

2023 OPEN ENROLLMENT BENEFITS

YOUR ROAD TO WELLNESS.



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 2023 BENEFITS GUIDE	2
WHO'S ELIGIBLE FOR BENEFITS?	4
ENROLLING FOR BENEFITS	5
CHANGING YOUR BENEFITS AFTER OPEN ENROLLMENT	6
SIMPLEPAY CORE PLAN	8
SIMPLEPAY PRESCRIPTION DRUGS - MEDONE	9
SIMPLEPAY VENDOR SPOTLIGHT	11
SIMPLEPAY VENDOR SPOTLIGHT (Cont'd)	12
AETNA POS (PPO) AND AETNA HDHP	13
AETNA POS (PPO) & AETNA HDHP PRESCRIPTION DRUGS - MEDONE	14
AETNA POS (PPO)	15
AETNA HDHP	16
AETNA POS (PPO) / AETNA HDHP VENDOR SPOTLIGHT	17
PREVENTIVE CARE SCREENING BENEFITS	18
FERTILITY AND FAMILY-BUILDING BENEFITS	19
KNOW WHERE TO GO	20
NEW! HEALTH SAVINGS ACCOUNT (HSA) – WEX	22
HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)	23
PAYING FOR DAYCARE? MAKE IT TAX-FREE	24
SAVE ON COMMUTE EXPENSES	25
LIFESTYLE SPENDING ACCOUNT (LSA)	26
DELTA DENTAL BASIC PLAN	28
DELTA DENTAL PREMIER PLAN	28
VSP BASIC PLAN	30
VSP PREMIUM PLAN	31
COMPANY- PROVIDED LIFE AND AD&D INSURANCE	33
SHORT-TERM DISABILITY INSURANCE (STD)	34
LONG-TERM DISABILITY INSURANCE (LTD)	35
VOLUNTARY LIFE INSURANCE	37
VOLUNTARY LIFE AND AD&D COSTS	38
VOLUNTARY HEALTH- RELATED PLANS	39
PLANS TO KEEP YOU AND YOUR FAMILY SECURE	40
COMPANY PAID EMPLOYEE ASSISTANCE PROGRAM (EAP)	42
YOUR BI-WEEKLY BENEFIT COSTS	43
PLAN CONTACTS	45
GLOSSARY	46
REQUIRED PLAN NOTICES	48
PLAN DOCUMENTS	49

WELCOME TO YOUR 2023 BENEFITS GUIDE



Open Enrollment is Nov. 8 – 22 This guide is an overview

The benefits are effective

January 1, 2023 through

December 31, 2023

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. The plan benefit booklets determine how all benefits are paid.

Team,

Your HireRight Benefits 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 by reviewing the information in this benefits guide and select the plan that is best for you and your family.

This year, you **must actively enroll** in a benefits plan if you would like to have benefits coverage in 2023. **Your 2023 benefits will not roll over.** In addition, we would like you to be aware of some upcoming changes:

- Medical Plans: You will still have access to the SimplePay Core Plan, plus two new medical plans from which to choose: the PPO plan called Aetna POS and the Aetna High Deductible Health Plan (HDHP).
- Health Savings Account (HSA): will also be some changes to our Health Savings Account vendor. Our HSA will now be administered by WEX.
- New Benefits: We are enhancing our benefit plan offerings to include:
 - KINDBODY - Fertility benefits and family forming services
 - FORMA - LifeStyle Spending Account fully funded by HireRight to help promote a healthy lifestyle.

OPEN ENROLLMENT is Nov. 8-22. Please take the time to carefully review the information in this guide, and make sure to go online to select your plan(s). You can also visit YourBenefitsCenter.com any time for comprehensive information on HireRight's benefits offerings, including videos, links, and FAQs.

If you have questions, please reach out to 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,
HireRight Human Resources

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. Team Members who are registered as domestic partners in a local jurisdiction that maintains such a registry.
 - 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.

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 HireRight 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 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 into 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

CHANGING YOUR BENEFITS AFTER OPEN ENROLLMENT



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.



MEDICAL & PHARMACY

OUR PLANS

SimplePay Core Plan

NEW! Aetna POS (PPO)

NEW! Aetna HDHP

The SimplePay Core Plan will continue to be available. However, the SimplePay Value and Enhanced HDHPs have been replaced with the Aetna POS (traditional PPO) and the Aetna HDHP (traditional High Deductible Health Plan).

All three plans provide In-Network and Out-of-Network coverage. Primary Care Physician (PCP) designation is not required.

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 two new medical plans so you can choose the best fit for your healthcare needs and budget.

Which plan is right for you?

1. **Consider the SimplePay Core Plan if:**
 - You prefer to access benefits without having to meet a deductible first
 - You are looking for the lowest cost plan option available
2. **Consider the Aetna POS (PPO) if:**
 - You are looking for a traditional PPO plan with deductible, copays and coinsurance
3. **Consider the Aetna HDHP if:**
 - You want tax-free savings on your healthcare costs with a HSA – which includes funds that rollover 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

SIMPLEPAY CORE PLAN

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

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](#). 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.yourbenefitscenter.com).

Click to play video



What is SimplePay?

