



**BENEFITS
OPEN
ENROLLMENT**

Texas

2025-26



Insurance / Risk Advisory / Employee Benefits
HORTON

WhiteWater Express Car Wash Texas Benefits Guide

Our Promise

We are committed to providing our greatest assets – our people – with comprehensive and affordable benefits. Our 2025-26 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



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 dependent children up to age 26.

When are you Eligible?

Full-Time Employees:

Benefits are effective the 1st day of the month following 30 days of full-time employment.

Variable Hour Employees:

Benefits are effective the 1st of the month following 6 months of full-time employment. Any changes made following the stability period will be effective the 1st of the month following 6 months.

Annual Open Enrollment:

You may make changes to your benefit elections in ADP 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.

Enrollment Instructions

1. Review the information in this guide and benefit plan summaries.
2. You must complete your enrollments in the ADP Workforce Now online portal at www.login.adp.com/welcome.
3. You will not be allowed to make changes after the open enrollment window closes, unless you experience a qualifying life event.

Medical Insurance



Medical Coverage	Choice Plus \$1,500 PPO Plan DQ4Y		Choice Plus \$5,000 PPO Plan DQ4X	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
	Choice Plus PPO		Choice Plus PPO	
Calendar Year Deductible (Embedded)				
Individual	\$1,500	\$5,000	\$5,000	\$10,000
Family	\$4,500	\$15,000	\$10,000	\$30,000
Calendar Year Out-of-Pocket Maximum (Embedded)				
Individual	\$6,350	\$10,000	\$6,350	\$20,000
Family	\$12,700	\$30,000	\$12,700	\$60,000
Coinsurance (You Pay)	20%	50%	0%	30%
Lifetime Benefit Maximum	Unlimited		Unlimited	
Physician Services				
Primary Care Physician (PCP)	\$40 Copay**	50% after Ded.	\$45 Copay**	30% after Ded.
Specialist Care Physician	\$80 Copay	50% after Ded.	\$90 Copay	30% after Ded.
Virtual Visits	No Charge	50% after Ded.	No Charge	30% after Ded.
Preventive Care	No Charge	50% after Ded.	No Charge	30% after Ded.
Urgent Care	\$50 Copay	50% after Ded.	\$50 Copay	30% after Ded.
Hospital Services				
Inpatient Stay	\$250 + 20% after Ded.	\$250 + 50% after Ded.	\$250 Copay after Ded.	\$250 + 30% after Ded.
Outpatient Surgery	\$250 + 20% after Ded.	\$250 + 50% after Ded.	\$250 Copay after Ded.	\$250 + 30% after Ded.
Emergency Room	\$500 Copay + 20% Coinsurance		\$500 Copay	
Prescription Drugs (Advantage Drug List)				
Retail (up to a 31-day supply)	\$20 / \$50 / \$85		\$20 / \$50 / \$85	
Mail Order (up to a 90-day supply)	\$50 / \$125 / \$212.50	Not Covered	\$50 / \$125 / \$212.50	Not Covered
Semi-Monthly Costs				
Employee Only	\$85.93		\$72.86	
Employee & Spouse	\$369.05		\$340.30	
Employee & Child(ren)	\$278.97		\$254.79	
Employee & Family	\$479.98		\$438.16	

*Out-of-network services may be subject to balance billing by the provider or facility as they are not contracted with UHC.

