newrest



2025-2026

EMPLOYEE BENEFITS GUIDE

April 1, 2025 - March 31, 2026

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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new

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

Contact Information

Newrest Human Resources Contacts

Claribel Lassen, HR Manager
(832) 800-3244 ext 107

Alina Yanez, HR Payroll Supervisor
(832) 800-3244 ext 120

Sam Gomez, Payroll and Benefits Administrator
(832) 800-3244 ext 121

iah.recruitment@newrest.eu

Retirement Services

Retirement Services - ADP
(800) 695-7526
www.mykplan.com

Kevin Hunt, Financial Advisor
(801) 651-6717
kevin@401ksos.com

Carrier Contacts

Medical, Dental, Vision, and Voluntary Benefits - Cigna
Medical, Dental, Vision Policy #3346803
Accident Policy #AI112772
Critical Illness Policy #CI112675
Hospital Indemnity #HC112300
(800) 244-6224
my.cigna.com

Health Savings Account - Optum Bank
(800) 791-9361
www.optumbank.com

Life/AD&D, Disability, & Employee Assistance Program - Mutual of Omaha
Policy #G000C3V7
(800) 775-8805
www.mutualofomaha.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 basic life insurance).
- **Open Enrollment:** Changes made during Open Enrollment are effective April 1, 2025 - March 31, 2026.

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: **NewIAH2022**
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.

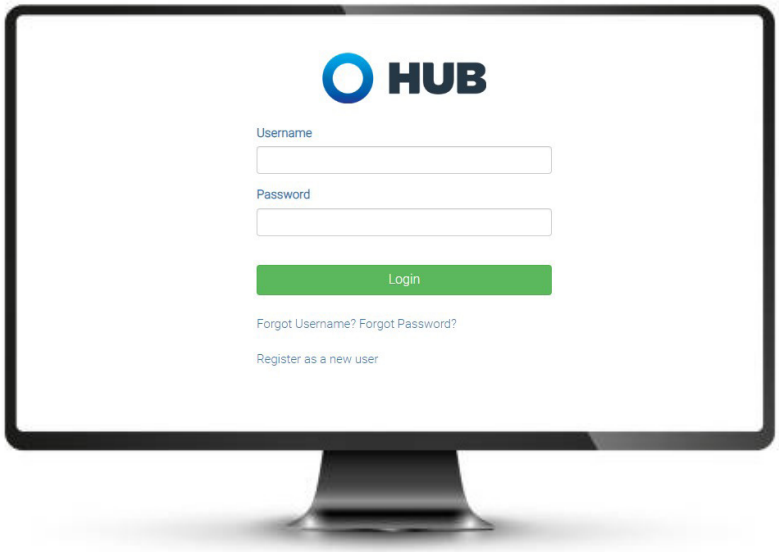
You can:

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
NewIAH2022

Choosing the Right Medical Plan new

Cigna



We are proud to offer you a choice between three 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.

$1,500 Traditional or $5,000 Traditional

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 **Open Access Plus network.** The deductible must be met before certain services are covered.

$5,000 HDHP (HSA Eligible - see page 7 for details)

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 **Open Access 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 plans work:

- **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.

myCigna Online Member Portal
The online member portal is a powerful tool that gives you access to account management features. Using the member portal, you can find in-network doctors and facilities, explore benefits, estimate costs, and view your ID card. **https://my.cigna.com/web/public/guest**

Medical new

Cigna

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.

