

# Welcome to Your Benefits 2024

**HIRE RIGHT**<sup>™</sup>

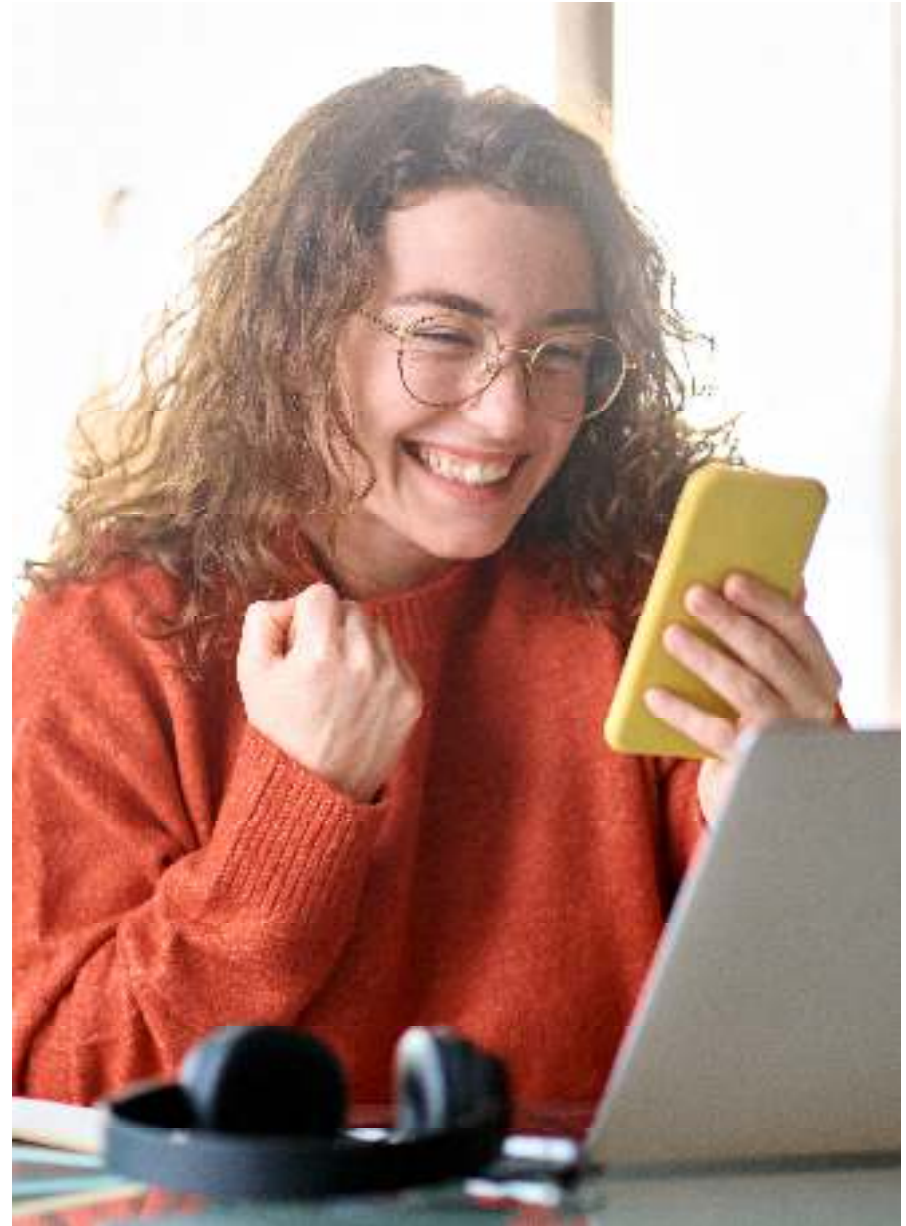


***Enroll Now!***

Active Open Enrollment: November 13 - November 29

# AGENDA – Today You'll Learn About:

- What's New or Changing in 2024
- Benefits Eligibility
- Your Pre-Enrollment Checklist
- Your Benefit Options
- Simple Steps to Enroll
- Your Questions Answered



