

Employee Benefits Enrollment Guide

2024



New for 2024

- New medical and vision plan designs



Open Enrollment

Starts Monday, November 6th

Ends Tuesday, November 21st



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Do you need help or have questions?

You can reach out to your insurance company or benefit provider using the contact numbers provided on page 3.

If your issues are still not resolved, please contact your IMA Financial Group Employee Advocate.





At HB Workplaces, we believe employees are the foundation of our success.

HB Workplaces is pleased to offer you a selection of comprehensive, high quality employee benefits for eligible employees and their dependents. This enrollment guide is designed to help you understand the options available.

Who is eligible?

- Full-time employees who actively work at least 30 hours per week;
- Your legal spouse or domestic partner;
- Your natural born children, current stepchildren, or legally adopted children up to age 26;
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

If you're enrolling a domestic partner...

IRS and some state regulations require that you pay your cost for domestic partner coverage with after-tax dollars. The portion of the cost that the company pays is also subject to income and Social Security taxes. This amount is referred to as imputed income. Please consult your tax advisor for details.

When does coverage begin for New Hires?

Coverage for HBS-Salt Lake City employees begins the first of the month following 60 days of employment. Coverage for all other employees begins the first of the month following 30 days of employment. You must be actively at work for your coverage to become effective.

What do I need to consider for Open Enrollment?

When choosing your insurance coverage for 2024, review the benefit options available to you and make the elections that are right for you and your family.

- Which medical plan will work best for you?
- How much do you want to contribute to the health care account that works with your medical plan?
- Do you need dental or vision coverage?
- Do you need to cover eligible family members under your insurance benefits?
- Do you want to purchase supplemental life or disability insurance?
- Do you have upcoming life events to consider when selecting benefits, such as the birth of a new baby, a marriage, or a child going to college?
- Who should be your beneficiary for life insurance and your Health Savings Account (HSA), if applicable?



Important reminder

In order to enroll in, modify, or waive benefits, you MUST log into UKG. If you do not enroll or make changes during Open Enrollment, your current enrollments will NOT rollover to the next plan year and your next opportunity to make changes will be during next year's Open Enrollment period or with an IRS qualifying life event. For more details on IRS qualifying life events, visit [healthcare.gov](https://www.healthcare.gov).



During your benefits enrollment period, you can add an eligible dependent to your coverage.

IMPORTANT NOTICE

Once you're enrolled, if you get married, have/adopt a baby, get a divorce, or another **qualified life event occurs, you must notify HR within 30 days** of the date of change. For more information about who's eligible to be on your plans, see the Notices section of this guide.



Online Enrollment Instructions



You must register before you can enroll in or make changes to your Employee Benefit elections and personal information.

Please follow the steps outlined here to register in UKG, HB Workplaces' online enrollment system. Once you have registered, you will be able to enroll in benefits or make changes to your existing benefits and personal information in UKG's system.

*Instructions for new hires will be included in One-HB HR onboarding.



Step 1

Open your internet browser and navigate to <https://ew41.ultipro.com/Login.aspx>

Step 2

Select the **Open Enrollment** tab

Step 3

To enroll in a plan or decline benefits, select a session from the Open Enrollment page. Then choose **select** or **decline plan**
*If you want to choose new plan elections, follow steps 4-6 before proceeding to step 7

Step 4

Start your enrollment process

Verify beneficiaries and dependents

- Select the **name** link and then select **edit** to update beneficiary or dependents if needed
- To add beneficiary or dependents, select **add**
- Select **save**
- Select **next**

Step 5

Select your benefit option(s)

- Select your enrollment tier as applicable
- Select Medical, Dental, & Vision Plans
- For a life insurance plan, you must elect a benefit amount

Step 6

Review and submit elections

- **Confirm** and **review** your changes
- Select **submit** to complete your elections
- Select **OK**, the confirmation page appears
- Select **print** to print a summary of your elections
- Select **close**

Step 7



Useful Contact Information

Benefit	Carrier	Phone	Group # / Reference ID	Website/Email
Medical	Regence BCBS	(888) 675-6570	60022180	regence.com
Dental	Dental Select / Ameritas	(801) 495-3000	030-301027	dentalselect.com
Vision	VSP	(800) 877-7195	30017411	vsp.com *OON claim reimbursement request can be submitted online
Life and Disability Basic Life and AD&D Voluntary Life and AD&D Short-Term Disability (STD) Long-Term Disability (LTD)	Lincoln Financial Group	(800) 423-2765	000010246957 000400001000-24507 000010246959 000010246958	lincolnfinancial.com *Online EOI Submission for Voluntary Life and AD&D: mylincolnportal.com *Group EOI Code: HENRIGP
Tax Advantage Spending Accounts (HSA and FSAs)	HealthEquity	(866) 346-5800		myhealthequity.com memberservices@healthequity.com
Employee Assistance & Wellness	EAP: SupportLinc By CuraLinc Wellness: EmpowerLinc	(888) 881-LINC (5462)	EAP Access Code: hbworkplaces EmpowerLinc Access Code: hbworkplaces	EAP: supportlinc.com , or text "Support" to 51230 Wellness App: MyWellPortal Online: empowerlinc.com/register Email: coaching@mywellportal.com
Pet Insurance	ASPCA	(866) 204-6764	EB23HBWORKPLACES	aspcapetinsurance.com/hbworkplaces
Benefits Administration System	UKG	Contact Human Resources		https://ew41.ultipro.com/Login.aspx?ReturnUrl=/
Online Benefits Guide	Internal Online Team Member resource			https://yourbenefits.guide/henriksen-butler/ *2024 updates will soon be reflected
Human Resources	Liliana Ibarra Kathy Lawrence	(801) 994-6331 (801) 209-9823		libarra@hbworkplaces.com klawrence@hbworkplaces.com
Employee Advocate	IMA Financial Group (Insurance Broker)	(801) 325-5096		Email: hbworkplaces@digadvocate.com



Important Medical Insurance Terms



What comes out of my pay?

Annual premium

The annual cost to purchase medical coverage is spread across the year, so you pay a portion of it in each pay period on a pretax basis. Medical premiums are based on the plan you choose and the number of people you cover.



What will I pay after I meet my deductible?

Coinsurance

After you meet the annual deductible, generally, you'll continue to pay the stated coinsurance percentage for in-network covered medical services until you meet the out-of-pocket maximum. The plan pays the rest.