- SimplePay Health simplifies your healthcare experience through Concierge Service, plan design, and price transparency enabled through smart technology.
- SimplePay is the plan administrator who partners with Aetna/Meritain to give you access to Aetna's largest national network 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 good 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 costs to SimplePay Health and not to your doctor, hospital, or pharmacy. SimplePay members do not receive an Explanation of Benefits (EOB) for each service. You do not pay any costs up front, at the time of your service. You pay SimplePay Health and SimplePay pays your providers in full. This 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 costs on a single monthly statement. Your statements cover all the charges processed in the previous month. Because all members are offered affordable, you can either pay the balance in full or pay the minimum zero-interest payment with no credit check,.
- 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).

SIMPLEPAY 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://www.yourbenefitscenter.com).

The SimplePay Core Plan prescription benefits are provided by MedOne Pharmacy Benefit Solutions (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 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 cost pharmacies and are all In-Network pharmacies. This tier does not include CVS and Walgreens.

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

Tier 3 pharmacies have the highest copays and include Walgreen's pharmacies on your plan.

- 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	No charge	No charge	No charge	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
Telemedicine Teladoc	<ul style="list-style-type: none"> • Access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits • U.S. board-certified physicians diagnose and treat, answer health-related questions, outline care options and order necessary prescriptions or lab tests • Set up your account by calling 800-Teladoc, visiting teladoc.com, mobile app (App Store or Google Play) or by texting "Get Started" to 469-844-5637
Mental Health Joyages	<ul style="list-style-type: none"> • On-demand coaching app that teaches skills for dealing with life's daily stressors users can send their therapist text, voice or video messages • 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 • Download the mobile app through the App Store or Google Play and unlock access using code: simplepay
Fertility, Pregnancy, and Parenting Ovia Health	<ul style="list-style-type: none"> • 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 • Ovia Fertility Mobile App: Track your cycle, learn more about reproductive health, get pregnant faster with Ovia's proprietary algorithm • Ovia Pregnancy Mobile App: Track your pregnancy journey, receive real-time alerts, learn to have the healthiest possible pregnancy • Ovia Parenting Mobile App: Support from birth through baby's first years, track milestones, feel empowered to navigate life as a working parent • Download any of the Ovia apps above, create an account then tap "Update my healthcare information" and use SimplePay as your employer
Stem Cell Therapy Regenexx	<ul style="list-style-type: none"> • 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 • Call 866-488-8024 or visit regenexxbenefits.com/simplepay-health
Diabetes & Cardiovascular Disease Management Livongo	<ul style="list-style-type: none"> • A virtual diabetes management program offering a personalized experience to help you understand your blood sugar, develop healthy lifestyle habits and improve glycemic control • Call 800-945-4355 or register at get.livongo.com/SIMPLEPAY/register with code: SIMPLEPAY

SIMPLEPAY VENDOR SPOTLIGHT (Cont'd)

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
Weight Management & Healthy Eating Wondr™	<ul style="list-style-type: none">• A digital weight loss program, based in behavioral science, where you can eat your favorite foods and still lose weight• Learn more at wondrhealth.com/simplepayhealth
Digestive Health Clarity	<ul style="list-style-type: none">• 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• Sign up at claritynow.com/simplepay
Expert Second Opinions 2nd.MD	<ul style="list-style-type: none">• Expert medical opinions via video or phone consultations with leading medical specialists• 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• 2nd.MD care team assists the member in selecting a Specialist, providing medical records to the Specialist for review, and scheduling the Specialist consultation• Call 866-841-2575, visit 2nd.MD/simplepay or download our 2nd.MD app (App Store or Google Play) to get started today
Being Tobacco-Free Virgin Pulse	<ul style="list-style-type: none">• A unique and robust member experience through a custom member portal built specifically for SimplePay Health• The member portal serves as a one-stop shop for all benefit and SimplePay related resources• 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• Contact your Health Pro team for more information

AETNA POS (PPO) AND AETNA HDHP

WHO TO CONTACT

The Aetna POS (PPO) and Aetna HDHP are administered by Meritain.

Meritain Health Customer Service is available at 800.925.2272 or via the member portal at www.meritain.com.

FIND A PROVIDER

These plans utilize the Aetna Choice POS II provider network. To find a provider you can contact Aetna's provider line at 800.343.3140 or visit www.aetna.com/docfind/custom/mymeritain.

To download the Meritain app on your phone, you must visit the www.meritain.com website and add the Meritain Health app to your phone's home screen.

Have more questions about the Aetna POS (PPO) or the Aetna HDHP? Refer to the Summary of Benefits and Coverage (SBC) posted on YourBenefitsCenter.com.



What's changing?

The new Aetna POS (PPO) and Aetna HDHP will be administered by Meritain and operate like traditional insurance coverage with deductibles, coinsurance, and copays due at time of visit.

How it works

- After you pay your annual deductible and any up-front copays, the plan begins to pay a percentage of your provider's charges, for example 80 percent. The remaining percentage, for example 20 percent, is your responsibility—your out-of-pocket costs. You're protected from financial hardship by a maximum out-of-pocket amount each year—the most you'll have to pay before the plan covers costs at 100 percent.
- Certain medical services and medications require prior authorization. Your physicians must provide information necessary to complete the prior-authorization process (5-day turnaround unless urgent)

Save money In-Network

- This plan offers a network of doctors and other health care professionals who have agreed to accept lower amounts than their standard charges, just for members of this plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too.
- Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that Meritain Health can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you're sick.
- Remember: if you go outside the network, you may still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.