**No Charge for child(ren) 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	NexusACO OAP Plan DQ82			Texas HMO Plan DQ1D
	In-Network		Out-of-Network*	In-Network Only
	Tier 1	Tier 2		Navigate HMO (TX Only)
Calendar Year Deductible (Embedded)				
Individual	\$5,000		\$5,000	\$5,000
Family	\$10,000		\$10,000	\$10,000
Calendar Year Out-of-Pocket Maximum (Embedded)				
Individual	\$7,900		\$10,000	\$6,350
Family	\$15,800		\$20,000	\$12,700
Coinsurance (You Pay)	20%	40%	50%	0%
Lifetime Benefit Maximum	Unlimited			Unlimited
Physician Services				
Primary Care Physician (PCP)	\$15 Copay**	\$45 Copay	50% after Ded.	\$25 Copay**
Specialist Care Physician (SPC)	\$50 Copay	\$125 Copay	50% after Ded.	\$75 Copay***
Virtual Visits	No Charge		50% after Ded.	No Charge
Preventive Care	No Charge		50% after Ded.	No Charge
Urgent Care	\$50 Copay		50% after Ded.	\$50 Copay
Hospital Services				
Inpatient Stay	20% after Ded.	\$500 + 40% after Ded.	\$500 + 50% after Ded.	\$250 after Ded.***
Outpatient Surgery	20% after Ded.	\$250 + 40% after Ded.	\$250 + 50% after Ded.	\$250 after Ded.***
Emergency Room	\$300 Copay + 20% after Deductible			\$650 Copay
Prescription Drugs (Advantage Drug List)				
Retail (up to a 31-day supply)	\$20 / \$50 / \$85			\$15 / \$45 / \$80
Mail Order (up to a 90-day supply)	\$50 / \$125 / \$212.50		Not Covered	\$37.50 / \$112.50 / \$200
Semi-Monthly Costs				
Employee Only	\$57.52			\$43.22
Employee & Spouse	\$306.53			\$275.09
Employee & Child(ren)	\$226.40			\$199.96
Employee & Family	\$414.04			\$355.81

*Out-of-network services may be subject to balance billing by the provider or facility as they are not contracted with UHC.

**No charge for child(ren) under age 19. Primary Care Physician must be assigned to member.

***Referral required from designated primary care physician (PCP).

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, NexusACO OAP, or Navigate HMO)
- 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.realappeal.com.

AbleTo

Get access to self-care techniques, coping tools, meditations and more—anytime, anywhere. With Self Care, you'll get personalized content that's designed to help you boost your mood and shift your perspectives. Tap into tools created by clinicians that are suggested for you based on your responses to a short, optional assessment. Self Care is here to help you feel better—and it's available at no additional cost to you.

To get started, visit www.ableto.com/begin and have your health plan ID ready.

One Pass Select™

With One Pass Select, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals, while finding new passions along the way. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members (18+) can get started with One Pass Select on January 01, 2024.

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.

- Classic: \$29/mo & 11,000+ gym locations
- Standard: \$64/mo & 12,000+ gym and premium locations
- Premium: \$99/mo & 14,000+ gym and premium locations
- Elite: \$144/mo & 16,000+ gym and premium locations

Wellness Resources



UHC Rewards

Good news—your health plan comes with a new way to earn up to \$300.

United Healthcare Rewards is included in your health plan at no additional cost.

Earn up to

\$300



There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards. The activities you go for are up to you—same goes for ways to spend your earnings. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you — and look for new ways of earning rewards to be added throughout the year.

On the United Healthcare app

- Scan this code to download the app
- Sign in or register
- Select the **Menu** tab and choose **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On www.myuhc.com

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning



Dental Insurance



Dental Coverage	PPO Plan P8733		HMO Plan D093C
	In-Network	Out-of-Network*	In-Network Only
	Options PPO 30		TX DHMO (TX Only)
Calendar Year Deductible (Embedded)			
Individual	\$50	\$50	None
Family	\$150	\$150	
Calendar Year Benefit Maximum	\$1,000 per Person		Unlimited
Preventive Care Services			
Exams / Cleanings	No Charge	No Charge*	No Charge
X-rays / Fluoride Treatments	No Charge	No Charge*	No Charge
Sealants / Space Maintainers	No Charge	No Charge*	See Copay Schedule
Basic Services			
Fillings	20% After Ded.	20% After Ded.	See Copay Schedule
Oral Surgery / General 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.	See Copay Schedule
Bridges / Dentures	50% After Ded.	50% After Ded.	
Implants	Not Covered		
Orthodontic Services	50% up to a \$1,000 Lifetime Benefit Maximum per Child up to age 19		\$1,895 Copay (Adults & Children)
Semi-Monthly Costs			
Employee Only	\$17.03		\$3.49
Employee & Spouse	\$41.82		\$9.92
Employee & Child(ren)	\$37.38		\$11.00
Employee & Family	\$57.98		\$17.42

*Out-of-network services may be subject to balance billing by the provider.