What will I pay when my medical coverage starts?

Annual deductible

You won't pay for in-network preventive care defined by the U.S. Preventive Services Task Force, such as your annual checkup. Generally, for all other covered care, you'll pay the amount of your annual deductible before the plan starts to pay.



How much will I pay out of my own pocket?

Out-of-pocket maximum

This is the most you would pay for covered medical services in a calendar year. Once you meet it, the plan pays the full cost of additional covered care.



Will my doctor be in-network?

Provider network

You can confirm whether your doctor is in-network by going to Regence's website, listed on page 4 of this benefit guide.



What is HB Workplaces contributing?

HB Workplaces' contribution

HB Workplaces pays a portion of your monthly premium to limit your monthly cost and provide you with affordable coverage options.



How to Find In-Network Providers

Includes 96% of hospitals and 95% of providers nationwide.

This information is designed to help you choose one of the offered networks that will work best for you and your family.

All Networks include free-standing surgical and imaging centers, urgent care locations, providers and clinics, including Blue Distinction Total Care/ Total Cost of Care (TCC) providers.



Preferred ValueCare (PVC) and National BlueCard PPO/EPO Network

The Preferred ValueCare network is Regence's largest network nationwide.

For Utah residents, University of Utah and MountainStar facilities are included in this network along with other providers who participate in the Total Care/Total Cost of Care (TCC) quality program.

How to verify that your provider/facility is in-network:

The easiest way to verify that you are receiving care in-network is to search for providers or facilities while logged into your Regence Member Portal - either online or using their app. Or follow the below steps:

1. Visit [regence.com](https://www.regence.com)
2. Select "Find a Doctor"
3. Select "Search Now"
4. Select "Choose a Location and Network"
5. Enter your zipcode or city
6. Enter "Preferred ValueCare Network" in the search bar and confirm selection.

From here, you can search providers, specialists, facilities by name, or places by type.

FocalPoint (FP) and National BlueCard PPO/EPO Network

The FocalPoint network is only available for Utah employees and covers most of Utah, apart from the St. George area.

University of Utah and MountainStar facilities are included in this network along with other providers who participate in the Total Care/Total Cost of Care (TCC) quality program.

How to verify that your provider/facility is in-network:



The easiest way to verify that you are receiving care in-network is to search for providers or facilities while logged into your Regence Member Portal - either online or using their app. Or follow the below steps:

1. Visit [regence.com](https://www.regence.com)
2. Select "Find a Doctor"
3. Select "Search Now"
4. Select "Choose a Location and Network"
5. Enter your zipcode or city
6. Enter "FocalPoint Network" in the search bar and confirm selection.

From here, you can search providers, specialists, facilities by name, or places by type.



Medical Plan Options

	REGENCE BCBS - TRADITIONAL PPO \$700 FOCALPOINT NETWORK - UTAH		REGENCE BCBS - HIGH DEDUCTIBLE HEALTH PLAN \$2,500 FOCALPOINT NETWORK - UTAH	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *
 Annual Deductible Jan 1 - Dec 31	You pay up to \$700 per individual \$700 per member / \$1,400 per family <i>Embedded</i>	You pay up to \$4,000 per individual \$4,000 per member / \$8,000 per family <i>Embedded</i>	You pay up to \$2,500 per individual, \$5,000 per family ¹ <i>Non-Embedded</i>	You pay up to \$5,000 per individual, \$10,000 per family ¹ <i>Non-Embedded</i>
 Coinsurance	You pay 20% AD	You pay 40% AD	You pay 20% AD	You pay 40% AD
 Out-of-pocket Maximum Jan 1 - Dec 31	No more than \$3,200 per individual \$3,200 per member / \$6,400 per family <i>Embedded</i>	No more than \$9,000 per individual \$9,000 per member / \$18,000 per family <i>Embedded</i>	No more than \$5,000 per individual, \$10,000 per family ¹ <i>Non-Embedded</i>	No more than \$10,000 per individual, \$20,000 per family ¹ <i>Non-Embedded</i>
 Preventive Services	You pay \$0 according to government guidelines	You pay 40% AD	You pay \$0 according to government guidelines	You pay 40% AD
 Office Visits Primary Care Specialist Chiropractic (10 visits per year) MDLive Telemedicine Virtual Care Telehealth ² Vision Exams (1 per year)	You pay \$25 copay You pay \$45 copay You pay 20% AD You pay \$10 copay You pay \$25 copay You pay \$10 copay	You pay 40% AD You pay 40% AD You pay 40% AD No Benefit You pay 40% AD You pay \$10 copay, \$45 allowance	You pay 20% AD You pay 20% AD You pay 20% AD You pay 10% , ded. waived You pay 20% , ded. waived You pay \$10 copay	You pay 40% AD You pay 40% AD You pay 40% AD No Benefit You pay 40% , ded. waived You pay \$10 copay, \$45 allowance
 Mental Health Services Office Visit Inpatient	You pay \$25 copay You pay 20% AD	You pay 40% AD You pay 40% AD	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD
 Emergency Services Urgent Care Emergency Room	You pay \$25 copay You pay \$150 then 20%	You pay 40% AD Covered as In-Network	You pay 20% AD You pay 20% AD	You pay 40% AD Covered as In-Network
 Inpatient & Outpatient Inpatient Hospital Outpatient Surgery	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD
 Prescription Medication Retail (30-day supply) Specialty (30-day supply) Mail Order (90-day supply)	Generic / Preferred / Brand You pay \$10 / 35% / 50% You pay \$10 / 35% / 50% You pay \$30 / 35% / 50%		Generic / Preferred / Brand 20% AD / 20% AD / 20% AD 20% AD / 20% AD / 20% AD 20% AD / 20% AD / 20% AD	

AD: After Deductible

* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

¹ Overall family deductible and out-of-pocket maximum will need to be satisfied before the plan begins to pay for all services that are not considered preventative. For in-network coverage, an individual on family coverage will not have their out-of-pocket limit exceed \$6,850.








² Virtual Care Telehealth visits not subject to deductible

This information is designed to help you choose a benefit plan for 2024 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.