# NEW THIS YEAR – What's Changing in 2024?

## New Benefits Offerings

- **Aetna Value Copay Plan:** A new low-cost premium Aetna plan administered by Meritain that provides you and your family with comprehensive in-network coverage at an affordable price. Routine office visits and generic drug prescriptions are not subject to a deductible.
- **Voluntary Accident (High and Low) Plans:** New High and Low plan options through The Hartford that provides you the flexibility to choose your desired accident protection for you and your family.
- **Gender Affirmation Surgery benefit:** Benefit is available across all medical plans.
- **Student Loan payment reimbursement** through Forma

# NEW THIS YEAR – What's Changing in 2024?

## Other Changes to Understand

- **Increased\* Cost in Medical Premiums** due to the rising cost of healthcare and several large claims. All other premium costs will remain the same.  
*\*Move to New Aetna Value Copay plan will result in reduced premiums*
- **Increased deductibles for Aetna HDHP Plan:** The deductibles for the Aetna HDHP plan are increasing to \$1,600 (from \$1,500) for individuals and \$3,200 (from \$3,000) for families due to IRS regulations.
- **Increased HSA contribution limits:** Annual HSA contribution limits are increasing to \$4,150 for self-only coverage and \$8,300 for family coverage.
- **Increased Health Care FSA contribution limit:** The annual Health Care FSA contribution limit is increasing to \$3,200 due to IRS guidelines.
- **Dependent Eligibility Audit:** Annual verification is required for all enrolled dependents.
- **Specialty drug carve-out through Vivio:** Vivio will be managing specialty drugs, ensuring efficient and cost-effective handling. All specialty drugs require a Prior Authorization.

# BENEFITS ELIGIBILITY

## Employees

- Full-time employees (contractors excluded) scheduled to work 30 or more hours per week

## Dependents

- Employees also can enroll eligible dependents, including:
  - Spouse:
    - Includes same or opposite gender domestic partners
  - Children up to age 26:
    - Includes employee's and spouse/domestic partner's natural, adopted, foster, and stepchildren
  - Children over age 26 who are disabled and depend on you for support
  - Children named in a Qualified Medical Child Support Order (QMCSO)

# CHECKLIST – Your Pre-Enrollment To Do List

- ✓ **THINK** about how your needs have changed and consider if you may find more value and/or better coverage by selecting a different plan.
- ✓ **EXPLORE** what's new or changing in your Open Enrollment Guide and consider how it might affect your enrollment choices.
- ✓ **COLLECT** the birth date, Social Security number, and address for each dependent you wish to enroll or beneficiary you want to name.
- ✓ **REVIEW** any benefits offered through your spouse/domestic partner's employer to avoid costly duplicate coverage.
- ✓ **DECIDE** how much to contribute to an HSA or an FSA account.
- ✓ **ENROLL** before November 29<sup>th</sup> to receive coverage.

# HEALTH *benefits* – *NEW!* Aetna Value Copay Plan

	<b>In-Network Only</b>
<b>Carrier Network</b>	Aetna EPO Network
<b>Annual Deductible</b>	\$6,000 per individual / \$12,000 per family
<b>Savings Account Eligibility</b>	Flexible Savings Account (FSA) Eligible
<b>Employer Contribution to Savings Account</b>	None
<b>Annual Out-of-Pocket Maximum</b>	\$8,700 per individual / \$17,400 per family
<b>Office Visit</b>	\$30 Deductible waived
<b>Specialist Visit</b>	30% after deductible
<b>Teladoc</b>	\$30 Deductible waived
<b>Chiropractic (20 visits per calendar year)</b>	30% after deductible
<b>Diagnostic Lab and X-ray</b>	30% after deductible
<b>Urgent Care</b>	30% after deductible
<b>Emergency Room</b>	30% after deductible
<b>Inpatient Hospital Services</b>	30% after deductible
<b>Outpatient Surgery</b>	30% after deductible

