



Health

Financial

Work-Life



2023-2024

EMPLOYEE BENEFITS GUIDE

April 1, 2023 - March 31, 2024

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

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Throughout this guide, the symbol above will be used to denote new benefit offerings and benefits that have changed from the previous year.

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HUB Contact - Claims Assistance

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Retirement Services

Kevin Hunt, Financial Advisor

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kevin@401ksos.com

Carrier Contacts

Medical & Voluntary Benefits - United Healthcare (UHC) -  Group #: 927476

(866) 633-2446

www.welcometouhc.com

Health Savings Account - Optum Bank

(866) 234-8913

www.optumhealthbank.com

Dental and Vision - DentalSelect -  Group #: 14046632

(800) 999-9789

www.dentalselect.com

Life/AD&D, Disability, & Employee Assistance Program - Mutual of Omaha 

(800) 775-8805

www.mutualofomaha.com

Retirement Services - ADP

(800) 695-7526

www.mykplan.com

Eligibility and Important Information

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days. If you enroll on time, coverage is available first of the month following 30 days from your date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective April 1, 2023 - March 31, 2024.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Employee Navigator

Your benefits website: hub.employeenavigator.com

First Time Registration:

1. Access website, click on “New User Registration”
2. Provide personal information and company identifier: **NewrestUSA**
3. Create user name and password

Open Enrollment/New Hire Login

1. Access website to login
2. Log in using user name and password previously created
3. Click on “Start Benefits” button
4. Complete employee info
5. Enroll or decline each eligible benefit option in benefits
6. Review benefit elections in summary and click **AGREE** to electronically sign

Making Changes

1. Access website to login
2. Log in using user name and password
3. Click the “Life Event” Box and select applicable option
4. Follow prompts & complete required fields & applicable forms
5. Provide required documentation to HR within 30 days of event date.

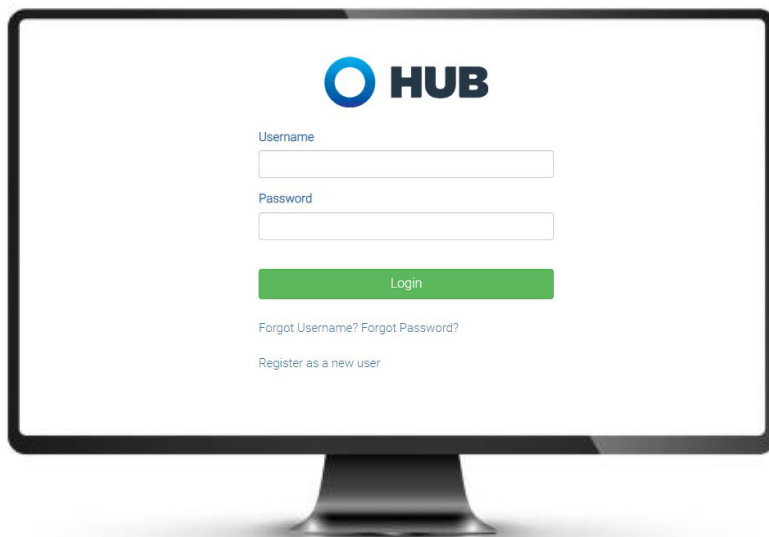
You can:

Enroll In coverage & update benefits

Access benefit summaries

Find key contact info for insurance carriers and HUB management

Access legal and compliance notices



Website

hub.employeenavigator.com

Company Identifier

NewrestUSA

Benefit Terminology

Following are definitions of terms commonly used when discussing benefits.

Coinsurance: The percentage the plan or you pay for a covered service or supply. For example, the plan may pay 80 percent while you pay 20 percent.

Copayment (Copay): A copay is a flat-dollar amount you pay for specific covered services upon each visit to the provider. It is not impacted by the plan deductible or coinsurance.

Deductible: The amount you pay each year before the plan begins to pay coinsurance.

Evidence of Insurability (EOI): The documentation of the good health condition of the insurance beneficiary and his/her dependent's health in order to be approved for coverage. It is only required in certain circumstances.

Explanation of Benefits (EOB): After you receive medical services, your insurance will provide you with an EOB. It will outline details regarding how your insurance processed your medical claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for paying.

