Not Covered
Chiropractic (20 visits per calendar year)	\$30	\$40	\$65	\$80
Diagnostic Lab and X-ray	\$40	\$55	\$90	\$110
Urgent Care	\$30	\$40	\$65	\$80
Emergency Room	\$265			
Inpatient Hospital Services	\$1,300	\$1,600	\$1,750	\$2,500
Outpatient Surgery	\$465	\$615	\$1,030	\$1,240

PRESCRIPTION DRUGS

	SimplePay Core Plan				SimplePay Value HDHP Plan				SimplePay Enhanced HDHP Plan			
	All other In-Network Pharmacies	CVS	Walgreens	Out-of-Network	All other In-Network Pharmacies	CVS	Walgreens	Out-of-Network	All other In-Network Pharmacies	CVS	Walgreens	Out-of-Network
Deductible	Deductible does not apply				Medical deductible applies				Medical deductible applies			
Out-of-Pocket Maximum*	Prescriptions subject to medical out-of-pocket maximums				Prescriptions subject to medical out-of-pocket maximums				Prescriptions subject to medical out-of-pocket maximums			
31 Day Supply (Retail Pharmacy)												
Generic	\$5 copay	\$10 copay	\$20 copay	Not covered	\$5 copay	\$1 copay	\$10 copay	Not Covered	\$5 copay	\$5 copay	\$10 copay	Not Covered
Preferred	\$45 copay	\$50 copay	\$85 copay	Not covered	\$10 copay	\$15 copay	\$25 copay	Not Covered	\$10 copay	\$15 copay	\$25 copay	Not Covered
Non-Preferred	\$65 copay	\$80 copay	\$135 copay	Not covered	\$15 copay	\$15 copay	\$30 copay	Not Covered	\$15 copay	\$20 copay	\$30 copay	Not Covered
90 Day Supply (Home Delivery)												
Generic	\$10 copay			Not covered	\$10 copay			Not covered	\$10 copay			Not covered
Preferred	\$90 copay			Not covered	\$25 copay			Not covered	\$25 copay			Not covered
Non-Preferred	\$130 copay			Not covered	\$30 copay			Not covered	\$30 copay			Not covered
Specialty**	\$85 copay			Not covered	\$15 copay			Not covered	\$15 copay			Not covered

PRESCRIPTION DRUGS WITH MEDONE



How it Works




- If your pharmacist asks for your insurance information, please tell them you have MedOne (not SimplePay). MedOne is listed as your pharmacy manager on your insurance ID card.
- You no longer pay pharmacy copays to your pharmacy, and your pharmacist will no longer be able to quote you the amount of your copay. Please check medication prices in advance since you do not pay your out-of-pocket costs directly to the pharmacy but rather to SimplePay Health (via the single monthly statement).
- If you want to find a provider and/or look up your out-of-pocket cost amounts, log in to your member portal (only available once enrolled) at simplepayhealth.com and select “Find A Doctor and Compare Costs” under the “Benefits” tab or contact your Health Pro (available prior to enrolling).
- Your pharmacy copays vary depending on which pharmacy you use.

Tier 1 pharmacies are the lowest costing pharmacies and are all in-network pharmacies except for CVS and Walgreens.

Tier 2 pharmacies have higher copays than Tier 1 pharmacies and are CVS pharmacies.

Tier 3 pharmacies have the highest copays and are Walgreen’s pharmacies on your plan. It is easy to know you are getting the best SimplePay Health benefits if you use any retail pharmacy that is not CVS or Walgreens.

KNOW WHERE TO GO

Type	Appropriate for	Access	Cost
<div>Teladoc</div> <div></div>	Quick answers from a trained nurse, home care advice	24/7	\$0
<div>Online visit</div> <div></div>	Minor illnesses and conditions (colds, allergy, rash), mental health issues	24/7	\$
<div>Office visit</div> <div></div>	Preventive and routine medical care (illness, injuries, physical and mental health)	Office Hours	\$\$
<div>Urgent care, Walk-in clinic</div> <div></div>	Non-life-threatening conditions requiring prompt attention (cuts, sprains, flu)	Vary, up to 24/7	\$\$
<div>Emergency room</div> <div></div>	Life-threatening conditions requiring immediate medical expertise (heart attack, stroke, difficulty breathing)	24/7	\$\$\$\$

PREVENTIVE CARE



Preventive care is covered in full **IN-NETWORK**

- Preventive care = annual exam and lab tests to monitor health and detect potential issues
- Not all exams and tests are considered preventive. Check with your health plan.

TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Colorectal cancer
- Diabetes
- Depression
- Vaccines
- STIs



FOR WOMEN, ALSO INCLUDE

Mammogram and gynecological exams



FOR MEN, ALSO INCLUDE

Prostate cancer screening and testicular exam

HEALTH SAVINGS ACCOUNT (HSA)



Administered by Vive

Five reasons to look into the HSA

- 1** Personal savings account for healthcare expenses—office visits, labs, dental, vision, prescriptions, and more
- 2** **Tax-free** contributions, expenses, earnings
- 3** Use for spouse and tax dependent children even if not on your health plan
- 4** **Unlimited rollover** of unused balance
- 5** **Extra retirement savings!** After 65, use HSA for healthcare expenses (tax-free) or regular living expenses (taxable)

BONUS! HireRight helps you save!

HEALTH SAVINGS ACCOUNT (HSA)



HireRight Contributions

2022 HireRight employer contribution amount(s):

- **Team Member Only:** \$70 monthly / \$840 annually
- **Team Member + dependent(s):** \$140 / \$1,680 annually

IRS Annual Contribution Limit (includes HireRight Contributions)

- **Individual Coverage:** \$3,580 per year
- **Family Coverage:** \$7,160 per year
- Contribute an additional \$1,000 per year if age 55 +

Note: The Core plan is no longer incentive eligible due to the elimination of the plan's high deductible in 2022.

HEALTH SAVINGS ACCOUNT (HSA)



Is it right for me? It is if you...

- ☑ Are enrolled in the 2022 SimplePay Enhanced HDHP or Value HDHP medical plan
- ☑ Want to save on taxes
- ☑ Want to pay for healthcare services with tax-free dollars and build a healthcare fund for the future
- ☑ Are not someone's tax dependent
- ☑ Are not enrolled in Medicare, Medicaid or Tricare

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)



Watch this video to learn more about how to use your Navia FSA.

**YOU MUST RE-ENROLL EVERY
YEAR DURING OPEN ENROLLMENT**



INTRODUCING NAVIA

Your Flexible Spending Account benefits will now be offered through Navia Benefit Solutions. Learn more about the tools & resources offered through Navia by visiting naviabenefits.com or by calling **1-800-669-3539**.

5 reasons to look into the FSA

- 1** Tax-free account for healthcare expenses
- 2** Pay for eligible healthcare expenses—office visits, lab tests, dental and vision care, prescriptions, over-the-counter medicines
- 3** Use for spouse and tax dependent children even if they are not covered by your health plan
- 4** Funded by pre-tax contributions from your paycheck—up to **\$2,750** per year
- 5** Funds available on first day of plan year

USE IT OR LOSE IT

Unused funds are forfeited

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)



Administered by Navia

**YOU MUST RE-ENROLL EVERY
YEAR DURING OPEN
ENROLLMENT**

How it works

- Funded by pre-tax contributions from your paycheck—up to **\$5,000** per household per year
- Election is binding unless you have a change in status
- FSA and/or Dependent Care Tax Credit?
Talk to a tax advisor

USE IT OR LOSE IT

No rollover! No spending on Dependent Care FSA!

WHAT EXPENSES ARE ALLOWED?