AETNA POS (PPO) & AETNA HDHP PRESCRIPTION DRUGS – MEDONE

Click to play video



WANT TO LEARN MORE ABOUT PRESCRIPTIONS?

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PRIOR AUTHORIZATION & STEP THERAPY

To ensure safe and appropriate use of medications, prior authorization or step therapy may apply for certain medications.

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

The Aetna POS (PPO) and Aetna HDHP prescription benefits are provided by MedOne Pharmacy Benefit Solutions (medone-rx.com). MedOne is a nationally recognized pharmacy benefit manager who contracts with almost all licensed U.S. pharmacies. The prescription drug plans offer you full traditional pharmacy benefits. The medications and pharmacies you are used to using will still be available to you if covered by your health plan.

How it works

- You may use your medical/Rx ID card at the pharmacy.
- 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.

AETNA POS (PPO)

	In-Network	Out-of-Network
Carrier Network	Aetna Choice POS II	
Annual Deductible	\$3,000 per individual / \$6,000 per family	\$3,000 per individual / \$6,000 per family
Annual Out-of-Pocket Maximum	\$6,000 per individual / \$12,000 per family	\$6,000 per individual / \$12,000 per family
Savings Account Eligibility	Flexible Spending Account (FSA) Eligible	
Employer Contribution to Savings Account	None	
Office Visit	\$30 (deductible waived)	40% (after deductible)
Specialist Visit	\$50 (deductible waived)	40% (after deductible)
Teladoc	\$30 (deductible waived)	Not Covered
Chiropractic (20 visits per calendar year)	\$30 (deductible waived)	40% (after deductible)
Diagnostic Lab and X- ray	20% (after deductible)	40% (after deductible)
Urgent Care	\$50 (deductible waived)	40% (after deductible)
Emergency Room	20% (after deductible)	20% (after deductible)
Inpatient Hospital Services	20% (after deductible)	40% (after deductible)
Outpatient Surgery	20% (after deductible)	40% (after deductible)
PRESCRIPTION DRUGS	In-Network	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	\$10 copay	Not Covered
Preferred	\$25 copay	Not Covered
Non-Preferred	\$50 copay	Not Covered
90 Day Supply (Home Delivery)		
Generic	\$20 copay	Not covered
Preferred	\$50 copay	Not covered
Non-Preferred	\$100 copay	Not covered
Specialty	No charge	Not covered

AETNA HDHP

	In-Network	Out-of-Network
Carrier Network	Aetna Choice POS II	
Annual Deductible	\$1,500 per individual / \$3,000 per family	\$1,500 per individual / \$3,000 per family
Annual Out-of-Pocket Maximum	\$3,350 per individual / \$6,700 per family	\$3,350 per individual / \$6,700 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	
Office Visit	10% (after deductible)	30% (after deductible)
Specialist Visit	10% (after deductible)	30% (after deductible)
Teladoc	\$49 copay (after deductible)	Not Covered
Chiropractic (20 visits per calendar year)	10% (after deductible)	30% (after deductible)
Diagnostic Lab and X- ray	10% (after deductible)	30% (after deductible)
Urgent Care	10% (after deductible)	30% (after deductible)
Emergency Room	10% (after deductible)	10% (after deductible)
Inpatient Hospital Services	10% (after deductible)	30% (after deductible)
Outpatient Surgery	10% (after deductible)	30% (after deductible)
PRESCRIPTION DRUGS	In-Network	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	\$10 copay	Not Covered
Preferred	\$25 copay	Not Covered
Non-Preferred	\$50 copay	Not Covered
90 Day Supply (Home Delivery)		
Generic	\$20 copay	Not covered
Preferred	\$50 copay	Not covered
Non-Preferred	\$100 copay	Not covered
Specialty	No charge	Not covered

AETNA POS (PPO) / AETNA HDHP 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
Telemedicine Teladoc	<ul style="list-style-type: none"> • Access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits • U.S. board-certified physicians diagnose and treat, answer health-related questions, outline care options and order necessary prescriptions or lab tests • Set up your account by calling 800-362.2667, visiting teladoc.com, mobile app (App Store or Google Play) or by texting "Get Started" to 469-844-5637
Online Wellness MyActiveHealth	<ul style="list-style-type: none"> • MyActiveHealth is a wellness website designed to help you live a healthy life. With valuable, easy-to-use options, you can set health goals, find wellness information, interact with online health trackers and more! • The MyActiveHealth portal includes an online health assessment, healthy recipes, a library of webinars, videos and interactive tools and your health records. • Simply register for a MyActiveHealth account by logging into www.meritain.com, click on the <i>My Wellness</i> tile, and you'll be taken directly to the MyActiveHealth site.
Discount Program LifeMart	<ul style="list-style-type: none"> • Browse major savings on major brands for all your health and wellness needs from gyms, to diet plans and groceries and everything in between • Access offers on personal wellness products and services, as well as deals on everyday needs such as travel, tickets, car rentals, electronics and more • Access LifeMart through the Meritain Health Member Portal, or via http://meritain.lifemart.com, or by downloading the LifeMart mobile app (App Store or Google Play) • Simply register by filling out your first name, last name, email address and a password.
Healthy Discounts OMRON	<ul style="list-style-type: none"> • Meritain Health, through its affiliation with Aetna®, has partnered with OMRON to provide our members discounts on blood pressure monitors, pedometers and activity trackers, TENS units, and many other OMRON products. • Receive 10 percent off OMRON's current prices when you use code AETNA10 at checkout • Begin shopping, please visit www.omronhealthcare.com and click on the <i>Product</i> drop-down in the top navigation to select a product category

PREVENTIVE CARE SCREENING BENEFITS



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer
- Depression
- Sexually Transmitted Infections



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.