Key Medical Benefits	$1,500 Traditional Open Access Plus Network	$5,000 Traditional Open Access Plus Network	$5,000 HDHP Open Access Plus Network
	Plan type: Traditional	Plan type: Traditional	Plan type: HDHP + HSA
	In-Network	In-Network	In-Network
Deductible and Out-of-Pocket Maximum (per calendar year)			
Individual Coverage			
Deductible	$1,500	$5,000	$5,000
Out-of-Pocket Maximum	$8,000	$8,550	$6,250
Family Coverage (Individual / Family)			
Deductible	$1,500 / $3,000	$5,000 / $10,000	$5,000 / $10,000
Out-of-Pocket Maximum	$8,000 / $16,000	$8,550 / $17,100	$6,250 / $12,500
Covered Services			
Office Visits (primary/specialist)	$30 / $50	$30 / $60	20%* / 20%*
Routine Preventive Care	No charge	No charge	No charge
MDLive Virtual Visits	No charge	No charge	No charge*
Diagnostic Test (x-ray, blood work)	No charge	No charge	20%*
Imaging (CT/PET scans, MRIs)	$500* per scan/per day	$500* per scan/per day	20%*
Chiropractic (20 visits per year)	$30	$30	20%*
Ambulance	20%*	20%*	20%*
Emergency Room	$350	$350	20%*
Urgent Care Facility	$50	$50	20%*
Inpatient Hospital Stay	20%*	20%*	20%*
Outpatient Surgery	20%*	20%*	20%*
Prescription Drugs (Generic / Preferred Brand Drugs / Non-Preferred Brand Drugs)			
Retail Pharmacy (30-day supply)	$10 / $35 / $70	$10 / $50 / $100	$10* / $35* / $70*
Mail Order (90-day supply)	$25 / $88 / $175	$25 / $125 / $250	$25* / $88* / $175*
Cost of Benefits per Pay Period (26 Pay Periods)			
Employee **Employee + Spouse** **Employee + Child(ren)** **Family**	$54.82 $207.33 $151.51 $279.10	$29.76 $169.26 $123.69 $227.85	$9.23 $150.25 $102.48 $215.75

Coinsurance 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.

Health Savings Account

Optum Bank

How does a Health Savings Account Work?

A High Deductible Health Plan (HDHP) offers comprehensive health care coverage at a lower premium and higher deductible than traditional health care plans. An HDHP also features a health savings account (HSA) that enables you to pay for current, qualified health care expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions.

HSA Minimum Employee Contribution and Monthly administration fee: In order to enroll in the Optum HSA Account, there is a minimum contribution requirement of $5 per pay period. HSA administration fees are paid by the employee. HSA accounts with less than a $3,000 balance will have a $2.10 per month admin fee withdrawn from the HSA account.

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

IRS HSA Contribution Limit	2025
Employee Only	$4,300
Family (employee + 1 or more)	$8,550
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 plans[1], 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.

HSA Advantages - Triple Tax Advantage

- You contribute pre-tax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.
- Funds grow tax-free, and unused funds roll over year to year.
- You can withdraw funds tax-free to pay for qualified health care expenses now and in the future— even in retirement.

How does a Health Savings Account Work?

Part 1: Qualified High Deductible Health Insurance Plan

Intended to cover serious illness or injury after the deductible is met

Part 2: Health Savings Account

Pays for out of pocket qualifying medical expenses incurred before the deductible is met

How is an HSA used to pay for medical care?

1. Employee 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.

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

Dental new

Cigna

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 **Cigna Dental network.** Following is a high-level overview of the coverage available.

Key Dental Benefits	Dental PPO	
	In-Network	Out-of-Network[1]
Deductible (per calendar year)		
Individual / Family	$50 / $150	$50 / $150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	$1,500	$1,500
Covered Services		
Preventive Services (Cleanings, Sealants)	No charge	20%
Basic Services (Restorations, Oral Surgery)	20%*	40%*
Major Services (Crowns, Bridges)	50%*	50%*
Orthodontia (Adult and Child)	50%; $1,500 Lifetime benefit maximum	50%; $1,500 Lifetime benefit maximum
Cost of Benefits per Pay Period (26 Pay Periods)		
Employee **Employee + Spouse** **Employee + Child(ren)** **Family**	$4.94 $10.47 $10.01 $15.68	

Coinsurance 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.

Vision new

Cigna

The **C1 PPO Comprehensive 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 **Cigna Vision network.** Following is a high-level overview of the coverage available.