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 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 Lenses (In lieu of eyeglasses)			
Fitting & Evaluation	12 Months	\$25 Copay	Included in Allowance
Elective		\$105 Allowance	Reimbursement up to \$105
Medically Necessary		\$25 Copay	Reimbursement up to \$210
Semi-Monthly Costs			
Employee Only		\$1.49	
Employee & Spouse		\$4.42	
Employee & Child(ren)		\$4.13	
Employee & Family		\$7.17	

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, visit www.myuhcvision.com.
- **Additional Material**—At a participating in-network provider, you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UHC shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.
- **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.
- **Contact Lenses**—Order extra contact lenses at www.uhccontacts.com for 10% off.
- **Warby Parker**—Use your UHC vision benefits at Warby Parker. Try on 5 frames through Warby Parker's Home Try-On program or see styles instantly on your face with the Virtual Try-On tool in the Warby Parker app. Every pair of glasses comes with anti-reflective and scratch- and smudge-resistant lenses. Prescription sunglasses are scratch resistant and polarized to reduce glare. Shop Scout, Warby Parker's own brand of daily contacts, plus other daily, biweekly and monthly lenses. Learn more at www.warbyparker.com/united.
- **Blue Light Eyesafe**—UHC Vision has collaborated with Eyesafe® to provide members with a 20% discount off the retail price on blue-light screen filters for their devices. Members can receive the discount by visiting www.myuhcvision.com and clicking on the Eyesafe link.

Flexible Spending Accounts (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.

You do not need to be enrolled in your employer-sponsored health plan to sign up for an FSA. Any changes in election (other than Open Enrollment) 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.

Flexible Spending Accounts		
	Health Care FSA	Dependent Care FSA
Maximum Annual Election Amount	\$3,300	\$5,000 (\$2,500 if married and filing separately)
Minimum Annual Election Amount	\$500	\$500
Funds Availability	Full election amount will be available on day one of the plan year.	Funds accumulate as per pay period deductions are taken out on a semi-monthly basis.
Eligible Expenses	Qualified medical, prescription, dental, and vision expenses. For a complete list, please visit www.irs.gov/publications/p503 .	Qualified child and elder care expenses incurred which allow you to work. For a complete list, please visit www.irs.gov/publications/p503 .
Carryover Limit	\$660 of unused funds can be carried over into a new plan year. The carryover is available even if you do not make an election for the new plan year. Any amount remaining in your Health FSA over this limit is forfeited.	Not Available
Run-Out Period	90-Day period after the plan year ends during which expenses incurred during the plan year must be submitted to be eligible for reimbursement	

See Summary Plan Description for full policy details including limits and exclusions – for a copy see Human Resources.

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.

Basic Term Life and AD&D Insurance



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.

Accidental Death & Dismemberment (AD&D) provides benefits due to certain injuries or death from an accident. The covered injuries or death can occur up to 365 days after the accident. The AD&D Insurance pays certain percentages of the benefit amount based on the injury sustained. Coverage includes 10% additional benefit for use of Seatbelt only or Seatbelt and Air Bag for loss of life. Your total benefit for all losses due to the same accident will not be more than 100% of the amount of coverage provided to you.

Whitewater Express provides and pays for Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance for all benefits eligible employees. The beneficiary you designate will receive the Life Insurance benefit in the event the insured policyholder dies.

Please ensure Human Resources and ADP have update to date beneficiary information.

Basic Employee Term Life and AD&D Coverage	
Life Amount	\$25,000
AD&D Amount	100% of Life Amount
Benefit Reduction	35% at age 65 55% at age 70 70% at age 75 80% at age 80 85% at age 85 90% at age 90

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

Beneficiary Resources

- Provides beneficiaries with services for grief consultation, financial/legal assistance, and referral to community resources.
- Toll-free line available 24/7 as well as referrals for face-to-face counseling. Specialists provide in-depth consultation, information and referral to community resources such as grief support groups. Includes access to a national network of credentialed clinicians for grief and loss counseling. Beneficiaries receive two complimentary sessions.
- Financial and Legal Services: Telephonic access to financial consultants for assistance with financial decision-making. Includes access to a network of 22,000 attorneys for either a 30-minute telephonic or an in person consultation. Clients may retain the same attorney for representation at a discounted rate. CLC, Inc. provides access to legal services.
- Communication Support: A "Beneficiary Kit" is provided with informational resources to help beneficiaries with the emotional and financial process that follows the loss of a loved one.

For more information, call 866-302-4480.

Wealth Management Account

- An enhanced benefit payment process.
- Life claim proceeds in excess of \$5,000 will automatically be deposited into an OptumBank Wealth Management Account (WMA).
- Beneficiaries receive an FDIC-insured, beneficiary-owned, interest earning account with convenient access to their claim proceeds via debit card or checkbook.