Please refer to page 13 for rates



Medical Plan Options

	REGENCE BCBS - TRADITIONAL PPO \$700 PREFERRED VALUECARE (PVC) NETWORK - NATIONAL		REGENCE BCBS - HIGH DEDUCTIBLE HEALTH PLAN \$2,500 PREFERRED VALUECARE (PVC) NETWORK - NATIONAL	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *
 Annual Deductible Jan 1 - Dec 31	You pay up to \$700 per individual \$700 per member / \$1,400 per family <i>Embedded</i>	You pay up to \$4,000 per individual \$4,000 per member / \$8,000 per family <i>Embedded</i>	You pay up to \$2,500 per individual, \$5,000 per family ¹ <i>Non-Embedded</i>	You pay up to \$5,000 per individual, \$10,000 per family ¹ <i>Non-Embedded</i>
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 Preventive Services	You pay \$0 according to government guidelines	You pay 40% AD	You pay \$0 according to government guidelines	You pay 40% AD
 Office Visits Primary Care Specialist Chiropractic (10 visits per year) MDLive Telemedicine Virtual Care Telehealth ² Vision Exams (1 per year)	You pay \$25 copay You pay \$45 copay You pay 20% AD You pay \$10 copay You pay \$25 copay You pay \$10 copay	You pay 40% AD You pay 40% AD You pay 40% AD No Benefit You pay 40% AD You pay \$10 copay, \$45 allowance	You pay 20% AD You pay 20% AD You pay 20% AD You pay 10% , ded. waived You pay 20% , ded. waived You pay \$10 copay	You pay 40% AD You pay 40% AD You pay 40% AD No Benefit You pay 40% , ded. waived You pay \$10 copay, \$45 allowance
 Mental Health Services Office Visit Inpatient	You pay \$25 copay You pay 20% AD	You pay 40% AD You pay 40% AD	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD
 Emergency Services Urgent Care Emergency Room	You pay \$25 copay You pay \$150 then 20%	You pay 40% AD Covered as In-Network	You pay 20% AD You pay 20% AD	You pay 40% AD Covered as In-Network
 Inpatient & Outpatient Inpatient Hospital Outpatient Surgery	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD
 Prescription Medication Retail (30-day supply) Specialty (30-day supply) Mail Order (90-day supply)	Generic / Preferred / Brand You pay \$10 / 35% / 50% You pay \$10 / 35% / 50% You pay \$30 / 35% / 50%		Generic / Preferred / Brand 20% AD / 20% AD / 20% AD 20% AD / 20% AD / 20% AD 20% AD / 20% AD / 20% AD	

AD: After Deductible

* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

¹ Overall family deductible and out-of-pocket maximum will need to be satisfied before the plan begins to pay for all services that are not considered preventative. For in-network coverage, an individual on family coverage will not have their out-of-pocket limit exceed \$6,850.

² Virtual Care Telehealth visits not subject to deductible

Please refer to page 13 for rates



Health Care Account Options

Offset your out-of-pocket health care expenses with a health care account.

	Flexible Spending Account (FSA)	Health Savings Account (HSA)	Limited Purpose FSA (LPFSA)
Who administers this account?	HealthEquity	HealthEquity	HealthEquity
Do I need to be enrolled in a medical plan?	This account cannot be paired with a High Deductible Health Plan. You are not required to be enrolled in a medical plan in order to be considered eligible for this account. This account can only be paired with a Traditional PPO Plan if enrolled in medical.	Yes. You must be enrolled in a High Deductible Health Plan in order to be considered eligible for this account.	This account cannot be paired with a Traditional PPO Plan. You must be enrolled in a High Deductible Health Plan AND be enrolled in an HSA in order to be considered eligible for this account.
What would I use this account for?	Eligible health care expenses, including dental, vision and prescription medication.	To save for future health care expenses, but also to pay for eligible health care expenses, including medical, dental, vision and prescription medication. If you have more than \$2,000 in your HSA, you can invest it, and any growth is generally tax free.	This health care account can only be used to pay for eligible vision and dental expenses.
What is the maximum amount that HB Workplaces and I combined can put in this account?	Please refer to the One-HB SharePoint for up to date contribution limit amounts	\$4,150 Employee-only coverage \$8,300 Family coverage If you'll be at least 55 years old in 2024, you can make an additional \$1,000 catch-up contribution.	Please refer to the One-HB SharePoint for up to date contribution limit amounts
What does HB Workplaces contribute annually?	HB Workplaces does not contribute to this account.	EE only coverage: \$600 (\$25 PPP) EE+1 Dependent: \$1,200 (\$50 PPP) Family: \$1,800 (\$75 PPP) *Company contributions are matched and pro-rated based upon your eligibility date. The company will match your contributions dollar for dollar per paycheck up to the per pay period amounts listed above. Employer contributions apply towards the IRS Annual Maximum Contribution limits.	HB Workplaces does not contribute to this account.
When are the funds available?	Your entire contribution amount is available at the beginning of the year.	Your contribution amount is available as it comes out of your paycheck each pay period.	Your entire contribution amount is available at the beginning of the year.
What happens if you don't use the money during the year or if your employment terminates?	You have until March 15, 2025 to incur eligible expenses. Per IRS regulations, you to forfeit any money in your account after March 31, 2025. Up to \$610 in unused funds will roll over automatically to pay for eligible expenses in the following year. Any unused funds upon termination will be forfeited unless you enroll in COBRA	All unused funds will roll over to the next year. You can take HSA funds with you when you leave the company or retire.	You have until March 15, 2025 to incur eligible expenses. Per IRS regulations, you to forfeit any money in your account after March 31, 2025. Up to \$610 in unused funds will roll over automatically to pay for eligible expenses in the following year. Any unused funds upon termination will be forfeited unless you enroll in COBRA.



Dependent Care Flexible Spending Account



Offset your out-of-pocket childcare expenses by contributing pre-tax dollars to a flexible spending account.

This account allows you to pay child or dependent care on a pre-tax basis and can save you 10% - 30%, depending on your personal tax rate.

This account is administered by HealthEquity. Please visit healthequity.com for information on claims and reimbursements.

