



**2023-24
Non-TX**

WhiteWater Express Car Wash

Non-TX Benefits Guide

Our Promise

We are committed to providing our greatest assets – our people – with comprehensive and affordable benefits. Our 2023-24 Employee Benefits offerings deliver maximum options and flexibility. This guide will help you understand the full range of health and wellness benefits that will be available. After reading through the enclosed information, be sure to use this guide as a benefits resource you can reference throughout the year.

This guide includes a quick reference directory of telephone numbers and websites for all of our providers. We encourage you to access these sites to learn more about the plans and make the best choices possible.

Protect your **Health, Life & Well-Being**

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have questions about your Guide, contact Human Resources.

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Eligibility & Enrollment



About the Medical Insurance

Choosing the right health insurance plan is important for you and your family. The following are some of the basic reasons you should obtain health coverage.

- Health insurance gives you a sense of security knowing that a sudden illness or serious injury will not drain your bank account, or worse, your retirement savings. Health insurance protects your financial future by helping pay for expensive doctor visits and treatments.
- Seeing doctors who are in-network with your health insurance plan also gives you the advantage of receiving care with lowered costs. When doctors are in-network, you have access to lower rates negotiated by the insurance company, meaning you owe less than if you did not have insurance.
- Health insurance covers many preventative services without you having to pay a deductible or copayment. Preventative care is intended to prevent or catch diseases and other health problems before they become serious. Preventive services that are covered in full include various health screenings and immunizations.
- Having health insurance will also help you pay for prescription drugs through reduced fees or copays.

Who is Eligible?

Full-time employees who work a minimum of 30 hours per week and their eligible family members can enroll in the benefits described in this guide. Eligible family members include legal spouses, domestic partners, and children up to age 26 (disabled dependents can continue beyond age 26).

When are you Eligible?

Newly Eligible Employees:

Benefits are effective the 1st day of the month following 60 days of full-time employment.

Annual Open Enrollment:

You may make changes to your benefit elections in Paylocity during your open enrollment period in January for an effective date of February 1st.

Qualified Change in Status:

You may make benefit changes within 30 days of a qualified event. Qualified events include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death, and change in residence due to an employment transfer for you or your spouse or changed in spouse's benefits, or employment status.

Note: Employee is responsible for notifying Human Resources of any changes within 30 days.

Medical Insurance



Medical Coverage	\$1,500 PPO Plan BC-ZE / V6	
	In-Network	Out-of-Network
	Choice Plus PPO	
Calendar Year Deductible (Embedded)		
Individual	\$1,500	\$5,000
Family	\$4,500	\$15,000
Calendar Year Out-of-Pocket Maximum (Embedded)		
Individual	\$6,350	\$10,000
Family	\$12,700	\$30,000
Coinsurance (You Pay)	20%	50%
Lifetime Benefit Maximum	Unlimited	
Physician Services		
Primary Care Physician (PCP)	\$40 Copay*	50% after Ded.
Specialist Care Physician (SPC)	Designated: \$40 Copay Non-Designated: \$80 Copay	50% after Ded.
Virtual Visits	No Charge	50% after Ded.
Preventive Care	No Charge	50% after Ded.
Urgent Care	\$100 Copay	50% after Ded.
Hospital Services		
Inpatient Stay	\$250 + 20% after Ded.	\$250 + 50% after Ded.
Outpatient Surgery	\$250 + 20% after Ded.	\$250 + 50% after Ded.
Emergency Room	\$400 Copay + 20%	
Prescription Drugs (In-Network Only)		
Retail (up to a 31-day supply)	\$20 / \$50 / \$85	
Mail Order (up to a 90-day supply)	\$50 / \$125 / \$212.50	

*No Charge for under age 19.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.myuhc.com.