# HEALTH *benefits* – SimplePay Core Plan

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



# HEALTH *benefits* – Aetna POS (PPO) Plan

	In-Network	Out-of-Network
<b>Carrier Network</b>	Aetna Choice POS II	
<b>Annual Deductible</b>	\$3,000 per individual / \$6,000 per family	\$3,000 per individual / \$6,000 per family
<b>Savings Account Eligibility</b>	Flexible Savings Account (FSA) Eligible	
<b>Employer Contribution to Savings Account</b>	None	
<b>Annual Out-of-Pocket Maximum</b>	\$6,000 per individual / \$12,000 per family	\$6,000 per individual / \$12,000 per family
<b>Office Visit</b>	\$30 Deductible waived	40% after Deductible
<b>Specialist Visit</b>	\$50 Deductible waived	40% after Deductible
<b>Teladoc</b>	\$30 Deductible waived	Not Covered
<b>Chiropractic (20 visits per calendar year)</b>	\$30 Deductible waived	40% after Deductible
<b>Diagnostic Lab and X-ray</b>	20% after Deductible	40% after Deductible
<b>Urgent Care</b>	\$50 Deductible waived	40% after Deductible
<b>Emergency Room</b>	20% after Deductible	20% after Deductible
<b>Inpatient Hospital Services</b>	20% after Deductible	40% after Deductible
<b>Outpatient Surgery</b>	20% after Deductible	40% after Deductible

# HEALTH *benefits* – Aetna HDHP Plan

	In-Network	Out-of-Network
<b>Carrier Network</b>	Aetna Choice POS II	
<b>Annual Deductible</b>	\$1,600 per individual / \$3,200 per family	\$1,600 per individual / \$3,200 per family
<b>Savings Account Eligibility</b>	Health Savings Account (HSA) Eligible	
<b>Employer Contribution to Savings Account</b>	Individual: \$70 per month / \$840 per year Family: \$140 per month / \$1,680 per year	
<b>Annual Out-of-Pocket Maximum</b>	\$3,350 per individual / \$6,700 per family	\$3,350 per individual / \$6,700 per family
<b>Office Visit</b>	10% after Deductible	30% after Deductible
<b>Specialist Visit</b>	10% after Deductible	30% after Deductible
<b>Teladoc</b>	\$49 copay after Deductible	Not Covered
<b>Chiropractic (20 visits per calendar year)</b>	10% after Deductible	30% after Deductible
<b>Diagnostic Lab and X-ray</b>	10% after Deductible	30% after Deductible
<b>Urgent Care</b>	10% after Deductible	30% after Deductible
<b>Emergency Room</b>	10% after Deductible	10% after Deductible
<b>Inpatient Hospital Services</b>	10% after Deductible	30% after Deductible
<b>Outpatient Surgery</b>	10% after Deductible	30% after Deductible

# HEALTH *benefits* – Prescription Drug Coverage

	Aetna Value Copay Plan		SimplePay Core Plan			Aetna POS Plan		Aetna HDHP Plan	
	In-Network	All other In-Network Pharmacies	CVS	Walgreens	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	<b>Medical deductible applies</b>		Deductible does not apply			Deductible does not apply		<b>Medical deductible applies</b>	
<b>Out-of-Pocket Maximum</b>	Prescriptions subject to medical out-of-pocket maximums		Prescriptions subject to medical out-of-pocket maximums			Prescriptions subject to medical out-of-pocket maximums		Prescriptions subject to medical out-of-pocket maximums	
<b>31 Day Supply (Retail Pharmacy)</b>									
<b>Generic</b>	\$20 copay (ded. waived)	\$5 copay	\$10 copay	\$20 copay	Not covered	\$10 copay	Not covered	\$10 copay	Not covered
<b>Preferred</b>	30% after deductible	\$45 copay	\$50 copay	\$85 copay	Not covered	\$25 copay	Not covered	\$25 copay	Not covered
<b>Non-Preferred</b>	30% after deductible	\$65 copay	\$80 copay	\$135 copay	Not covered	\$50 copay	Not covered	\$50 copay	Not covered
<b>Specialty</b>	30% after deductible, no max.	No Charge			Not covered	30% up to \$150	Not covered	30% up to \$150	Not covered
<b>90 Day Supply (Home Delivery)</b>									
<b>Generic</b>	\$40 copay (ded. waived)	\$10 copay			Not covered	\$20 copay	Not covered	\$20 copay	Not covered
<b>Preferred</b>	30% after deductible	\$90 copay			Not covered	\$50 copay	Not covered	\$50 copay	Not covered
<b>Non-Preferred</b>	30% after deductible	\$130 copay			Not covered	\$100 copay	Not covered	\$100 copay	Not covered

# Medical/Rx Member ID Cards

Watch your mail. ID cards should arrive within 30 days of your enrollment.

