

# **2022 BENEFITS**

**YOUR ROAD TO WELLNESS.**

**Intern and Temporary Team Members**



# CONTENTS



## MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Required Plan Notices section for more details.

WELCOME TO YOUR BENEFITS GUIDE	3
WHO'S ELIGIBLE FOR BENEFITS?	4
CHANGING YOUR BENEFITS	5
ENROLLING FOR BENEFITS	6
MEDICAL	7
WHAT YOU NEED TO KNOW ABOUT SIMPLEPAY	8
PRESCRIPTION DRUGS - MEDONE	9
SIMPLEPAY CORE PLAN	10
SIMPLEPAY ENHANCED HDHP	11
SIMPLEPAY VALUE HDHP	12
SIMPLEPAY VENDOR SPOTLIGHT	13
PREVENTIVE CARE SCREENING BENEFITS	15
KNOW WHERE TO GO	16
SPENDING ACCOUNTS	17
HEALTH SAVINGS ACCOUNT (HSA)	18
FINANCIAL WELLNESS	19
401(k), COMMUTER BENEFITS	
VOLUNTARY PLANS	22
HOSPITAL INDEMNITY	
WELLBEING & BALANCE	24
TIME OFF	
IMPORTANT PLAN INFORMATION	26
BI-WEEKLY CONTRIBUTIONS, PLAN CONTACTS, GLOSSARY, REQUIRED PLAN NOTICES, PLAN DOCUMENTS	

# WELCOME TO YOUR BENEFITS GUIDE



## This guide is an overview

The benefits in this summary are effective

January 1, 2022

through

December 31, 2022

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs) located on [YourBenefitsCenter.com](https://YourBenefitsCenter.com). The plan benefit booklets determine how all benefits are paid.

Team,

As you know, our HR team is constantly evaluating benefits programs to find you the highest quality benefits at the lowest cost to you. Healthcare continues to be in the forefront of our minds, so I encourage you to take charge of your health and safety by reviewing the information in this benefits guide and selecting the plan that is best for you and your family. This year, you must actively enroll in a benefits plan if you would like coverage surrounding medical, dental, and/or vision. In addition, we would like you to be aware of some upcoming changes:

- We are moving away from Anthem Blue Cross of California to SimplePay, a health plan administrator who utilizes Aetna's National PPO network. The SimplePay plans provide a multi-tiered model – copays are lower in tiers (networks) that include higher quality providers and facilities.
- There will also be some changes to our spending account vendors. Our HSA will now be administered by Vive who works in tandem with SimplePay and our FSAs (Healthcare, Dependent Care, and Commuter Accounts) will now be administered by Navia.
- 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's coverages.

If you have questions, please reach out to [Benefits@HireRight.com](mailto:Benefits@HireRight.com) and the team will assist you. If you need immediate assistance, you can also call 888-921-0563 to talk to a Benefits representative. This number is active from 6 a.m. through 6 p.m. PST, Monday through Friday, but you can leave a voicemail any time and the team will get back to you as soon as possible.

Regards,

Guy

# WHO'S ELIGIBLE FOR BENEFITS?



## WHEN YOU CAN ENROLL

You can enroll in benefits as a new hire or during the annual Open Enrollment period. Coverage begins first of the month following your hire date. If you are hired on the first month, your coverage begins on your hire date.

If you miss the enrollment deadline, you will need to wait until the next Open Enrollment unless you experience a qualifying life event (birth or adoption of a baby or child, loss of healthcare coverage, eligibility of new healthcare coverage, marriage or divorce).

## Team Members

You are eligible if you are a regular Team Member (not a contractor) scheduled to work at least 30 hours per week.

## Eligible dependents

- Legally married spouse
- Domestic partner
  - Opposite-sex domestic partners of Team Members who are registered as domestic partners in a local jurisdiction that maintains such a registry
  - A same-sex domestic partner. Same-sex domestic partners must meet all of the following requirements to be eligible:
    - At least 18 years of age
    - Not be legally married, under federal law, to anyone or be part of another domestic partnership during the previous 12 months
    - Currently be in an exclusive, committed relationship with each other that has existed for at least 12 months and is intended to be permanent
    - Currently reside together, have resided together for at least the previous 12 months, and intend to do so permanently
    - Have agreed to share responsibility for each other's common welfare and basic financial obligations
    - Not be related by blood to a degree of closeness that would prohibit marriage under applicable state law
- Natural, adopted or stepchildren up to age 26
- Children over age 26 who are disabled and depend on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO)

For additional information, please refer to the benefit booklets for each benefit located on [YourBenefitsCenter.com](https://YourBenefitsCenter.com).