Formulary: A medical plan's formulary is a preferred brand-name drug list of the most cost-effective outcome-based drugs. You pay less when using a drug on the plan's formulary list.

Health Savings Account (HSA): An HSA is a tax-advantaged savings account for high-deductible health plan (HDHP) participants that lets you put money aside on a pre-tax basis to pay for a wide range of health care expenses (as defined by the IRS) not covered by your plan. Unused money remaining in the account at the end of the plan year rolls over to be used the next year. Please refer to IRS Publications 502 and 969 for complete details on eligible expenses.

High-Deductible Health Plan: A plan that provides competitive health insurance along with a tax-advantaged health savings account (HSA) that lets you decide how to spend your health care dollars. Essentially, you pay a lower premium in exchange for a higher deductible, much like car insurance.

HSA Contribution: This refers to a contribution, or "deposit," an employee may make to his/her HSA, or a deposit made by the company to the HSA of an employee participating in the HDHP.

In- And Out-of-Network Providers: Benefit plans develop networks by contracting with doctors, hospitals, labs, etc., who have agreed to provide health care services to members at negotiated rates. You generally pay less out of pocket when you use in-network providers.

Out-of-Pocket Maximum: The maximum amount you will pay out of pocket for covered medical expenses per calendar year, including your deductible. After your share of covered expenses reaches this annual limit, the plan pays 100 percent for eligible network services and supplies for the remainder of the calendar year.

Preferred Provider Organization (PPO) Plan: A type of health plan that contracts with doctors, hospitals, labs and other health care providers to create a network of participating providers. You generally pay less when you use providers that belong to the PPO network. You may use providers that fall outside of the plan's network at an additional cost. This type of plan typically has higher premiums and a lower deductible than a high-deductible health plan (HDHP).

Reasonable and Customary (R&C) Charges: 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 R&C amount sometimes is used to determine the allowed amount.

Summary Plan Description (SPD): An important document that tells plan participants what the plan provides and how it works.

Choosing the Right Medical Plan

United Healthcare (UHC)

We are proud to offer you a choice between four medical plans that provide comprehensive medical and prescription drug coverage. These plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan. **Your Health Savings Account is administered by Optum Bank.**

Choice Plus \$1,500; Choice Plus \$2,500; or Choice Plus \$5,000 ^{NEW}

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Choice Plus network**. The deductible must be met before certain services are covered.

Choice Plus \$5,000 HSA

This High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Choice Plus network**. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the year.
- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs or be enrolled in another non-qualified plan through a parent or spouse. See the plan documents for full details.**

Important: Your contributions may not exceed the annual IRS limits listed below.

IRS HSA Contribution Limit	2023
Employee Only	\$3,850
Family (employee + 1 or more)	\$7,750
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans¹, retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ You must be enrolled in a qualified health plan to contribute to an HSA.

Medical

United Healthcare (UHC)

Following is an overview of the in-network coverage available. For complete coverage details and out-of-network benefit amounts, please refer to the SBCs and plan summaries in Employee Navigator. Some benefits are subject to different costs when visiting a Designated Network provider. Consult your SBCs and plan summaries to view these Designated Network amounts. Those benefits have been marked with a “2”.