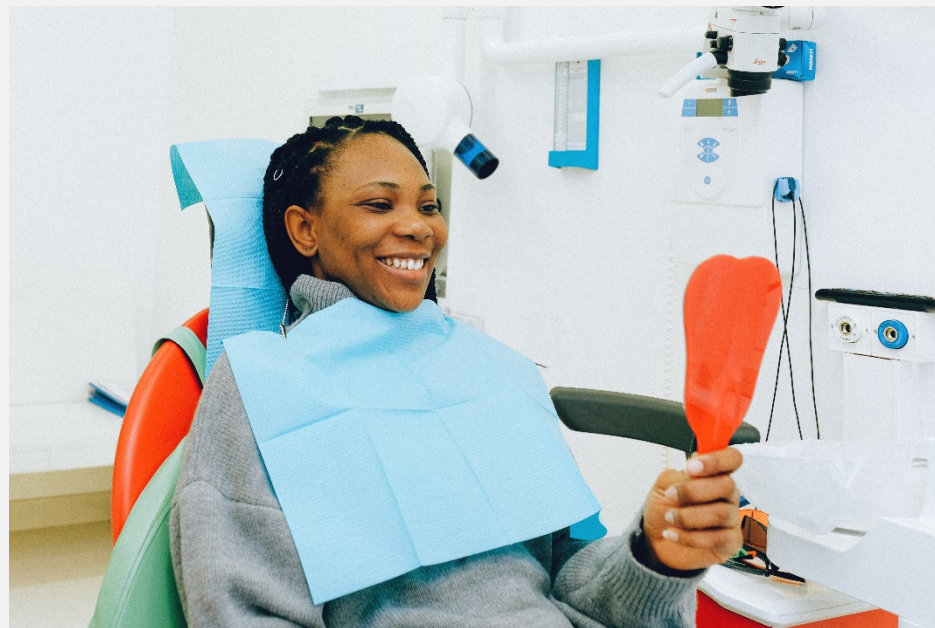
Common eligible expenses

- Acupuncture
- Ambulance
- Artificial limbs
- Artificial teeth
- Birth control treatment
- Blood sugar test kits for diabetics
- Breast pumps, lactation supplies
- Chiropractor
- Contact lenses and solutions
- Crutches
- Dental treatments
- Doctor's office visits and copays
- Drug addiction treatment
- Drug prescriptions
- Eyeglasses (Rx and reading)
- Fluoride treatments
- Hearing aids and batteries
- Infertility treatment
- Inpatient alcoholism treatment
- Insulin
- Laboratory fees
- Laser eye surgery
- Menstrual care products
- Orthodontics
- Orthotic inserts
- Over-the-counter medications without a prescription
- Prescription drugs
- Speech therapy
- Surgery, excluding cosmetic
- Telehealth visits
- Vasectomy
- Vision exam
- Walker, cane, wheelchair

Common ineligible expenses

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Cosmetics and skin care
- Cosmetic surgery
- Cotton swabs
- Dental floss
- Deodorants
- Hair re-growth supplies & services
- Health club membership dues
- Humidifier
- Lotion
- Low-calorie foods
- Mouthwash
- Petroleum jelly
- Shampoo and conditioner

DENTAL



IS IT SAFE?

Ask your dentist about their COVID-19 protocol

Dental insurance makes it easier and less expensive to get the care you need to maintain good health

Covers four types of care:

- **Preventive care** — checkups, cleanings, x-rays
- **Basic care** — fillings, root canals, gum disease treatment
- **Major care** — bridges, crowns, dentures
- **Orthodontia** — for children and adults on the Premium plan only
- Team Members can also search for a dentist, learn more about our networks and watch some informational videos at DeltaDentalVA.com/members/hireright

2022 DELTA DENTAL BASIC PLAN

	In-Network		Out of Network
	PPO	Premier	
Annual Deductible	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family
Annual Plan Maximum	\$1,000 per individual	\$750 per individual	\$750 per individual
Diagnostic & Preventive	100%	50%	50%
Basic Services	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible
Major Services	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia	Not Covered	Not Covered	Not Covered
Ortho Lifetime Max	N/A	N/A	N/A

