

# employee benefits enrollment guide

# 2024



## new for 2024

- Diathrive Health
  - Tava Health
- HSA & FSA administrator change
- Worksite Benefit carrier change





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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 Diversified Insurance Group Employee Advocate.





## At Snap Finance, we believe employees are the foundation of our success.

Snap Finance 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 and domestic partner children;
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

### When Does Coverage Begin for New Hires?

Coverage begins on the first day of the month following your date of hire. You must be actively at work for your coverage to become effective.

\*When you enroll your domestic partner or your partner's child in one of the employer sponsored benefit plans, the IRS considers the employer contribution toward the additional coverage as your imputed income. Your imputed income is the employer's contribution toward the additional coverage for your domestic partner and/or your partner's child. The payroll deduction amount to cover your domestic partner and/or your partner's child is a post tax deduction - unlike medical coverage for other enrolled family members which is allowed to be done pre-tax under Section 125 of the IRS Code. Contact Human Resources if you will claim your domestic partner (or your partner's child) as your tax dependent or if you have any questions about imputed income for domestic partner coverage.

## 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 Workday. If you do not make changes during Open Enrollment, 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).



### Are you a new hire?

When you first become eligible for our benefit programs, you must either enroll or waive coverage for Voluntary Life Insurance. If you do not enroll yourself and your dependents for coverage the first time you are eligible, and you wish to enroll during a subsequent enrollment period, you will have to provide proof of good health by filling out an Evidence of Insurability (EOI) form, which may include taking a physical examination, and you may be declined coverage. Future exams will be at your cost.



## useful contact information

### Benefit Questions?

#### First:

Call the insurance company or benefit provider using the contact numbers below.

Plan

#### Medical:

Regence

#### Dental:

Delta Dental

#### Vision:

EyeMed

#### Health Savings/Flexible Spending Accounts, moving from HealthEquity to WEX:

WEX

#### Diabetes Management

Diathrive Health

#### Mental Healthcare

Tava Health

#### Life and Disability:

Unum

#### Worksite: Critical Illness, Accident, Hospital Indemnity

Unum

#### Pet Insurance:

Nationwide Insurance

#### Employee Assistance Program (EAP):

Unum Work Life Balance

Rebecca Sorensen, Sr. People Operations Specialist

Employee Advocate - IMA

#### Second:

If your issues are still not resolved please contact your HR department or your Employee Advocate.

Telephone

Website

(888) 367-2119

[regence.com](http://regence.com)

(800) 521-2651

[deltadentalins.com](http://deltadentalins.com)

(866) 939-3633

[eyemed.com](http://eyemed.com)

(866) 346-5800

[wexinc.com/](http://wexinc.com/)

(866) 878-7477

[diathrive.com](http://diathrive.com)

[care.tavahealth.com](http://care.tavahealth.com)

(866) 679-3054

[unum.com/](http://unum.com/)

(866) 679-3054

[unum.com/](http://unum.com/)

(877) 738-7874

[petinsurance.com/snapfinance](http://petinsurance.com/snapfinance)

(800) 854-1446

[unum.com/lifebalance](http://unum.com/lifebalance)

(801) 335-9561

[rsorensen@snapfinance.com](mailto:rsorensen@snapfinance.com)

(801) 325-5028

[snapfinance@digadvocate.com](mailto:snapfinance@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 the carrier website, listed on page 3 of this benefit guide.



### What is Snap Finance contributing?

#### Snap Finance contribution

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



## important info about medical coverage

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

### Important reminder

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 the change. For more information about who's eligible to be on your plans, see page 25.

## Here's how deductibles and maximums for employees with family coverage compare across plans.

### Traditional Plan

#### Annual deductible/coinsurance

Coinsurance begins:

- You must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, **each family member** must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

#### Out-of-pocket maximum

100% of eligible costs are covered:

- The most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

### High Deductible Health Plan (HDHP)

#### Annual deductible/coinsurance

Coinsurance begins:

- You must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If anyone covered on the plan meets the family annual deductible, or two or more family members combine to reach it, coinsurance begins for everyone on the plan.