FERTILITY AND FAMILY- BUILDING BENEFITS



YOUR KINDBODY BENEFITS INCLUDE:

- Dedicated care navigation team
- Access to Kindbody's full suite of services and network of partner clinics
- White-glove guidance for care path
- Life & virtual events
- A personalized patient portal

Visit kindbody.com or call 855-KND-BODY for more information.

Effective January 1, 2023, HireRight will begin offering KINDBODY as the fertility and family-building benefit! HireRight eligible employees and family members will have access to fertility treatment services including egg/embryo freezing, IUI, and IVF.* This benefit is available to all benefit eligible employees and family members, whether or not they are enrolled in one of HireRight's medical plans.

*Subject to any applicable medical plan cost share, more information to come.





There are many different fertility and family-building journeys, whether you are looking to start your family today or preserve your options for the future. Kindbody provides end-to-end fertility services with a dedicated Care Navigation Team to guide you through your journey and coordinate the full spectrum of benefits available to you and your covered family members.

Your Kindbody benefits offer:

- \$5,000 lifetime maximum benefit toward fertility, preservation and fertility medications
- \$5,000 contribution for third party services such as donor, surrogacy, and adoption.

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



SPENDING ACCOUNTS

OUR PLAN

NEW! WEX Health Savings Account (HSA)

Navia Healthcare Flexible Spending Account (FSA)

Navia Dependent Care Flexible Spending Account (DCFSA)

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.

NEW! HEALTH SAVINGS ACCOUNT (HSA) – WEX



[Click to play video](#) or scan QR code.

ARE YOU ELIGIBLE?

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

1. Enrolled in the Aetna HDHP.
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 [WEX HSA Login](#)

Eligible Expenses – 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.

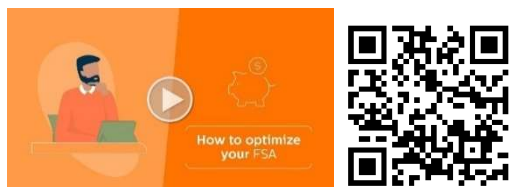
Four reasons to love an HSA

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 WEX HSA works

- If you elect the Aetna HDHP, your HSA account will be opened automatically with WEX.
- 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.
- 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: \$3,850
Family: \$7,700
- \$3,850 per individual and \$7,700 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.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)



[Click to play video](#) or scan QR code.

ARE YOU ELIGIBLE?

Note for Health Savings Account (HSA) medical plan participants: If you participate in a HSA medical plan, you cannot contribute to a healthcare FSA. You can contribute to the Dependent Care FSA.

FIND OUT MORE

The Navia mobile app and debit card provide quick account access and are usable across multiple benefits. Monthly transit and parking deductions are loaded automatically to the card for easy access to your funds. You can also visit naviabenefits.com.

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

Ineligible Expenses

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

How the Navia FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- Your election amount is deducted from your paychecks equally throughout the year. The amount will remain in effect through December 31 unless you have a qualified life event.
- You will receive a debit card from Navia, the FSA administrator. You can contribute up to \$3,050, the annual limit set by the IRS. Contributions are deducted from your pay pretax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they are for eligible healthcare expenses.
- All claims for reimbursement must be submitted no later than 90 days after the plan year.

Estimate carefully!

After the plan year, there is a 2 ½ month grace period for you to incur expenses that ends on March 15th of the following plan year. If you do not spend all the money in your account, you forfeit the leftover balance.

FSA SAVINGS EXAMPLE

	<u>Without FSA</u>	<u>With FSA</u>
Annual Pay	\$60,000	\$60,000
Pre-Tax FSA Contributions for Healthcare Expenses	\$0	(\$2,000)
Taxable Income	\$60,000	\$58,000
Federal Taxes	(\$10,852)	(\$10,259)
<u>After-Tax Healthcare Expenses</u>	<u>(\$2,000)</u>	<u>\$0</u>
NET INCOME	\$47,148	\$47,741

PAYING FOR DAYCARE ? MAKE IT TAX- FREE!



EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent Care FSA—up to \$5,000 per year tax-free

A Dependent Care Flexible Spending Account (DCFSA) can help families save potentially hundreds of dollars per year on daycare or elderly care. This program is administered by Navia.

Here is how the Navia Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$5,000 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

All claims for reimbursement must be submitted no later than 90 days after the plan year.



Estimate carefully! You cannot change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. After the plan year, there is a 2 ½ month grace period for you to incur expenses that ends on March 15th of the following plan year. Unspent funds will be forfeited.