Key Medical Benefits	Choice Plus \$1,500 Choice Plus Network	Choice Plus \$2,500 Choice Plus Network	Choice Plus \$5,000 Choice Plus Network	Choice Plus \$5,000 HSA Choice Plus Network
	Plan type: Traditional	Plan type: Traditional	Plan type: Traditional	Plan type: HDHP + HSA
	In-Network	In-Network	In-Network	In-Network
Deductible and Out-of-Pocket Maximum (per calendar year)				
Individual Coverage				
Deductible	\$1,500	\$2,500	\$5,000	\$5,000
Out-of-Pocket Maximum	\$8,000	\$7,000	\$8,550	\$6,250
Family Coverage (Individual / Family)				
Deductible	\$1,500 / \$3,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Out-of-Pocket Maximum	\$8,000 / \$16,000	\$7,000 / \$14,000	\$8,550 / \$17,100	\$6,250 / \$12,500
Covered Services				
Office Visits (primary/specialist)	\$30 / \$50	\$25 / \$50	² \$30 / \$120	20%* / 20%*
Routine Preventive Care	No charge	No charge	No charge	No charge
Virtual Visits	No copay	No copay	No copay	No copay*
Basic Outpatient Diagnostic (lab/X-ray)	No charge	No charge	No charge	20%*
Major Diagnostic and Imaging (MRI/CT Scan)	² You pay a \$500 per occurrence deductible per service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 50%*	² You pay a \$500 per occurrence deductible per service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 50%*	² You pay a \$500 per occurrence deductible per service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 50%*	² You pay a \$500 per occurrence deductible per service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 50%*
Chiropractic (20 visits per year)	\$30	\$25	\$30	20%*
Ambulance	20%*	20%*	20%*	20%*
Emergency Room	\$350	\$250	\$300 + 20%*	20%*
Urgent Care Facility	\$50	\$75	\$50	20%*
Inpatient Hospital Stay	20%*	20%*	20%*	20%*
Outpatient Surgery	20%*	20%*	20%*	20%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)				
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$50 / \$100	\$10* / \$35* / \$70*
Mail Order (90-day supply)	\$25 / \$87.50 / \$175	\$25 / \$87.50 / \$175	\$25 / \$125 / \$250	\$25* / \$87.50* / \$175*
Cost of Benefits per Pay Period (52 Pay Periods)				
Employee	\$23.75	\$23.57	\$17.73	\$17.06
Employee + Spouse	\$108.07	\$107.25	\$80.66	\$77.63
Employee + Child(ren)	\$67.69	\$55.98	\$50.53	\$48.63
Family	\$124.70	\$103.12	\$93.07	\$89.58

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Consult your plan summary or SBC to see Designated Network benefit amounts.

United Healthcare Virtual Visits, App, & Member Portal

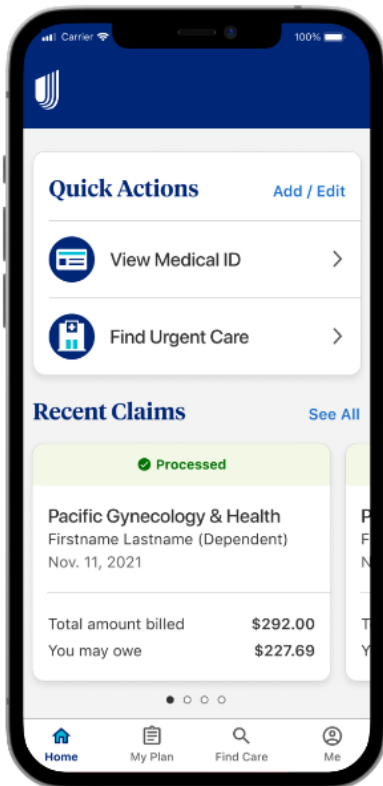
United Healthcare - Virtual Visits

Visit with a doctor 24/7 — whenever, wherever. With 24/7 Virtual Visits, you can connect to a doctor by phone or video through myuhc.com or the UnitedHealthcare app. Doctors can treat a wide range of health conditions — including many of the same conditions as an emergency room (ER) or urgent care. With a United Healthcare plan, your cost for a 24/7 Virtual Visit is usually \$0¹. Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats

Get Started: Sign in at myuhc.com/virtualvisits or Call (855) 615-8335.

¹The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.



United Healthcare App

Get your health info, anytime. When you want to easily access your health information anywhere you go, the United Healthcare app is your go-to. Download it today to get instant access to your health plan details.

Find Care

- Find network care options for doctors, clinics and hospitals in your area.
- Talk to a doctor by video 24/7.
- See reviews and ratings for doctors.

Manage your health plan details

- Generate and share digital health plan ID cards.
- View claims and account balances.
- Manage prescription drugs and refills.

Stay on top of costs

- Estimate the costs of common procedures.
- View your copay, annual deductible and out-of-pocket expenses.
- View your Health Reimbursement Account, Flexible Spending Account or Health Savings Account, if applicable.

Note: Not all United Healthcare plans are currently supported by the app, not all features are available for every plan.

Download the UHC app today on the Apple App Store or Google Play Store.

UHC Member Portal - Get the most out of your benefits

Register for your personalized website on myuhc.com and download the United Healthcare app. These digital tools are designed to help you understand your benefits and make informed decisions about your care.