Medical Insurance



Medical Coverage	\$5,000 PPO Plan BC-ZC / V6		NexusACO OAP Plan BU-72 / V6		
	In-Network	Out-of-Network	In-Network		Out-of-Network
	Choice Plus PPO		Tier 1 (NexusACO OAP)	Tier 2 (PPO)	
Calendar Year Deductible (Embedded)					
Individual	\$5,000	\$10,000	\$5,000		\$5,000
Family	\$10,000	\$30,000	\$10,000		\$10,000
Calendar Year Out-of-Pocket Maximum (Embedded)					
Individual	\$6,350	\$20,000	\$7,900		\$10,000
Family	\$12,700	\$60,000	\$15,800		\$20,000
Coinsurance (You Pay)	0%	30%	20%	40%	50%
Lifetime Benefit Maximum	Unlimited		Unlimited		
Physician Services					
Primary Care Physician (PCP)	\$45 Copay*	30% after Ded.	\$15 Copay	40% after Ded.	50% after Ded.
Specialist Care Physician (SPC)	Designated: \$45 Non-Designated: \$90	30% after Ded.	\$50 Copay	40% after Ded.	50% after Ded.
Virtual Visits	No Charge	30% after Ded.	No Charge		50% after Ded.
Preventive Care	No Charge	30% after Ded.	No Charge		50% after Ded.
Urgent Care	\$100 Copay	30% after Ded.	\$50 Copay		50% after Ded.
Hospital Services					
Inpatient Stay	\$250 after Ded.	\$250 + 30% af- ter Ded.	20% after Ded.	\$500 + 40% after Ded.	\$500 + 50% af- ter Ded.
Outpatient Surgery	\$250 after Ded.	\$250 + 30% af- ter Ded.	20% after Ded.	\$250 + 40% after Ded.	\$250 + 50% af- ter Ded.
Emergency Room	\$400 Copay		\$300 + 20%		\$300 + 20% af- ter Ded.
Prescription Drugs (In-Network Only)					
Retail (up to a 31-day sup- ply)	\$20 / \$50 / \$85		\$20 / \$50 / \$85		
Mail Order (up to a 90-day supply)	\$50 / \$125 / \$212.50		\$50 / \$125 / \$212.50		

*No Charge for under age 19.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.myuhc.com.

Telemedicine



The doctor can see you now. Getting sick or having a minor health emergency is never planned. Getting in to see your doctor or having to go to urgent care or even the emergency room can be hard to schedule when you need it and expensive. With telemedicine, you have virtual access (via mobile device or computer) to board-certified doctors and licensed counselors, therapists, or psychiatrists. Telemedicine is a cost-effective and convenient alternative to traditional doctor's care and urgent clinics and costs less than visiting the emergency room.

- 24/7/365 access to board-certified doctors – no waiting room and no need to leave home
- Receive diagnosis, treatment instructions and if necessary, prescription(s) sent to your preferred pharmacy
- Clear cost-savings – the cost of a phone or online visit is usually the same or less than your primary care provider copay
- Scheduled appointments available
- Talk Therapy is available for such issues as depression, anxiety, trauma, and loss or relationship problems

Doctors can treat a variety of health conditions during a virtual visit, including:






Allergies	Fevers (age 3+)	Rashes	Stomachaches
Asthma/Bronchitis	Headaches	Shingles	Urinary Tract Infections
Colds/Flus	Nausea	Sinus Infections	
Ear Problems (age 12+)	Pink Eye	Sore Throats	

Remember, telehealth services are only available for minor, non-life-threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

To get started call 855-615-8335, visit www.myuhc.com/virtualvisits or download the United Healthcare from your app store to get started today.

Finding A Health Care Provider/Facility

Understanding you have choices for where to go when you need non-emergency medical care can save you both time and money. Know the difference between available options before an emergency happens so you can make the best informed and cost-effective decision for your situation.