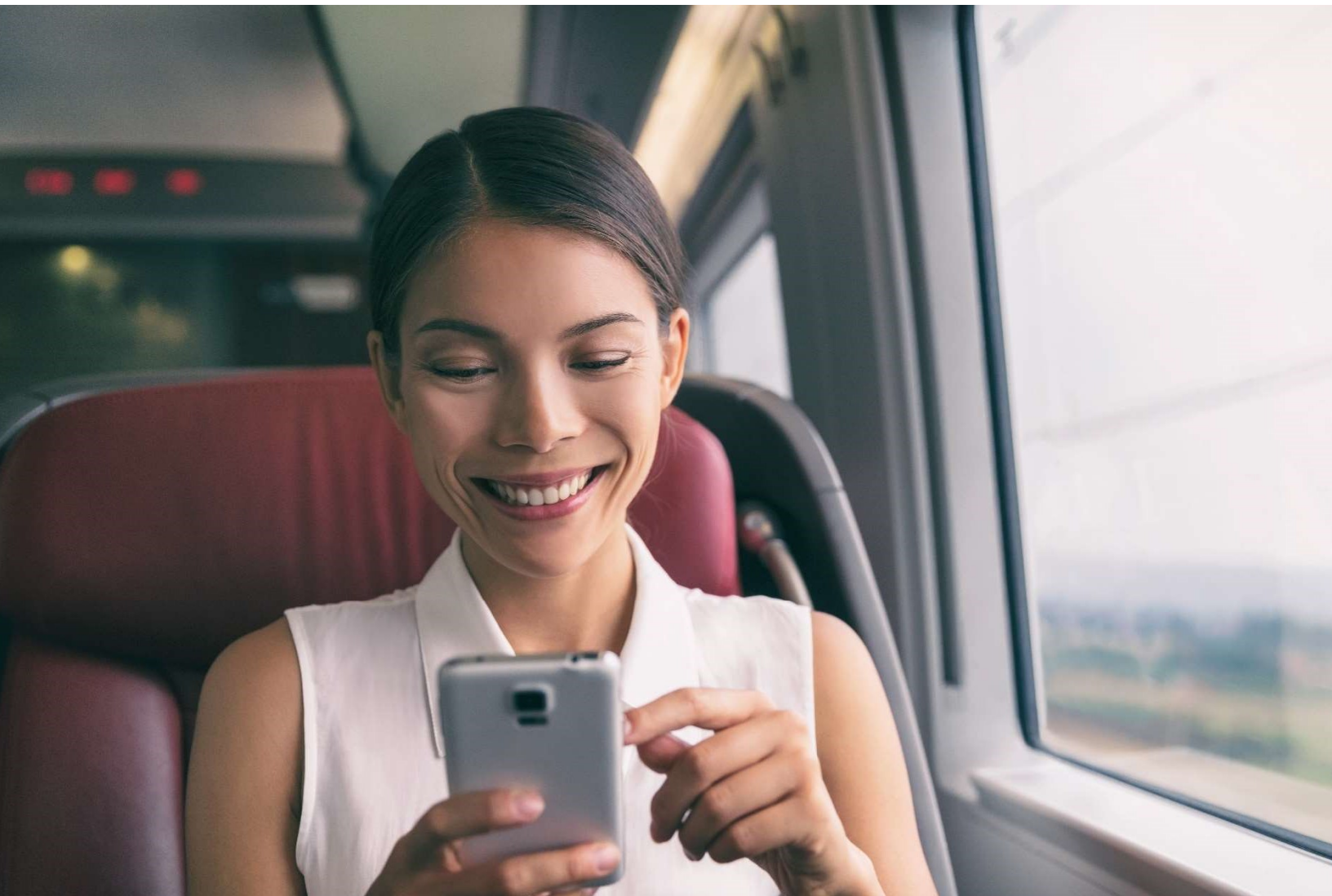
SAVE ON COMMUTE EXPENSES

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 2023 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 and log in or register through the Navia app.



LIFESTYLE SPENDING ACCOUNT (LSA)



SPONSORED BY HIRERIGHT

HireRight is funding the LSA for all benefit eligible employees, whether or not you are enrolled in benefits.

Team members receive up to \$75 per quarter!

Health and wellness options right for you!

HireRight is committed to promoting a healthy lifestyle and providing wellness options for our Team Members. We have partnered with Forma to provide Team Members with a Lifestyle Spending Account that provides a wellness stipend to purchase wellness related items and programs such as a gym membership, sports equipment, wellness apps and more!

Here a list of examples eligible expense:

- Nutrition apps
 - LifeSum, My Diet Coach and MyFitnessPal
- Athletic clothing
 - yoga pants, running shorts and a ski jacket
- Meditation apps
 - Headspace, Meditopia and Insight Timer
- Smart Watches
 - Apple Watch, Fitbit Versa and Fitbit Ionic
- Fitness trackers
 - Fitbit Charge, Fitbit Inspire and Oura Ring
- Home gym equipment
 - Squat rack, weight bench, home gym floor mat
- Sport equipment
 - Bicycle, tennis racket, golf clubs
- Wellness appliances
 - HEPA filters, air purifier, air filter
- Wellbeing services
 - Massage therapy, massage equipment

Options for you to access your LSA funds

You can use your Forma Card, browse the Forma store online, or submit a claim for reimbursement.