#### Out-of-pocket maximum

100% of eligible costs are covered:

- The most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.



# regence hospital network coverage - utah

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

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.

TCC providers include: Revere Health, Granger Medical Clinic, Foothill Family Clinic, Tanner Clinic, MountainStar-HCA, Aledade, Steward Health Care Network, and the Ogden Clinic.

### Participating (PAR) and National BlueCard® Traditional Network

- 52 Utah Hospitals, 13,905 Physicians and other providers statewide
- All IHC InstaCare, KidsCare, and other urgent care locations.

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

- 42 Utah Hospitals, 13,706 Physicians and other providers statewide
- All IHC InstaCare, KidsCare, and other urgent care locations.

	PAR	PVC
Alta View Hospital	X	
American Fork Hospital	X	
Ashley Regional Medical Center	X	X
Bear River Valley Hospital	X	X
Beaver Valley Hospital	X	X
Blue Mountain Hospital	X	X
Brigham City Hospital	X	X
Cache Valley Hospital	X	X
Castleview Hospital	X	X
Cedar City Hospital	X	X
Central Valley Medical Center	X	X
Davis Hospital	X	X
Delta Community Medical Center	X	X
Dixie Regional Medical Center	X	X
Fillmore Hospital	X	X
Garfield Memorial Hospital	X	X
Gunnison Valley Hospital	X	X
Heber Valley Medical Center	X	X
Huntsman Cancer Hospital	X	X
Intermountain Medical Center	X	
Jordan Valley Medical Center — West Jordan Campus	X	X
Jordan Valley Medical Center — West Valley Campus	X	X
Kane County Hospital	X	X
Lakeview Hospital	X	X
Layton Hospital	X	
LDS Hospital	X	
Logan Regional Hospital	X	X
Lone Peak Hospital	X	X

	PAR	PVC
McKay Dee Hospital	X	
Milford Memorial Hospital	X	X
Moab Regional Hospital	X	X
Moran Eye Center	X	X
Mountain Point Medical Center	X	X
Mountain West Medical Center	X	X
Mountain View Hospital	X	X
Ogden Regional Medical Center	X	X
Orem Community Hospital	X	
Park City Medical Center	X	X
Primary Children's Hospital	X	X
Riverton Children's Unit	X	X
Riverton Hospital	X	
Salt Lake Regional Medical Center	X	X
San Juan County Hospital	X	X
Sanpete Valley Hospital	X	X
Sevier Valley Medical Center	X	X
St. Mark's Hospital	X	X
The Orthopedic Specialty Hospital (TOSH)	X	
Timpanogos Regional Hospital	X	X
Uintah Basin Medical Center	X	X
University of Utah Hospital	X	X
University of Utah Orthopaedic Center	X	X
Utah Valley Hospital	X	

This information is designed to help you choose a medical facility and those listed could be subject to change.