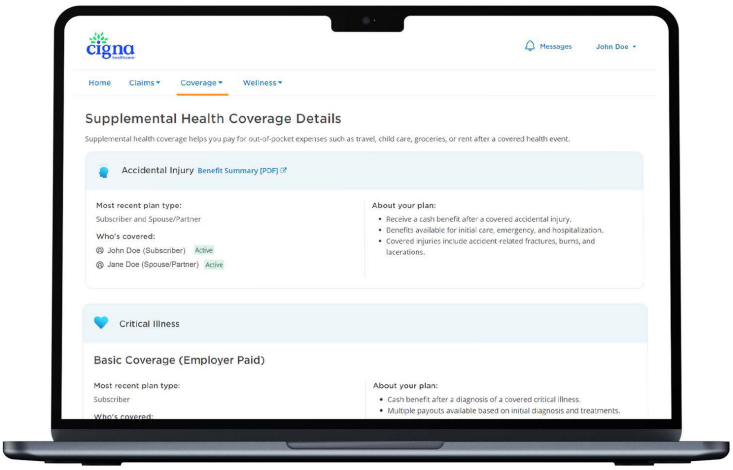
Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$10	Up to $45 allowance
Lenses (once every 12 months) Single Vision Bifocal Trifocal	$10	Up to $40 allowance Up to $65 allowance Up to $75 allowance
Lens Options (once every 12 months)	Oversize lenses: $0 Rose #1 and #2 Solid Tints: $0 Polycarbonate Lenses <19 years of age: $0 Standard Polycarbonate Lenses: $40 Standard Progressives: $65 Standard Scratch Coating: $15	Not covered
Frames (once every 12 months)	$130 allowance	Up to $71 allowance
Contact Lenses (once every 12 months; in lieu of glasses)	$130 allowance	Up to $105 allowance
Cost of Benefits per Pay Period (26 Pay Periods)		
Employee **Employee + Spouse** **Employee + Child(ren)** **Family**	$1.32 $2.88 $3.07 $4.43	

Accessing the myCigna Portal

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The new myCigna portal is all about you! The convenient, personalized self-service platform for all your Supplemental Health needs.

You deserve a customer experience that's simple and straightforward. And with the enhanced digital experience that's exactly what you get. Make the most of your Cigna Healthcare Supplemental Health insurance benefits by using **myCigna.com** or the myCigna App. It's easier than ever to stay in control of your Supplemental Health coverage — no matter what surprises life brings.



Improved online experience

The entire Supplemental Health coverage page has been reimagined with simplicity and convenience in mind. Everything you need is available in one central location — including your benefit summary information and dependent coverage (if applicable).

Online claims submission through myCigna

For faster claims processing, you can submit claims directly through a streamlined experience that's personalized to you and your Supplemental Health benefits. You can also upload additional documents that may be needed to process your claims.

View and track claims status online

Track your claim status, and access detailed correspondence, plus view your claim submissions and Explanations of Benefits (EOBs) in your online claim status view.

Claim payment via direct deposit

Now you can choose to have your Supplemental Health claim payments deposited directly into your bank account via Electronic Funds Transfer (EFT). Enroll and manage direct deposit from the Supplemental Health coverage page.

Simply scan the code with your smartphone or visit myCigna.com to register today.

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/AD&D)	$20,000 / $20,000

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 (26 Pay Periods)		
Employee **Employee + Dependents**	See Employee Navigator for premiums	

There are age restrictions and exclusions associated with basic and voluntary life plans. For further detail, please consult your plan summary or contact Mutual of Omaha for more info.

Employee Assistance Program

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	• 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	Five 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	Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.
Maternity	Covered As Any Other Sickness (See Certificate for more Details)
Cost of Benefits per Pay Period (26 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	If you become disabled prior to age 65, benefits are payable for five years. At age 65 through 68, benefits are payable to age 70. At age 69 (and older), benefits are payable for one year.
Pre-Existing Condition Restrictions	Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 12/12 which means any condition that you receive medical attention for in the 12 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
Cost of Benefits per Pay Period (26 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.