2022 DELTA DENTAL DPPO PLAN

	In-Network		Out of Network
	PPO	Premier	
Annual Deductible	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family
Annual Plan Maximum	\$2,000 per individual	\$2,000 per individual	\$750 per person
Diagnostic & Preventive	Plan pays 100%	Plan Pays 100%	Plan pays 80%
Basic Services	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services	Plan pays 60% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia	Plan pays 50%	Plan pays 50%	Plan pays 50%
Ortho Lifetime Max	\$2,000 per person	\$2,000 per person	\$1,000 per person

VISION



Vision coverage helps with the cost of eyeglasses or contacts

PLUS these extra benefits:

- Extra \$20 to spend on featured frame brands
- 20% savings on additional glasses and sunglasses
- Average 15% off the regular price or 5% off the promotional price for laser vision correction

VISION PLANS

	2021 VSP Basic Plan		2021 VSP Premium Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Copay	Exam: \$10 copay then 100% Materials: \$20 copay then 100%	Exam: \$10 copay then 100% (reimbursed up to \$45) Materials: \$20 copay then 100% (see schedule below)	Exam: \$10 copay then 100% Materials: \$10 copay then 100%	Exam: \$10 copay then 100% (reimbursed up to \$45) Materials: \$10 copay then 100% (see schedule below)
Frames	Up to \$150 allowance, plus a 20% discount from the remaining balance	Reimbursed up to \$70	Up to \$225 allowance, plus a 20% discount from the remaining balance	Reimbursed up to \$70
Lenses	Single Vision: 100% of basic lens (materials copay applies) Bifocal: 100% of basic lens (materials copay applies) Trifocal: 100% of basic lens (materials copay applies)	Single Vision: Reimbursed up to \$30 Bifocal: Reimbursed up to \$50 Trifocal: Reimbursed up to \$65	Single Vision: 100% of basic lens (materials copay applies) Bifocal: 100% of basic lens (materials copay applies) Trifocal: 100% of basic lens (materials copay applies)	Single Vision: Reimbursed up to \$30 Bifocal: Reimbursed up to \$50 Trifocal: Reimbursed up to \$65
Contacts (Elective)	Up to \$120 allowance (copay waived; instead of eyeglasses)	Reimbursed up to \$105 (in-network limitations apply)	Up to \$200 allowance (copay waived; instead of eyeglasses)	Reimbursed up to \$105 (in-network limitations apply)
Frequency	Exam: One visit every calendar year Frames: One visit every other calendar year Lenses: One visit every calendar year Contacts (Elective): One visit every calendar year	Exam: In-network limitations apply Frames: In-network limitations apply Lenses: In-network limitations apply Contacts (Elective): In-network limitations apply	Exam: One visit every calendar year Frames: One visit every other calendar year Lenses: One visit every calendar year Contacts (Elective): One visit every calendar year	Exam: In-network limitations apply Frames: In-network limitations apply Lenses: In-network limitations apply Contacts (Elective): In-network limitations apply



LIFE & DISABILITY INSURANCE

- Fill financial gaps
- Provide for family after a loss
- Continue income during recover from an injury or illness

BASIC LIFE AND AD&D INSURANCE



**COST PAID IN FULL
BY HIRERIGHT**

The Hartford – Basic Life and AD&D Plan

1 x covered annual earnings up to \$250,000 (benefit will never be less than \$50,000)

Benefit amounts reduced at age 70. Refer to plan document for details.

SHORT-TERM DISABILITY (STD)



INCOME REPLACEMENT FOR LIMITED DURATION ISSUES

- Prolonged illness or injury
- Surgery and recovery time
- Pregnancy issues and childbirth recovery

Sedgwick – Short Term Disability (STD) Plan

- 60% of covered weekly earnings per week, up to a maximum of \$1,350
- **Accident:** Benefits begin after 7 days
- **Sickness:** Benefits begin after 7 days
- Benefits payable through 26th week of disability (based on first day you are disabled)

LONG-TERM DISABILITY (LTD)



INCOME REPLACEMENT FOR LONGER DURATION ISSUES

The Hartford - Long Term Disability (LTD) Plan

- 60% of covered monthly earnings per month up to a maximum of \$15,000
- Benefits begin after 180 days of disability
- Benefits payable up to Social Security Normal Retirement Age (SSNRA)

VOLUNTARY LIFE INSURANCE



The Hartford – Voluntary Life AD&D Plan

Employee 1, 2, 3, 4, 5 or 6 x covered annual earnings up to \$1,000,000.