 DOCTOR'S OFFICE <i>Routine and annual visits.</i>	 URGENT CARE CENTER <i>For serious but not life-threatening medical needs</i>	 CONVENIENCE CARE CLINIC <i>For when you cannot get in to see your doctor.</i>
<ul style="list-style-type: none"> • Health exams • Routine shots • Established relations where your health history and current medicines taken are known • Assistance with colds, flu, minor injuries, and chronic health issues such as asthma or diabetes 	<ul style="list-style-type: none"> • Visit when experiencing a serious condition that isn't life-threatening. • May be open nights/ weekends/holidays but hours will vary by vendor and location • Appointments may or may not be required; should have a shorter wait time than an emergency room visit • Staffed by nurses and doctors • Receive treatment for minor and more severe medical issues, sprains/strains/broken bones, stitches 	<ul style="list-style-type: none"> • When you can't get in to see your doctor, convenient care clinics are a convenient, cost-effective alternative • Usually located in retail stores and pharmacies • May times are staffed by physician assistants and/or nurse practitioners • Receive treatment for minor medical conditions, receive vaccinations and some testing
<ul style="list-style-type: none"> • By Appointment and during Office Hours 	<ul style="list-style-type: none"> • By Appointment and during Office Hours 	<ul style="list-style-type: none"> • Retail hours and appointments not required
<ul style="list-style-type: none"> • Cost for care usually copay, coinsurance, and/or deductible* 	<ul style="list-style-type: none"> • Costs lower than emergency room visits* 	<ul style="list-style-type: none"> • Cost for care is usually the same or lower than a doctor's visit*
 VIRTUAL CARE VISITS <i>For non-emergency health issues.</i>	 EMERGENCY ROOM <i>For life-threatening medical needs.</i>	
<ul style="list-style-type: none"> • Talk to board-certified doctors for non-emergency health issues • See a doctor whenever, wherever via phone or online video • Receive treatment for minor medical conditions 	<ul style="list-style-type: none"> • For life- or limb-threatening condition you should go to the nearest hospital or call 911. • Located in hospitals and sometimes as free-standing facilities. • When using for true emergencies, can help lower out-of-pocket costs • Wait times can be lengthy for non-life-threatening issues 	
<ul style="list-style-type: none"> • Appointments typically in an hour or less 	<ul style="list-style-type: none"> • Open 24/7/365 	
<ul style="list-style-type: none"> • Cost for care is comparable to primary care visit* 	<ul style="list-style-type: none"> • Can be the most expensive type of care and may charge patients up to 10 times more for conditions that could be treated at an Urgent Care facility* 	

For routine care, or to find specialty providers, you can also use **Provider Finder**. This is a convenient way to search and locate a health provider/facility that fits your needs. To get started, go to www.myuhc.com and select Find a Provider.

Searching is simple:

- Select find a doctor, choose the directory you'd like to search under, then select Employer & Individual Plans
- Narrow search even more by selecting your network name (Choice Plus Premier or Core Premier)
- Enter your location by zip code or city and state
- Search for a specific provider or facility name or find healthcare by choosing a category and UHC will provide you with a list of in-network providers and facilities near you

*Receive the most cost savings when using in-network providers/facilities.

Spend Smarter



Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money. Use freestanding imaging centers for MRIs, CT Scans and other imaging.

Use Preventive Care Services

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

Use OptumRx Mail Order

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home. Through Optum Mail Order you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts. If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

Search Good Rx for Cheaper Prescription Costs

Drug prices sometimes vary significantly between pharmacies. GoodRx collects and compares prices for every FDA approved prescription drug at more than 70,000 pharmacies. Access GoodRx at www.goodrx.com to find the lowest price pharmacy near you and/or print FREE coupons. You can also get coupons on-the-go through Good Rx's mobile app – just show your phone to the pharmacist. Also check the drug manufacturer's website for available rebates and discounts.

Wellness Resources



Real Appeal

Real Appeal, an online weight loss program offered through United Healthcare, helps members support their weight loss initiatives and build healthy habits across key areas like nutrition, fitness, sleep, and stress management.

Real Appeal is provided at no out-of-pocket expense. Members have access to:

- Digital tools to track your food, activity, and weight loss progress
- One-on-One online coaching with group sessions to help stay on track reaching your goals
- Scales, recipes, fitness equipment delivered to your door with the Success Kit



To learn more or to get started, visit www.success.realappeal.com.

Sanvello

Sanvello is an app that offers clinical techniques to help dial down the symptoms of stress, anxiety and depression — anytime. Connect with powerful tools that are there for you right as symptoms come up. Stay engaged each day for benefits you can feel. Escape to Sanvello whenever you need to, track your progress and stay until you feel better.



Download the app and get more information at www.Sanvello.com.

Rally Health



Now, getting paid for getting fit couldn't be easier — with Gym Check-In on the Rally Health app. Just tap Check In from the app at any participating fitness facility and you'll be on your way to earning righteous rewards.

Download the Rally Health app to use Gym Check-In today. Use the mobile code UNITED to get started.

Peloton App

Your health plan benefits include a 1-year Peloton Digital Membership — which gives you access to the Peloton® App — available to you at no additional cost. Start your membership today for access to everything the Peloton App offers, including thousands of live and on-demand fitness classes — from cardio and HIIT to strength training and yoga.



Sign into your www.myuhc.com account to get your access code.

Apple Fitness+

UnitedHealthcare is committed to providing a variety of health and wellness options, which is why we've added 12 months of Apple Fitness+ to your health plan —at no additional cost.



