

HIRE RIGHT[®]

2025 New Hire Enrollment

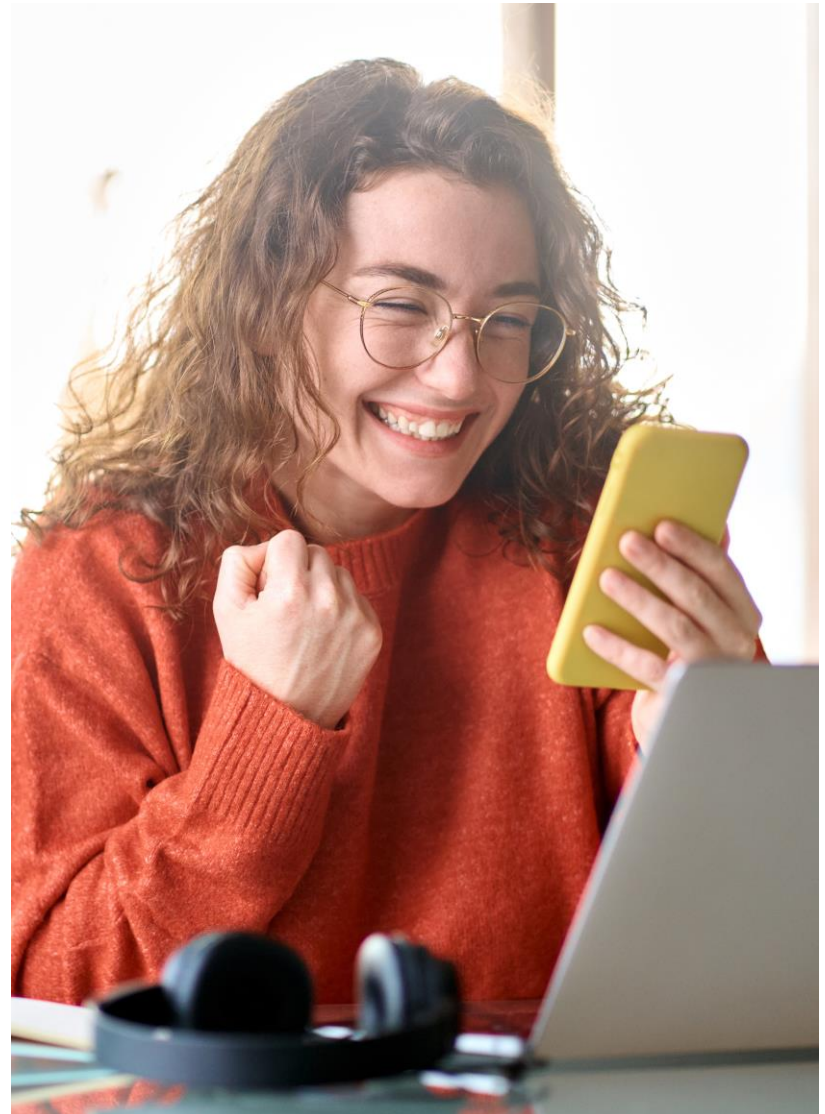


Enroll within 30 days of your hire date

Benefits are effective the first of the month following your date of hire

Today's Agenda

- Benefits Overview
- Benefits Eligibility
- Your Pre-Enrollment Checklist
- Your Benefit Options
- Simple Steps to Enroll
- Your Questions Answered



Benefits Overview

HireRight is committed to offering a comprehensive benefits package that supports you and your family. In this presentation you will learn about your benefits package, which includes:

- Medical
- Dental
- Vision
- Life Insurance, AD&D, and Disability
- Health Payment Account (HPA)
- Health Spending Accounts (FSA and HSA)
- Lifestyle Spending Account (LSA)
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Accident Insurance
- Legal & Identity Theft Services
- Pet Insurance
- Home and Auto Insurance
- Adoption Assistance
- Employee Assistance Program (EAP)
- Wellness Program
- 401(k) Retirement Plan



Benefits Eligibility – Whom You Can Enroll

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)

Your Pre-Enrollment To Do List

- ✓ **THINK** about your healthcare needs and consider which plan will best meet those needs.
- ✓ **EXPLORE** your options 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** within 30 days of your hire date to receive coverage.
- ✓ **SUBMIT** supporting documentation (e.g., birth certificates, marriage certificates).