Dependent Care Flexible Spending Account	
What would I use this account for?	Eligible dependent care expenses, including adult day care centers, babysitters or nannies, summer day camp, before & after school programs, and child day care.
Who is eligible for this account?	<p>In order to be eligible for this account, you must meet one of the qualifying criteria:</p> <ul style="list-style-type: none">• You and your spouse both work• You are a single head of household• Your spouse is disabled or a full-time student• Employees with children under age 13 and anyone who is a dependent under IRS rules, or who is mentally or physically incapable of taking care of himself or herself• Employees scheduled to work less than 30 hours per week are not eligible.
What is the maximum amount that I can put in this account?	<p>\$5,000 If you are single \$5,000 If you are married & filing jointly \$2,500 If you are married & filing separate tax returns</p>
What does the company contribute?	HB Workplaces does not contribute to this account.
When are the funds available?	Your contribution amount is available as it comes out of your paycheck each pay period — not at the beginning of the year.
How do I use the funds?	You can use this account to reimburse yourself for eligible dependent care expenses for children under age 13 or anyone who is a dependent under IRS rules.
What happens if I don't use the money during the year?	Any unused funds at the end of the plan year are forfeited per IRS regulations.



Dental Insurance

Dental Select* is the carrier for our dental plan.

Visit dentalselect.com to find a provider in the network.

Out-of-network coverage

A dentist who is “out-of-network” means the provider hasn’t agreed to negotiated rates. The plan pays benefits based on the reasonable & customary charge for a particular service. If the out-of-network provider charges more, you’ll be responsible for paying the amount that exceeds the reasonable & customary charge plus the applicable coinsurance and deductible.

*Dental Select is owned by Ameritas



Annual Deductible
January - December



Annual Maximum
January - December



Waiting Period



Preventive Services
Cleanings, exams, x-rays and fluoride for child(ren) up to age 14



Basic Services
Fillings, extractions, oral surgery, endodontics, sealants, space maintainers



Major Services
Bridges, crowns, dentures, and periodontics



Orthodontic Services
Children up to age 19



Orthodontic Lifetime Maximum

AD: After Deductible

R&C: Reasonable & Customary

*Domestic Partner

**Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

DENTAL PPO R&C 80TH PERCENTILE - PLATINUM NETWORK

	In-Network	Out-of-Network **
Annual Deductible January - December		\$50 per individual \$150 per family
Annual Maximum January - December		Plan pays \$2,000 per individual
Waiting Period		None for Preventative Services None for Basic Services None for Major Services None for Orthodontia
Preventive Services Cleanings, exams, x-rays and fluoride for child(ren) up to age 14	Plan pays 100% of covered services, no deductible	Plan pays 100% of R&C, no deductible
Basic Services Fillings, extractions, oral surgery, endodontics, sealants, space maintainers	Plan pays 80% AD	Plan pays 80% of R&C, AD
Major Services Bridges, crowns, dentures, and periodontics	Plan pays 60% AD	Plan pays 60% of R&C, AD
Orthodontic Services Children up to age 19		Plan pays 50% per lifetime
Orthodontic Lifetime Maximum		Plan pays \$1,000 per individual per lifetime

Please refer to page 13 for rates

HB Workplaces covers 100% of dental premium if enrolled in medical



Vision Insurance



VSP is our vision carrier.





Vision with VSP is as easy as 1, 2, 3

ID cards and claim forms are a thing of the past!

Find a VSP network provider

Visit www.vsp.com or call 800-877-7195

Make an appointment and tell your provider you are a VSP member. Your provider and VSP will take care of you from there.

VISION PLAN - VSP NETWORK		
	In-Network	Out-of-Network**
 Routine Vision Exams	You pay \$10 copay	Plan reimburses up to \$50
 Contacts Fitting & Evaluation	You pay \$60 copay	Plan reimburses up to \$105
Frequency		
Exams	Once per calendar year ³	
Contact Lenses	Once per calendar year ³	
Frames	Once per calendar year ³	
Lenses	Once per calendar year ³	
Eyeglasses		
Single Vision Lenses ¹	You pay \$25 copay	Plan reimburses up to \$50
 Lined Bifocal Lenses ¹	You pay \$25 copay	Plan reimburses up to \$75
Lined Trifocal Lenses ¹	You pay \$25 copay	Plan reimburses up to \$100
Frame Allowance ⁴	Plan provides a \$200 allowance ²	Plan reimburses up to \$70
Contact Lenses		
 Prescription Medically Necessary	You pay 0% after \$25 copay	Plan reimburses up to \$210
Prescription Elective (in lieu of eyeglasses)	Plan provides a \$130 allowance	Plan reimburses up to \$105

*Vision Exam Only Plan is no longer offered with VSP and will now be covered under our medical plan

¹ Limited to standard, uncoated plastic lenses.

² A **20%** discount is applied to frames over the **\$200** allowance

³ Based off date of service

⁴ Frame and lens allowance amounts may also be used for non-prescription sunglasses or non-prescription blue light filtering glasses under the VSP LightCare program.

** Out-of-Network claims can be submitted for reimbursement online at vsp.com

Please refer to page 13 for rates



Medical, Dental, & Vision Deductions Per Pay Period



Regence - Medical Deductions Per Pay Period

Coverage Levels	FP PPO \$700 (UT)	PVC PPO \$700 (National)	FP HDHP \$2,500 (UT)	PVC HDHP \$2,500 (National)
Employee Only	\$92.06	\$116.45	\$68.92	\$85.80
Employee + Spouse/DP	\$193.29	\$247.70	\$145.12	\$187.02
Employee + Child(ren)	\$189.53	\$240.82	\$145.75	\$185.78
Employee + Family	\$277.00	\$352.69	\$213.82	\$273.24



Dental Select - Dental Deductions Per Pay Period

Coverage Levels	Dental w. Med	Dental, Med Waived
Employee Only	\$0	\$14.07
Employee + Spouse/DP	\$0	\$30.74
Employee + Child(ren)	\$0	\$33.33
Employee + Family	\$0	\$48.43

HB Workplaces covers 100% of dental premiums if enrolled in medical coverage.



VSP - Vision Deductions Per Pay Period

Coverage Levels	Full Coverage Vision Plan
Employee Only	\$5.92
Employee + 1 Dependent	\$8.59
Employee + Family	\$15.40



Life Insurance Options

Protect the life you are building.

Life insurance gives you the opportunity to purchase the amount of life insurance you will need to protect your family's financial future — at affordable group rates. This is not a pre-tax benefit and the coverage is completely voluntary.



Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

HB Workplaces provides each employee with up to 2x your annual earnings up to a maximum of \$250,000 of Life and AD&D insurance as part of your core benefits. This coverage is completely free to employees — HB Workplaces pays the premiums.

This benefit is provided through Lincoln.



