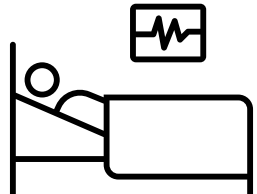
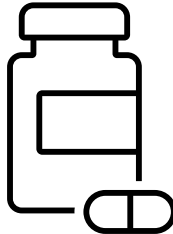
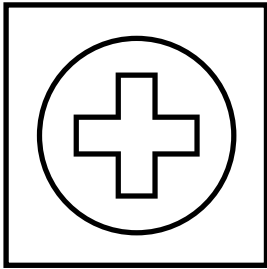
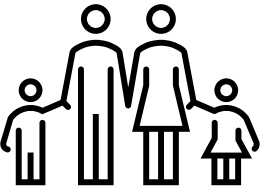


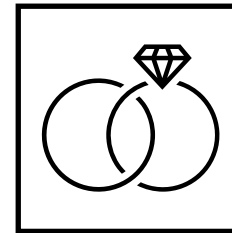


EMPLOYEE BENEFITS
Plan Year 2023



Open Enrollment

- **Open Enrollment is Thursday, November 10th – Wednesday November 16th at 12:00pm CT**
- Annual opportunity to make benefit elections and changes to be effective January 1, 2023
- Current benefits remain in effect until December 31, 2022
- Outside of Open Enrollment, you can only make benefit changes if you experience a Qualifying Life Event, such as:
 - Marriage
 - Divorce
 - Birth or Adoption of a child
 - Losing coverage as a dependent (turning 26)
 - Loss of coverage under your spouse's plan
 - Employee status change
- You must notify Corporate Talent within 30 days of the event
- Documentation is required for all Qualifying Life Events



Eligibility

- All full-time employees, working 30 or more hours per week, are eligible for benefits
- New hires are effective on the 1st of the month following 30 days from date of hire
- Eligible dependents include:
 - Your legal spouse
 - Your children (natural or adopted) ¹
 - Your domestic partner (registered partners only) ²
 - Your domestic partner's children ³



¹ Dependent documentation is required for all dependents

² Domestic Partners and Dependents of Domestic Partners require an Affidavit and Tax Certification Process

³ Domestic Partners and Dependents of Domestic Partners are subject to taxable income (imputed income)

What's New

- Employee medical contributions are increasing
- New Benefits offering ending December 31, 2022
- All other benefit plans and costs are not changing

Medical Benefits

Benefit Outline	Base	Buy-up
Plan Name	HSA HDHP \$4000 MMH822	PPO \$2500 MTBCP020
In-Network Deductible (Individual / Family)	\$4,000 / \$8,000	\$2,500 / \$7,500
Out-of-Network Deductible (Individual / Family)	\$8,000 / \$16,000	\$10,000 / \$20,000
<i>Company HSA/HRA Contribution Toward Deductible</i>	<i>\$1,500 / \$3,000</i>	<i>\$2,000 / \$3,000 / \$4,000</i>
In-Network Out-of-Pocket Maximum (Individual / Family)	\$4,000 / \$8,000	\$7,500 / \$15,800
Out-of-Network OOP Max (Individual / Family)	\$16,000 / \$32,000	Unlimited
Plan Coinsurance (In / Out)	100% / 70%	100% / 50%
Wellness / Preventive Care	\$0 / 100%	\$0 / 100%
Primary Care Office Visit	100% after deductible	\$35 copay
Specialist Office Visit	100% after deductible	\$70 copay
Walk-In / Urgent Care Visit	100% after deductible	\$75 copay
Emergency Room	100% after deductible	\$500 copay
Outpatient Lab / X-Ray	100% after deductible	No charge; no deductible
Complex Imaging (MRI, CAT, PET, et al.)	100% after deductible	No charge after deductible
Outpatient Surgical Facility	100% after deductible	No charge after deductible
Inpatient Hospital Facility	100% after deductible	No charge after deductible
Retail Prescription Drug Copays	100% after deductible	\$0 / \$10 / \$50 / \$100
Mail Order Prescription Drug Copays	100% after deductible	3x retail
Specialty Prescription Drugs	100% after deductible	\$150/\$250 copay

HRA, HSA and FSA

- TaxSaver will continue to administer the following plans on a calendar year basis (1/1/23-12/31/23)
 - Flexible Spending Account (FSA)
 - Health Reimbursement Account (HRA)
 - Health Savings Account (HSA)
- You must make an election for the FSA & HSA accounts for calendar year 2023 (HRA is automatic based on enrollment into Buy-Up Plan)
- If you currently participate in any of these accounts, your current debit card will be reloaded with your 2023 contribution election