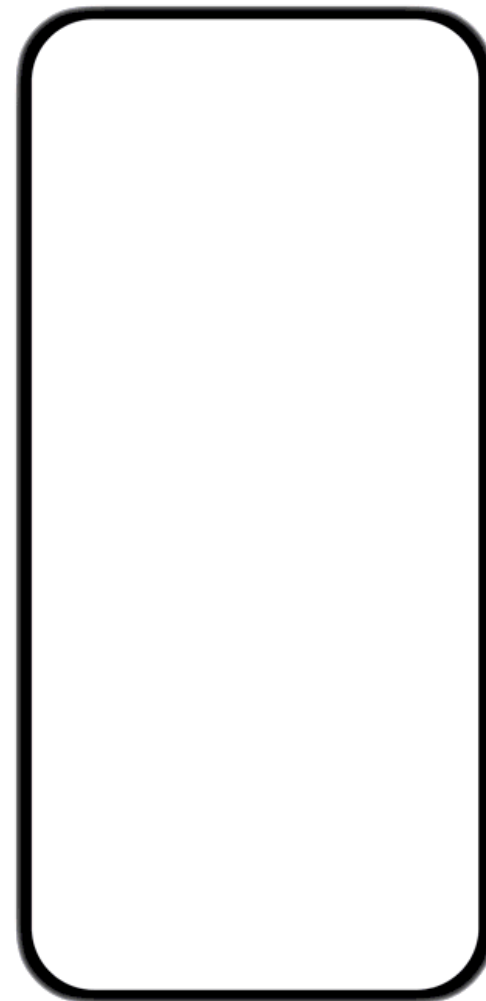
Medical – Surest Plan

	In-Network	Out-of-Network
Carrier network	Surest Choice Plus Network	
Annual deductible		
Per person/per family	None	None
Out-of-pocket maximum		
Per person/per family	\$6,000 / \$12,000	\$12,000 / \$24,000
Savings account		
Savings account eligibility	Flexible Spending Account (FSA) Eligible	
Employer contribution to savings account	None	
Medical coverage		
Preventive Care	No charge	\$215
Primary Care Visit	\$40 to \$150 Cost varies based on provider	\$215 Cost varies based on provider
Specialist Visit	\$40 to \$150 Cost varies based on provider	\$215 Cost varies based on provider
Virtual Care Visit	No charge	Not covered
Routine Diagnostic Test (e.g., x-ray, lab, ultrasound)	No charge	No charge
Chiropractic Care	\$35	\$75
Urgent Care	\$90	\$200
Emergency room	\$1,000 (Waived if admitted)	
Inpatient Hospital Services	\$70 to \$4,500	Up to \$11,000
Outpatient Surgery	Cost varies based on provider and service	Cost varies based on provider and service



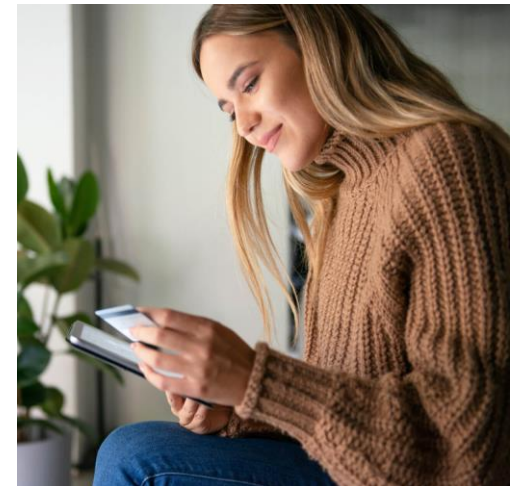
About the Surest Plan

- Designed to show upfront prices and choice
- See exactly what you can expect to pay before your visit (copay)
- Compare treatment options and price
 - Visit a higher-value provider at lower costs
 - Virtual care options available
- Search based on service, location, and provider
- No deductible or coinsurance
- Paytient health payment account (HPA) eligible