Get ready for a different type of fitness experience with welcoming trainers who work hard to help bring out the best in you. Apple Fitness+ brings to life real-time fitness metrics from Apple Watch to your iPhone, iPad and Apple TV. Get started at www.uhc.com/apple-fitness-plus



Dental Insurance



Dental care plans provide services or payments for restorative care and related dental services.

- **PREVENTIVE SERVICES:** Preventive services are routine exams, cleanings, and x-rays.
- **MAJOR SERVICES:** Includes dental surgery, endodontics (root canal therapy), periodontics (treatment for gum disease), crowns, and prosthetics (replacement of missing teeth with bridgework or dentures).
- **ORTHODONTIA SERVICES:** These are services for the correction of mal-positioned teeth.

Dental Coverage	PPO Plan P8733	
	In-Network	Out-of-Network
	Options PPO 30	
Calendar Year Deductible (Embedded)		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Benefit Maximum	\$1,000 per Individual	
Preventive Care Services		
Exams / Cleanings	No Charge	No Charge
X-rays	No Charge	No Charge
Sealants / Space Maintainers	No Charge	No Charge
Fluoride Treatments	No Charge	No Charge
Basic Services		
Fillings	20% After Ded.	20% After Ded.
Oral Surgery / Anesthesia	20% After Ded.	20% After Ded.
Emergency Palliative Treatment	20% After Ded.	20% After Ded.
Endodontics / Periodontics	20% After Ded.	20% After Ded.
Major Services		
Crowns / Inlays / Onlays	50% After Ded.	50% After Ded.
Bridges / Dentures	50% After Ded.	50% After Ded.
Orthodontia (Children up to age 19)	50% up to a \$1,000 Lifetime Maximum	

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.myuhc.com.

Vision Insurance



Vision care plans provide coverage for the nonsurgical improvement of eyesight, including coverage for eyeglasses and contact lenses. Coverage typically is limited and is subject to applicable copayments or scheduled cash allowances.

Vision Coverage	Frequency	In-Network	Out-of-Network
		UHC Vision	
Examination	12 Months	\$10 Copay	Reimbursement up to \$40
Standard Lenses			
Single Vision	12 Months	\$25 Copay	Reimbursement up to \$40
Bifocal			Reimbursement up to \$60
Trifocal			Reimbursement up to \$80
Lenticular			Reimbursement up to \$80
Frames	24 Months	\$25 Copay, \$100 allowance, 30% Off Balance Over \$100	Reimbursement up to \$45
Contact Lens (In lieu of eyeglasses)			
Fitting & Evaluation	12 Months	Included in Allowance	Not Covered
Elective		\$0 Copay, \$105 Allowance	Reimbursement up to \$105
Medically Necessary		\$25 Copay	Reimbursement up to \$210

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.myuhcvision.com.

Additional Benefits (In-Network Only)

Laser Vision

- UHC offers members access to discounted laser vision correction providers. Members can receive discounts on laser vision correction procedures. For more information, visits www.myuhcvision.com.

Hearing Aids

- As a UHC vision plan member, you can save on custom-programmed hearing aids when you buy them from UHC Hearing. To find out more go to www.uhc hearing.com. When placing your order use promo code MYVISION to get the special price discount.

Additional Material

- You will receive up to a 20% discount on an additional pair of eyeglasses of contact lenses.

Flexible Spending Account (FSA)



A Flexible Spending Account (FSA) allows you to pay for qualified Health Care and Dependent Care expenses using tax-free dollars. The amount you elect is deducted from your paycheck pre-tax. This means you don't pay Federal Income Tax or Social Security Taxes on that portion of your paycheck. The money that is deducted is then used to reimburse your eligible qualified expenses.

Health Care FSA

A Health Care FSA allows you to pay for unreimbursed health care expenses for you, your spouse and dependent children. You do not need to be on your employer sponsored health plan to sign up for a FSA.

One of the biggest advantages of the Health Care FSA is that you can access your entire elected amount on the first day of the plan year. So, there's no need to wait until funds have been payroll deducted to use your FSA.

As you plan your FSA expenses for the year, it is important that you make accurate and conservative estimates. Annual maximum you may contribute is **\$3,050 per-calendar year** for 2023.

Elections can only be changed during open enrollment or if you experience a qualified event. Any funds that are not used by the end of the plan year will be forfeited.