Voluntary Life and AD&D Insurance

HB Workplaces offers Voluntary Life and AD&D for you and your dependents, which can be purchased through Lincoln. This option gives you the advantage of purchasing life insurance and AD&D at affordable group rates. It is not a pre-tax benefit option. Premiums are paid with after-tax dollars through an automatic payroll deduction from your paycheck. These coverages are completely voluntary. You may purchase additional coverage up to 5x your annual earnings in increments of \$10,000 up to a maximum of \$500,000. \$150,000¹ is available without having to provide proof of good health for newly eligible employees. Benefits reduce beginning at age 65. If you've previously declined coverage, you will be subject to completing and submitting an Evidence of Insurability¹ to Lincoln for any applied amount of coverage.



Voluntary Dependent Life Insurance

You may purchase spouse coverage in increments of \$5,000, not to exceed 50% of the employee elected amount, up to a maximum of \$250,000. \$30,000¹ is available without having to provide proof of good health once newly eligible. Benefits reduce beginning at age 65.

Coverage for unmarried dependent children is available from 14 days old up to age 19, or 25 if a full-time student, subject to eligibility requirements. Coverage for infants from 14 days old up to 6 months is \$250, and \$10,000 of coverage is available for child(ren) from 6 months up to age 25 and can be purchased in increments of \$2,000. Coverage is inclusive for all children. This means that if you have one child or many children, you pay one flat amount and each child is covered individually for the coverage amount.

A few enrollment reminders:

- Employees and spouses that are currently enrolled are eligible to increase their benefit amounts by 2 increments (regardless of guarantee issue¹) as long as you or your spouse have not been previously declined or withdrawn due to medical conditions.
- Employees that have been previously declined by Lincoln for voluntary life coverage are not eligible for this benefit enhancement.
- This benefit enhancement is still subject to plan maximums; however, it does allow employees currently participating to exceed the GI without needing to submit an Evidence of Insurability if incremental increase exceeds policy Guaranteed Issues¹ limits.
- If you waived voluntary life coverage for you or your spouse upon initial eligibility, you will need to complete an EOI¹ for any applied amount.

¹ **Guaranteed Issue (GI):** Amount available without having to provide proof of good health or Evidence of Insurability (EOI), also referred to as proof of good health.

Complete EOI Online: Visit mylincolnportal.com and use **Group EOI Code:** HENRIGP



Disability Insurance Options

Disability insurance can help to replace a portion of your income when you are unable to work.

For many people, unplanned time away from work can make it difficult to manage household costs. If you are unable to work due to a covered injury, illness, or even childbirth, Disability Insurance can provide an ongoing benefit to help keep your finances stable.



Short-term Disability (STD) Insurance

Benefits Begin: There is a waiting period before benefits are payable. Benefits begin on the 15th day of injury or illness.

Weekly Benefit: 60% of weekly earnings, not to exceed the plan's maximum weekly benefit amount, less other income sources.

Maximum Benefit Period: Benefits are available for up to 11 weeks.

Maximum Weekly Benefit: \$2,700

Pre-existing Condition Limits*: None

This benefit is provided through Lincoln and HB Workplaces pays **100%** of the premium.



Long-term Disability (LTD) Insurance

Benefits Begin: There is a waiting period (elimination period) before benefits are payable. Benefits begin on the 91st day of disability.

Monthly Benefit: 60% of monthly earnings, not to exceed the plan's maximum monthly benefit amount, less other income sources.

Maximum Benefit Period: Social Security Normal Retirement Age

Maximum Monthly Benefit: \$12,000

Pre-existing Condition Limits*: Coverage is excluded for disabilities that occurred during the **3** months prior to coverage beginning throughout the first **12** months of coverage.

This benefit is provided through Lincoln and HB Workplaces pays **100%** of the premium.

*** Pre-existing Condition Limits:** Pre-existing conditions include bodily injury, sickness, mental illness, pregnancy, and substance abuse. Lincoln reserves the right to review medical records up to **3** months prior to your effective date and within the first **12** months of coverage to evaluate pre-existing conditions upon filing a claim.

This information is designed to help you choose a benefit plan for 2024 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.



SupportLinc Employee Assistance Program

We all have problems at times. That's part of what it means to be human.

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, your SupportLinc Employee assistance program (EAP) will be there to help. SupportLinc is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc provides confidential, professional referrals and up to 5 face-to-face or video counseling for a wide variety of concerns.

Contact SupportLinc

Visit: supportlinc.com

Call: (888) 881-5462 or text support to 51230

Employee Access Code: hbworkplaces



Benefits include:

Confidential access to trained counselors who can provide assistance with issues including the following:

- Anxiety
- Depression
- Marriage and relationship problems
- Work-related pressures
- Grief and loss
- Substance abuse
- Anger Management
- Stress

Access your Employee Assistance Program (EAP) benefits telephonically, or receive up to 5 face-to-face visits.

Expert Referrals and Consultation

Whether you are a new parent, a caregiver, selling your home or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **Legal Assist:** Free telephonic or face-to-face legal consultation
- **Financial Assist:** Expert Financial Planning and Consultation
- **Convenience Resources:** Consultation and Referrals for Everyday issues, such as dependent care, Auto repair, pet care, home improvement and more

This program is available to you and your household members. Enrollment is automatic and HB Workplaces pays the full cost for your coverage.

The EAP is completely confidential and the information you disclose is never contained in any company personnel records. We encourage you to take advantage of this program as we feel it is a beneficial service, and we support you in maintaining your physical and emotional health.



EmpowerLinc Health and Wellness



EmpowerLinc Health & Wellness Programs

HB Workplaces offers you a variety of both coaching and referral services for physical activity, nutrition, weight management, tobacco cessation, stress management, sleep, heart health, finance management, family habits, and prenatal wellness.

HB Workplaces pays **100%** of this benefit.

Unlimited Telephonic Health Coaching

Physical, financial, and emotional well-being are key in developing good health. SupportLinc is a employer paid benefit that focuses on working with you to align and develop personal action plans, tailoring your wellness plan to fit you, and providing you with educational resources to support your personal health and growth.

Additional EmpowerLinc Resources

- Health Improvement Programs
- Monthly Live Webinars
- Wellness Challenges
- Recipes and Food Trackers
- Personal Health Assessments
- Video or Web Chat Consultation

Connect with EmpowerLinc resources

Online: empowerlinc.mywellportal.com/register/

Download App: MyWellPortal

Call: 888-882-5462

E-mail: coaching@mywellportal.com

Employee Access Code: hbworkplaces





Protection For Your Furry Family Members

The ASPCA® Pet Health Insurance program offers several plans to help fit you and your pet's needs.