# medical plan options

	BLUECROSS BLUESHIELD – TRADITIONAL \$1500 PLAN PARTICIPATING NETWORK (INCLUDING IHC) (UTAH ONLY)		BLUECROSS BLUESHIELD – TRADITIONAL \$1500 PLAN VALUECARE NETWORK	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *
<b>Annual Deductible</b> January - December	\$1,500 per individual \$3,000 per family (Embedded)	\$3,000 per individual \$6,000 per family (Embedded)	\$1,500 per individual \$3,000 per family (Embedded)	\$3,000 per individual \$6,000 per family (Embedded)
<b>Coinsurance</b>	You pay <b>20%</b> AD	You pay <b>50%</b> AD	You pay <b>20%</b> AD	You pay <b>50%</b> AD
<b>Out-of-pocket Maximum</b> January - December	\$4,000 per individual \$8,000 per family (Embedded)	\$8,000 per individual \$16,000 per family (Embedded)	\$4,000 per individual \$8,000 per family (Embedded)	\$8,000 per individual \$16,000 per family (Embedded)
<b>Preventive Services</b>	You pay <b>\$0</b> according to government guidelines	You pay <b>50%</b> AD	You pay <b>\$0</b> according to government guidelines	You pay <b>50%</b> AD
<b>Office Visits</b> Primary Care Specialist Minor Lab Tests and X-Ray Major Lab Tests & MRI/CT	You pay <b>\$25</b> co-pay You pay <b>\$50</b> co-pay Covered <b>100%</b> You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD	You pay <b>\$25</b> co-pay You pay <b>\$50</b> co-pay Covered <b>100%</b> You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD
<b>Mental Health Services</b> Office Visit Inpatient Outpatient	You pay <b>\$25</b> co-pay You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD	You pay <b>\$25</b> co-pay You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD
<b>Emergency Services</b> Urgent Care Emergency Room Ambulance	See Office Visits & Tests You pay <b>\$250</b> co-pay, then <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD Covered as <b>In-Network</b> Covered as <b>In-Network</b>	See Office Visits & Tests You pay <b>\$250</b> co-pay, then <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD Covered as <b>In-Network</b> Covered as <b>In-Network</b>
<b>Hospital Services</b> Inpatient Hospital Outpatient Surgery	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD
<b>Prescription Medication</b> Retail (30-day supply) Mail Order (90-day supply)	<b>Generic / Preferred / Non-preferred / Specialty</b> You pay <b>\$15 / \$35 / \$65 / \$100</b> You pay <b>\$37.50 / \$87.50 / \$162.50 / n/a</b>		<b>Generic / Preferred / Non-preferred / Specialty</b> You pay <b>\$15 / \$35 / \$65 / \$100</b> You pay <b>\$37.50 / \$87.50 / \$162.50 / n/a</b>	
<b>Health Care Account</b> Details on page 10	Flexible Spending Account (FSA)		Flexible Spending Account (FSA)	

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.

EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$115.70	\$260.15	\$248.65	\$358.25

EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$91.00	\$205.05	\$195.90	\$282.40



# medical plan options

	BLUECROSS BLUESHIELD – TRADITIONAL \$3000 PLAN VALUECARE NETWORK		BLUECROSS BLUESHIELD – QDHP \$2000 PLAN + WEX HSA – VALUECARE NETWORK	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *
<b>Annual Deductible</b> January - December	\$3,000 per individual \$6,000 per family (Embedded)	\$6,000 per individual \$12,000 per family (Embedded)	\$2,000 per individual \$4,000 per family (Non-Embedded)	\$4,000 per individual \$8,000 per family (Non-Embedded)
<b>Coinsurance</b>	You pay <b>20%</b> AD	You pay <b>50%</b> AD	You pay <b>20%</b> AD	You pay <b>50%</b> AD
<b>Out-of-pocket Maximum</b> January - December	\$4,000 per individual \$8,000 per family (Embedded)	\$8,000 per individual \$16,000 per family (Embedded)	\$4,000 per individual \$8,000 per family (Embedded)	\$8,000 per individual \$16,000 per family (Embedded)
<b>Preventive Services</b>	You pay <b>\$0</b> according to government guidelines	You pay <b>50%</b> AD	You pay <b>\$0</b> according to government guidelines	You pay <b>50%</b> AD
<b>Office Visits</b> Primary Care Specialist Minor Lab Tests and X-Ray Major Lab Tests & MRI/CT	You pay <b>\$30</b> co-pay You pay <b>\$55</b> co-pay Covered <b>100%</b> You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD	You pay <b>20%</b> AD You pay <b>20%</b> AD Covered <b>100%</b> You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD
<b>Mental Health Services</b> Office Visit Inpatient Outpatient	You pay <b>\$30</b> co-pay You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD	You pay <b>20%</b> AD You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD You pay <b>50%</b> AD
<b>Emergency Services</b> Urgent Care Emergency Room Ambulance	See Office Visits & Tests You pay <b>\$250</b> co-pay, then <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD Covered as <b>In-Network</b> Covered as <b>In-Network</b>	See Office Visits & Tests You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD Covered as <b>In-Network</b> Covered as <b>In-Network</b>
<b>Hospital Services</b> Inpatient Hospital Outpatient Surgery	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>50%</b> AD You pay <b>50%</b> AD
<b>Prescription Medication</b> Retail (30-day supply) Mail Order (90-day supply)	<b>Generic / Preferred / Non-preferred / Specialty</b> You pay <b>\$15 / \$35 / \$65 / \$100</b> You pay <b>\$37.50 / \$87.50 / \$162.50 / n/a</b>		<b>Generic / Preferred / Non-preferred / Specialty</b> You pay <b>\$15 AD / \$35 AD / \$65 AD / \$100 AD</b> You pay <b>\$37.50 AD / \$87.50 AD / \$162.50 AD / n/a</b>	
<b>Health Care Account</b> Details on page 10	Flexible Spending Account (FSA)		Health Savings Account (HSA)	