# CHANGING YOUR BENEFITS



Outside of Open Enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

**You must submit a request through Your Benefits Center within 30 days of the Qualifying Life Event along with supporting documentation through [benefits.plansource.com](https://benefits.plansource.com).**

# ENROLLING FOR BENEFITS



Click to play video

## LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

## DO I NEED TO ENROLL?

Every Team Member will need to **actively enroll** for benefits during Open Enrollment. If you do not enroll, you may not have the coverage you need for the coming year.

## Your Benefits Center

Your Benefits Center is an online system that enables you to make all your benefit decisions in one place.

## Before you enroll

- Know the date of birth, Social Security Number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

## Getting started

- **LOG IN** to [YourBenefitsCenter.com](https://YourBenefitsCenter.com) and follow the instructions to begin enrolling in your benefits.

**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.

**Example:** If your name is Jane Williams and the last four digits of your Social Security Number are 1234, your username will look like this: jwillia1234

**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.

- **ADD** your personal and dependent information.
- **SELECT** your benefit plans for the coming year.
- **REVIEW** your choices and costs before finalizing.

**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



## MEDICAL & PHARMACY

### OUR PLANS

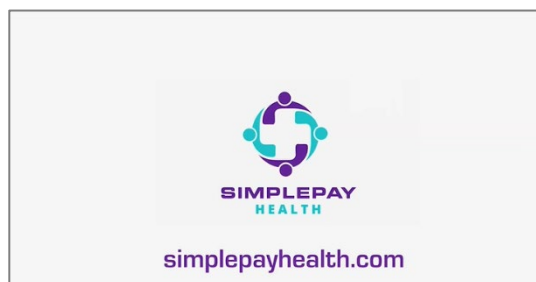
**NEW!** SimplePay Core Plan

**NEW!** SimplePay Value HDHP

**NEW!** SimplePay Enhanced HDHP

***Our three new medical plans through SimplePay closely mirror our previous offerings with Anthem Blue Cross.***

*Click to play video*



We believe that our Team Members should have access to comprehensive, cost-effective healthcare coverage without compromising quality. This year, we are happy to introduce three, innovative medical plans through so you can choose the best fit for your healthcare needs and budget.

### Which plan is right for you?

#### Consider the Value or Enhanced HDHPs if:

- You are looking for the lowest copay options available
- You want tax-free savings on your healthcare costs with a HSA – which includes funds that roll over year over year and an annual contribution from HireRight
- You want to build a savings account for future healthcare costs for you and your eligible family members and an extra way to add to your retirement savings

#### Consider the Core Plan if:

- You prefer to access benefits without having to meet a deductible first
- You want tax-free savings on your healthcare costs with a Healthcare FSA
- You are looking for the lowest cost plan option available

All three plans provide in and out-of-network coverage and none of the plans require a PCP designation.

# WHAT YOU NEED TO KNOW ABOUT SIMPLEPAY



## CONTACT HEALTH PRO

Your Health Pro is a concierge resource that can help you navigate your health with confidence and answer questions you may have (locate providers, billing, general, etc.).  
800-606-3564

[healthpro@simplepayhealth.com](mailto:healthpro@simplepayhealth.com)

Available Monday – Friday, 8:00 am to 8:00 pm CT

## FIND A PROVIDER

Doctors, hospitals, and pharmacists will no longer be able to tell you your out-of-pocket cost amounts. To find a provider and/or look up your out-of-pocket cost amounts, log in to your member portal (only available once enrolled). Prior to enrolling, you can contact Health Pro or access the following direct links: [Core Plan](#), [Value HDHP](#), [Enhanced HDHP](#). If your doctor asks for your insurance information, please tell them you have Aetna (not SimplePay). Aetna is listed on your ID card.

**Download the SimplePay mobile app by searching “Virgin Pulse” in the App Store or Google Play. Use “SimplePay Health” as your sponsor.**

**Have more questions about SimplePay? Read the Frequently Asked Questions document posted on [YourBenefitsCenter.com](https://www.benefitscenter.com).**

## What is SimplePay?

- SimplePay Health simplifies your healthcare experience through concierge service, simplified plan design, and price transparency enabled through smart technology.
- SimplePay is a health plan administrator who partners with Aetna/Meritain to give you access to Aetna’s largest national network (Aetna Choice POS II) while providing transparent pricing, and resources to know your cost of services ahead of time.
- SimplePay plans include several clinical and wellness solutions. See Vendor Spotlight page for additional details.