Health Reimbursement Account (HRA)

- A Health Reimbursement Account (HRA) is a benefit plan set up and funded by your employer. It reimburses you for eligible deductible expenses to help offset expenses not covered by your medical plan.
- How it works:
 - The HRA is funded by employer contributions
 - The HRA cannot reimburse expenses for qualified long-term care services
 - HRA funds do not roll over year-to-year
 - The funds are available to employees at the beginning of the plan year
 - Unused amounts cannot be cashed out

Health Reimbursement Account (HRA)

➤ Working Solutions reimburses eligible deductible expenses through the HRA as follows:

Employee

- If benefits are effective before July 1, you receive \$2,000
- If benefits are effective on/after July 1, you receive \$1,000

Employee + Spouse

- If benefits are effective before July 1, you receive \$3,000 [\$2000 for EE, \$1000 for SP]
- If benefits are effective on/after July 1, you receive \$1500 [\$1000 for EE, \$500 for SP]

Employee + 1 Child

- If benefits are effective before July 1, you receive \$3,000 [\$2000 for EE, \$1000 for +1CH]
- If benefits are effective on/after July 1, you receive \$1500 [\$1000 for EE, \$500 for +1CH]

Employee + 2 or More Children

- If benefits are effective before July 1, you receive \$4,000 [\$2000 for EE, \$1000 for +2DEP]
- If benefits are effective on/after July 1, you receive \$2000 [\$1000 for EE, \$500 for +2DEP]

Employee + Family (Employee + Spouse + Children)

- If benefits are effective before July 1, you receive \$4,000 [\$2000 for EE, \$1000 for +2DEP]
- If benefits are effective on/after July 1, you receive \$2000 [\$1000 for EE, \$500 for +2DEP]

Health Savings Account (HSA)

- This benefit allows you to set aside money on a pre-tax basis for qualified healthcare expenses if:
 - You are enrolled in the HDHP
 - You are not covered by another health insurance plan
 - You or your spouse are not enrolled in a medical FSA
 - You are not receiving Medicare/Tricare benefits
- Unused HSA funds roll over from year to year; funds are portable and yours to keep regardless of your employer or insurance carrier

Medical Enrollment	CY 2023 Maximum HSA Election	Employer HSA Contribution
Employee Only	\$3,850	\$1,500*
Employee + Dependent(s)	\$7,750	\$3,000*



- Employer contribution counts towards the Maximum HSA Election
- A catch-up contribution of \$1,000 is allowed for those age 55 and over
- A minimum contribution of \$24 annually (\$1 per paycheck for a full year) is required to receive employer contribution
- **If you currently participate in the FSA and move to the HDHP plan on January 1, 2023, you must spend your entire FSA balance before December 31, 2022**

Health Savings Account (HSA)

Items Typically Eligible

- Medical and dental deductibles
- Medical and dental coinsurance
- Eye exams not covered by insurance
- Vision correction surgery
- Glasses and contact lenses
- Prescription medication
- Labs & X-rays
- Acupuncture
- Chiropractic care
- Hearing aids
- Smoking cessation programs
- Transportation expenses
- Long term care
- Nursing home
- Nursing services

Items Typically Ineligible

- Cosmetic surgery
- Teeth whitening
- Electrolysis or hair removal
- Hair transplant
- Health club dues
- Insurance premiums
- Medicines and drugs from other countries
- Nutritional supplements
- Weight loss programs
- Swimming lessons

For a complete list of expenses, please refer to <https://www.taxesaverplan.com/resources/list-of-eligible-items/hsa/>

HDHP vs. PPO Scenario

Family Medical Expenses	BCBSTX Base HDHP Plan \$4,000/\$8,000 Deductible	BCBSTX Buy-Up PPO \$2,500/\$7,500 Deductible
8 Doctor's Office Visits	\$800	\$280
4 Preventive Care Visits	\$0	\$0
2 Urgent Care Visits	\$425	\$150
1 Outpatient Surgical Visit	\$2,500	\$2,500
<u>1 MRI</u>	<u>\$1,000</u>	<u>\$1,000</u>
Total Medical Expenses	\$4,725	\$3,930
Employee's Annual Premium	\$8,351.64	\$12,605.76
Total Medical Expense	\$4,725	\$3,930
WSOL HSA/HRA Contribution	-\$3,000 (HSA)	-\$3,930 (HRA)
<u>Out of Pocket Expenses</u>	\$10,076.64	\$12,605.76

Estimated savings with a HDHP Plan =

-\$2,529.12

Assumes EE+Family coverage (4 members) utilizing all in-network providers. Also assumes Employee and at least 2 dependents had expenses over their part of the deductible.