## Your ID cards have information about:

- Your Plan and RX info
- Dependents enrolled in coverage
- Member Services contact numbers
  - Spanish and English resources are available, as well as translation services for other languages



**MedOne provides prescription drugs benefits for all four medical plans.**

# HEALTH *benefits* – Vivio Specialty Drug Management Program



VIVIO exclusively helps members who are prescribed specialty drugs for complex or chronic conditions such as cancer, hemophilia, multiple sclerosis, rheumatoid arthritis, psoriasis, or others.



VIVIO does not use a drug formulary, so your doctor has more flexibility to recommend treatment options. Partnering with your doctor, VIVIO uses your personal clinical records and available clinical data to assess your specialty drug options.



VIVIO may determine the specialty drug prescribed by your doctor is your best option. Or, a different drug may have better clinical data, fewer side effects, or a comparable outcome at a lower cost.



Once the right drug is identified, VIVIO searches for copay cards or coupons to keep costs as low as possible for you and your employer. Your out-of-pocket costs will be based on your pharmacy plan design. Please keep specialty drug costs in mind when making plan selection decisions during open enrollment.

The VIVIO concierge team will guide you through the process step-by-step

**1-800-470-4034**

# List of Specialty Drugs

A	B-C	C-E	E-F	F-G	G-H	H-K	K-L	L-N	N-P	P-Q	Q-R	R-S	S-T	T-V	V-Z	Z	
Abilify Maintena	Arcalyst	Bethkis	Cortrophin Gel	Ellence	Fensolvi	Glassia	Hyperrho S/D	Kanjinti	Lupron Depot	Norditropin	Padcev	Qutenza	Rybrevent	Sublocade	Treanda	Vincasar	Zemaira
Abraxane	Arestin	Bicnu	Cosela	Eloctate	Fibryga	Glatiramer	Hyqvia	Kanuma	Lupron Depot	Novoeight	Pamidronate	Radicava	Rylaze	Supprelin LA	Trelstar	Visudyne	Zepzelca
Actemra IV	ARIKAYCE	Bivigam	Cosmegen	Elzonris	Firazyr	Glatopa	Idelvion	Keypivance	Lupron Depot-Ped	Novoseven RT	Panhematin	Rasuvo	Saizen	Sustol	Tremfya	Vivitrol	Zevalin
Actemra SC	Arixtra	Blenrep	Crysvita	Emend IV	Firmagon	Gleevec	Ilaris	Keytruda	Lutathera	Nplate	Panzya	Rebif	Sandostatin	Susvimo	Treprostiniil	Vonvendi	Ziextenzo
Acthar H.P.	Arranon	Blinicyto	Cutaquig	Empliviti	Flebogamma DIF	Gocovri	Ilumya	Khapzody	Luxturna	Nucala	Parsabiv	Rebinyon	Sandostatin LAR	Sylvant	Tretten	Vpriv	Zilretta
Actimmune	Arzerra	Bortezomib	Cuvitru	Enbrel	Flolan	Granisetron IV	Fluvien	Kimyrsa	Makena	Nutropin	Pegasys	Reblozyl	Sandostatin LAR	Synagis	Triluron	Vyepti	Zinplava
Adakveo	Asceniv	Brineura	Cyramza	Enhertu	Fludarabine	Granix	Imatinib	Kitabis Pak	Margenza	Nuwiq	PEMTrexed Disodium	Reclast	Saphnelo	Synribo	Triptodur	Vyvgart	Zirabev
Adcetris	Asparlas	Briumvi	Cytogam	Entyvio	Folotyng	Haegarda	Imfinzi	Koate	Matulane	Nuzeyr IV	Pemfexy	Recombinate	Sardisa	TAKHZYRO	Trodelyv	Vyxeos Liposome	Zoladex
Aduhelm	Atgam	Busulfan	Dactinomycin	Epogen	Forteo	Halaven	Imlygic	Koate-Dvi	Mepsevii	Nuvepria	Perjeta	Remicade	Sensipar	Tecentriq	Trogarzo	Wilate	Zolgensma