Spouse Increments of \$10,000 up to Lesser of 100% of employee amount or \$300,000.

Child(ren) Birth to 6 months: \$1,000; 6 months to age 26: increments of \$1,000 up to \$20,000.

Guaranteed Issue Amount

Employee Guaranteed issue is Lesser of 3 x covered annual earnings or \$350,000

Spouse Guaranteed issue is up to \$50,000

Child(ren) Guaranteed issue is All of Benefit

FINANCIAL WELLNESS

- Transportation & parking benefits
- 401(k)

TRANSPORTATION SAVINGS ACCOUNT



Administered by Navia

Is it right for me? It is if you...

- ☒ want to save on taxes
- ☒ have out-of-pocket commuting expenses (public transportation, vanpool, parking)

Flexible options

- Pre-tax contributions/purchases
- Home delivery of transit passes
- Submit claims and get reimbursed
- Manage account on [Navia.com](https://navia.com)
- Cancel future deductions if your commuting needs change

TRADITIONAL 401(k) RETIREMENT SAVINGS PLAN



Save now, enjoy later

- You may elect to have from 1% to 60% of your eligible gross compensation withheld from each paycheck on a **pretax basis** up to the annual IRS limit of \$20,500 for 2022.
- Employees age 50 or older may elect to contribute up to 100% of the pay each pay date.
- If you are or will be 50 years old or older in 2021, you are eligible to make additional "catch-up contributions" up to the IRS annual limit of \$6,500 for 2022.

HireRight matching contributions

HireRight will match 100% of your first 4% in eligible earnings contributed each pay period towards a Traditional 401(k) Retirement Savings plan **or** 401(k) Roth Retirement Savings plan (either or). All employer matched contributions are 100% vested immediately for Team Members.

401(k) ROTH RETIREMENT SAVINGS PLAN



Save now, enjoy later

- You may elect to have from 1% to 60% of your eligible gross compensation withheld from each paycheck on a **post tax basis** up to the annual IRS limit of \$20,500 for 2022.
- Employees age 50 or older may elect to contribute up to 100% of the pay each pay date.
- If you are or will be 50 years old or older in 2021, you are eligible to make additional "catch-up contributions" up to the IRS annual limit of \$6,500 for 2022.

HireRight matching contributions

HireRight will match 100% of your first 4% in eligible earnings contributed each pay period towards a Traditional 401(k) Retirement Savings plan **or** 401(k) Roth Retirement Savings plan (either or). All employer matched contributions are 100% vested immediately for Team Members.

TRADITIONAL 401(k) & ROTH 401(k)

How is the Roth 401(k) similar to the Traditional 401(k) ?

- Elect a contribution amount on NetBenefits
- Contributions are based on eligible compensation just like your traditional pre-tax contributions
- Your Roth 401(k) contribution limits are part of the same IRS limits set for your traditional pre-tax 401(k) contribution
- 2021 contribution limit: \$19,500 or \$26,000 if the Age 50 Catch-Up applies

How is the Roth 401(k) different from the Traditional 401(k)?

- The Roth 401(k) contributions are after tax
- Roth earnings are tax-free as long as the withdrawal is qualified*