Paytient Health Payment Account (HPA)

- Available to those enrolled in Surest plan only
- Choose an interest-free payroll-deducted payment plan that fits your budget
 - Alternative methods (bank account, debit card, HSA/FSA) available for one-time payments
- Use your Paytient card to pay for out-of-pocket health expenses
 - Medical, pharmacy, mental health, dental, vision, and veterinary
- Once you complete your enrollment, you will be contacted by Paytient to start the onboarding process. You will not be enrolled in the program until you complete the onboarding process. Your enrollment is also contingent upon successful completion of an “Ability-to-Repay” assessment



Medical – UHC Value Copay Plan

	In-Network Only
Carrier network	UnitedHealthcare Choice Plus Network
Annual deductible	
Per person/per family	\$6,000 / \$12,000
Out-of-pocket maximum	
Per person/per family	\$8,700 / \$17,400
Savings account	
Savings account eligibility	Flexible Spending Account (FSA) Eligible
Employer contribution to savings account	None
Medical coverage	
Preventive Care	No charge
Primary Care Visit	\$30 copay
Specialist Visit	30% coinsurance after deductible
Virtual Care Visit	\$30 copay
Routine Diagnostic Test (e.g., x-ray, lab, ultrasound)	30% coinsurance after deductible
Chiropractic Care (20 visits per calendar year)	30% coinsurance after deductible
Urgent Care	30% coinsurance after deductible
Emergency room	30% coinsurance after deductible (Waived if admitted)
Inpatient Hospital Services	30% coinsurance after deductible
Outpatient Surgery	30% coinsurance after deductible



Medical – UHC HDHP Plan

	In-Network	Out-of-Network
Carrier network	UnitedHealthcare Choice Plus Network	
Annual deductible		
Per person/per family	\$1,650 / \$3,300	\$1,650 / \$3,300
Out-of-pocket maximum		
Per person/per family	\$3,350 / \$6,700	\$3,350 / \$6,700
Savings account		
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	
Medical coverage		
Preventive Care	No charge	30% coinsurance after deductible
Primary Care Visit	10% coinsurance after deductible	30% coinsurance after deductible
Specialist Visit	10% coinsurance after deductible	30% coinsurance after deductible
Virtual Care Visit	10% coinsurance after deductible	Not covered
Routine Diagnostic Test (e.g., x-ray, lab, ultrasound)	10% coinsurance after deductible	30% coinsurance after deductible
Chiropractic Care (20 visits per calendar year)	10% coinsurance after deductible	30% coinsurance after deductible
Urgent Care	10% coinsurance after deductible	30% coinsurance after deductible
Emergency room	10% coinsurance after deductible (Waived if admitted)	
Inpatient Hospital Services	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient Surgery	10% coinsurance after deductible	30% coinsurance after deductible








HDHP Plan & Health Savings Account (HSA)

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 prorated contributions from HireRight
 - Team Member Only: \$70 per month = \$840/year
 - Team Member + Dependent(s): \$140 per month = \$1,680/year
- Contribute from your paycheck – combined total contributions in 2025 can't exceed:
 - \$4,300* individual/\$8,550* family if under age 55
 - \$5,300 individual/\$9,550 family if you're 55+
- HSA balance rolls over year after year

Free In-Network Preventive Care

Using Your HSA

Start It	Build It	Use It	Grow It	Keep It
 <p>If you enroll in the UHC HDHP medical plan, you'll be eligible for an HSA.</p>	 <p>HireRight will deposit a prorated employer contribution to your account each pay period. Throughout the year, you can change how much you want to contribute.</p>	 <p>Use your HSA balance to pay for eligible health care expenses, tax-free, including deductibles, coinsurance, and copays.</p>	 <p>Unused money in your account will roll over to the next year. Your account will earn interest and grow over time. Once your account reaches above \$1,000, you may invest your HSA balance in available mutual funds.</p>	 <p>You always own the money in your HSA, including contributions from HireRight. You can take the account with you if you are no longer employed with HireRight.</p>