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.

EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$68.85	\$154.65	\$147.75	\$213.20

EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$14.80	\$126.55	\$120.85	\$174.25



# health care account options



The amount Snap Finance will contribute to your health care account is based on the family members you cover. Depending on the type of health care account that is paired with your medical plan, you and Snap Finance may be able to contribute to the account.

## Administration Change:

HSA/FSA administration will be changing from Health Equity to WEX as of 1/1/2024. If you currently have an HSA account you can keep that as an individual account and then create another new account with WEX. If you do keep your HealthEquity HSA, you will be charged a monthly \$3.95 administration fee for your individual account. You do have the ability to rollover your HealthEquity HSA into your new WEX HSA. If you do this, HealthEquity will charge a onetime account closure fee of \$25.00.

	Flexible Spending Account (FSA)	Health Savings Account (HSA)
Which plans is this account available for?	Traditional Plans	QHDHP Plan
Do I need to be enrolled in a medical plan?	No	Yes
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 dental, vision and prescription medication, now.
What is the maximum amount that can be put into this account?	\$3,200 or the IRS approved amount.	<b>\$4,150</b> Employee-only coverage <b>\$8,300</b> Family coverage If you'll be at least 55 years old in 2020, you can make an additional \$1,000 catch-up contribution.
What does the company contribute?	Snap Finance does not contribute to this account.	Employee (EE) \$1,000 EE + Spouse \$1,500 EE + Child(ren) \$1,500 Family \$2,000
Are there investment options?	No	Yes, if you have more than <b>\$2,000</b> in your HSA, you can invest it, and any growth is generally tax free.
When are the funds available?	Your entire contribution amount available at the beginning of the year.	Your contribution and Snap's contribution amount is available as it comes out of your paycheck each pay period — so your entire contribution amount is <b>not available at the beginning of the year or when coverage starts.</b>
What happens if I don't use the money during the year?	You have until March 15, 2025 to incur eligible expenses. Per IRS regulations, you to forfeit any money that remains in your account following March 31, 2025.  Up to \$640 in unused funds will roll over automatically to pay for eligible expenses in the following year.	All unused funds will roll over to the next year.  You can take HSA funds with you when you leave the company or retire.



# dependent care flexible spending account



## A Dependent Care Flexible Spending account can be used to help offset your out-of-pocket child care expenses.

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 WEX. Visit [wexinc.com/](http://wexinc.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?**

In order to be eligible for this account, you must meet one of the qualifying criteria:

- 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?**

**\$5,000** If you are single  
**\$5,000** If you are married & filing jointly  
**\$2,500** If you are married & filing separate tax returns

**What does the company contribute?**

Snap Finance 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.



## diabetes management

### The Diathrive Solution

The Diathrive Health solution solves key problems with diabetes care: access and affordability.

Diathrive Health's unique diabetes management solution saves employers money by providing top-quality glucose management supplies for much less, and by helping members uncover and address psychosocial barriers to managing a chronic disease. With our immersive, engaging platform, people are improving medication adherence, lowering A1c, reducing diabetes distress, and achieving better health.

**Diathrive is available to employees who are enrolled in a Snap Finance Medical Plan.**

### Unlimited Supplies

Team members get access to unlimited supplies with NO out-of-pocket cost so they always have what they need to check blood sugar and get the info needed to make health decisions.

### Diathrive Health App

The Diathrive Health mobile app is the hub for everything members need.