To start, sign in by going to joinforma.com.



DENTAL

OUR PLANS THROUGH DELTA DENTAL

Delta Dental Basic Dental Plan

Delta Dental Premium Dental Plan

CHOOSING A DENTIST

You may select the dentist of your choice. However, to get the full advantage of your Delta Dental coverage, you should choose a dentist who participates in the Delta Dental network(s) covered by your plan.

Why sign up for Dental coverage?

It is important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That is where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers three types of treatments:

- **Preventive** care includes exams, cleanings, and x-rays.
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment.
- **Major** care goes further than basic and includes bridges, crowns, and dentures.

In addition, the Premium Plan provides orthodontia benefits.

DELTA DENTAL BASIC PLAN

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

	In-Network		Out-of-Network
	PPO	Premier	
Annual Deductible (waived for preventive)	\$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	Plan Pays 100%	Plan pays 50%	Plan pays 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

DELTA DENTAL PREMIER PLAN

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

	In-Network		Out-of-Network
	PPO	Premier	
Annual Deductible (waived for preventive)	\$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 (only for dependent children under age 19)	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

OUR PLAN

VSP Basic Plan

VSP Premium Plan

Why sign up for Vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

VSP BASIC PLAN

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

	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)
Frames	Up to \$150 allowance, plus a 20% discount from the remaining balance Walmart®/Sam's Club®/Costco® frame allowance is \$80	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
Contacts (Elective)	Up to \$120 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

Extra Savings

Glasses and Sunglasses

- Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

Routine Retinal Screening

- No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

VSP PREMIUM PLAN

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

	In-Network	Out-of-Network
Copay	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 \$225 allowance, plus a 20% discount from the remaining balance* Walmart®/Sam's Club®/Costco® frame allowance is \$125	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
Contacts (Elective)	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

Extra Savings

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Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.



LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary, as needed, if your situation changes.

Is your family protected?

Life, AD&D, and disability insurance can fill a number of financial gaps for a family recovering from an illness, injury, or worse. After a loss of income, many families have to reduce their standard of living. Consider what your family would need to cover:

- Medical bills and funeral expenses
- Living expenses (housing, food, clothing, utilities)
- Large expenses (rent or mortgage, education)
- Taxes and debts that need to be settled

We provide a base amount of life and AD&D insurance.

If you need additional coverage

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Benefits section for details.

COMPANY- PROVIDED LIFE AND AD&D INSURANCE



GUARANTEED ISSUE

Basic insurance is guaranteed issue coverage – it is available without having to provide information about your health.

FIND OUT MORE

Visit thehartford.com/employee-benefits/value-added-services to learn more about these additional services included with your Life and AD&D coverage.

Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by HireRight and Team Members are automatically enrolled.

The Hartford Basic Life and AD&D

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

The benefit amount above will be reduced by 50% at age 70. Refer to the plan document for details.

Additional Services

The Hartford includes several other value-added services with your Life and AD&D coverage:

- **Beneficiary Assist® Counseling Services** offers compassionate expertise to help you, your beneficiaries and immediate family members cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals, as well as five face-to-face available for up to one-year sessions (3 for CA residents within 6-month period).
- **EstateGuidance® Will Services** helps you create a customized and legally binding online will. Online support is also available from licensed attorneys, if needed.
- **Funeral Concierge Services** provides a suite of online tools to guide you before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers— often resulting in financial savings. In addition, Express Pay is a service that delivers proceeds in as little as 48 hours, allowing beneficiaries to use proceeds immediately for funeral expenses.
- **Travel Assistance Services and ID Theft Protection Services** includes pre-trip information to help you feel more secure while traveling. It can also help you access medical professionals across the globe for assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise. ID theft are available to you and your family at home or when you travel and includes access to caseworkers to help resolve problems that result from identity theft.

SHORT-TERM DISABILITY INSURANCE (STD)



EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

STD Benefits

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

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

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. The Company pays the cost of this coverage.

Sedgwick STD Plan

Weekly benefit amount	60% of covered weekly earnings up to a maximum of \$1,350
Benefits begin	After 7 days of disability due to accident or 7 days due to sickness
Maximum payment period	26th week of disability (based on first day you are disabled, not when benefits begin)

LONG-TERM DISABILITY INSURANCE (LTD)



LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer-term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. You pay the cost of this coverage through after-tax payroll deductions. If you have LTD coverage through another source and/or do not want LTD coverage through the Company, please submit a request through HR4U > Myself > AskHR > Benefits or call the Benefits department at **888-921-0563** to request a wavier.

Monthly benefit amount

60% of covered monthly earnings up to a maximum of \$15,000

Benefits begin Maximum payment period

After 180 days of disability
The greater of your Social Security Normal Retirement Age (SSNRA) or 4 years



VOLUNTARY PLANS

OUR VOLUNTARY PLANS

- Voluntary Life and AD&D
- Critical Illness
- Hospital Indemnity
- Legal Services
- Pet Insurance

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.

VOLUNTARY LIFE INSURANCE



GUARANTEED ISSUE

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to submit Evidence of Insurability with additional information about your health in order for the insurance company to approve the amount of coverage.