Voluntary Term Life Insurance



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

Voluntary Term Life Coverage	Employee	Spouse	Child(ren)
Life Amount	Choice of \$10,000 Increments	Choice of \$5,000 increments	Birth to 14 Days: \$0 14 Days & Over: 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's Coverage or \$50,000	Lesser of 50% of Employee's Coverage or \$10,000
Guarantee Issue Amount*	\$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 60 55% at age 75 70% at age 80 80% at age 85 85% at age 90	None

*Guarantee Issue Limit: Highest amount of life insurance you can purchase without filling out a medical questionnaire.
See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

Semi-Monthly Rates	
Age Band	Rate per \$1,000 of Benefit
<25	\$0.0415
25 - 29	\$0.0450
30 - 34	\$0.0475
35 - 39	\$0.0605
40 - 44	\$0.0895
45 - 49	\$0.1400
50 - 54	\$0.2240
55 - 59	\$0.3535
60 - 64	\$0.4825
65 - 69	\$0.7870
70 - 74	\$1.3170
75+	\$3.8895
Child(ren)*	\$0.0600

Voluntary Life Premium Calculation Samples

- Employee, age 36: $\$100,000 \times \$0.0605 \div \$1,000 = \6.05 Semi-Monthly Premium
- Spouse: $\$20,000 \times \$0.0605 \div \$1,000 = \1.21 Semi-Monthly Premium
- Child(ren): $\$10,000 \times \$0.06 \div \$1,000 = \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 Short Term Disability Insurance



Short-term disability (STD) insurance pays a weekly benefit to eligible employees that are unable to work for an extended length of time because of a non-work related injury, illness or maternity leave. These benefits are typically for a 3-month period. Benefits are paid as a percentage of employee earnings. STD benefits vary with the amount of pre-disability earnings or length of disability.

Voluntary Short Term Disability Coverage	
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 Salary
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.

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

Semi-Monthly Rates	
Age Band	Rate per \$10 of Weekly Benefit
<25	\$0.2175
25 - 29	\$0.2155
30 - 34	\$0.1875
35 - 39	\$0.1605
40 - 44	\$0.1535
45 - 49	\$0.1415
50 - 54	\$0.1685
55 - 59	\$0.1890
60 - 64	\$0.2115
65+	\$0.2575

Voluntary Short Term Disability Premium Calculation Samples

Benefit Formula: Annual Salary ÷ 52 Weeks x 60%

(Note: Maximum Benefit is \$1,500)

Example: $\$50,000 \div 52 \times 60\% = \576.92 weekly covered benefit

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

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

$\$576.92 \times \$0.1605 \div \$10 = \9.26 Semi-Monthly Premium

Voluntary Long Term Disability Insurance



Long-term disability (LTD) insurance pays a monthly benefit to eligible employees that are unable to work for an extended length of time because of a non-work related injury or illness. Benefits are paid as a fixed percentage of pre-disability earnings up to a set limit. Participants have a waiting period of 3 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.

Voluntary Long Term Disability Coverage	
Elimination Period	90 Calendar Days of Disability due to Accidental Injury or Sickness
Benefit Duration	Social Security Normal Retirement Age
Percentage of Income Replaced	60% of Monthly Salary
Minimum Benefit	Greater of 10% of Month Benefit or \$100
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.

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

Semi-Monthly Rates	
Age Band	Rate per \$100 of Monthly Covered Payroll
<25	\$0.080
25 - 29	\$0.110
30 - 34	\$0.190
35 - 39	\$0.200
40 - 44	\$0.320
45 - 49	\$0.490
50 - 54	\$0.540
55 - 59	\$0.735
60+	\$0.770

Voluntary Long Term Disability Premium Calculation Samples

$\text{Annual Earnings} \div 12 = \text{Monthly Covered Payroll}$

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

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

$\$50,000 \div 12 = \$4,166.67$ Monthly Covered Payroll

$\$4,166.67 \times \$0.20 \div 100 = \$8.33$ Semi-Monthly Premium

Voluntary 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, 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 or visit www.myuhc.com for confidential consultation and resource services.