Voluntary Benefits new

Cigna

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	$400/$1,600
Hospital Admission/Confinement	$1,000/$300
ICU Admission/Confinement	$2,000/$600
Lacerations	$200-$600
Fractures - Open Reduction/Closed Reduction	$300-$8,000/$150-$4,000
Dislocation - Open Reduction/Closed Reduction	$500-$6,000/$250-$3,000
Coma (lasting 7 days with no response)	$10,000
Concussion	$150
Cost of Benefits per Pay Period (26 Pay Periods)	
Employee **Employee + Spouse** **Employee + Child(ren)** **Family**	$2.65 $4.24 $5.05 $7.86

There are restrictions and exclusions associated with voluntary benefits. For further detail, please consult your plan summary or contact Cigna for more info.

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
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week. You must be Actively at work with your employer on the day you apply for coverage and the date your coverage takes effect.
Hospital Admission - Non-ICU & ICU (Limited to 1 day, 1 benefit(s) every 365 days)	$1,000
Hospital Stay (No elimination period. Limited to 365 days, 1 benefit(s) every 90 days)	$100
Hospital Intensive Care Unit Stay **Day 1 (Additional ICU Admission + Per Day)** **Day 2-365 (Per Day)**	$1,200 one time $200 per day
Cost of Benefits per Pay Period (26 Pay Periods)	
Employee **Employee + Spouse** **Employee + Child(ren)** **Family**	$5.11 $11.50 $9.70 $17.17

There are restrictions and exclusions associated with voluntary benefits. For further detail, please consult your plan summary or contact Cigna for more info.

Voluntary Benefits (cont.)

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Critical Illness

With Critical Illness Insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Covered Individual	Option A	Option B
Employee **Spouse** **Child(ren)**	$15,000 $7,500 $7,500	$30,000 $15,000 $15,000
Sample Covered Conditions	**Sample Percentage of Insured's Maximum Benefit Amount Payable**	
Invasive Cancer	100%	
Carcinoma in Situ	50%	
Heart Attack	100%	
Stroke	100%	
Coronary Artery Disease	100%	
Aortic & Cerebral Aneurysm	100%	
Paralysis	100%	
Cost of Benefits per Pay Period (26 Pay Periods)		
Employee **Employee + Dependents**	See Employee Navigator	

There are restrictions and exclusions associated with voluntary benefits. For further detail, please consult your plan summary or contact Cigna for more info.

Wellness Benefit

Voluntary benefits allow you to earn while staying on top of your health. Each year you, and each covered individual, could earn $50 per policy (accident, hospital indemnity, critical illness) you are enrolled in by completing eligible health screenings. Refer to the plan documents 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
- Any covered person can earn the 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 dependents receive under the policy

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 $23,500 in addition to the company contributions made on their behalf (employees age 50-59 or 64+ have an additional catch-up contribution limit of $7,500. The super catch-up contribution limit for employees age 60-63 is $11,250).

Benefit	Details
Eligibility	Invest in yourself and take advantage of your retirement savings plan benefit. Requirements: • 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 • Entry Date = the first day of the month coinciding with or next following the date the employee satisfies the eligibility requirements
Employee Contributions	• Pre-tax: 1% to 90% • Roth 401k: 1% to 90% • After-tax: 1% to 20% If you choose to make after-tax contributions, there may be additional limits placed on the contributions you make to your account. There may also be limits on any contributions your employer makes.
Employer Contributions	The maximum matching contribution equals 50% of the first 4% of the participant's compensation.
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 the vested portion 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

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, 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.

Pet Insurance

Have a furry friend you want to make sure is covered? Spot and ASPCA Pet Insurance is now available through Benefit Hub! Visit your Benefit Hub site for more info.

Explore great deals in many categories, including:

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

Questions?

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

How to access your benefits:

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

Note Section



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.