## How it works

- SimplePay plans have a 4-tier network structure; Tier I is the most cost effective and costs increase with every tier.
- SimplePay medical plans do not have coinsurance. Instead, all your healthcare purchases have a fixed price (copay) for your out-of-pocket costs. Copays are lower for higher quality physicians and facilities (Tier 1) because those providers take better care of you and reduce healthcare costs for you over time. SimplePay wants you to have sustainable healthcare benefits where you can access the highest quality providers at the most affordable costs.
- You pay your out-of-pocket costs to the health plan and not to your doctor, hospital, or pharmacy. SimplePay members do not receive an Explanation of Benefits (EOB) for each service. You should not pay any out-of-pocket costs at the time of your service. By having you pay the health plan while SimplePay pays your providers in full allows you and your healthcare providers to focus on providing you the care you need while SimplePay works to simplify the payment process later.
- SimplePay Health bills you your out-of-pocket costs on a single monthly statement. Your statements cover all the charges processed in the previous month. Because all members are offered affordable, zero-interest payment plans with no credit check, SimplePay has an automatic payment protection program to help you make sure your minimum monthly payment is paid on time.
- Certain medical services and medications require prior authorization on the SimplePay plans. Your physicians must provide information necessary to complete the prior-authorization process (5-day turnaround unless urgent).

# PRESCRIPTION DRUGS – MEDONE

*Click to play video*



## WANT TO LEARN MORE ABOUT PRESCRIPTIONS?

Watch this Top 5 Prescription Dos and Don'ts video to learn about generic equivalents, mail order and more.

## PRIOR AUTHORIZATION & STEP THERAPY

To ensure safe and appropriate use of medications, prior authorization or step therapy may apply for certain medications. When you look up the cost of a medication on the SimplePay Health member portal, you may see a yellow warning box at the top of the pricing page that indicates prior authorization or step therapy is required before the medication can be approved and paid for by SimplePay.

**You can find a list of formulary medications on [YourBenefitsCenter.com](https://yourbenefitscenter.com).**

SimplePay Health prescription benefits are provided by MedOne Pharmacy Benefit Solutions ([medone-rx.com](https://medone-rx.com)). MedOne is a nationally recognized pharmacy benefit manager who contracts with almost all licensed U.S. pharmacies. SimplePay Health pharmacy plans offer you full traditional pharmacy benefits like all other major managed pharmacy benefit plans. The medications and pharmacies you are used to using will still be available to you if covered by your health plan.

## 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](https://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.

- For members taking maintenance medications, generally the lowest copays are available through the MedOne mail order program. You can sign up by reaching out to a Health Pro for assistance or directly via <https://enroll.medone-rx.com/>. If you are using a drug coupon or manufacturer discount program, you must also utilize MedOne Pharmacy mail order option.

# SIMPLEPAY CORE PLAN

	Tier 1	Tier 2	Tier 3	Out-of-Network
Carrier Network	Aetna Choice POS II			
Annual Deductible	None			
Annual Out-of-Pocket Maximum	\$5,750 per individual / \$11,500 per family			Unlimited
Savings Account Eligibility	Flexible Spending Account (FSA) Eligible			
Employer Contribution to Savings Account	None			
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
PRESCRIPTION DRUGS	All other In-Network Pharmacies	CVS	Walgreens	Out-of-Network
Deductible	Deductible does not apply			
Out-of-Pocket Maximum	Prescriptions subject to medical out-of-pocket maximums			
31 Day Supply (Retail Pharmacy)				
Generic	\$5 copay	\$10 copay	\$20 copay	Not Covered
Preferred	\$45 copay	\$50 copay	\$85 copay	Not Covered
Non-Preferred	\$65 copay	\$80 copay	\$130 copay	Not Covered
90 Day Supply (Home Delivery)				
Generic	\$10 copay	\$10 copay	\$10 copay	Not covered
Preferred	\$90 copay	\$90 copay	\$90 copay	Not covered
Non-Preferred	\$130 copay	\$130 copay	\$130 copay	Not covered
Specialty	\$85 copay	\$85 copay	\$85 copay	Not covered

# SIMPLEPAY VALUE HDHP

You always pay the deductible and copayment (\$).