ASPCA Pet Health Insurance plans offer both accident and illness coverage to pet parents.

A proven partner. Dedicated to providing extensive coverage for furry family members.

You can enroll your cat or dog and rates vary by plan type, species, breed, age, and zip code.

ASPCA® PET HEALTH INSURANCE

Enroll Today! (877) 343-5314

aspcapetinsurance.com/hbworkplaces

Priority Code: EB23HBWORKPLACES



Voluntary health coverage for your pets

The ASPCA Pet Health Insurance program includes exam fees, diagnostics, and treatment for covered conditions. They even cover advanced treatments, like chemotherapy and surgery, and some you may not expect, such as stem-cell therapy and acupuncture, so you can follow your vet's recommendations with less worry about cost.

They also offer Accident-Only coverage that will help take care of costs for injuries related to accidents.

Get the right coverage at a price that fits.

Annual Deductible:

\$100, \$250, \$500 annual deductibles

- This is the amount you must satisfy for covered veterinary expenses before you can start being reimbursed.

Reimbursement Percentage:

70%, 80%, 90% Reimbursement Percentages

- This is the percentage of covered costs paid back to you after your deductible is met. For example, selecting 90% means you'll be responsible for paying 10% of covered expenses.

Annual Limit:

Your choice of \$3,000, \$4,000, \$7,000, or \$10,000 Annual Limit

- This is the amount you can be reimbursed over a 12-month policy period. It resets at the beginning of each new policy period

* Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit aspcapetinsurance.com/terms. Products, schedules, discounts, and rates may vary and are subject to change. More information available at checkout. The ASPCA® is not an insurer and is not engaged in the business of insurance. Products are underwritten by United States Fire Insurance Company (NAIC #21113, Morristown, NJ), produced and administered by C&F Insurance Agency, Inc. (NPN # 3974227), a Crum & Forster company. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution.



Additional Benefits From Lincoln Financial

Lincoln Financial policy holders have the following services available at no additional charge.

Lincoln TravelConnectSM

A comprehensive Travel Assistance Services program providing 24/7 emergency medical and travel assistance services when you are outside your home country or 100 or more miles away from your primary residence in your home country.

Services available to you and your dependents include:

- Medical evacuation & repatriation
- Medical assistance
- Travel assistance
- Security & political evacuation
- Natural disaster evacuation
- Destination intelligence

**To use TravelConnectSM services
or for more information call
(800) 527-0218 or (410) 453-6330
Provide ID number LFGTravel123**



Lincoln EmployeeConnectSM

Life has its share of ups and downs — and sometimes you may need a little guidance through the “downs.” EmployeeConnectSM offers an array of confidential services to help meet the challenges that life, work, and relationships can bring.

Services available to you and your dependents include:

- Unlimited assistance available 24/7
- Unlimited phone access to legal, financial, and work-life services
- In-person and online resources
- Up to five sessions per person, per issue, per year

Contact EmployeeConnectSM

(888) 628-4824

[GuidanceResources.com](https://www.guidanceresources.com)

Username: LFGsupport

Password: LFGsupport1



Lincoln LifeKeys[®]

No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. When they do, it's reassuring to know that help and support are close at hand—thanks to LifeKeys[®] services from Lincoln Financial Group.

Services available to you and your dependents include:

- Online will preparation
- Financial services
- Protection against identity theft
- Grief counseling
- Legal support
- Beneficiary services

To use LifeKeys[®] services or for more information call

(855) 891-3684

[GuidanceResources.com](https://www.guidanceresources.com)

First time users: web ID=LifeKeys





Retirement Plan

A 401(k) is a savings and investing plan that gives you a tax break on money you set aside for retirement.

Contributing to a 401(k) plan may be one of the most important things you can do to prepare for your long-term financial needs. Being on track to meet your financial goals will provide you and your loved ones peace of mind. A 401(k) plan allows you to contribute a portion of your compensation per pay period in order to prepare for retirement. If you are already contributing to the 401(k) plan, now may be a good time to increase your contributions.

What is a 401(k) plan?

401(k) refers to a section of the IRS Code that allows you to save part of your compensation on a **Traditional PRE-TAX Basis**. This lowers your current taxable income and helps your long-term saving grow faster. You may also choose to save part of your compensation on an **AFTER-TAX Roth Basis**. Roth contributions are taxed before they are contributed to the Plan. This allows tax-free growth and distribution contributions and the earnings on those contributions (assuming the contributions have been invested for at least 5 years and you have reached age 59 1/2).

Investment changes

You can switch between investment alternatives as often as permitted under the chosen investment.

Vesting

You always own 100% of the contributions you make to the 401(k) and their earnings. Company contributions, if any, are based upon your years of service, and vest at the following rate: less than 2 years: 0%, after 2 years: 100%.

Employee contributions

Employees can contribute on a pre-tax basis between 1% - 100% of income. See [irs.gov](https://www.irs.gov) for the current maximum contribution limits.

Company contributions

The company's 401(k) plan elects to make matching contribution at the discretion of HB Workplaces. Matching contributions will be based on the profitability of the company and the percent of the match will be announced annually in February.

Contribution changes

You may change the amount of your contribution whenever you like by logging into **Empower**. The first time you log in, you will need to establish your account: Visit: www.empower-retirement.com or call 800-338-4015 for assistance.

You can also contact HB Workplaces' Human Resources team with any questions.

Investment choices

Contributions to the Plan are held in a trust account. The plan trustees regularly review the investment options offered. You can: 1) build a customized investment portfolio, 2) select an investment option based on your investment style, or 3) select an investment option designed by experts based on your age and projected retirement date.

Enrollment

You are eligible to enroll in the Plan if you are 18 or older and have completed 2 months of service. You will be auto-enrolled with a contribution of 5% of your gross compensation on a pre-taxed basis.

Contact Empower Retirement

www.empower-retirement.com | 800-338-4015





Talk to a Doctor by Phone or Video Anytime For Free

MDLive puts health care at your fingertips.