Advate	Avastin	Byovoviz	Darzalex	Epogen	Fragmin	Hemgenix	Increlex	Kogenate Fs	Micrhogam	Obizur	Perseris	Remodulin	Serostim	Temodar	Truxima	Winrho	Zomacton
Adynovate	Avonex	Cabenuva	Darzalex Faspro	Epoprostenol Sodium	FULPHILA	Hemlibra	Infectra	Korlym	Mircera	Ocrevus	Phesgo	Renflexis	Sevenfact	Temodar IV	Tysabri	Xeloda	Zorbtive
Afinitor	Avsola	Camcevi	Daunorubicin	Erbix	Fuzeon	Hemofil M	infiximab	Kovaltry	Mircera	Octagam	Poliivy	Retacrit	Signifor	Temozolomide	Tyvaso	Xeloda	Zortress
Alfityla	Azacitidine	Camptosar	DDAVP IV	Esperoct	Gamastan S/D	Hepagam B	infugem	Krystexxa	Mitoxantrone	Octreotide Acetate	Portrazza	Retacrit	Simponi	Temsirolimus	Udenyca	Xembify	Zynlonta
Aldurazyme	Azedra	Capecitabine	Decitabine	Ethylol	Gamastan S/D	Herceptin	injectafer IV	Kymriah	Monjuvi	Ogivri	POTELIGEO	Retisert	Simponi Aria	Tepadina	Ultomiris	Xeomin	
Alferon	Bavencio	Capecitabine	Deferoxamine	Evenity	Gamifant	Herceptin Hylecta	invega Hafyera	Kyprolis	Mozobil	Onnitrope	Pralatrexate Injection	Retrovir IV	Sinuva	Tepezza	Uplizna	Xgeva	
Alimta	Beleodaq	Carvykti	Desferal	Everolimus	Gammagard Liquid	Herzuma	Iressa	Lanreotide Acetate	Mutamycin	Oncaspar	Prialt	Revatio IV	Solesta	Teriparatide	Valrubicin	Xiaflex	
Aliqopa	Belrapzo	Ceprotin	Desmopressin Acetate IV	Evomela	Gammagard S/D	Hizentra	Istodax	Lemtrada	Mvasi	Onivyde	Privigen	Rhophylac	Soliris	Testopel	Valstar	Xofigo	
Alphanate/VWF	Bendeka	Cerezyme	Doxil	Exondys S1	Gammaked	Humate-P	Ixempra	Leqembi	Mylotarg	Onpattro	Procrit	Riabni	Somatuline Depot	Thrombate III	Varubi	Xolair	
Alphanine SD	Benefix	Cimzia	Duopa	Extavia	Gammaplex	Humatrope	Ixinity	Leukine	Nabi-HB	Ontruzant	Procrit	Riastap	Spinraza	Thyrogen	Vectibix	Xyntha	
Alprolix	Benlysta IV	Cinqair	Durolane	Eylea	Gamunex-C	Humira	Jelmtyo	Leuprolide Acetate	Naglazyme	Opdivo	Profilnine SD	Rituxan	Spravato	Tivdak	Vegzelma	Yervoy	
Ambisome	Benlysta SC	Cinryze	Durysta	Fabrazyme	Gazyva	Hycamtin	Jemperli	Levoleucovorin	Nelarabine	Orencia IV	Prolastin-C	Rituxan Hycela	Spravato	Tobi	Velcade	Yescarta	
Apokyn	Beovu	Cladriline	Elaprase	Fasenra	Gefitinib	Hycamtin IV	Jevtana	Libtayo	Neulasta	Orencia SC	Proleukin	Rixubis	Stelara IV	Tobramycin	Veletri	Yondelis	
Aralast	Beriner	Coagadex	Elelyso	Fasenra PEN	Genotropin	Hydroxyprogesterone Caproate	Jivi	Lucentis	Neupogen	Otrexup	Prolia	Romidepsin	Stelara SC	Topotecan	Ventavis	Yutiq	
Aranesp	Besponsa	Copaxone	Eligard	Faslodex	Gilotrif	Hyperrab	Kadcyla	Lumizyme	Nexviazyme	Oxaliplatin	Provenge	Ruconest	Stimate	Torisel	Vidaza	Zalttrap	
Aranesp	Betaseron	Corifact	Elitek	Feiba Nf	Givlaari	Hyperrho S/D	Kalbitor	Lumoxiti	NIVESTYM	Ozurdex	Pulmozyme	Ruxience	Stimufend	Trazimera	Vimizim	Zarxio	

# HEALTH *benefits* – Additional Medical Benefits

## Teladoc – Virtual Visits

All Aetna plans are able to use telehealth services through Teladoc. Seek 24/7 virtual care from a board-certified provider via phone or video chat.