	Tier 1	Tier 2	Tier 3	Out-of-Network
Carrier Network	Aetna Choice POS II			
Annual Deductible	\$2,000 per individual / \$2,800 per individual in family / \$4,000 per family			
Annual Out-of-Pocket Maximum	\$5,000 per individual / \$10,000 per family			Unlimited
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			
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 (copay waived if admitted)			
Inpatient Hospital Services	\$1,425	\$1,900	\$3,165	\$3,800
Outpatient Surgery	\$465	\$615	\$1,030	\$1,236
PRESCRIPTION DRUGS	All other In-Network Pharmacies	CVS	Walgreens	Out-of-Network
Deductible	Medical deductible applies			
Out-of-Pocket Maximum	Prescriptions subject to medical out-of-pocket maximums			
31 Day Supply (Retail Pharmacy)				
Generic	\$5 copay	\$5 copay	\$10 copay	Not Covered
Preferred	\$10 copay	\$15 copay	\$25 copay	Not Covered
Non-Preferred	\$15 copay	\$15 copay	\$30 copay	Not Covered
90 Day Supply (Home Delivery)				
Generic	\$10 copay	\$10 copay	\$10 copay	Not covered
Preferred	\$25 copay	\$25 copay	\$25 copay	Not covered
Non-Preferred	\$30 copay	\$30 copay	\$30 copay	Not covered
Specialty	\$15 copay	\$15 copay	\$15 copay	Not covered

# SIMPLEPAY ENHANCED HDHP

You always pay the deductible and copayment (\$).

	Tier 1	Tier 2	Tier 3	Out-of-Network
Carrier Network	Aetna Choice POS II			
Annual Deductible	\$1,500 per individual / \$2,800 per individual in family / \$3,000 per family			
Annual Out-of-Pocket Maximum	\$3,350 per individual / \$6,700 per family			Unlimited
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			
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 (copay waived if admitted)			
Inpatient Hospital Services	\$1,300	\$1,600	\$1,750	\$2,500
Outpatient Surgery	\$465	\$615	\$1,030	\$1,240
PRESCRIPTION DRUGS	All other In-Network Pharmacies	CVS	Walgreens	Out-of-Network
Deductible	Medical deductible applies			
Out-of-Pocket Maximum	Prescriptions subject to medical out-of-pocket maximums			
31 Day Supply (Retail Pharmacy)				
Generic	\$5 copay	\$5 copay	\$10 copay	Not Covered
Preferred	\$10 copay	\$15 copay	\$25 copay	Not Covered
Non-Preferred	\$15 copay	\$20 copay	\$30 copay	Not Covered
90 Day Supply (Home Delivery)				
Generic	\$10 copay	\$10 copay	\$10 copay	Not covered
Preferred	\$25 copay	\$25 copay	\$25 copay	Not covered
Non-Preferred	\$30 copay	\$30 copay	\$30 copay	Not covered
Specialty	\$15 copay	\$15 copay	\$15 copay	Not covered

# SIMPLEPAY VENDOR SPOTLIGHT

The clinical and wellness solutions below are available with our SimplePay plans. While you can contact vendors directly to seek care (most offer mobile apps for ease of use), you can also start by contacting your Health Pro team and they can direct you based on the services you seek.

Vendor	Features
<b>Telemedicine</b> Teladoc	<ul style="list-style-type: none"><li>• access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits</li><li>• U.S. board-certified physicians diagnose and treat, answer health-related questions, outline care options and order necessary prescriptions or lab tests</li><li>• set up your account by calling 800-Teladoc, visiting <a href="https://teladoc.com">teladoc.com</a>, mobile app (App Store or Google Play) or by texting "Get Started" to 469-844-5637</li></ul>
<b>Mental Health</b> Joyages	<ul style="list-style-type: none"><li>• on-demand coaching app that teaches skills for dealing with life's daily stressors users can send their therapist text, voice or video messages</li><li>• developed by psychologists and brain health researchers, Joyages' robust offering of videos and tools helps you deal with being sad or stressed, rather than avoiding the normal challenges of life</li><li>• download the mobile app through the App Store or Google Play and unlock access using code: simplepay</li></ul>
<b>Fertility, Pregnancy, and Parenting</b> Ovia Health	<ul style="list-style-type: none"><li>• accessible, personalized solution that supports you on your journey from tracking your cycle and monitoring your pregnancy to navigating early parenting and returning to work</li><li>• <b>Ovia Fertility Mobile App:</b> Track your cycle, learn more about reproductive health, get pregnant faster with Ovia's proprietary algorithm</li><li>• <b>Ovia Pregnancy Mobile App:</b> Track your pregnancy journey, receive real-time alerts, learn to have the healthiest possible pregnancy</li><li>• <b>Ovia Parenting Mobile App:</b> Support from birth through baby's first years, track milestones, feel empowered to navigate life as a working parent</li><li>• download any of the Ovia apps above, create an account then tap "Update my healthcare information" and use SimplePay as your employer</li></ul>
<b>Stem Cell Therapy</b> Regenexx	<ul style="list-style-type: none"><li>• uses your body's natural healing agents to replace the need for up to 70% of elective orthopedic surgeries by using your stem cells and blood platelets to treat your damaged bone, cartilage, muscle, tendon, and ligament tissues</li><li>• call 866-488-8024 or visit <a href="https://regenexxbenefits.com/simplepay-health">regenexxbenefits.com/simplepay-health</a></li></ul>
<b>Diabetes &amp; Cardiovascular Disease Management</b> Livongo	<ul style="list-style-type: none"><li>• a virtual diabetes management program offering a personalized experience to help you understand your blood sugar, develop healthy lifestyle habits and improve glycemic control</li><li>• call 800-945-4355 or register at <a href="https://get.livongo.com/SIMPLEPAY/register">get.livongo.com/SIMPLEPAY/register</a> with code: SIMPLEPAY</li></ul>