Your health plan includes a telehealth benefit, powered by MDLive, a national leader in telehealth. You can talk to any of MDLive's board-certified doctors any time by phone, video, or through the app - **24 hours a day, 7 days a week, 365 days a year.**

MDLIVE[®]

Contact MDLive

(800) 400-6354 | [mdlive.com](https://www.mdlive.com)



We all have times when we need to see a doctor, but it's inconvenient - there's no time, the office is closed, or we're on the road. You know that feeling: "I wish I could just talk to someone over the phone and get what I need fast!" **Now you can.**

Care you can count on

You can consult board-certified doctors who will diagnose and treat non-emergency medical conditions, prescribe medications and send prescriptions to your pharmacy. On average, MDLive doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine, and family medicine.

MDLive is easy to use. Here are some basic things to know:

- MDLive can be a great option when your child isn't feeling good outside business hours; dependents will need a parent present during the visit.
- The average wait to connect with a physician is less than 15 minutes.
- You can use MDLive as often as you need to.
- We process each visit as a claim, and your costs count toward your deductible.
- This is more than a nurse advice line. With MDLive, a doctor can diagnose, treat, and prescribe medications.
- You will work with an MDLive doctor, not your regular doctor.
- With your permission, the MDLive doctor will share your treatment information with your regular doctor.
- Go to [mdlive.com](https://www.mdlive.com) and register today. You'll want to create your online account in advance so when you need care, you will already be set.



Get On-the-Go Access With the Regence Mobile App

The Regence mobile app gives you easy and secure access to all your health information.

Just sign in with your existing Regence account or create a new one from the app—then use Touch ID to sign in. That means you won't need a password after setup!

Download the app by visiting the Apple Store or Google Play.



Contact Regence

regence.com | (888) 675-6570



Personalized dashboard

- See your deductibles and out-of-pocket max.
- Find In-network doctors, hospitals and urgent care.
- Contact us—send secure messages to Member Services, tap to call or share feedback on your app experience.

Member ID card

- View your card on the app and it's stored for anytime access—even without an Internet connection.
- Show your digital member ID at the doctor's office for easy check-in.

It goes where you go

- View your claims and detailed Explanation of Benefits statements.
- See your copay, deductible and coinsurance amounts.
- Download your benefits booklet.



Your Employee Advocate is Here For You



IMA Financial Group has a dedicated employee advocacy team to help resolve claims problems, enrollment complications, and other service related issues.

Contact your Employee Advocate

Phone: (801) 325-5096 | (888) 244-1212 ext. 5096

Schedule 1-on-1 Appointment:

<https://calendly.com/dylanpear/hbworkplaces-benefits-question>

Email: hbworkplaces@digadvocate.com



Our Employee Advocates will work with you and your providers to ensure that each party gets their questions answered and problems resolved.

Our Employee Advocates can:

- Pharmacy Advocates for high cost specialty medications
- Work with carriers on billing and claim payment issues for employee medical, dental, vision, and life insurance
- Coordinate between the pharmacy and the health plan for escalated pharmacy issues
- Explain network access and payment process for in and out-of-network providers
- Work with providers to file paperwork if claims have been denied due to lack of required authorization
- Clarify the total and out-of-pocket cost for services provided
- Assist with referrals and prior authorizations
- Help with all levels of appeals
- Ensure services are being coordinated when multiple doctors or coverages are involved
- Help gain access to care and services
- Define preventive care and associated guidelines
- Assist in finding a specialist for a condition or diagnosis
- Explain benefit plan details and coverage provisions



General Participation Guidelines and Notices

HB Workplaces recognizes the importance of a benefit program that provides high-level protection to employees and their families. Our comprehensive benefits program has been created to fulfill a wide range of needs and to provide an effective security net for both you and your family.

Who is eligible

- Full-time employees who actively work at least 30 hours per week;
- Your legal spouse or domestic partner;
- Your natural born children, current stepchildren, or legally adopted children up to age 26;
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

General definitions

Special enrollment rights (other than open enrollment)

There will be an Open Enrollment period each year. During this Open Enrollment period you will have the opportunity to renew coverage or make changes as appropriate. Changes under most plans can only be made during Open Enrollment. This is a requirement of our benefit providers and IRS regulations. However, certain qualifying status changes are allowed during the plan year (see below). If you have a qualifying change of status, the change must be submitted to your local HR/Payroll Representative within 30 days of the event, with supporting documentation*. The coverage effective date will be retroactive to the qualifying change of status event date.

A qualifying change of status occurs for the following:

- You get married, legally separated, or divorced;
- You add a dependent child through birth, adoption, or change in custody;

- Your parent/spouse or child dies which affects your coverage;
- Your work schedule permanently changes i.e., permanent reduction of hours;
- You or a dependent enroll in the Exchange during the Exchange Open Enrollment;
- Your parent/spouse begins or terminates employment which affects benefit coverage;
- Your parent/spouse loses health coverage through his/her employer, which affects your coverage;
- You receive a qualified medical child support order (QMCSO);
- Your parent/spouse's Open Enrollment may be considered a qualifying change of status.

Or

You have a 60-day special election period for the following:

- You and/or your spouse and dependents gain or lose Medicaid and/or state CHIP coverage;
- You and/or your spouse and dependents gain or lose eligibility for the state sponsored Utah Premium Partnership Program (UPP).

When does coverage begin for new hires?

Coverage for HBS-Salt Lake City employees begins the first of the month following 60 days of employment. Coverage for all other employees begins the first of the month following 30 days of employment. You must be actively at work for your coverage to become effective.

You must complete your online enrollment prior to the date on which your benefits become effective. If the online enrollment and appropriate forms are not completed within the stated deadline, coverage does not become effective, and you may not be eligible to enroll until the next Open Enrollment period or until you

have a qualifying change of status event. Refer to the terms, conditions, and limitations defined by the carrier plan documents.

When coverage ends

Medical, dental, and vision terminates on the last day of the month that you are employed with HB Workplaces. Refer to carrier literature, summary plan descriptions, and master plan documents for specific plan provisions, limitations, and exclusions.

Coverage ends at the earliest time when any of the following changes occur:

- Your employment with HB Workplaces ends;
- The group policy ends;
- You are no longer eligible under the plan;
- Your death;
- You retire;
- You enter the armed forces of any country on a full-time basis.

Dependent eligibility verification notice

HB Workplaces reserves the right to audit dependency status. The goal is to ensure that benefits are provided only to those who are eligible. This process may include a complete eligibility verification of all enrolled dependents or verifying relationship and status of new dependents registered during Open Enrollment, new hires and a qualifying change of status. You must only cover eligible dependents when you enroll in the plan offerings. For a detailed definition of an eligible dependent, refer to the **"Who is eligible"** section.