How to register:

- Go to myuhc.com or download the United Healthcare app and click Register Now
- You will need to provide your first and last name, your date of birth, the last 6 digits of your social security number, and your zip code.
 - Complete the required fields and create your user name/password
 - Enter your contact information and security questions
 - Agree to the terms and conditions and select your email preferences
- Go paperless — from your account settings, choose paperless in your communication preferences

Health Savings Account

Understanding your HSA and how it works

HSA: A savings account that allows you to pay for eligible medical, dental, vision and prescription expenses tax-free. By law, only individuals enrolled in a High-Deductible Health Plan (HDHP) can open and contribute to a Health Saving Account (HSA).



When Using Your HSA

Go to in-network providers.

Never pay upfront - use HSA funds to pay for eligible medical expenses after the claim has been submitted and the network discount has been applied.

HSA funds should be used at the point of service. When purchasing a prescription, the network discount is automatically applied.

Use your HSA funds to make payments in person, over the phone, or online through your Optum Bank member portal.



Using Your HSA Funds

Now:

HSA funds can be used to pay for qualified medical, dental, vision and prescription expenses.

HSA funds can be invested and interest earned is tax-free.

HSA funds can be withdrawn for non-qualified medical expenses, but they will be subject to income tax and a 20% penalty.

Future:

After age 65, HSA funds can be used to pay for Medicare premiums.

After age 65, HSA funds can be withdrawn without penalty, however, funds used for non-QME expenses are subject to income tax.



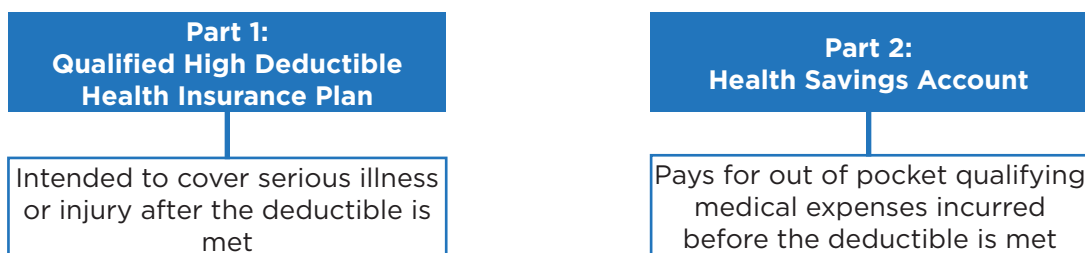
Contributing to Your HSA

For 2023, individuals enrolled in single coverage can contribute up to \$3,850 to their HSA.

For 2023, individuals enrolled in family coverage can contribute up to \$7,750 to their HSA.

Those over the age of 55 are eligible for an additional “catchup” contribution of \$1,000 in addition to the limits mentioned.

How does a Health Savings Account Work?



How is an HSA used to pay for medical care?


1. Employee and/or employer funds an HSA account.
2. Employee seeks medical services.
3. A bill for medical services is submitted as a claim to your insurance carrier and paid in part according to your HDHP, subject to a deductible and coinsurance.*
4. Employee can pay the remaining amount with a debit card or check from their HSA account.
5. This process is repeated until the out of pocket maximum is reached, after which the employee generally should be covered for almost all network eligible expenses.

* Subject to plan design, check your Benefits Summary. Preventive care may be covered at 100%.

Dental

DentalSelect

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the **Platinum network**. Following is a high-level overview of the coverage available.

Key Dental Benefits	Platinum PPO (R&C Classic)	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,000	
Covered Services		
Preventive Services (Cleanings, Exams)	No charge	20% of R&C ²
Basic Services (Fillings, Oral Surgery)	20%*	40%* of R&C ²
Major Services (Crowns, Bridges)	50%*	50%* of R&C ²
Orthodontia (Children under 19) 	50%; \$1,000 Lifetime benefit maximum	50%; \$1,000 Lifetime benefit maximum
Cost of Benefits per Pay Period (52 Pay Periods)		
Employee	\$1.87	
Employee + Spouse	\$4.94	
Employee + Child(ren)	\$4.01	
Family	\$6.27	