# SIMPLEPAY VENDOR SPOTLIGHT

The clinical and wellness solutions below are available with our SimplePay plans. While you can contact vendors directly to seek care (most offer mobile apps for ease of use), you can also start by contacting your Health Pro team and they can direct you based on the services you seek.

Vendor	Features
<b>Weight Management &amp; Healthy Eating</b> Wondr™	<ul style="list-style-type: none"><li>• a digital weight loss program, based in behavioral science, where you can eat your favorite foods and still lose weight</li><li>• learn more at <a href="https://wondrhealth.com/simplepayhealth">wondrhealth.com/simplepayhealth</a></li></ul>
<b>Digestive Health</b> Clarity	<ul style="list-style-type: none"><li>• online program that gives you a crystal clear process to help you identify your food triggers so you can relieve digestive symptoms and live better</li><li>• sign up at <a href="https://claritynow.com/simplepay">claritynow.com/simplepay</a></li></ul>
<b>Expert Second Opinions</b> 2nd.MD	<ul style="list-style-type: none"><li>• expert medical opinions via video or phone consultations with leading medical specialists</li><li>• member must have received a diagnosis and/or treatment plan from a licensed medical practitioner or remain undiagnosed after multiple visits to specialists to be eligible</li><li>• 2nd.MD care team assists the member in selecting a Specialist, providing medical records to the Specialist for review, and scheduling the Specialist consultation</li><li>• call 866-841-2575, visit <a href="https://2nd.MD/simplepay">2nd.MD/simplepay</a> or download our 2nd.MD app (App Store or Google Play) to get started today</li></ul>
<b>Being Tobacco-Free</b> Virgin Pulse	<ul style="list-style-type: none"><li>• a unique and robust member experience through a custom member portal built specifically for SimplePay Health</li><li>• the member portal serves as a one-stop shop for all benefit and SimplePay related resources</li><li>• the platform also leverages many of the Virgin Pulse unique health and wellbeing features such as a health risk assessment, digital self-paced Journeys, telephonic coaching, and challenges to encourage member engagement</li><li>• contact your Health Pro team for more information</li></ul>

# PREVENTIVE CARE SCREENING BENEFITS



## TYPICAL SCREENINGS FOR ADULTS

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



Preventive care for women should include breast and gynecological exams



For men, preventive care should include a prostate cancer screening and a testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

### What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you have not met your yearly deductible. The preventive care services you will need to stay healthy vary by age, gender, and medical history. Visit [cdc.gov/prevention](https://www.cdc.gov/prevention) for recommended guidelines. **Preventive care is covered in full only when obtained from an IN-NETWORK provider.**

### Not all exams and tests are considered preventive





Exams performed by specialists are not generally considered preventive and may not be covered at 100 percent.

Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

# KNOW WHERE TO GO

Where you get medical care can have a significant impact on the cost. Here is a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Appropriate for	Examples	Access	Average Cost
<b>Online visit (Teladoc)</b> 	Minor illnesses and conditions	<ul style="list-style-type: none"> <li>• Common cold, flu, fever</li> <li>• Headache, migraine</li> <li>• Skin conditions</li> <li>• Allergies</li> </ul>	24/7	No Cost
<b>Office visit</b> 	Routine medical care and overall health management	<ul style="list-style-type: none"> <li>• Preventive care</li> <li>• Illnesses, injuries</li> <li>• Managing existing conditions</li> </ul>	Office Hours	\$
<b>Urgent care, Walk-in clinic</b> 	Non-life-threatening conditions requiring prompt attention	<ul style="list-style-type: none"> <li>• Stitches</li> <li>• Sprains</li> <li>• Animal bites</li> <li>• Ear-nose-throat infections</li> </ul>	Vary, up to 24/7	\$\$
<b>Emergency room</b> 	Life-threatening conditions requiring immediate medical expertise	<ul style="list-style-type: none"> <li>• Suspected heart attack or stroke</li> <li>• Major bone breaks</li> <li>• Excessive bleeding</li> <li>• Severe pain</li> <li>• Difficulty breathing</li> </ul>	24/7	\$\$\$



## SPENDING ACCOUNT

### OUR PLAN

**NEW!** Vive Health Savings Account (HSA)

### Why sign up for a Spending Account?

Spending accounts are an easy way to pay for healthcare and childcare expenses that you have today and save for expenses you may have in the future.