*Contact your HR Department for the qualifying change of status form.



General Participation Guidelines and Notices

Important notice

The benefit summaries contained in this guide are for ease of comparison. This guide provides only a summary of benefits available to eligible employees and their dependents. The information in this guide supersedes all prior guides. However, since this guide is only a summary, it does not describe every detail of the benefit programs outlined. If there are inconsistencies or discrepancies between this guide and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will control. The governing plan documents and benefit contracts are available for your review in the Human Resources Department.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this comparison. Reasonable efforts are made to keep employees apprised of any changes in benefit plans including medical, dental, vision, life and AD&D, voluntary life, short-term disability (STD), long-term disability (LTD), Health Savings Account (HSA), Flexible Spending Accounts (FSA, Limited Purpose FSA, and Dependent Care FSA).

HB Workplaces may choose to communicate certain plan documents and benefits information electronically to participants. You may obtain copies of these documents, upon written request, from Human Resources.

Summary of benefits coverage

As a result of the Affordable Care Act (the health care reform law) all health insurance issuers are required to provide a Summary of Benefits Coverage (SBC). The SBC has a uniform glossary of terms commonly used in health insurance coverage and also uses a new, standardized plan comparison tool called "coverage examples," similar to the Nutrition Facts label required for packaged foods.

The coverage examples will illustrate sample medical situations and describe how much coverage the plan would provide. The SBC will be posted on the employee website. If you would like a paper copy of this summary, please contact HR.

Waiving coverage

If you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive coverage.

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other coverage, you may be able to enroll yourself and/or your dependents in this plan in the future, providing that you request enrollment within 30 days after your other coverage ends and can provide supporting documentation.

Medical coverage assistance options

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or insurekidsnow.gov to find out how to apply.

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled.

This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-EBSA (3272).

Children's medical coverage assistance

health.gov/chip

1 (877) KIDS-NOW

Low-income family medical coverage assistance

medicaid.gov

1 (801) 538-6155

Health Insurance Marketplace

healthcare.gov

1 (800) 318-2596



General Participation Guidelines and Notices

ACA notices about eligibility and coverage periods

- HB Workplaces has adopted a 12 month “initial measurement period” and 12 month stability period for all new part-time, variable hour, and seasonal employees which begins as of the date of employment/start date for each new employee in these categories. The administrative period for such new part-time, variable hour, or seasonal employees who measure full-time in their initial measurement period is approximately 30 days depending on whether you started your job on the 1st of the month or in the middle of the month.
- You are being offered the opportunity to enroll yourself and your dependents (if any) in HB Workplaces' health plan because you were either hired as a full-time employee or you have measured as full-time during a given, applicable measurement period.
- If you “waive” or “decline” coverage then you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.
- If you choose to enroll in coverage, the coverage period is 12 months. Federal law and HB Workplaces' cafeteria plan provide very limited situations in which you will be allowed to dis-enroll in healthcare coverage during your 12-month coverage period. Therefore, if you change your mind after your coverage begins, you will not be allowed to cancel your coverage unless you meet one of the situations allowed by law or in our plan.

Women's health and cancer rights act enrollment notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurances applicable to other medical and surgical benefits provided under this plan.

Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, health insurers and Health Maintenance Organizations (HMOs) may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery.

If you deliver somewhere other than the hospital and you are later admitted to the hospital in connection with the childbirth, the period begins at the time of admission.

Also, a health insurer or HMO cannot require you or your attending provider to obtain prior authorization for your delivery or show that the 48-hour (or 96-hour) stay is medically necessary. However, a health insurer or HMO may require you to get prior authorization for any portion of stay after the 48 hours (or 96 hours).

Privacy policy

Summary of privacy practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed in the administration of your claims, and of certain rights you have.

Our pledge regarding medical information

The company is committed to protecting your personal health information. As required by law, we:

1. make sure that any medical information that identifies you is kept private;
2. provide you with rights with respect to your medical information;
3. give you a notice of our legal duties and privacy practices; and
4. follow all privacy practices and procedures currently in effect.

How the company may use and disclose medical information about you

Any use and disclosure of your medical information requires your written authorization. Your personal health information may be used and disclosed without your permission to facilitate your medical treatment, for payment of any medical treatments, and for any other health care operation. Your personal health information may be disclosed without your permission as allowed or required by law. You cannot be retaliated against if you refuse to sign an authorization or revoke an authorization you had previously given.



General Participation Guidelines and Notices

Your rights regarding your medical information

You have the right to inspect and copy your medical information, request corrections of your medical information and to obtain an accounting of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communication about your medical information be made in different ways or at different locations.

Michelle's Law

A new federal law allows continued coverage for seriously ill college students. A college student will be able to maintain health care eligibility for up to one year after full-time student status is lost due to medically necessary leave of absence from school.

Genetic Information Nondiscrimination Act (GINA)

Under this federal law, group health plans are prohibited from adjusting premiums or contribution amounts for a group based on genetic information. A health plan is also prohibited from requiring an individual or his/her family member to undergo a genetic test, although the plan may require that a voluntary test be taken for research purposes.

Mandatory insurer reporting law

This law took effect 1/1/2009 and is part of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). Under this federal law, providers of group health plans are required to report certain information to the Secretary of Health and Human Services to determine Medicare entitlement. As such, employees are required to provide social security numbers for all dependents enrolled in the medical plan. You will be asked to enter social security numbers for all dependents you cover on your medical plan.

Patient Protection and Affordable Care Act (ACA)

Pursuant to the Patient Protection and Affordable Care Act (ACA) and its applicable regulations HB Workplaces offers eligible employees affordable, minimum essential health care coverage that meets minimum value. This guide and the enrollment forms are your offer of coverage. If you decline or waive this coverage, you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.

Medicare Part D creditable coverage notice

Important notice from HB Workplaces about your prescription drug coverage and medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with HB Workplaces and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription

Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

- HB Workplaces has determined that the prescription drug coverage offered by the HB Workplaces Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

These are only summaries. Full statements are available from Human Resources.



Notes



The information in this guide has been provided for you by:



95 S. State Street, Suite 1300 | Salt Lake City, Utah 84111
(801) 325-5000 | imacorp.com