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

2. R&C: Reasonable and Customary

Vision

DentalSelect

The **VSP Choice Vision Plan** gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **VSP Choice Plus network**. Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 Deductible	\$45 Allowance
Lenses (once every 12 months) Single Vision Bifocal Trifocal	Covered in full (Included in materials copay)	Single: \$30 Allowance Bifocal: \$50 Allowance Trifocal: \$65 Allowance
Lens Options (once every 12 months)	UV protection: \$10 Tint (solid and gradient): \$15 Standard scratch-resistant coating: \$17 Standard impact resistant coating: \$31 Standard anti-glare coating: \$41 Custom Progressive Lenses: Consult your plan summary	Not covered
Frames (once every 12 months)	\$10 Deductible. \$130 Allowance at any VSP doctor or \$70 at Costco, Sam's Club or Walmart	\$70 Allowance
Contact Lens Exam (once every 12 months)	\$60 Deductible	N/A
Contact Lenses (once every 12 months; in lieu of glasses)	\$130 Allowance for conventional or disposables	\$105 Allowance
Cost of Benefits per Pay Period (52 Pay Periods)		
Employee	\$0.53	
Employee + Spouse	\$1.44	
Employee + Child(ren)	\$1.23	
Family	\$1.77	

DentalSelect App and Member Portal

DentalSelect App

DentalSelect has updated their app to include simple and user-friendly features. Your benefits are easy to access and even easier to understand. The redesigned interface provides a more user-friendly experience. All the best features are available at your fingertips.

Savings and plan usage

- Our improved overview page instantly displays your savings. Quickly check if you have met your deductible and maximum benefit usage. You can also view your dependents' information.

View recent visits and EOBs

- Check out the claims section for a breakdown of your dental visits, treatments, services, and an explanation of your benefits (EOB)

Review plan details

- Quickly view your dental plan summary. This feature makes it easy to review your coverage before your next dental visit

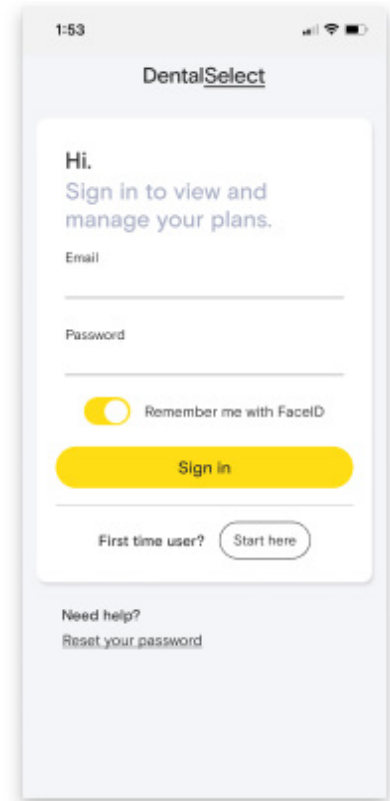
Access and send ID cards

- With a digital ID card, there's no need to carry a printed card. Send a card directly to your provider or covered dependents.

Find a provider

- Locate, call, or email a Dental Select provider within the app. Plus, new filter options include distance, provider name, and specialty.

Download Now: You can download the DentalSelect app from the Apple App Store or Google Play Store today. You will need your member ID, last name, zip code, and email to register.



DentalSelect Member Portal - Using Your Benefits

After you sign up, DentalSelect gives you simplified access and tools to manage your dental plan.

Find a Provider

Dental Select offers more than 360,000 in-network or contracted access points nationwide. Use the link below to find a local provider near you.

To find a provider, visit:

www.dentalselect.com/find-a-provider/#/

Online Portal

Get quick and easy access to your plan documents, including ID cards and claims details through our online member portal. To register, you will need to provide your last name, birthdate, zip code, and last 4 digits of your social security number.

To access your member portal, visit:

portal.dentalselect.com/pages/login

Refer a Provider

Do you know a great dentist or specialist who isn't part of our provider network? Visit your member portal to send us an email with their name, address and phone number. Include your contact info as well. Our team will reach out and invite them to join.

Life/AD&D

Mutual of Omaha

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you.