# HEALTH SAVINGS ACCOUNT (HSA)

*Click to play video*



## ARE YOU ELIGIBLE?

The HSA is not for everyone. You are eligible only if you are:

1. Enrolled in the Value or Enhanced HDHPs.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

## FIND OUT MORE

Access your account online at <http://www.welcome.vivebenefits.com/>.

**Eligible Expenses** – now include more over-the-counter items!

## A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

## Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they are for eligible healthcare expenses.
2. **No “use it or lose it.”** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses which are taxable but with no penalties.

## How the Vive HSA works

- If you elect medical coverage under one of the SimplePay HDHPs, your HSA account will be opened automatically with Vive and your SimplePay monthly statement will be auto-deducted from your HSA funds.
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.
- You can also use your HSA debit card to pay your monthly statements from SimplePay.
- To help you get started, HireRight makes a contribution to your HSA:  
**Individual:** \$70 per month / \$840 per year  
**Family:** \$140 per month / \$1,680 per year
- You can contribute up to the limit set by the IRS (including the company contribution listed above).  
**Individual:** \$3,650  
**Family:** \$7,300
- \$3,650 per individual and \$7,300 per family (including the company contribution listed above).
- Are you age 55+? You can contribute an additional \$1,000 per year
- You are responsible for ensuring you don't exceed the annual limit.



# FINANCIAL WELLNESS

## PLANS TO HELP YOU SAVE

- 401(k) Retirement Savings Plan
- Transportation & Parking Benefits

## Is it time for a “financial wellness” checkup?

Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? And can you even think about preparing for retirement?

Ignoring your financial health can take a toll on your quality of life today and block opportunities for the future. And worrying about money matters can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money now and in the future.

# SAVE ON COMMUTE EXPENSES

## Transportation Savings Account

Transit benefits, administered by Navia, lets you set aside before-tax dollars to pay for employment-related out-of-pocket transportation expenses. The 2022 contribution limit set by the IRS is \$280/month. There are two options available: mass transit or parking.

You may enroll in one or both options through the Navia website:

- Visit [naviabenefits.com](https://naviabenefits.com) and log in or register through the Navia app.



# SAVE NOW, ENJOY LATER

## WHAT ARE YOUR PLANS?

Whether your retirement dreams include traveling the world, enjoying a hobby, or relaxing with family, you need a plan to get there.

Our 401(k) Plan provides a convenient and tax-advantaged way to save so you can achieve your retirement goals.

The earlier you start, the more you will save!

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

- 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
- 2022 contribution limit: \$20,500 or \$27,000 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 if the withdrawal is qualified

## Traditional Pre-Taxed 401(k) & 401(k) Roth Retirement Savings Plan

A 401(k) is a retirement savings plan. Through this plan, you may elect to have a percentage of your paycheck deposited to a retirement savings account with Fidelity Investments. For the Traditional 401(k) the money is deducted from your paycheck before federal and, in most states, state and local income taxes and is not subject to taxes until you withdraw the funds from your account. For the 401(k) Roth contributions will be deducted after taxes.

Visit the Fidelity website at [401k.com](https://www.fidelity.com) to manage your account, investments, and contributions. Or contact Fidelity by phone at **800-835-5097**. Your 401(k) paycheck deductions, and the employer match, will begin generally one to two paychecks following your enrollment. You may change, stop, or re-enroll in the 401(k) Plan at any time.

### Maximum annual contribution limit

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. Team Members 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, you are eligible to make additional "catch-up contributions" up to the IRS annual limit of \$6,500 for 2022.

### HireRight matching contributions

The Company will match 100% of your first 4% in eligible earnings that you contribute each pay period. All Team Members will be immediately 100% vested in employer matching contributions.

## Rollovers

You may roll over your pre-tax assets from another qualified retirement plan, such as a former employer's 401(k) Plan, at any time. The 401(k) Plan rollover form and instructions can be found in the 401(k) Plan Enrollment Guide which is available on [YourBenefitsCenter.com](https://www.yourbenefitscenter.com) or by contacting Fidelity Investments at **800-835-5097**.