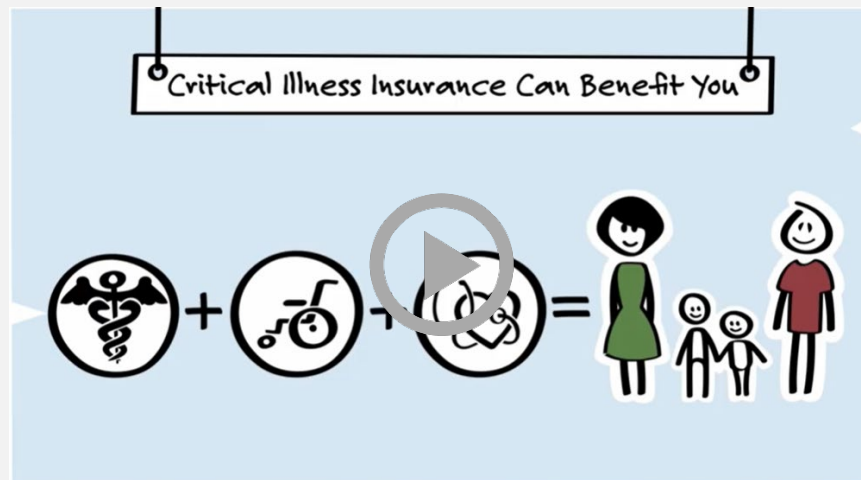
* A qualified withdrawal in this case, is one that is taken at least 5 tax years after the year of your first Roth contribution and after you have attained age 59 1/2 , become disabled or deceased.

	Traditional 401(k)	Roth 401(k)
IRS Limits	\$19,500 combined limit in 2021 (\$26,000 if age 50+)	
Company match eligible	Yes	Yes
Taxation at Contribution	No Contributions deducted before taxes	Yes Contributions deducted after taxes
Taxation at Distribution	Yes Pay taxes on contributions and any earnings	No Contributions and any earnings are tax-free**

VOLUNTARY BENEFITS

- Critical Illness
- Hospital Indemnity
- Legal Services
- Auto and Home
- Pet Insurance

CRITICAL ILLNESS INSURANCE



Click the image to watch the video.

COVERED CONDITIONS INCLUDE, BUT
ARE NOT LIMITED TO:

INVASIVE CANCER

HEART ATTACK

STROKE

MAJOR ORGAN FAILURE

END STATE RENAL FAILURE

COMA

The Hartford – Critical Illness

- Fills financial gap if you experience a serious illness
- Lump sum, tax-free benefit immediately upon diagnosis of a covered condition
- Use the benefit as you see fit
- Benefit Elections
 - **Employee:** \$10,000, \$15,000, \$20,000 or \$30,000
 - **Spouse:** 100% of employee's initial election
 - **Child(ren):** 100% of employee's initial election

HOSPITAL INDEMNITY INSURANCE



Click the image to watch the video.

USE THE BENEFIT TO PAY MEDICAL BILLS, CHILDCARE, OR FOR REGULAR LIVING EXPENSES LIKE GROCERIES—YOU DECIDE!

The Hartford – Hospital Indemnity

- Enhances your current medical coverage
- Lump sum, tax-free benefit for hospital admission and stays
- Use the benefit as you see fit

Benefits	\$1,500 Plan	\$2,000 Plan
Hospital Admission	\$1,500 / year	\$2,000 / year
Hospital Confinement	\$150 per day, up to 180 days	\$150 per day, up to 180 days

LEGAL PROGRAM



Access to legal advice and representation

- Protection through Legal Shield
- Access to legal advice and services
- Assistance legal issues like:
 - Creating a will
 - Reviewing rental agreements
 - Traffic tickets
 - Buying a house
 - IRS audit
 - and more

HOME AND AUTO INSURANCE



Protect your largest assets

- Protection through MetLife
- Homeowner's insurance
 - Repair or replace home due to covered perils
 - Personal property coverage
 - Liability insurance
- Auto insurance
 - Damage to or theft of your car
 - Liability insurance
 - Medical expenses for injuries to you or your passengers

PET INSURANCE



Save money on vet bills

- Protection through MetLife
- Helps cover expensive vet bills
- Pet accidents, illnesses, medications

WELLBEING & BALANCE

- EAP
- TIME OFF

EMPLOYEE ASSISTANCE PROGRAM (EAP)



**Administered by ComPsych
Corporation**

Free for you and your household members

- Help with emotional health, substance abuse, parenting/childcare needs, financial coaching, legal consultation, and eldercare resources.
- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 3 sessions within a 6 month period
- Unlimited access to website resources

CONTACT THE EAP

Phone: 1-855-649-3017 (TDD: 1-800-697-0353)