Protecting those you leave behind

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

The Hartford Voluntary Life

Team Member	Option of 1x, 2x, 3x, 4x, 5x, or 6x earnings, to a maximum of 6x annual earnings or \$1,000,000
Spouse	Increments of \$10,000 up to the lesser of 100% of Team Member amount or \$300,000
Child(ren)	Birth to 6 months: \$1,000; 6 months to age 26: increments of \$5,000 up to \$20,000

Guaranteed Issue Amount

Team Member	Lesser of 3x covered annual earnings or \$350,000
Spouse	Up to \$50,000
Child(ren)	Birth to 6 months: \$1,000; 6 months to age 26: increments of \$5,000 up to \$20,000

The Hartford Voluntary AD&D

Team Member	Option of 1x, 2x, 3x, 4x, 5x, or 6x earnings, to a maximum of 6x annual earnings or \$1,000,000
Spouse	Your spouse will be covered at 60% of your coverage amount
Child(ren)	Your child(ren) will be covered at 20% of your coverage amount.

VOLUNTARY LIFE AND AD&D COSTS

If you elect Voluntary Life Insurance, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

TEAM MEMBER AND SPOUSE RATES

Age	Monthly Rate per \$1,000 of coverage
<35	\$0.05
35-39	\$0.06
40-44	\$0.08
45-49	\$0.13
50-54	\$0.21
55-59	\$0.36
60-64	\$0.57
65-69	\$0.67
70-74	\$2.06
75>	\$2.06

TO CALCULATE YOUR PREMIUM

TEAM MEMBER & SPOUSE

1. Desired Coverage (\$1,000 increments)

You:	Spouse:
------	---------

2. Step 1 Divided by 1,000 =

You:	Spouse:
------	---------

3. Step 2 Multiplied by Rate for Age/Smoker Status =

You:	Spouse:
------	---------

TOTAL COST PER PAYCHECK:

You + Spouse from Step 3 =

DEPENDENT CHILD(REN) RATES

Monthly Rate	\$0.10 per \$1,000 of coverage per child
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AD&D RATES

Team Member Monthly Rate	\$0.023 per \$1,000
Family AD&D Monthly Rate	\$0.034 per \$1,000

VOLUNTARY HEALTH- RELATED PLANS



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.

Critical Illness Insurance

Critical illness insurance from The Hartford can help fill a financial gap if you experience a serious illness such as cancer, heart attack, or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members, if needed. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest x-ray. Coverage options available:

Team Member	\$10,000, \$15,000, \$20,000, or \$30,000
Spouse	100% of Team Member's Initial Benefit
Dependent Children	100% of Team Member's Initial Benefit

Age	Monthly Rates per \$1,000	
	Team Member	Family
Under age 24	\$0.15	\$0.31
Age 25-29	\$0.16	\$0.39
Age 30-34	\$0.26	\$0.62
Age 35-39	\$0.37	\$0.91
Age 40-44	\$0.69	\$1.64
Age 45-49	\$1.18	\$2.79
Age 50-54	\$1.79	\$4.41
Age 55-59	\$2.67	\$6.80
Age 60-64	\$3.89	\$10.33
Age 65-69	\$5.71	\$15.29
Age 70+	\$8.45	\$21.95

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.

Bi-Weekly Rates	1500 Plan	2000 Plan
Team Member Only	\$7.62	\$9.47
Team Member + Spouse	\$14.16	\$17.59
Team Member + Child(ren)	\$14.36	\$17.75
Team Member + Family	\$22.02	\$27.24

PLANS TO KEEP YOU AND YOUR FAMILY SECURE



CONTACT INFORMATION

See the Plan Contacts section of this guide.

Legal Program & Identity Theft

Do you have an attorney on retainer? Most people do not, so our legal program offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house, or navigating an IRS audit, legal coverage from Legal Shield offers reputable attorney assistance for you and your family.

Identity theft is serious. Victims can spend hundreds, even thousands of dollars and weeks of their own time to repair the damage done to their good names and credit records. The longer identity fraud goes undetected, the more expensive and difficult it becomes to resolve. The IdentityShield program through LegalShield helps protect your personal information through proactive monitoring, identity restoration, and resolution.

You can enroll in these programs during Open Enrollment by visiting legalshield.com/info/hireright.

Home and Auto Insurance

Your home, its contents, and your car would be expensive, perhaps even unaffordable, to replace. HireRight has partnered with MetLife to provide you with access to special group rates on home and auto insurance. Applications and quotes are available directly from MetLife. You can enroll in this program at any time.

Pet Insurance

Pets are members of the family, too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. MetLife provides coverage for this program. You can enroll in this program at any time.

Adoption Assistance

To help Team Members who choose to adopt, HireRight offers an adoption assistance benefit. Reimbursement of allowable expenses associated with an adoption will be made up to a maximum reimbursement of \$2,500 per child once the adoption is final. If both parents are employed by the company, they may only receive a combined reimbursement of \$2,500 per child.