Medical – UHC PPO Plan

	In-Network	Out-of-Network
Carrier network	UnitedHealthcare Choice Plus Network	
Annual deductible		
Per person/per family	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-pocket maximum		
Per person/per family	\$6,000 / \$12,000	\$6,000 / \$12,000
Savings Account		
Savings account eligibility	Flexible Savings Account (FSA) Eligible	
Employer contribution to savings account	None	
Medical Coverage		
Preventive Care	No charge	40% coinsurance after deductible
Primary Care Visit	\$30 copay	40% coinsurance after deductible
Specialist Visit	\$50 copay	40% coinsurance after deductible
Virtual Care Visit	\$30 copay	Not covered
Routine Diagnostic Test (e.g., x-ray, lab, ultrasound)	20% coinsurance after deductible	40% coinsurance after deductible
Chiropractic Care (20 visits per calendar year)	\$30 copay	40% coinsurance after deductible
Urgent Care	\$50 copay	40% coinsurance after deductible
Emergency room	20% coinsurance after deductible (Waived if admitted)	
Inpatient Hospital Services	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible	40% coinsurance after deductible



Prescription Drug Coverage – OptumRx

	Surest Plan	UHC Value Copay	UHC HDHP	UHC PPO
In-Network				
Deductible	N/A – No deductible	Medical deductible applies		Deductible does not apply
Out-of-Pocket Maximum	Prescriptions subject to medical out-of-pocket maximums			
30 Day Supply (Retail Pharmacy)				
Generic (Tier 1)	\$10 copay	\$20 copay; deductible does not apply	\$10 copay	\$10 copay
Preferred (Tier 2)	\$90 copay	30% coinsurance after deductible	\$25 copay	\$25 copay
Non-Preferred (Tier 3)	\$160 copay	30% coinsurance after deductible	\$50 copay	\$50 copay
90 Day Supply (Mail Order Delivery)				
Generic (Tier 1)	\$25 copay	\$40 copay; deductible does not apply	\$20 copay	\$20 copay
Preferred (Tier 2)	\$225 copay	30% coinsurance after deductible	\$50 copay	\$50 copay
Non-Preferred (Tier 3)	\$400 copay	30% coinsurance after deductible	\$100 copay	\$100 copay
Specialty Pharmacy (30 Day Supply)				
Generic (Tier 1)	\$0 copay	30% coinsurance after deductible up to \$150	30% coinsurance after deductible up to \$150	30% coinsurance up to \$150
Preferred (Tier 2)	\$240 copay			
Non-Preferred (Tier 3)	\$265 copay			



Prescription Drug Coverage – OptumRx

Visit the [Optum Rx website](#) or download the **Optum Rx app** to access your account details and online tools

- Search current or new medications to see costs at pharmacies near you and view lower cost options available
- View information about your current prescription including how to use them and possible side effects
- See claims information on which prescriptions you've filled and how much you paid
- Locate network pharmacies near you


Know Where to Go for Care

Where to get care	What it is	Type of care		Cost
Virtual visit	A virtual visit lets you see a doctor via your smartphone, tablet, or computer.	Allergies Pink eye Bladder infections Rashes Bronchitis	Seasonal flu Coughs/colds Sores throats Stomach aches Fever	\$
Retail Health Clinics	Visit a retail health clinic when you can't see your doctor and your health issue isn't urgent. These clinics are often located in retail stores.	Common infections (e.g., strep throat) Minor skin conditions (e.g., poison ivy)	Vaccinations Pregnancy tests Minor injuries Ear aches	\$\$
Primary Care Physician	Visit a doctor's office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications, and refer you to specialists, if needed.	Checkups Preventive services (e.g., immunizations, screening tests, routine physical exams) Minor skin conditions General health management		\$\$
Urgent Care	Urgent care is ideal for when you need care quickly, but it's not an emergency (and your doctor is not available). Urgent care center treat issues which aren't life threatening	Sprains Strains Small cuts which may need a few stitches Minor burns/infections/broken bones		\$\$\$
Emergency Room	The ER is for life-threatening or very serious conditions which require immediate care. This is also when to call 911	Heavy bleeding Large open wounds Sudden change in vision Sudden weakness or trouble talking	Major burns Spinal injuries Severe head injury Major broken bones	\$\$\$\$