401(k) 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 401(k) 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 401(k) 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

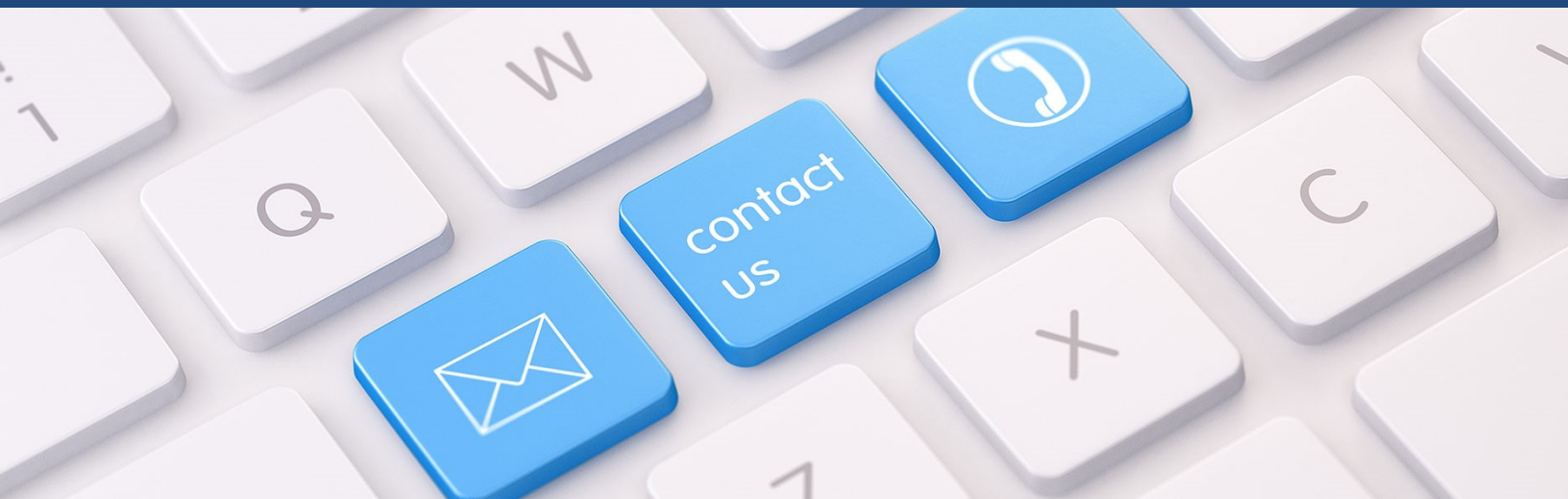
Verification # 81H88899

More information about the 401(k) 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

Human Resources

<p>Carmen Trujillo HR Manager (346) 367-2507 carmen@whitewatercw.com</p>	<p>Ron Holmes HR Benefits Specialist (281) 803-8878 rholmes@whitewatercw.com</p>
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The Horton Group

<p>Mackenzie Fisher Account Manager 708-845-3039 mackenzie.fisher@thehortongroup.com</p>	<p>Fatin Elayyan Senior Client Service Representative 708-315-7141 fatin.elayyan@thehortongroup.com</p>
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Employee Benefits Terminology



Health Care Benefits: Health Care Benefits provide preventive and protective coverage for medical, dental, vision, and prescription drugs for employees and their qualified dependents.

Medical care plans provide services or payments for services rendered in the hospital or by a qualified medical care provider.

BALANCE BILLING: When out-of-network providers bill for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. An in-network provider cannot balance bill you for the covered services.

BENEFICIARY: A designated person who is the recipient of proceeds from an insurance policy.

BIOMETRIC SCREENING: Usually a series of Body Mass Index (BMI) measurements and blood tests (e.g. pressure, cholesterol, and glucose) used to gauge an individual's overall health.

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, coinsurance, or out-of-pocket maximum.

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

DEPENDENT: Relative of an employee who may be eligible for benefits' coverage if they meet certain criteria. Many benefits plans offer coverage to spouses, domestic/civil union partners, and children up to age 26 who are totally or substantially reliant on their parents for support, thereby defined as "dependent children."

ELIGIBLE EXPENSE: This is the amount on which payment is based for covered medical services; may also be called "allowed amount maximum," "payment allowance" or "negotiated rate." If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

ELIMINATION PERIOD: The period of time before you're eligible to receive benefits. Also known as the "waiting period."

EMPLOYEE CONTRIBUTION: The amount an employee contributes through payroll deductions for their medical and other insurance and savings program benefits.