Website: www.GuidanceResources.com

To register, use company Web ID: **HIRERIGHT**

TIME OFF



Take some “me” time

- Relax, recover from illness, take care of personal and family business

HireRight time off benefits

- Flexible work schedules
- Paid time off for vacation and illness
- Time off for jury duty and voting
- Bereavement leave
- Maternity, paternity and adoption leave

Refer to employee handbook for time off policies

2022 COMPANY HOLIDAYS



New Year’s Day	Jan. 2
MLK Day	Jan. 17
Presidents’ Day	Feb. 21
Memorial Day	May 30
Independence Day	Jul. 3
Labor Day	Sep. 05
Thanksgiving Day	Nov. 24
Day after Thanksgiving	Nov. 25
Christmas	Dec. 23

A woman with curly hair and glasses is sitting on a light-colored couch, leaning back against a cushion. She is wearing a white long-sleeved shirt and blue jeans. She is using a laptop computer, with her hands on the keyboard. The background shows a modern living room with a large potted plant and a window with blinds.

WHAT DOES IT COST?

YOUR BI-WEEKLY COSTS

MEDICAL

MEDICAL Earnings Less Than \$30,000

	Core PPO Plan	Value HDHP	Enhanced HDHP
TEAM MEMBER ONLY	\$36.86	\$44.97	\$73.57
TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER	\$95.85	\$116.89	\$191.21
TEAM MEMBER + CHILD(REN)	\$78.41	\$95.64	\$156.44
TEAM MEMBER + FAMILY	\$155.80	\$190.02	\$310.78

MEDICAL Earnings Between \$30,000 - \$59,999

	Core PPO Plan	Value HDHP	Enhanced HDHP
TEAM MEMBER ONLY	\$46.93	\$57.24	\$93.64
TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER	\$117.96	\$143.90	\$235.33
TEAM MEMBER + CHILD(REN)	\$96.49	\$117.70	\$192.50
TEAM MEMBER + FAMILY	\$186.95	\$228.03	\$372.94

YOUR BI-WEEKLY COSTS

MEDICAL

MEDICAL Earnings Between \$60,000 - \$99,999

	Core PPO Plan	Value HDHP	Enhanced HDHP
TEAM MEMBER ONLY	\$50.26	\$61.33	\$100.31
TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER	\$125.34	\$152.88	\$250.03
TEAM MEMBER + CHILD(REN)	\$102.52	\$125.07	\$204.55
TEAM MEMBER + FAMILY	\$197.34	\$240.69	\$393.66

MEDICAL Earnings Greater Than \$100,000

	Core PPO Plan	Value HDHP	Enhanced HDHP
TEAM MEMBER ONLY	\$53.60	\$65.36	\$106.88
TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER	\$132.65	\$161.81	\$264.66
TEAM MEMBER + CHILD(REN)	\$108.55	\$132.38	\$216.50
TEAM MEMBER + FAMILY	\$207.73	\$253.36	\$414.38

YOUR BI-WEEKLY COSTS

DENTAL & VISION

DENTAL

	Basic Plan	Premium Plan
TEAM MEMBER ONLY	\$8.14	\$13.03
TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER	\$14.54	\$22.47
TEAM MEMBER + CHILD(REN)	\$14.98	\$23.78
TEAM MEMBER + FAMILY	\$22.96	\$37.28

VISION

	Basic Plan	Premium Plan
TEAM MEMBER ONLY	\$2.88	\$6.70
TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER	\$5.76	\$13.39
TEAM MEMBER + CHILD(REN)	\$6.15	\$14.34
TEAM MEMBER + FAMILY	\$9.84	\$22.90

ENROLLMENT CHECKLIST

Consider the following when you are enrolling in benefits:

- Dropping coverage or switching plans
- Contributing to a Healthcare or Dependent Care Flexible Spending Account
- Enrolling in voluntary coverages
- Adding a dependent to your plan (will need their Social Security Number and date of birth information)

Open enrollment ends November 17th



**THANK YOU
for watching!**