Medical/Rx Member ID Cards

- Physical ID cards should arrive within 10 business days of your enrollment
 - Ensure your mailing address is accurate
 - You will receive 2 ID cards in the mail, you may request more on the UHC or Surest website
- Digital ID cards are available through your online member portal
 - Surest plan:** Available through benefits.surest.com or Surest app
 - UHC plans:** Available through myuhc.com and UnitedHealthcare app
- ID cards have information about:
 - Medical/Rx plan details
 - Dependents enrolled in coverage
 - Member service contact information

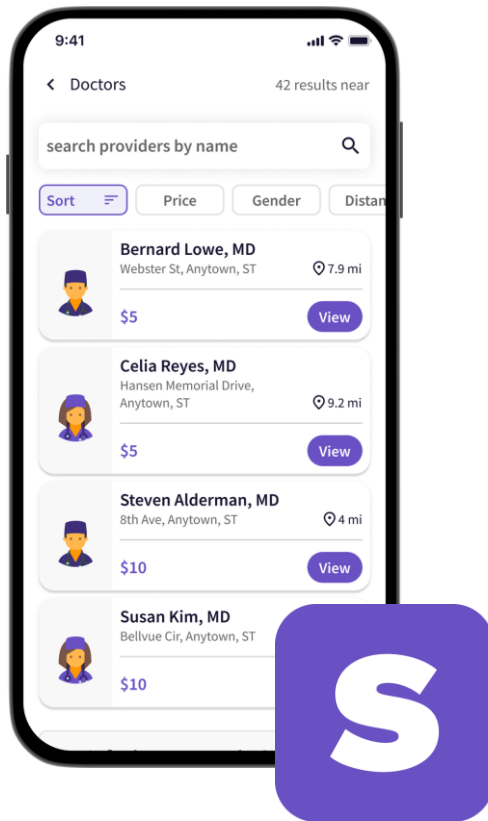
surest.	 United Healthcare	HIRE RIGHT	Group 12345678 Payer ID 25463 Effective Date 00/00/0000
Subscriber Mia Swenson	ID number 123456789123	Rx PHARMACY RX BIN 123456 RX PCN RX RX GRP RX Copay Variable	
Dependents Ty Swenson Benjamin Swenson Bella Swenson	123456789124 123456789125 123456789126		
Service type Medical, Rx		Deductible \$0	
Care type Surest health plan		Out-of-pocket maximum	
Access costs Benefits.Surest.com		Individual Family	
Member Services 1-866-683-6440		In-network \$4,000 \$8,000	
		Out-of-network \$8,000 \$16,000	

 United Healthcare	Optum Rx	HIRE RIGHT
Member: SUBSCRIBER SMITH	Member ID: 123456789	Group Number: 98765
Dependents SPOUSE SMITH CHILD1 SMITH CHILD2 SMITH CHILD3 SMITH	Copays: Office: \$25 ER: \$300 UrgCare: \$75 Spec: \$35	Customer Name Line 1 Customer Name Line 2 Payer ID 87726
INN: \$99999/\$99999 OON: \$99999/\$99999	DED IND/FAM \$99999/\$99999 OOPM IND/FAM \$99999/\$99999	Rx Bin: 610279 Rx PCN: 9999 Rx Grp: UHEALTH
FULLY INSURED DOI-0508	UnitedHealthcare Choice Plus Underwritten by [Appropriate Legal Entity]	