Set up your account by calling 800-TELADOC, visiting [Teladoc.com](https://www.teladoc.com), downloading the mobile app, or texting “Get Started” to 469-844-5637



## Kindbody – Fertility & Family Forming

Services and support for your unique family building journey. Receive up to a lifetime maximum of \$5,000 for each service, including support for donor, surrogacy, adoption, and more.

Visit [kindbody.com](https://www.kindbody.com) or call 855-KND-BODY for more information.



# Know Where To Go

Type	Appropriate for	Access	Cost
<b>Teladoc</b> 	Quick answers from a trained nurse and licensed therapists (cold, flu or stress, depression)	24/7	\$0
<b>Online Visit</b> 	Minor illnesses and conditions (colds, allergy, rash), mental health issues	24/7	\$
<b>Office Visit</b> 	Preventive and routine medical care (illness, injuries, physical and mental health)	Office Hours	\$\$
<b>Urgent Care, Walk-in Clinic</b> 	Non-life-threatening conditions requiring prompt attention (cuts, sprains, sore throat)	Vary, up to 24/7	\$\$
<b>Emergency Room</b> 	Life-threatening conditions requiring immediate medical expertise (heart attack, stroke, difficulty breathing)	24/7	\$\$\$\$

\*Retail walk-in clinics may not be available in all areas. Your plan's actual provider network may vary and your plan may require use of an in-network facility for coverage to apply. Review your plan documents for the details of your specific health plan.

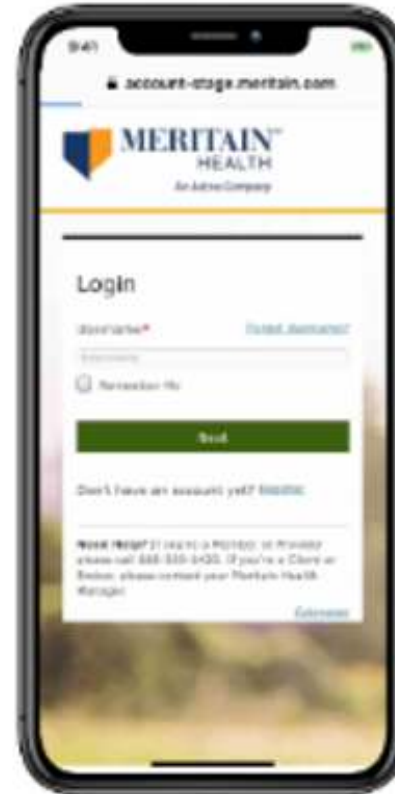


# HEALTH *benefits* – Mobile Apps

Download the SimplePay mobile app for the SimplePay Core Plan



OR



Log-in to the member portal at [www.meritain.com](http://www.meritain.com) to add the Meritain Health app to your home screen

- **Members have access to a mobile app for *all four medical plans*.**
- **Download the SimplePay mobile app by searching “Virgin Pulse” in the App Store or Google Play. Use “SimplePay Health” as your sponsor.**
- **For the Aetna plans, you will need to log in to the member portal at [www.meritain.com](http://www.meritain.com) and add the app to your home screen if using iPhone or Android phone.**

# HEALTH *benefits* – HDHP Plan + HSA

## HDHP has Free In-Network Preventive Care

## Tax-free Health Savings Account

- Personal savings account to pay for eligible health care expenses – including deductibles and coinsurance – with federal tax-free dollars
- **You own it; Use now or save for retirement; Triple tax advantage**
- Receive contributions from HireRight
  - Team Member Only: \$70 per month
  - Team Member + Dependent(s): \$140 per month
- Contribute from your paycheck – combined total contributions in 2024 can't exceed:
  - \$4,150\* individual/\$8,300\* family if under age 55
  - \$5,150 individual/\$9,300 family if you're 55+
- HSA balance rolls over year after year
- **Fund balances over \$1,000 can be invested**

*\*These contribution limits are increasing from \$3,850 (Individual) / \$7,750 (family) for 2023*

# HEALTH *benefits* – Using Your WEX HSA

## 1 START IT



When you enroll in the HireRight HDHP/ HSA medical plan, you'll be eligible for the HSA account. Elect how much you want to contribute.

## 2 BUILD IT



HireRight will deposit your contributions AND an employer contribution into your bank account on a biweekly basis. Throughout the year, you can change how much you contribute.