- Sync and review health data
- Reorder supplies
- Access our library of educational articles
- Connect with a personal Health Advisor

### Health Advisor

This is more than just health coaching. Members get access to a personal Health Advisor to review health data, assess personal psychosocial and behavioral barriers, and help create an individualized care plan. Health Advisors are credentialed in diabetes care: CDCES, RN, NP, RD RDN and others.

For those who are currently utilizing the group medical plan for their diabetes management, you will receive a Diathrive Starter Kit that will include instructions on how to get started and use the program.



**Scan QR Code to Learn More!**

**Have Questions?**

866-878-7477 | [info@diathrive.com](mailto:info@diathrive.com)





# online mental health benefit

## Get back to feeling like you!

Your psychological well-being can affect your physical health, relationships, and work performance.

Tava's network of vetted therapists helps you step out of the fog and get back to a happier, more fulfilled you. Tava Health is a confidential mental health benefit that allows you to connect with licensed therapists.



Schedule your appointment today at [care.tavahealth.com](https://care.tavahealth.com)



### Get started with your free online mental health benefit

Tava Health is available to all employees and their dependents (including children ages 13-25). The benefit provides 6 free therapy sessions, per enrolled member on medical, with licensed therapists through Tava's secure, web-based technology platform. All you need for a live, video-based session is reliable internet access and a connected device with a camera (smartphone, computer, or tablet).

#### Free to use

No claims, no copays, no deductibles. The costs associated with care for you and your family are covered.

#### Confidential

Tava doesn't tell Snap Finance who used the service. Your identity and anything you discuss is confidential.

#### Convenient

Self-scheduled online video therapy means you get help when you need it — whenever it works for you. Tava therapists are available during the day, evening, and even weekends.

#### Care for the whole family

Your family members can access individual therapy, or you can attend together in couples or family sessions.

#### Top quality

Quality care from quality therapists who are licensed, carefully vetted, and use evidence-based treatments.

### Whether you're feeling stressed, stuck, or burdened with something else, Tava can help. Support is available for a range of issues such as:

- Addiction
- Anxiety
- Depression
- Eating disorders
- Family issues
- Grief and loss
- LGBTQ+ issues
- Life changes
- Postpartum issues
- PTSD
- Relationship issues
- Stress
- Trauma
- Work pressure
- and more...



## dental carrier information

### Delta Dental is the carrier for our dental plan.

Visit [deltadentalins.com](https://deltadentalins.com) to find a provider in the network.

#### Stay in network to save

Visit a dentist in the PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com). If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

#### 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 fee schedule charge for a particular service. If the out-of-network provider charges more, you'll be responsible for paying the amount that exceeds the fee schedule amount plus the applicable coinsurance and deductible.

#### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com)

#### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need to provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

#### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

#### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage. Log in to your online account to find this date.

#### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care5, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.



# dental plan option details

	LOW PLAN - PPO			HIGH PLAN - PPO		
	Delta Dental PPO	Delta Dental Premier	Non-Delta Dental*	Delta Dental PPO	Delta Dental Premier	Non-Delta Dental*
 <b>Annual Deductible</b> January - December	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family
 <b>Annual Maximum</b> January - December	\$1,000 per individual			\$2,000 per individual		
 <b>Waiting Period</b>	None for Preventive Services, Basic, Major, & Orthodontic Services			None for Preventive Services, Basic, Major, & Orthodontic Services		
 <b>Preventive Services</b> Exams, Cleanings, X-Rays, Sealants and Space Maintainers	Plan pays <b>100%</b> of covered services, No deductible	Plan pays <b>90%</b> of covered services, No deductible	Plan pays <b>90%</b> of covered services, No deductible	Plan pays <b>100%</b> of covered services, No deductible	Plan pays <b>100%</b> of covered services, No deductible	Plan pays <b>100%</b> of covered services, No deductible
 <b>Basic Services</b> Fillings, Simple Extractions, Posterior Composites and Oral Surgery	You pay <b>20% AD</b>	You pay <b>30% AD</b>	You pay <b>30% AD</b>	You pay <b>20% AD</b>	You pay <b>20% AD</b>	You pay <b>20% of Fee Schedule, AD</b>
 <b>Major Services</b> Crowns, Inlays, Onlays, Cast Restorations, Endodontics, Periodontics, Prosthodontics and Implants	You pay <b>50% AD</b>	You pay <b>60% AD</b>	You pay <b>60% AD</b>	You pay <b>50% AD</b>	You pay <b>50% AD</b>	You pay <b>50% of Fee Schedule, AD</b>
 <b>Orthodontic Services</b> Children to age 19	You pay <b>50%</b>	You pay <b>50%</b>	You pay <b>50%</b>	You pay <b>50%</b>	You pay <b>50%</b>	You pay <b>50%</b>
 <b>Orthodontic Lifetime Maximum</b>	\$1,000 per individual			\$1,500 per individual		