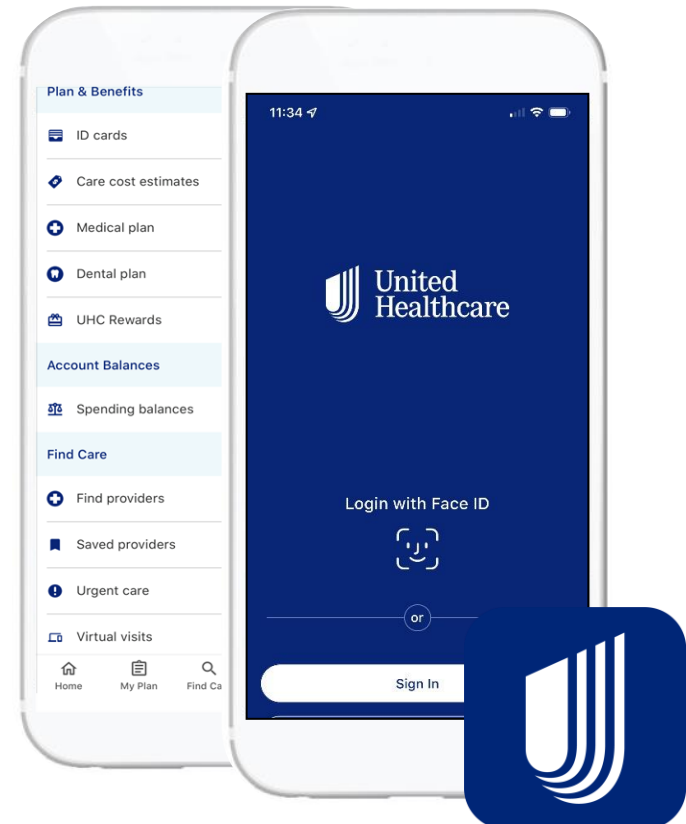
*** For Illustrative Purposes Only: Final Cards May Differ*

Mobile Apps – Available for all medical plans

Download the Surest mobile app for the Surest Plan



Download the UnitedHealthcare app for the UHC Value Copay, HDHP, and PPO plans



Additional Resources

Kindbody – Fertility & Family Building

kindbody

- 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.

Maven – Maternity Support

MAVEN

- 24/7, personalized support for every step of you and your partner's pregnancy and postpartum journey.
- Visit the Maven website for more information ([Surest](#) / [UHC](#))

Kaia Health – Digital Physical Therapy

kaia health

- Digital therapy app to assist in relief from chronic muscle and joint pain with health coaching, workouts, strengthening exercises, and more
- Visit the Kaia website for more information ([Surest](#) / [UHC](#))

2nd.MD – Virtual Second Opinion / Navigation Service

2nd.MD
Specializing in Medical Certainty

- Better understand your health condition and make informed decisions by connecting with nurses and top specialists to help you navigate care and your treatment plan
- Call **866-841-2575** for Surest members or **866-269-3534** for UHC members

One Pass Select

Participating fitness brands

Digital (23k+)



Classic (11K+)



Standard (13K+)



Premium (15K+)



Elite (17K+)



One Pass Select

Membership options

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee	\$10	\$34	\$69	\$109	\$159
One-time enrollment fee	\$10	\$29	\$29	\$29	\$29
Gym network size		11,000+	13,000+	15,000+	17,000+
Premium network			✓	✓	✓
Multi-location access		✓	✓	✓	✓
Digital classes	23,000+	23,000+	23,000+	23,000+	23,000+
On-demand	✓	✓	✓	✓	✓
Livestreaming	✓	✓	✓	✓	✓
Workout builder	✓	✓	✓	✓	✓
Grocery delivery/other member perks		✓	✓	✓	✓
Family memberships*	✓	✓	✓	✓	✓
Upgrade/downgrade	✓	✓	✓	✓	✓
Cancel within 30 days	✓	✓	✓	✓	✓

One Pass Select

Available exclusively for Surest and UHC members

- A subscription-based fitness and well-being program
- Receive exclusive access to thousands of gyms, online classes, and fitness amenities that best help you reach your fitness goals
 - No long-term contracts or annual gym registration fees
 - Flexible fitness options and the ability to use locations nationwide (not limited to 1 gym)
 - The ability to add family members (ages 18+) at a 10% monthly discount
 - The option to change tiers monthly
 - A grocery delivery subscription and additional member perks