Healthcare Flexible Spending Account (HFSA)

- Save money on a pre-tax basis for qualified medical expenses
- The plan includes a **\$610** carryover allowance
- Any unused funds after the carryover allowance will be forfeited

Annual Maximum FSA Election	Items Typically Eligible	Items Typically Ineligible
\$3,050	<ul style="list-style-type: none">• Medical, dental, and vision deductibles, copays and coinsurance• Prescription medication• Eyeglasses, exams and contact lenses• Chiropractic care• Acupuncture• Breast pumps and supplies• Hearing aids• Over the counter items	<ul style="list-style-type: none">• Cosmetic procedures/drugs of any nature• Food Costs• Hair removal• Health club memberships• Insurance premiums• Marriage counseling• Medical marijuana use

The FSA is available for those not enrolled in a medical plan; however, an Acknowledgement is required annually.

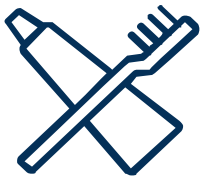
Dependent Care Spending Account (DCFSA)

- Save money on a pre-tax basis for:
 - Care for your children, whom you claim as a tax dependent, under the age of 13 . An individual who is qualified is considered to be a “qualified child” or a “qualified relative”. A qualified relative’s dependent care expenses are not eligible if the qualified relative earns \$3,650 or more income in a year.
 - Care for spouse or dependents of any age who spend at least eight hours a day in your home who are mentally or physically incapable of self-care.
 - Child that meets special dependency tests of divorced or separated parents.

Annual Maximum FSA Election	Qualified Expenses
\$5,000 per household \$2,500 if married filing separately	<ul style="list-style-type: none">• Household services if part of the service is for the care of qualifying persons (including FICA)• Schooling below Kindergarten• Qualifying Dependent Care centers, including virtual or online dependent care• Before and after school care• Day camps

For more information, please refer to: <https://www.taxesaverplan.com/resources/list-of-eligible-items/dependent/>

Dental Benefits



		In-Network	Out-of-Network
Preventative Services		Covered at 100%	Covered at 100%
Calendar Year Deductible	Individual	\$50	\$50
	Family	\$150	\$150
Annual Maximum		\$2,000	\$2,000
Basic Services (Fillings, Extractions, Root canals)		80%	80%
Major Services (Oral Surgery, Crowns)		50%	50%
Child Orthodontia (up to age 19)		50%	50%
Orthodontia Lifetime Maximum		\$2,000	\$2,000

If you use an out-of-network dentist, you may be balance billed the difference between the reasonable and customary cost for that service and the dentist's actual charge. You are responsible for this cost difference.

If your dentist recommends services that will cost \$300 or more, we recommend you submit a pre-determination of benefits through BCBSTX to understand the true cost of the procedure.

Vision Benefits



	In-Network	Out-of-Network
Frequency: Exam Lenses Frames	12 Months 12 Months 24 Months	
Examination	\$10 copay	Reimbursement up to \$30
Lenses Single Bifocal Trifocal and Lenticular Progressive	\$10 copay \$10 copay \$10 copay \$10 copay plus tiered copay	Reimbursement Up to \$25 Up to \$40 Up to \$55 Up to \$40
Frames	\$150 allowance	Reimbursement up to \$65
Contact Lenses (in lieu of frames)	\$150 allowance	Reimbursement up to \$104

Additional Benefits

Employer-paid Life & Disability Benefits

Basic Life and AD&D		
Age	Benefit	Note
Current – 64	\$50,000	This amount is Guarantee Issue, which means no Evidence of Insurability (EOI) required
65-69	Benefit reduced by 35%	
70+	Benefit reduced by 50%	

Short Term Disability (STD)		
What you will be paid	For how long	Notes
The Short-Term Disability benefit is equal to 60% of your weekly salary to a maximum of \$750	Maximum 24 weeks	Benefits are paid out after 14 days for either sickness or injury

Employer-Paid EAP (Disability Resource Services)

Face-to-Face Sessions

Disability Resource Services provides short-term disability insured employees with three face-to-face sessions in a geographically accessible location to address behavioral issues.