## Investments

The Plan offers a variety of investments including Fidelity and non-Fidelity mutual funds.



# VOLUNTARY PLAN

## OUR VOLUNTARY PLAN

- Hospital Indemnity

## You are unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

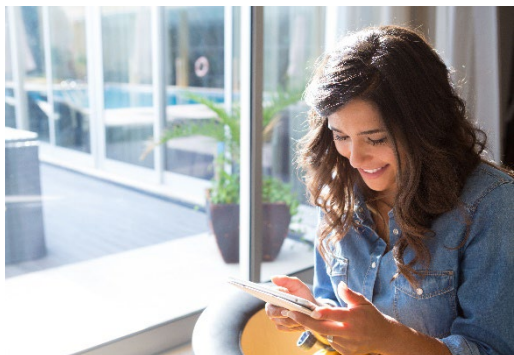
HireRight offers plans to help:

- provide income for survivors
- replace income if you are injured or ill
- bridge the gap for special healthcare needs
- secure your identity and help you manage legal issues
- save money on protection for your pets, home, and auto.

You pay the entire cost for these plans, but rates may be more affordable than individual coverage, and you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you do not have to sign up for voluntary benefits at all. The choice is yours.

# HOSPITAL INDEMNITY



## THINGS TO CONSIDER

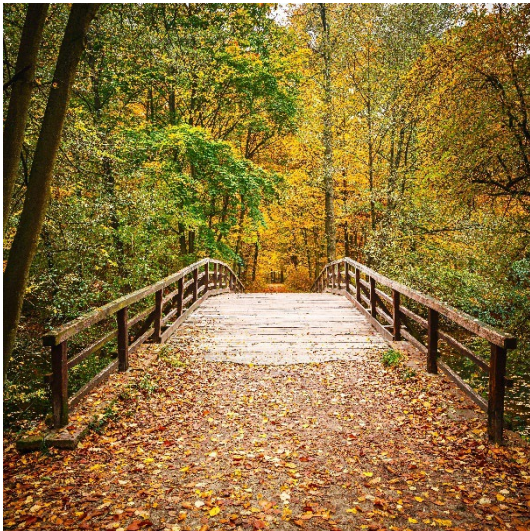
Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

## Hospital Indemnity Insurance

Hospital indemnity insurance from The Hartford can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

	1500 Plan	2000 Plan
Team Member Only	\$16.50	\$20.52
Team Member + Spouse	\$30.69	\$38.12
Team Member + Child(ren)	\$31.11	\$38.45
Team Member + Family	\$47.71	\$59.02

# TIME AWAY FROM WORK



## 2022 Paid Holidays

HireRight provides 9 paid holidays per year for regular full-time and regular part-time Team Members scheduled to work 20 or more hours per week.

Holiday hours for Team Members scheduled to work less than 40 hours per week will be prorated based on the number of scheduled work hours per week.

Team Members scheduled to work less than 20 hours per week, as well as intermittent, contingent, and temporary Team Members, are not eligible for paid holidays, unless required by law.

New Year's Day	January 2
MLK Day	January 17
Presidents' Day	February 21
Memorial Day	May 30
Independence Day	July 4
Labor Day	September 05
Thanksgiving Day	November 24
Day after Thanksgiving	November 25
Christmas	December 23

## 2 Floating Holidays

Team Members with a work location in California or Montana must use the following schedule for floating holidays:

<u>Floating Holiday</u>	<u>Must be used on or between:</u>
1st Floating Holiday	January 1 - June 30, 2022
2nd Floating Holiday	July 1 - December 31, 2021

Team Members with a non-California/Montana work location may use the 2 floating holidays on or between Jan. 1 – Dec. 31, 2022

- (1) Floating holidays must be used within the listed timeframe, or they will be forfeited
- (2) Must be hired 90 days prior to using floating holidays, except California/Montana; California/Montana Team Members must be hired 30 days prior to using floating holidays



# IMPORTANT PLAN INFORMATION

In this section, you will find important plan information, including:

- Your medical, dental and vision benefit contributions
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms

# YOUR BI-WEEKLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and, for medical coverage, how much you earn. **Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and Social Security taxes are calculated — so you pay less in taxes.**

MEDICAL	Core Plan	Value HDHP	Enhanced HDHP
<b>Earnings Under \$30,000</b>			
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
<b>Earnings Between \$30,000 - \$59,999</b>			
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
<b>Earnings Between \$60,000 - \$99,999</b>			
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
<b>Earnings Between \$100,000</b>			
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