Dental – Delta Dental Basic Plan

	In-Network		Out of Network
	PPO	Premier	
Annual Deductible (individual / family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Plan Maximum	\$1,000 per individual	\$750 per individual	\$750 per individual
Diagnostic & Preventive	Covered in full	50% coinsurance	50% coinsurance
Basic Services	20% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Major Services	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Orthodontia	Not covered	Not covered	Not covered
Ortho Lifetime Maximum <i>(coverage for dependent children under age 19)</i>	N/A	N/A	N/A

Dental – Delta Dental Premium Plan

	In-Network		Out of Network
	PPO	Premier	
Annual Deductible (individual / family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Plan Maximum	\$2,000 per individual	\$2,000 per individual	\$750 per individual
Diagnostic & Preventive	Covered in full	Covered in full	20% coinsurance
Basic Services	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Major Services	40% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Orthodontia	50% coinsurance	50% coinsurance	50% coinsurance
Ortho Lifetime Maximum <i>(coverage for dependent children under age 19)</i>	\$2,000 per person	\$2,000 per person	\$1,000 per person

Vision – VSP Basic Plan

VSP Basic Plan		
	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 balance Costco allowance: \$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

Vision – VSP Premium Plan

VSP Premium Plan		
	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 balance Costco allowance: \$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

Flexible Spending Accounts (FSA)



Two Accounts Available

- Health Care FSA
- Dependent Care FSA

Contribution Limits

- Health Care FSA – up to \$3,300* to 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)*

Additional Details

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.

**Contribution limits are based on 2025 IRS regulations.*

Wellness Resources

Wellness Program – Navigate

Participate in various activities and access tools and resources to achieve your personal wellness goals

- Group and personal wellbeing challenges
- Stay connected and recognize teammates on the social wall
- Browse recipes, videos, and articles surrounding wellness
- Sync a device or manually track your step count, activity minutes, sleep hours, nutrition information, and more!

Employee Assistance Program – ComPsych

- Help with emotional health, substance abuse, parenting/childcare needs, financial coaching, legal consultation, and eldercare resources.
- In-person or video counseling for short-term issues; up to 3 sessions within a 6-month period
- Unlimited access to website resources at guidanceresources.com
- 24/7 phone access - Call 855-649-3017. Use Company code: HIRERIGHT during your session



Wellness Resources *(continued)*

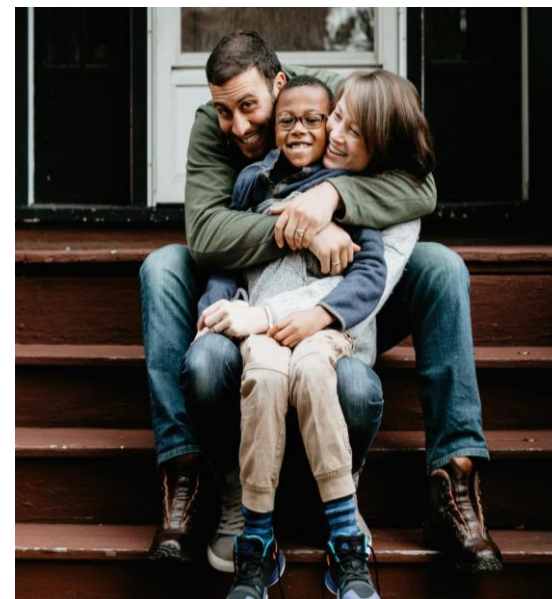
Lifestyle Spending Account (LSA) – Forma

- Provided by HireRight
- Team members receive \$75 per quarter that you are employed
- Spend towards wellness-related services, apps, and more!
- Examples:
 - Student loans
 - Gym memberships, athletic clothing
 - Wellness, Fitness, and Nutrition apps

How the funding works:

Quarter	Amount deposited	When your money expires
Quarter 1	\$75	June 30
Quarter 2	\$75	September 30
Quarter 3	\$75	December 31
Quarter 4	\$75	December 31

Important: There is a \$150 cap. You can only accumulate two quarters' stipend (Ex: Q1 + Q2 = \$150).