AD: After Deductible

EMPLOYEE COST PER PAY PERIOD				EMPLOYEE COST PER PAY PERIOD			
Employee	EE + Spouse	EE + Child(ren)	Family	Employee	EE + Spouse	EE + Child(ren)	Family
\$4.60	\$9.00	\$10.00	\$17.40	\$6.80	\$13.00	\$15.20	\$26.20

\*Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and PPO contracted fees for Non-Delta Dental dentists. A dentist who is "out-of-network" means the provider hasn't agreed to negotiated rates. The plan pays benefits based on the fee schedule charge for a particular service. If the out-of-network provider charges more, you'll be responsible for paying the amount that exceeds the fee schedule amount plus the applicable coinsurance and deductible.






# vision plan options

## EyeMed is our vision carrier.

Visit [eyemed.com](https://eyemed.com) to find a provider in the network.

### Savings plus more with Eye360

Eye360 is a whole new way for members to save. When visiting PLUS Providers, members receive an additional \$50 frame allowance and \$0 exam copay. In addition, these benefits can be combined with other offers and discounts for truly eye-opening savings.

**PLUS Providers** are available nationwide in plenty of convenient, easy-to-find locations, including independent, retail and online options. Just look for the  PLUS Provider icon online and in member materials.

### EYE EXAMS AND PREVENTATIVE HEALTH

Vision care is an important part of healthcare. When EyeMed members visit PLUS Providers, they can skip the exam copay.

		EYEMED INSIGHT NETWORK	
		In-Network	Out-of-Network
	<b>Routine Vision Exams</b>	\$10 copay	Plan reimburses up to \$40
	<b>Contact Lens</b> Standard fit & follow-up	Up to \$40	Not covered
	<b>Contact Lens</b> Premium fit & follow-up	10% off retail price	Not covered
	<b>Frequency</b> Exams, Frames, Lenses or Contacts	Once per calendar year	
	<b>Eyeglasses</b>		
	Single Vision Lenses	\$25 copay	Plan reimburses up to \$30
	Lined Bifocal Lenses	\$25 copay	Plan reimburses up to \$50
	Lined Trifocal Lenses	\$25 copay	Plan reimburses up to \$70
	Standard progressive	\$25 copay	Plan reimburses up to \$50
	Frame Allowance	\$0 copay, \$150 allowance; 20% off balance over \$150	Plan reimburses up to \$105
	<b>Contact Lenses</b> In lieu of frames & lenses		
	Prescription Medically Necessary	Plan pays 100% of covered services	Plan reimburses up to \$300
	Conventional	\$0 copay: \$130 allowance; 15% off balance over \$130	Plan reimburses up to \$91
	Disposables	\$0 copay: \$130 allowance	Plan reimburses up to \$91
	<b>Additional Benefits</b>		
	Lasik or PRK (US Laser Network)	15% off retail price or 5% off promotional price	
	Hearing Care Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, and free batteries		

EMPLOYEE COST PER PAY PERIOD			
Employee	EE + Spouse	EE + Child(ren)	Family
\$3.33	\$5.77	\$6.66	\$8.98



## life insurance options



### Life insurance can provide income protection for you and your family.

Some coverage is provided automatically to you at no cost. Other supplemental coverage is available to purchase based on your needs.