Dependent Care FSA

Dependent Care FSA allows you to pay for child or elder care expenses using tax-free dollars. These expenses must be incurred while you are employed and must be for the care of a qualified dependent.

Unlike the Health Care FSA, Dependent Care FSA funds are not available to you on day one. These funds must accumulate before you can reimburse yourself, and you can only be reimbursed up to the amount you have in the account at any given time. Annual maximum you may contribute is **\$5,000 (or \$2,500 if married or filing separately) per-calendar year**.

Dependent Care election amounts can be changed during the year as cost changes. Any funds that are not used by the end of the plan year will be forfeited.

Flex Debit Card

The Flex Debit Card allows you to pay for your healthcare needs on the spot at qualified locations without having to wait for a reimbursement check. The card can be used at hospitals, physician offices, dental offices, vision service providers and pharmacies. Copies of receipts for some expenses still need to be submitted.

- Payment comes directly from your Health Care FSA account, which reduces your out-of-pocket expense.
- Limits the need to submit claim forms and wait for reimbursement.
- FSA plan year is February 1st through January 31st.
- Any changes in election (other than February 1st) can only happen if there is a family status change (Marriage, Divorce, Birth or Death) In order for the employee's child's claims to be paid, the child must be dependent of the employee by IRS.

How you can use a Health Care FSA:

- Medical Plan Deductibles
- Copays
- Dental Expenses (Including Orthodontics)
- Eye Exams, Glasses and Contacts
- Vision expenses
- Prescription drug expenses
- Over-the-counter supplies like band aids and vitamins

For a complete list, please visit www.irs.gov/publications/p503.

How you can use a Dependent Care FSA:

- Pre-School Charges
- Before-and After-School Care
- Day Care Centers
- Summer Day Camps
- And More

For a complete list, please visit www.irs.gov/publications/p503.

Term Life and AD&D Insurance



Basic Term Life and AD&D

Life insurance is a contract between an insurer and a policyholder. A life insurance policy guarantees the insurer pays a sum of money to named beneficiaries when the insured policyholder dies, in exchange for the premiums paid by the policyholder during their lifetime.

Your company provides and pays for Group Life and Accidental Death and Dismemberment (AD&D) Insurance for all full-time employees. The beneficiary you designate will receive the Life Insurance benefit in the event the insured policyholder dies.

Please ensure, your Human Resources have update to date beneficiary information.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

Employee Life Insurance	
Amount	\$25,000
Accidental Death & Dismemberment	
Amount	\$25,000
Benefit Reduction	<ul style="list-style-type: none"> 35% at age 65 55% at age 70 77% at age 75 80% at age 80 85% at age 85 90% at age 90

Voluntary Term Life and AD&D

In addition to the base insurance plan offered by your employer, your employer also offers you the opportunity to “buy-up” more insurance coverage. Please consider this option if you need more coverage for yourself or your dependents.

Voluntary Life and AD&D Coverage	Employee	Spouse	Child(ren)
Benefit Amount	Choice of \$10,000 Increments	Choice of \$5,000 increments	Choice of \$2,000 Increments
Minimum Amount	\$10,000	\$5,000	\$2,000
Maximum Amount	Lesser of 5x Salary or \$250,000	Lesser of 50% of Employee Coverage or \$50,000	Lesser of 100% of Employee Coverage or \$10,000
New Hire Guarantee Issue	\$100,000	\$50,000	\$10,000
Benefit Reduction	35% at age 70 55% at age 75 70% at age 80 80% at age 85 85% at age 90	35% at age 70 55% at age 75 70% at age 80 80% at age 85 85% at age 90	None

Disability Insurance



Voluntary Short Term Disability

Short-term disability (STD) plans provide a weekly benefit to eligible employees that are unable to work for an extended length of time. These benefits are for non-work-related illnesses or accidents on a per-disability basis, typically for a 6- to 12-month period. Benefits are paid as a percentage of employee earnings or as a flat dollar amount. STD benefits vary with the amount of pre-disability earnings, length of service with the establishment, or length of disability.

SHORT-TERM DISABILITY	
Benefit Begins	15th day of Disability due to Accidental Injury, Sickness or Maternity
Payable Benefit Duration	11 weeks
Percentage of Income Replaced	60% of Weekly Earnings
Maximum Benefit	\$1,500 Per Week
Pre-Existing Condition (3/12)	You may not be eligible for benefits if you have been diagnosed or received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.