## 3 USE IT



Use your HSA balance to pay for eligible medical expenses, tax-free, including deductible, coinsurance, Rx copays, and more. See [irs.gov](https://www.irs.gov) (Publication 502) for a complete list of eligible expenses.

## 4 GROW IT



Unused money in your HSA automatically rolls over from year to year. **You never lose funds in your HSA.** They go with you if you change companies, switch plans, or retire.

# HEALTH *benefits* – Flexible Spending Accounts (Navia)

**Plans Eligible: Aetna Value CoPay, SimplePay Core and Aetna PPO**

## **FSA Fast Facts**

### **Two Accounts Available**

- Health Care FSA
- Dependent Care FSA

### **Contribution Limits**

- Health Care FSA – up to \$3,200\*; pay for deductibles, copays, other medical expenses
- Dependent Care FSA – up to \$5,000; pay for child and elder daycare and related expenses *(for children under 13 years old or an adult dependent who lives with you and is physically or mentally incapable of selfcare)*

*\*This contribution limit is increasing from \$3,050 for 2023*

# HEALTH *benefits* – Flexible Spending Accounts

## FSA Fast Facts

### Lower Your Taxable Income

- Set aside pre-tax dollars, so you pay taxes on a lesser amount

### Payroll Deduction

- Contribute equal amounts each pay period

### Changes Not Allowed

- Can't change contribution amount unless you have a QLE

### Accounts Are Separate

- Can't use health care FSA to pay dependent care expenses or vice versa

### Grace Period

- Funds remaining at the end of the plan year are forfeited, which is subject to the “Use-It-Or-Lose-It” rule. However, for healthcare FSA, you may incur expenses during a 2.5-month grace period following the plan year.

# HEALTH *benefits* – Delta Dental Basic Plan

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

# HEALTH *benefits* – Delta Dental Premium Plan

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

# Vision – Vision Service Plan (VSP)

**Vision covers eye exams and helps with the cost of eyeglasses or contacts**

PLUS these extra benefits:

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





# HEALTH *benefits* – VSP Vision Plans

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

# HEALTH *benefits* – Wellness Programs

## Employee Assistance Program – ComPsych

- Help with emotional health, substance abuse, parenting/childcare needs, financial coaching, legal consultation, and eldercare resources.
  - Everyone living in your household is eligible
- In-person or video counseling for short-term issues; up to three FREE sessions within a 6-month period per complaint
  - Ex: three sessions due to grieving spouse + three free sessions for anxiety
- Unlimited access to website resources and 24/7 phone access

## Lifestyle Spending Account (LSA) – Forma

- Provided by HireRight
- Team members receive \$75 per quarter
  - Q1 funds expire at the end of Q2
  - Q2 funds expire at the end of Q3
  - Q3 and Q4 funds expire at the end of the year
- Spend towards wellness-related services, apps, and more!
- Examples:
  - **NEW Student loans payment**
  - Gym memberships, athletic clothing
  - Wellness, Fitness, and Nutrition apps



# WEALTH *benefits* – Basic Life/AD&D

**100% Paid by HireRight**

## **Basic Life & AD&D Insurance**

1 x covered annual earnings up to a maximum of \$250,000 (Benefit will never be less than \$50,000) *Benefits reduce beginning at Age 70*



# WEALTH *benefits* – Voluntary Life

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

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

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

## **Guaranteed Issue Amount (Newly Eligible Only)**

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

**Spouse** Guaranteed issue is up to \$50,000

**Child(ren)** Guaranteed issue is All of Benefit

# WEALTH *benefits* – Voluntary AD&D

**Team Member** 1, 2, 3, 4, 5 or 6 x covered annual earnings up to \$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

## Guaranteed Issue Amount

**Team Member, Spouse, Children** Guaranteed issue is All of Benefit

# WEALTH *benefits* – Quick Look at Disability

	STD COVERAGE	LTD COVERAGE
<b>Who Pays the Premiums</b>	HireRight pays 100% of costs	Employee pays 100% of costs
<b>Benefits Percentage</b>	Replaces up to 60% of pay	Replaces up to 60% of pay
<b>Benefit Maximum Available</b>	Up to \$1,350 per week	Up to \$15,000 per month
<b>When Benefits Begin</b>	Following a 7-day waiting period	After 180th day of disability
<b>How Long Benefits Are Paid</b>	Up to 26 weeks	Up to Social Security Normal Retirement Age (SSNRA)