# PLAN CONTACTS

## HELPFUL RESOURCES

### Your Benefits Center

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

### HireRight Benefits Department

888-921-0563

M-F 6:00 a.m. – 6:00 p.m. PT

## MEDICAL, DENTAL & VISION

### SimplePay Health Pro Team

Group #: 18322

[simplepayhealth.com](https://simplepayhealth.com)

[HealthPro@SimplePayHealth.com](mailto:HealthPro@SimplePayHealth.com)

800-606-3564

M–F 8:00 a.m. – 8:00 p.m. CT

### MedOne

Group #: 18322

RXGroup #: HRGHT

[medone-rx.com](https://medone-rx.com)

800-606-3564

### Teladoc

[teladoc.com](https://teladoc.com)

800-835-2362

24/7

## SPENDING ACCOUNT

### Health Savings Account

[vivebenefits.com](https://vivebenefits.com)

855-472-4090

## VOLUNTARY PLAN

### The Hartford Hospital Indemnity

Group #: 681505

[TheHartford.com](https://TheHartford.com)

866-547-4205

M-F 8 a.m. – 8 p.m ET.

## 401(K)

### Fidelity Investments

[401k.com](https://401k.com)

800-835-5097

M–F 8:30 a.m. – 8:00 p.m. ET

# GLOSSARY

## -A-

### **AD&D Insurance**

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

### **Allowed Amount**

The maximum amount your plan will pay for a covered healthcare service.

### **Ambulatory Surgery Center (ASC)**

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

### **Annual Limit**

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated healthcare costs for the rest of the plan year.

## -B-

### **Balance Billing**

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference.

### **Beneficiary**

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

### **Brand Name Drug**

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

## -C-

### **COBRA**

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

### **Claim**

A request for payment that you or your healthcare provider submits to your healthcare plan after you receive services that may be covered.

### **Coinsurance**

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

### **Copayment**

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

## -D-

### **Deductible**

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

### **Dental Basic Services**

Services such as fillings, routine extractions, and some oral surgery procedures.

### **Dental Diagnostic & Preventive Services**

Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

### **Dental Major Services**

Complex or restorative dental work such as crowns, bridges, dentures, inlays, and onlays.

### **Dependent Care Flexible Spending Account (FSA)**

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include daycare, before and after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

## -E-

### **Eligible Expense**

A service or product that is covered by your plan. Your plan will not cover any of

the cost if the expense is not eligible.

### **Excluded Service**

A service that your health plan doesn't pay for or cover.

## -F-

### **Formulary**

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

## -G-

### **Generic Drug**

A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

### **Grandfathered**

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

## -H-

### **Health Reimbursement Account (HRA)**

An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

### **Healthcare Flexible Spending Account (FSA)**

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, medical devices, and some over-the-counter items.

### **High Deductible Health Plan (HDHP)**

A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more healthcare costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

## -I-

### **In-Network**

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Out-of-network services will cost more, or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

## GLOSSARY

### -L-

#### **Life Insurance**

An insurance plan that pays your beneficiary a lump sum if you die.

#### **Long Term Disability Insurance**

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

### -M-

#### **Mail Order**

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

### -O-

#### **Open Enrollment**

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open Enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child into the family.

#### **Out-of-Network**

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

#### **Out-of-Pocket Cost**

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA, or HRA.

#### **Out-of-Pocket Maximum**

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

#### **Outpatient Care**

Care from a hospital that doesn't require you to stay overnight.

### -P-

#### **Participating Pharmacy**

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

#### **Plan Year**

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

#### **Preferred Drug**

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

#### **Preventive Care Services**

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

#### **Primary Care Provider (PCP)**

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

### -S-

#### **Short Term Disability Insurance**

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

### -T-

#### **Telehealth / Telemedicine / Teledoc**

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

### -U-

#### **UCR (Usual, Customary, and Reasonable)**

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

#### **Urgent Care**

Care for an illness, injury, or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

### -V-

#### **Vaccinations**

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

#### **Voluntary Benefit**

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

# REQUIRED PLAN NOTICES

## HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available on [YourBenefitsCenter.com](https://YourBenefitsCenter.com) under the “Regulatory Notices” tab.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of Open Enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents

## COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

# PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available through [YourBenefitsCenter.com](https://YourBenefitsCenter.com). Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Human Resources.

## SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

- HireRight Health & Welfare Plan

## SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available through [YourBenefitsCenter.com](https://YourBenefitsCenter.com).

- SimplePay Core Plan
- SimplePay Value HDHP
- SimplePay Enhanced HDHP

## STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the HireRight Health & Welfare Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.