Voluntary Long Term Disability

Long-term disability (LTD) plans provide a monthly benefit to eligible employees who, because of a non-work-related illness or injury, are unable to work for an extended length of time. Benefits usually are paid as a fixed percentage of pre-disability earnings, up to a set limit. Most participants have a waiting period of 3- to 6-months, or until sick leave or STD benefits end, before LTD benefits begin. LTD benefits generally continue until retirement or a specified age, or for a period that varies with the employee's age at the time of the disability.

LONG-TERM DISABILITY	
Elimination Period	90 Calendar days of Disability caused by Sickness or Injury
Benefit Duration	Social Security Normal Retirement Age
Percentage of Income Replaced	60% of Monthly Earnings
Maximum Benefit	\$5,000 Per Month
Pre-Existing Condition (6/12)	You may not be eligible for benefits if you have been diagnosed or received treatment for a condition within the past 6 months until you have been covered under this plan for 12 months.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

Pet Insurance



Protect your furry family member with Pet Insurance. Pet insurance pays a portion or full cost of veterinary treatment of an ill or injured pet. FIGO has no network, meaning you have the freedom to have your pet see any licensed veterinarian.

What's Covered?		
<ul style="list-style-type: none">• Emergency and hospitalization• Surgeries• Veterinary specialists• Prescriptions	<ul style="list-style-type: none">• Hereditary and congenital conditions• Chronic conditions• Cancer treatments• Hip dysplasia	<ul style="list-style-type: none">• Imaging• Knee conditions• Prosthetics and orthopedics• And much more!



Select the coverage that's best for your pet and enroll.



When an unexpected accident or illness occurs, take your pet to the vet.



Pay the bill.



Send your claim and bill to us via our app, online portal, email, fax or mail.



Receive reimbursement by direct deposit or check.

Other Features

- **Virtual Vet**—Get direct access to a licensed veterinary professional via text or video chat—anytime, anywhere, within seconds without copay.
- **Artificial Intelligence (AI) Claims**—Powered by cat bot Evie, which brings experience to the claim filing process. Over 50% of claims closed within 24 hours, and an overall average of 2.8 days.
- **Inbox and docs**—From medical notes to policy documents, keeping pet's records in one place is easier, with on-the-go access.
- **Welcome Kit**—Each insured pet receives a welcome package upon enrollment including a collapsible pet bowl and pet tag that connects to the pet profile on the cloud, should the pet get lost.
- **Community Resources**—Online pet community to connect with pet parents and find pet-friendly services. Curated lists of pet-friendly locations: hotels, restaurants, pet parks and more.

To get a quote or enroll on February 1st, contact Human Resources.

Employee Assistance Program (EAP)



Life can be hard and sometimes we need some extra help in dealing with personal, family, or work issues. With the EAP provided through UHC, you have access to Licensed Professional Counselors that will work to define issues and address concerns or provide references to appropriate counselors or community resources.

You have 24/7/365 confidential access to staff from a national network of over 60,000 licensed, master's level EAP affiliates and clinicians. You can have up to three face-to-face counseling sessions or access HIPPA compliant video counseling sessions on the following topics.

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief, and loss
- Addiction, eating disorders, mental illness

Additional services are available to help with work/life balance. Specialists can answer questions or help with outside resources for:

- Childcare
- Eldercare
- Financial or Legal Services

What to Expect

Information gathered by the EAP is confidential - the EAP does not communicate with your employer about your situation unless there is a risk of harm to you or others.

Your EAP benefits are provided through your employer. Your EAP no cost to you for utilizing EAP services. If additional resources are needed, your EAP will help locate appropriate providers in your area.

Don't delay if you need help. Call (888) 887-4114 for confidential consultation and resource services.