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.

FLEXIBLE SPENDING ACCOUNT (FSA): An FSA is a tax-advantaged account that lets you put money aside on a pre-tax basis to pay for a wide range of health and/or dependent care expenses (as defined by the IRS) not covered by your plan that you incur during the plan year.

Unlike the HSA, any unused funds remaining after the plan year ends will be forfeited.

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.

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.

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.

Employee Benefits Terminology



HIPAA: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT: HIPAA is a legal requirement that regulates how organizations must handle Protected Health Information (PHI).

IN- AND OUT-OF-NETWORK PROVIDERS: The facilities, providers, and suppliers a health insurance carrier contracts with to provide medical services at a pre-negotiated discount. You generally pay less out of pocket when you use in-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.

INSURED: Person(s) covered under the medical plan to receive treatment and services. Includes primary insured (usually the employee) and their designated dependents.

INSURER: The company that underwrites and assumes the insurance risk for your medical plan. Also known as "insurance carrier."

MAXIMUM DOLLAR LIMIT: The maximum amount payable by the insurer for covered expenses for the insured and each covered dependent while the insured is enrolled in the health plan. Plans can have a yearly or lifetime maximum dollar limit. The most typical maximum limit is a lifetime amount of \$1 million per individual.

MEDICALLY NECESSARY: Medical services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine and are covered under your medical plan.

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% for eligible network services and supplies for the remainder of the calendar year.

POLICY HOLDER: A person or group in whose name an insurance policy is held.

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).

PREMIUM: The contracted amount that must be paid for a health insurance plan by covered employees, by their employer, or is shared by both. A covered employee's share of the annual premium is generally paid periodically, such as bi-weekly or monthly, and deducted from his or her paycheck.

PREAUTHORIZATION: A medically necessary determination by a health insurance carrier for a medical service, treatment plan, prescription drug, medical or prosthetic device or certain types of durable medical equipment. Sometimes called prior authorization, prior approval or precertification, many plans require preauthorization for certain services before you can receive them, except in cases of emergency. Preauthorization isn't a promise your medical plan will cover the cost.

PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM: The maximum amount you will pay out of pocket for covered prescription drug expenses per calendar year. After your share of covered prescription drug expenses reaches this annual limit, the plan pays 100 percent for eligible prescription drugs for the remainder of the calendar year. The prescription drug out-of-pocket maximum is separate from the medical out-of-pocket maximum.

PRESCRIPTION DRUG PLANS: Provide coverage for outpatient prescription drugs. Prescription drugs dispensed during a hospital stay are covered as hospital miscellaneous charges.

Name-brand drugs — These are drugs that once were or still are, under patents.

Generic drugs — These are drugs that are not under patent. Once a drug's patent has expired, some plans provide more generous coverage for same-formula generic drugs than for name-brand drugs. The practice is adopted as a cost-containment measure.

Mail-order drugs — These are drugs that can be ordered through the mail. As a cost-containment measure, some plans use mail-order

PRE-TAX DEDUCTION: Payments deducted from your gross pay before Medicare, Federal, and State taxes are calculated, thus reducing your taxable wages and tax liability.

Employee Benefits Terminology



PRIMARY CARE PHYSICIAN (PCP): A physician who directly provides or coordinates a wide range of medical services for a patient. Primary Care Physicians include Medical Doctors, Doctors of Osteopathic Medicine, Internists, Family Practitioners, General Practitioners, OB/ GYNs, and Pediatricians. The opposite of a specialist.

PROVIDER: A physician, healthcare professional or healthcare facility, certified or accredited as required by state law and mentally fit.

QUALIFYING LIFE EVENT (QLE): A change in your life that allows you to make changes to your benefits' coverage outside of the annual open enrollment period. These changes include a change in marital status (marriage, divorce, death of spouse), a change in the number of eligible children (birth, adoption, death, aging-out), and a change in a family member's benefits eligibility under another plan (losing a job, Medicare or Medicaid eligibility, etc.).

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.

SPECIALIST: A physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. The opposite of a Primary Care Physician (PCP). For example, a Dermatologist is considered a specialist.

SUMMARY PLAN DESCRIPTION (SPD): An important document that tells plan participants what the plan provides and how it works.

WELLNESS: Wellness refers to a healthy state of being. Many employers have wellness programs that encourage and sometimes incentivize employees to become more physically and mentally fit.

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