Benefit Amount (Basic Life/ADA&D)	\$20,000 / \$20,000
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Voluntary Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members. Refer to Employee Navigator for voluntary rates. To receive voluntary life insurance after your initial eligibility, you may be required to submit a medical questionnaire (the Evidence of Insurability form), and coverage is not guaranteed. Review your plan materials for rates and full details on coverage and exclusions. During your initial eligibility period only, you can receive coverage up to the guaranteed issue amounts without having to provide evidence of insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Covered Individual	Benefit Option	Guaranteed Issue
Employee	\$10,000 increments up to 5x salary with a maximum of \$500,000	5x Annual Salary up to \$150,000
Spouse	\$5,000 increments up to 100% of employee's benefit with a maximum of \$150,000	\$30,000
Child(ren)	Children 14 days old to 26 years old: \$10,000	\$10,000
Cost of Benefits per Pay Period (52 Pay Periods)		
Employee Employee + Spouse Employee + Child(ren) Family	See Employee Navigator for premiums	

Employee Assistance Program ^{NEW}

Mutual of Omaha

Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Features	Details
Employee Family Clinical Services	<ul style="list-style-type: none"> An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery
Counseling Options	Four sessions per year (per household) conducted by either face-to-face* counseling or video telehealth via a secure, HIPAA compliant portal
Cost	Employees enrolled in basic life coverage have access to this company-paid benefit

Contact Info
Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics. mutualofomaha.com/eap or call Mutual of Omaha at: (800) 316-2796

Disability

Mutual of Omaha

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. If you elect voluntary short-term or long-term disability coverage, after your initial eligibility, you will be required to submit a medical questionnaire (Evidence of Insurability form), and coverage is not guaranteed. Refer to Employee Navigator to download and fill out your EOI form.

Voluntary Short-Term Disability	
Benefit Percentage	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.
Weekly Benefit Maximum	\$2,500
When Benefits Begin	On the 15th day of disability due to injury or sickness
Maximum Benefit Duration	11 weeks
Pre-Existing Condition Restrictions	3 months look-back / 6 months on plan
Maternity	Covered As Any Other Sickness (See Certificate for more Details)
Cost of Benefits per Pay Period (52 Pay Periods)	
Employee	See Employee Navigator for premiums

Voluntary Long-Term Disability	
Benefit Percentage	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	5 Years
Pre-Existing Condition Restrictions	12 months look-back / 12 months on plan
Cost of Benefits per Pay Period (52 Pay Periods)	
Employee	See Employee Navigator for premiums

When Insurance Ends

Insurance Ends:

- The day you are no longer eligible for insurance under the policy;
- The day you begin active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less), unless otherwise stated or allowed in the Policy;
- The day the Policy terminates; or
- In accordance with the GRACE PERIOD provision.

United Healthcare

Accident

You never expect an accident to happen. But if it does, your focus should be on recovery – not medical bills. Accident Insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. For a full list of covered benefits, see your plan summary.

Sample Covered Injury	Sample Benefit Amount
Ambulance/Air Ambulance	\$200-\$1,200
Hospital/ICU Confinement	\$1,000-\$2,000
Burns	\$500-\$8,000
Fractures	\$450-\$4,500
Medical Appliances	\$50-\$150
Cost of Benefits per Pay Period (52 Pay Periods)	
Employee	\$1.40
Employee + Spouse	\$2.23
Employee + Child(ren)	\$2.66
Family	\$4.14

Hospital Indemnity

For many, health insurance premiums and deductibles are skyrocketing while coverage is staying the same or worsening. Hospital indemnity insurance helps offset these additional costs by paying benefits for covered surgeries and hospital stays or services.

Sample Covered Benefits	Sample Benefit Amount
Hospital Admission (1 day/plan year)	\$1,000
Hospital Confinement (up to 364 days/plan year)	\$150
ICU Confinement (up to 364 days/plan year)	\$150
ICU Admission (1 day/plan year)	\$1,000
Cost of Benefits per Pay Period (52 Pay Periods)	
Employee	\$2.69
Employee + Spouse	\$6.05
Employee + Child(ren)	\$5.11
Family	\$9.04

Wellness Benefit

The Hospital Indemnity Protection Plan and Accident Plan allow you to earn while staying on top of your health. Each calendar year you could earn \$50 for completing requirements for each benefit. Refer to the plan documents in Employee Navigator for a full list of screenings and tests needed to qualify for the wellness benefit.