WELLBEING & BALANCE

" THE KEY TO KEEPING YOUR BALANCE IS KNOWING WHEN YOU'VE LOST IT. "

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- ▼ Manage stress, chemical dependency, mental health and family issues
- ▼ Give you piece of mind with securing your identity
- ▼ Paid time off and holiday time so you can enjoy yourself and your family

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

COMPANY PAID EMPLOYEE ASSISTANCE PROGRAM (EAP)

Help for you and your household members

There are times when everyone needs a little help, advice, or assistance with a serious concern. The EAP through ComPsych Corporation can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free, and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 3 sessions within a six-month period.
- Unlimited web access to helpful articles, resources, and self-assessment tools.

COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

PARENTING & CHILDCARE

- Referrals to quality providers
- Family daycare homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics



CONTACT THE EAP

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

Hours - 24 hours / 7 days a week

Website - [GuidanceResources.com](https://www.guidanceresources.com)

To register, use company Web ID:
HireRight

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, your base earnings. **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	SimplePay Core Plan	Aetna/Meritain POS (PPO)	Aetna/Meritain HDHP
Earnings Under \$30,000			
Team Member Only	\$36.86	\$68.52	\$98.94
Team Member + Spouse or Domestic Partner	\$95.85	\$171.54	\$250.51
Team Member + Child(ren)	\$78.41	\$140.40	\$205.00
Team Member + Family	\$155.80	\$271.27	\$399.47
Earnings Between \$30,000 - \$59,999			
Team Member Only	\$46.93	\$82.88	\$121.54
Team Member + Spouse or Domestic Partner	\$117.96	\$203.16	\$300.18
Team Member + Child(ren)	\$96.49	\$166.21	\$245.58
Team Member + Family	\$186.95	\$315.76	\$469.43
Earnings Between \$60,000 - \$99,999			
Team Member Only	\$50.26	\$87.66	\$129.05
Team Member + Spouse or Domestic Partner	\$125.34	\$213.67	\$316.72
Team Member + Child(ren)	\$102.52	\$174.84	\$259.15
Team Member + Family	\$197.34	\$330.59	\$492.75
Earnings \$100,000 and Higher			
Team Member Only	\$53.60	\$92.39	\$136.44
Team Member + Spouse or Domestic Partner	\$132.65	\$224.12	\$333.19
Team Member + Child(ren)	\$108.55	\$183.40	\$272.59
Team Member + Family	\$207.73	\$345.42	\$516.07

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. **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.**

DENTAL

	Delta Dental of VA Basic Plan	Delta Dental of VA 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

	VSP Basic Plan	VSP 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

PLAN CONTACTS

HELPFUL RESOURCES

Your Benefits Center

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

HealthPro@SimplePayHealth.com

800-606-3564

M-F 8:00 a.m. – 8:00 p.m. CT

Meritain

Group #: A8322

RXGroup #: HRGHT

www.meritain.com

800-925-2272

MedOne

Group #: 18322

RXGroup #: HRGHT

medone-rx.com

800-606-3564

Teladoc

teladoc.com

800-835-2362

24/7

Delta Dental of Virginia Group

Group #: 00000600253

deltadentalva.com/members/hireright

800-237-6060

M-Th 8:15 a.m. – 6:00 p.m. ET

F 8:15 a.m. – 4:45 p.m. ET

Vision Service Plan

Group #: 30010629

VSP.com

800-877-7195

M-F 8:00 a.m. – 8:00 p.m. PT

Sat. 7:00 a.m. – 8:00 p.m. PT

Sun. 7:00 a.m. – 7:00 p.m. PT

ComPsych EAP

GuidanceResources.com Web

ID: HIRERIGHT

855-649-3017

24/7

SPENDING ACCOUNTS

Healthcare,
Dependent Care FSA, and
Transportation/ Commuter
Accounts

naviabenefits.com

800-669-3539

M-F 5:00 a.m. – 5:00 p.m. PT

Health Savings Account

www.wexinc.com

833-CALL-WEX

LifeStyle Spending Account

support@forma.com

LIFE INSURANCE, DISABILITY AND VOLUNTARY BENEFITS

Life, AD&D and Long
Term Disability The
Hartford

Group #: 681505

TheHartford.com

Disability Claims: 888-301-5615

Life Claims: 888-563-4205

M-F 8 a.m. – 8 p.m ET.

Short Term Disability

Group Name: HireRight

MySedgwick.com

877-576-8149

Intake Call Center: 24/7

Customer Service Call Center:

M-F 7:00 a.m. – 8:30 p.m. CT

The Hartford Critical Illness & Hospital Indemnity

Group #: 681505

TheHartford.com

866-547-4205

M-F 8 a.m. – 8 p.m ET.

Legal Shield

Legalshield.com/info/hireright

888-654-7757

M-F 7:00 a.m. – 7:00 p.m. CT

Identity Shield

idshield.com

888-494-8519

MetLife Auto, Home and Pet

mybenefits.metlife.com

800-438-6388

M-F 9:00 a.m. – 6:00 p.m. ET

LEAVE OF ABSENCE & STD

Leave of Absence and STD

Group Name: HireRight

MySedgwick.com

877-576-8149

Intake Call Center: 24/7

Customer Service Call Center:

M-F 7:00 a.m. – 8:30 p.m. CT

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 / Teladoc

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 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. 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.

- SimplePay Core Plan
- Aetna POS (PPO)
- Aetna 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.