Insurance Costs

Semi-Monthly Medical Rates			
Coverage Level	PPO Plan BCZE / V6	PPO Plan BCZC / V6	NexusACO OAP Plan BU72 / V6
Employee Only	\$98.95	\$84.74	\$63.56
Employee & Spouse	\$406.68	\$375.43	\$338.73
Employee & Child(ren)	\$316.93	\$290.64	\$259.78
Employee & Family	\$530.63	\$475.17	\$456.79

Semi-Monthly Dental Rates	
Coverage Level	PPO Plan P8733
Employee Only	\$17.03
Employee & Spouse	\$41.82
Employee & Child(ren)	\$37.38
Employee & Family	\$57.98

Semi-Monthly Vision Rates	
Employee Only	\$1.49
Employee & Spouse	\$4.42
Employee & Child(ren)	\$4.13
Employee & Family	\$7.17

Insurance Costs

Voluntary Life Monthly Rates	
Age Band	Rate per \$1,000 of Benefit
<25	\$0.083
25 - 29	\$0.090
30 - 34	\$0.095
35 - 39	\$0.121
40 - 44	\$0.179
45 - 49	\$0.280
50 - 54	\$0.448
55 - 59	\$0.707
60 - 64	\$0.965
65 - 69	\$1.574
70 - 74	\$2.634
75+	\$7.779
Child(ren)*	\$0.120

Voluntary Short Term Disability Monthly Rates	
Age Band	Rate per \$10 of Weekly Benefit
<25	\$0.435
25 - 29	\$0.431
30 - 34	\$0.375
35 - 39	\$0.321
40 - 44	\$0.307
45 - 49	\$0.283
50 - 54	\$0.337
55 - 59	\$0.378
60 - 64	\$0.423
65+	\$0.515

Voluntary Short Term Disability Premium Calculation Samples

Benefit Formula: Annual Earnings ÷ 52 x 60% (Note: Maximum Benefit is \$1,500)

Example: \$50,000 ÷ 52 = \$961.54 x 60% = \$576.92 weekly covered benefit

Cost Formula: Weekly Covered Benefit x Rate ÷ 10 = Monthly Premium

Example: Employee, age 36, Annual Earnings = \$50,000 (weekly covered benefit = \$576.92)

\$576.92 x \$0.321 = \$185.19 ÷ 10 = \$18.52 x 12 ÷ 24 = \$9.26 Semi-Monthly Premium

Voluntary Life Premium Calculation Samples

- Employee, age 36: \$100,000 x \$0.121 = \$12,100 ÷ \$1,000 x 12 ÷ 24 = \$6.05 Semi-Monthly Premium
- Spouse: \$20,000 x \$0.121 = \$2,420 ÷ \$1,000 x 12 ÷ 24 = \$1.21 Semi-Monthly Premium
- Child(ren): \$10,000 x \$0.12 = \$1,200 ÷ \$1,000 x 12 ÷ 24 = \$0.60 Semi-Monthly Premium

Employee and Spouse age is based on the employee's age.

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table to the left.

Voluntary Long Term Disability Monthly Rates	
Age Band	Rate per \$100 of Monthly Covered Payroll
<25	\$0.16
25 - 29	\$0.22
30 - 34	\$0.38
35 - 39	\$0.40
40 - 44	\$0.64
45 - 49	\$0.98
50 - 54	\$1.08
55 - 59	\$1.47
60 - 64	\$1.54
65+	\$1.54

Voluntary Long Term Disability Premium Calculation Samples

Annual Earnings ÷ 12 = Monthly Covered Payroll

Maximum monthly covered payroll = \$8,333.33 (\$5,000 maximum monthly benefit ÷ 60% = \$8,333.33)

Example: Employee, age 36, Annual Earnings = \$50,000

\$50,000 ÷ 12 = \$4,166.67 x \$0.40 = \$1,666.67 ÷ 100 = \$16.67 x 12 ÷ 24 = \$8.33 Semi-Monthly Premium

401k Retirement Savings Plan



Saving for your future

401(k) is a Company sponsored plan that allows employees to take a portion of their pay check and place it into an account for retirement. The funds in the account can be invested in a number of different stocks, bonds, mutual funds, or other assets, and are not taxed on any capital gains, dividends, or interest until they are withdrawn.

You will become eligible to defer a portion of your pay to the WhiteWater Express 401K Plan when you are **21 years of age and complete 500 hours of service in a 6-month period**. You will be able to contribute a portion of your compensation as a Pre-tax deferral or as a Roth deferral.

Pre-tax deferrals are contributions made before taxes are calculated. These deferrals and any earnings accumulated while invested in the plan will be taxable to you when withdrawn from the plan. This will reduce your taxable income for each year that you contribute. Through payroll deduction, you can contribute from 1% up to 100% of your salary up to the maximum limit for the year which is set by the Internal Revenue Service (IRS).