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

Snap Finance provides each employee with \$50,000 of Life and AD&D insurance as part of your core benefits. This coverage is completely free to employees — Snap Finance pays the premiums. Additionally, you have the option to convert your coverage if you retire, lose eligibility or terminate your employment with Snap Finance.

This benefit is provided through Unum.



#### Voluntary Life and AD&D Insurance

Snap Finance offers Voluntary Life and AD&D for you and your dependents, which can be purchased through Unum. 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.

**Employee :** You may purchase additional coverage in increments of \$10,000, not to exceed five times your annual salary or \$500,000. \$200,000 is available without proof of good health during initial eligibility\*. Benefits will reduce by 35% at age 65, an additional 25% at age 70, an additional 15% at age 75 and an additional 15% at age 80. Benefits terminate at retirement.

**Spouse :** You may purchase spouse coverage in increments of \$5,000 ,up to \$250,000 not to exceed 100% of employees elected amount. \$30,000 is available without proof of good health during initial eligibility\*. Benefits will reduce 35% starting at age 65. Spouse benefits terminate at age 70.

**Child(ren) :** Children's insurance coverage is for unmarried dependent children from 14 days to age 19, 25 if a full-time student. You may purchase child coverage in the following ways; Infants ages 14 days to 6 months have a flat benefit of \$1,000, Infants 6 months to age 19, 25 if a full-time student have a benefit amount of \$10,000. All child elected amounts are guaranteed issue.

**\*Evidence of insurability must be submitted to and approved by Unum when:**

- Elected amount exceeds guarantee issue amount
- Any benefit increase or new election requested which exceeds more than 2 increment levels
- Any requested increase that has been previously withdrawn or declined
- Initial coverage elected is more than 31 days after first becoming eligible.

**You must have employee coverage in order to elect Spouse or Child coverage.**



# life insurance rates



## Voluntary Life Insurance Worksheet

Age	Employee rate per \$1,000	Spouse rate per \$1,000
< 30	\$0.060	\$0.060
30 - 34	\$0.060	\$0.060
35 - 39	\$0.090	\$0.090
40 - 44	\$0.150	\$0.150
45 - 49	\$0.230	\$0.230
50 - 54	\$0.440	\$0.440
55 - 59	\$0.690	\$0.690
60 - 64	\$0.750	\$0.750
65 - 69	\$1.380	\$1.380
70 - 74	\$2.830	n/a
75 +	\$8.120	n/a

**Child(ren) Rate:** \$2.00 for \$10,000 of Coverage (Regardless of Number of Children)

Coverage Amount	Number of 1000s	Rate from Chart	Monthly Cost
You _____	÷ 1,000 = _____	x _____	= \$ _____
Spouse _____	÷ 1,000 = _____	x _____	= \$ _____
Child(ren) _____	÷ 1,000 = _____	x _____	= \$ _____
<b>Total Monthly Cost = \$</b>			_____



## Voluntary AD&D Insurance Worksheet

Age	Employee rate per \$1,000	Spouse rate per \$1,000
< 30	\$0.025	\$0.025
30 - 34	\$0.025	\$0.025
35 - 39	\$0.025	\$0.025
40 - 44	\$0.025	\$0.025
45 - 49	\$0.025	\$0.025
50 - 54	\$0.025	\$0.025
55 - 59	\$0.025	\$0.025
60 - 64	\$0.025	\$0.025
65 - 69	\$0.025	\$0.025
70 - 74	\$0.025	n/a
75 +	\$0.025	n/a

**Child(ren) Rate:** \$.025 for \$1,000 of Coverage

Coverage Amount	Number of 1000s	Rate from Chart	Monthly Cost
You _____	÷ 1,000 = _____	x \$0.025	= \$ _____
Spouse _____	÷ 1,000 = _____	x \$0.025	= \$ _____
Child(ren) _____	÷ 1,000 = _____	x \$0.025	= \$ _____
<b>Total Monthly Cost = \$</b>			_____



## 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:** \$2,000

This benefit is provided through Unum and Snap Finance 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:** \$10,000

**Pre-Existing Condition:** You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.

This benefit is provided through Unum and Snap Finance pays 100% of the premium.