Program Rules:

- Screenings or tests must be completed during the calendar year
 - A covered spouse can also earn a benefit
- The benefit will only be paid for 1 screening each calendar year, regardless of the test results, and is paid in addition to any other payments you and/or your covered spouse receive under the policy

Benefit Assist

With a Benefit Assistant in your corner, the claims process is easier. If you're a member with a supplemental health plan –like Accident or Hospital Indemnity –it's good to know you've got Benefit Assist looking out for you. The service, included at no additional cost, is designed to help make sure you get the benefits you're eligible for – and get them easier.

Here's how Benefit Assist does the heavy lifting for you:

- **Reviewing:** A Benefit Assistant will review your eligible medical claims
- **Supporting:** If any of your medical claims appear to qualify for a benefit payout from your supplemental health plan, you will receive a call
- **Connecting:** You'll be connected with a claims specialist who will help you submit a supplemental health plan claim on your behalf, so you can get your benefit payout

Retirement Services

ADP 401(k)

To help you save for the retirement of your dreams, we offer a 401(k) savings plan. You may contribute to your account via convenient, pre-tax payroll deductions or ROTH deferrals. The company also matches your contributions. Employees can contribute \$22,500 in addition to the company contributions made on their behalf (employees age 50 or older are eligible for catch-up contributions of \$7,500 in 2023).

Benefit	Details
Eligibility	Invest in yourself and take advantage of your retirement savings plan benefit. Requirements: <ul style="list-style-type: none"> • 21 years of age on the next plan entry date • You must have completed 3 month(s) of service by the next plan entry date
Employee Contributions	<ul style="list-style-type: none"> • Pre-tax: 1% to 90% • Roth 401k: 1% to 90% • If you're 50 years of age or older, you may also make a catch-up contribution in excess of Internal Revenue Code or Plan Limits. This year, you can save an additional \$7,500.
Employer Contributions	Your company will match 25% of your salary deferrals up to the first 4% of your eligible compensation. Your company may make a profit-sharing contribution each year. There may be special requirements for you to receive your company contributions.
Distributions (See plan summary for loan details)	Withdrawals while employed: After-tax, rollover, age 59½, hardship. Withdrawals after employment: You may receive a distribution of some or all of your retirement account balances in the Plan for the following reasons: Termination of employment, normal retirement, disability, death.
Vesting	Your contributions and any amounts you rolled into the plan, adjusted for gains and losses, are always 100% yours. Your company contribution account vests according to the following schedule: 1 Year: 0%; 2 Years: 20%; 3 Years: 40%; 4 Years: 60%; 5 Years: 80%; 6 Years: 100%
Account Management Features	You may elect the following plan features online at www.mykplan.com . Save Smart is a plan feature that allows you to automatically increase your retirement plan contribution percentage. You can elect a 1%, 2% or 3% increase to your before-tax contribution. The increase will go into effect each year, on the date you choose. You should evaluate your ability to continue saving in the event of a prolonged market decline, unexpected expenses, or an unforeseeable emergency. Consult your plan summary for more plan features.

Contact Information

For further questions or advice about your retirement plan, please contact financial advisor Kevin Hunt at (801) 651-6717 or kevin@401ksos.com.

Benefit Hub ^{NEW}

Your home for amazing deals on all the brands you love!

Your discount marketplace houses “real and relevant” deals offering something for everyone. Employees can find incredible savings of up to 60% on hotels, 39% on movie tickets, 60% on apparel and more!

With thousands of national brands in over 20 categories and 110 subcategories, employees find amazing deals on what they want, when they want it. Nike, Gap, Hertz, Sprint, Curves, Disney and many more.

To enrich the amazing discounts, over 70% of the offers provide cash back, too! Tracked in the portal for easy access and redeemable at any time, cash back is a big engagement booster.

Explore great deals in many categories, including:

Travel, tickets, auto, electronics, food, entertainment, local deals, and hotels

How to access your benefits:

Go to newrest.benefithub.com
Enter Referral Code: TUDO8H
Register

Questions?

You can call 1-866-664-4621 or
You can email customercare@benefithub.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.