Life and AD&D

	HireRight-Provided Life/AD&D		Employee-Paid Life/AD&D
Coverage	Basic Life	Basic AD&D	Voluntary Life and AD&D
Employee	Earnings less than \$50,000: \$50,000 Earnings \$50,000 or more: 1 times annual salary, up to \$250,000 max.		Option of 1x, 2x, 3x, 4x, 5x, or 6x earnings, to a maximum of 6x annual earnings or \$1,000,000
Spouse or Domestic Partner	N/A		Increments of \$10,000 up to the lesser of 100% of Team Member amount or \$300,000.
Child(ren)	N/A		Increments of \$5,000 up to \$20,000 max.; \$1,000 newborns to 6 months



Voluntary Life Guaranteed Issue Amount	
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

Voluntary AD&D Guaranteed Issue Amount	
Team Member	Guaranteed issue is All of Benefit
Spouse	
Child(ren)	

Disability

	Short-Term Disability	Long-Term Disability
Who Pays the Premiums	HireRight pays 100% of costs	Employee pays 100% of costs; automatically enrolled
Benefits Percentage	Replaces up to 60% of pay	Replaces up to 60% of pay
Benefit Maximum Available	Up to \$1,350 per week	Up to \$15,000 per month
When Benefits Begin	Following a 7-day waiting period	After 180th day of disability
How Long Benefits Are Paid	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

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

Retirement Savings Plans

401(k) Account– Fidelity

- There are two main types of 401(k) retirement savings plans:
 - Traditional: put off paying taxes. The money you save isn't taxed until you withdraw it in retirement.
 - Roth: pay taxes now. You won't pay any taxes when you withdraw in retirement.
- You may elect to have from 1 to 60% of your eligible gross compensation withheld from each paycheck up to the annual IRS limit.
- HireRight will match 100% of your first 4% in eligible earnings that you contribute each pay period.
 - You are immediately 100% vested in employer matching contributions.
- Your 401(k) paycheck deductions and the employer match will begin generally one to two paychecks following your enrollment.
- You may change, stop, or re-enroll in the 401(k) Plan at any time.



Visit
401k.com or call 800-835-5097
to make your elections!

It's Time to Enroll!

Take charge of your health by reviewing this presentation, the benefits guide, and the information on yourbenefitscenter.com to select the plan that is best for you and your family.

Make your benefit plans choices by accessing HireRight's Benefit Center here:

YourBenefitsCenter.com

- **Username:** Your first initial of your first name, up to the first six letters of your last name and the last four digits of your Social Security number
- **Default Password:** 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)

Contact the Benefits Contact Center at [855-576-8358](tel:855-576-8358) if you have trouble accessing the system or if you have any benefit-related inquiries or assistance.



Review your benefit choices



Understand how the plans work



Learn about the tools and resources available with each plan



Select the benefits that are best for you and your family

If you don't enroll by the deadline

- You will only be enrolled in basic life, basic AD&D, and Long-Term Disability.
- Your next opportunity to change your benefits will be the next Open Enrollment unless you experience a qualifying life event such as a marriage, birth adoption, lose/gain coverage, etc.
- Reminder: You have 30 days from your date of hire to enroll

Questions? Call the Benefits Contact Center!

Get support to help you enroll in the right benefits for your and your family

The Benefits Contact Center can assist with:

- Phone-based enrollment assistance
- Benefits education and assistance
- Urgent coverage resolutions
- Technical support
- Claims and billing

Call today! 855-576-8358

Hours of operation are from 8 am to 11 pm EST, Monday through Friday

Your Benefits Center

You can find all your benefits information in one place

www.yourbenefitscenter.com

On the HireRight Benefits Center you will find:

- Contact information for our benefit providers
- Benefit guides and presentations
- Regulatory notices that provide important information about your benefit plans
- A library of helpful information, such as:
 - Benefit Summaries
 - Plan Documents
 - Website and Mobile App Information
 - How-to Guides
 - Flyers and Benefit Overviews



HELPFUL INFORMATION FOR 2025

CLICK THE BUTTONS BELOW TO VIEW THE INFORMATION IMPORTANT TO YOU



Thank You!

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