Unlimited Telephonic Counseling

Disability Resource Services also provides short-term disability insured employees with unlimited telephonic counseling (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level counselors use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

Web-Based Services

GuidanceResources® Online (guidanceresources.com) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns. This service is free of charge to employees who are insured with us for short-term disability insurance. It covers many topics and personal concerns, such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling

Disability Resource Services™

In the U.S. and Canada call

866-899-1363

TDD: 800-697-0353

guidanceresources.com

Enter Your Company ID: DISRES



BlueCross BlueShield
of Texas



ONLINE ACCESS:
GuidanceResources.com

- Click "Register" to create a new account.
- Enter Your Company ID: DISRES
- FOR FUTURE LOGINS, just go to the member login section and enter your username and password. This will take you directly to **GuidanceResources.com**.

If you have any problems logging in, you can contact: **memberservices@guidanceresources.com** or **877-595-5289**.

Voluntary Benefits

Voluntary Life and AD&D

- If you work 30 or more hours per week, you can purchase Life and Accidental Death & Dismemberment (AD&D) insurance coverage for yourself and your dependents.

	Employee	Spouse	Child
Volume Increments	\$10,000	\$5,000	Flat \$10,000
Maximum	\$500,000	\$250,000 (not to exceed 100% of employee amount)	\$10,000
Guarantee Issue	\$100,000	\$50,000	\$10,000
Conversion & Portability	Included; must submit request within 30 days of termination date		

- You must elect voluntary life/AD&D for yourself in order to enroll your spouse or children for coverage
- New hires are allowed to purchase up to the Guarantee Issue amount. If you wait to enroll in the future or to increase your life insurance amount, you will be subject to medical underwriting
- If you would like to make changes to your current coverage for 2023, please email Courtney Miller directly

Voluntary Long Term Disability

- This benefit provides you with income replacement after the end of short-term disability benefits for any injuries or illnesses that affect your ability to perform your normal job duties.

What You Will Be Paid	For How Long	Notes
The long-term disability benefit is equal to 60% of your monthly earnings to a monthly maximum of \$6,000 per month	Maximum Duration of Social Security Normal Retirement Age, or earlier if you recover	There is a 180-day waiting period (elimination period) which typically matches the end of the STD maximum benefit period

Worksite Benefits

Plan (Carrier)	Why Would I Use It?	Who Can I Cover?	Who Pays For Benefit?
Accident (BCBSTX)	<ul style="list-style-type: none"> Provides lump sum cash benefit when you suffer an injury due to a covered accident You may use funds in any way you choose 	Employee Spouse Dependent Children	Employee
Critical Illness (BCBSTX)	<ul style="list-style-type: none"> Provides a lump sum cash benefit if you experience a serious illness such as heart attack, cancer or a stroke You may use funds in any way you choose 	Employee Spouse Dependent Children	Employee
Hospital Indemnity (The Standard)	<ul style="list-style-type: none"> Provides a lump sum cash benefit if you are admitted to a hospital or ICU You may use funds in any way you choose 	Employee Spouse Dependent Children	Employee

There is a wellness credit/screening benefit of \$50 per year available to you and your covered spouse if you have eligible wellness test(s) performed

ID Watchdog

- Credit Monitoring
- Non-Credit Loan Monitoring
- Payday Loan Monitoring
- Public Records & National Change of Address Monitoring
- High-Risk Transaction Monitoring
- Internet Black Market & Hacker Surveillance
- Instant-On Monitoring
- Social Network Alerts
- Registered Sex Offender Reporting & Notifications
- National Provider Identifier (NPI) alerts
- Identify Profile Report

	Per Pay Period
Employee Only	\$5.48
Employee + Family	\$9.98

Employee Cost

Payroll Deduction Schedule

➤ Reimbursement Accounts

- Paid based on month of effective coverage by pay dates (not based on pay period)
- Deductions run January 1st through December 31st
- Reimbursement Accounts are pro-rated based on enrollment effective date

➤ All other benefits (medical, dental, vision, supplemental)

- Paid based on pay period
- Deductions run January 20th, 2022 through January 5th, 2024

Employee Cost Per Pay Period (24 per year)

Tier	BCBS HDHP (Base)	BCBS PPO (Buy-Up)	Dental	Vision
Employee Only	\$12.10	\$36.82	\$2.65	\$1.74
Employee + Spouse	\$217.75	\$363.43	\$10.58	\$3.31
Employee + Child(ren)	\$91.51	\$143.30	\$11.32	\$3.48
Employee + Family	\$347.99	\$525.24	\$20.06	\$5.11



THIS IS NOT A PASSIVE ENROLLMENT

You must finalize your
enrollment through Paycom

**The deadline to enroll is
November 16th at 12:00pm CT**

Questions?