# SELF *benefits* – Quick Look at Voluntary Plans

## LEGAL PLAN BENEFITS



Access to attorneys for will preparation, estate planning, family law, and more. Plus, there aren't any hourly fees if you use a network attorney

## ***NEW!*** ACCIDENT INSURANCE



Cash benefits paid to you in cases of covered accidental injuries to help pay medical expenses or living expenses

## CRITICAL ILLNESS INSURANCE



Financial support to help pay out-of-pocket expenses for covered critical illnesses, such as a heart attack or cancer

## HOSPITAL INDEMNITY INSURANCE



Cash you can use to pay out-of-pocket expenses that your major medical plan doesn't cover for short or long hospital stays

## HOME & AUTO INSURANCE



Provided through MetLife, offers homeowner's and auto insurance to protect your personal property

## PET INSURANCE



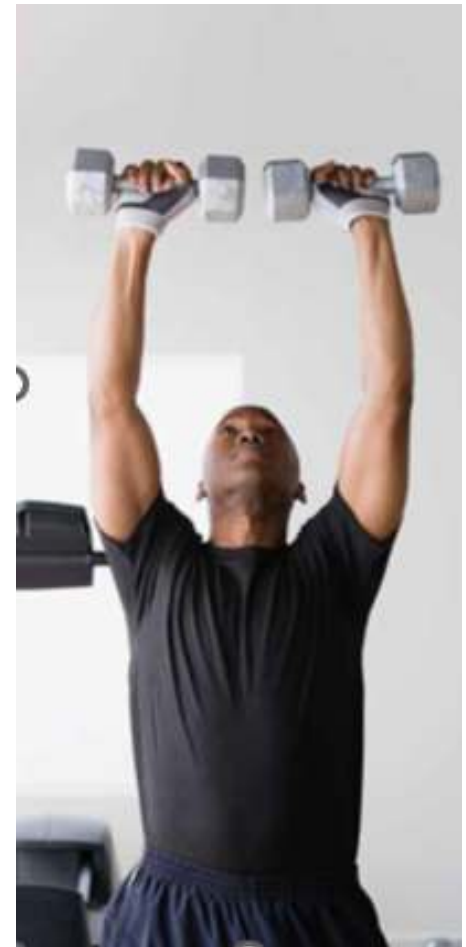
Helps cover the costs of veterinary care including vet visits, injuries, and even surgeries

# SELF *benefits* – *NEW!* Accident Insurance

Accident policies provide coverage for unexpected injuries and accidents that may occur. These policies typically offer financial protection by providing benefits in the event of accidental injuries, such as fractures, dislocations, burns, or concussions. The new accident insurance offered through Hartford provides 24-hour on and off job coverage on:

- Emergency room
- Urgent care
- Major diagnostic exam and accident follow-up
- Physical therapy
- Hospital admission
- Daily hospital confinement
- \$50 health screening benefit

**Cash benefits** are paid directly to you in the event of an accidental injury. Helps offset your out-of-pocket expenses, such as deductibles, copays and/or coinsurance. There are two benefit reimbursement levels (“High” and “Low” options) for you to choose from based on your individual needs.





# ENROLLMENT – It's Time to Enroll!

## All elections must be completed on Your Benefits Center

You can make your 2024 benefit plans choices by accessing HireRight's Benefit Center (PlanSource) here: [Dashboard | HireRight, LLC](#)

External Link: <https://benefits.plansource.com/>

- **Username:** Your first initial of your first name, up to the first six letters of your last name and the last four digits of your Social Security number
- **Default Password:** If this is your first time logging in to the site, your initial password is your date of birth in a number format without any punctuation, starting with the year you were born, then the month and then the date (YYYYMMDD)

Email [Benefits@HireRight.com](mailto:Benefits@HireRight.com) for any benefit-related inquiries or assistance.

### If you don't enroll by the deadline

- You'll automatically receive **no coverage** effective January 1, 2024
- Your next opportunity to change your benefits will be the next Open Enrollment unless you experience a qualifying life event such as a marriage, divorce, birth adoption, or employment status change

**Reminder: Open Enrollment ends November 29<sup>th</sup>!**