Roth deferrals are contributions made to the plan after taxes are calculated. Roth deferrals will not reduce your taxable income in the year in which you contribute a portion of your compensation into the plan. You may contribute from 1% up to 100% of your salary as a Roth deferral if the total amount, when combined with any pretax deferrals, does not exceed the IRS contribution limit for the year. When Roth deferrals are withdrawn, distributions, including contributions and earnings—are tax free if certain requirements are met.

WhiteWater Express will make a 401k contribution on your behalf matching \$0.50 per dollar of your contributions up to a maximum of 10% of compensation.

Employer Contribution Vesting Schedule	
Years of Service	Non-Forfeitable Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Voya the record keeper and third-party administrator for the Plan. Once you enroll you will be able to:

- Review the Plan
- Set your contribution rate
- Select your investment choices
- Assign your beneficiary

Accessing your account

Online: www.enroll.voya.com

Phone: (888) 311-9487

Plan # 81H888

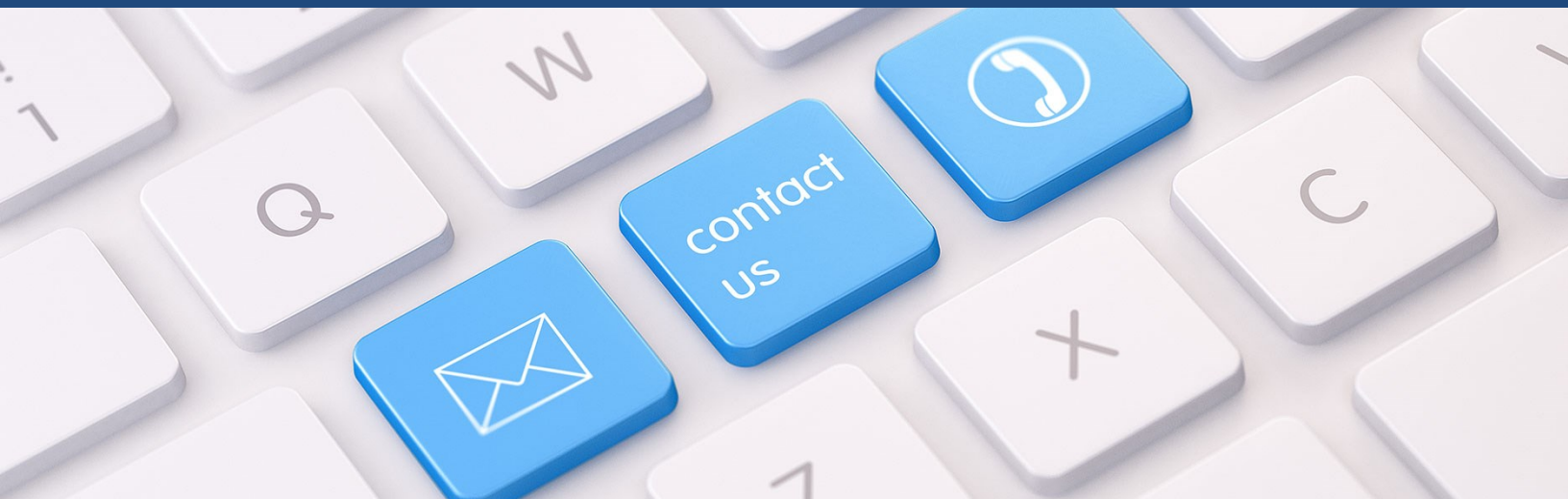
Verification # 81H88899

More information about the 401K Plan is available in the Summary Plan Description (SPD).

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.



Contact Information



Benefit	Carrier	Phone	Website
Medical	United Healthcare	866-414-1959	www.myuhc.com
Telemedicine	United Healthcare	855-615-8335	www.myuhc.com
Dental	United Healthcare	800-657-8205	www.myuhc.com
Vision	United Healthcare	800-657-8205	www.myuhcvision.com
Flexible Spending Account (FSA)	iSolved	866-370-3040	www.isolvedbenefitservices.com
Term Life and AD&D	United Healthcare	888-299-2070	www.myuhc.com
Disability	United Healthcare	800-638-3120	www.myuhc.com
Pet Insurance	FIGO	844-738-3446	www.figopetinsurance.com
Employee Assistance Program (EAP)	United Healthcare	888-887-4114	www.myuhc.com
401k Retirement Savings Plan	Voya	888-311-9487	www.enroll.voya.com

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