## additional voluntary benefit options

### Snap Finance offers these additional voluntary benefits through Unum to help you navigate life's challenges.

These benefits are moving from Allstate to Unum for 2024. Unum's goal is to help you and your family cope with and recover from the financial stress of a serious accident or illness. These plans are not major medical insurance; they are insurance for daily living expenses and pay cash directly to you.



#### Accident Insurance

This plan pays toward injury related ER visits, hospitalizations, follow up visits, physical therapy, and coverage for off-the-job accidents\*.

- Pays injury benefits from **\$25 to \$50,000**
- Includes accidental death benefit
- Guaranteed acceptance

##### \$25,000 LOW PLAN - EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$2.14	\$3.78	\$5.53	\$7.18

##### \$50,000 HIGH PLAN - EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$3.47	\$6.11	\$9.04	\$11.68



#### Hospital Indemnity Insurance

Benefits are paid directly to you when you need it most and can be used however you choose: to help pay for out-of-pocket medical expenses like co-pays and deductibles or for non-medical expenses\*.

- Hospital admission benefit and daily hospitalization benefits
- Intensive Care Unit benefit for up to 30 days
- Pays you benefits for hospitalization due to pregnancy

##### EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$7.01	\$14.83	\$10.34	\$17.66



#### Critical Illness Insurance

Benefits are paid directly to you as cash benefits that correspond with a variety of covered illnesses\*, such as: cancer, vascular conditions, neurological conditions, comas, and more.

- **Choose:** the benefits to protect yourself and any family members if diagnosed with a covered critical illness. (\$10,000, \$20,000 or \$30,000). Please see Workday for applicable rate.
- **Use:** you go to your annual exam, the doctor runs tests, the results come back, and you're diagnosed with a covered illness.
- **Claim:** go online, and file a claim. The cash benefits are paid to you, to use however you wish.



## additional protections for you and your family

### Affordable legal access for all and comprehensive privacy protection.



#### LegalShield

LegalShield gives you the ability to talk to an attorney on any personal legal matter without worrying about high hourly costs. With the protection of LegalShield, you can live your life worry free.

- Legal Advice on personal legal issues
- Letters/calls made on your behalf
- Contracts and documents reviewed (up to 15 pages)
- Residential Loan Document Assistance
- Attorneys prepare your will, your living will and your health care Power of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- Trial Defense including pre-trial and trial
- Uncontested divorce, separation, adoption and/or name change representation (available 90 days after enrollment)
- IRS Audit Assistance
- 25% preferred Member Discount (Bankruptcy, Criminal Charges, other matters, etc.)
- 24/7 Emergency Access for covered situations



#### ID Shield

IDShield offers protection beyond identity theft with complete privacy and reputation management services to help keep your online identity and personal information private.

- Consultation on best practices for identity management
- Monitoring of your identity from every angle, not just Social Security number, credit cards and bank accounts
- Online dashboard monitoring, updating daily, let's you see right away if there are changes to your profile
- If any change in your status occurs, you receive an email update. If a consumer spots suspicious or fraudulent activity, they can contact a private investigator immediately and begin restoring their identity to its pre-theft status
- Our IDShield app keeps you connected. Download it and have an identity-theft expert at your fingertips

#### LegalShield ONLY Per Month

**Family**  
\$21.95

#### LegalShield AND IDShield Per Month

**Employee Only**  
\$34.90

**Family**  
\$41.90

#### IDShield ONLY Per Month

**Employee Only**  
\$12.95

**Family**  
\$22.95



# protection for your furry family members

## Nationwide Pet offers several plans to best fit you and your pet's needs.

Designed for pet parents who seek only the best products for their pets —Nationwide Pet offers the best pet insurance plan ever made.

**It's truly nose-to-tail coverage—and it's only from Nationwide®.**

Online enrollment is for cats and dogs only, for avian or exotic pets please call the number below.

Rates vary by breed, species, and state.

*\*Please Note\* Premiums are not payroll deducted for this plan.*



**Enroll today!**

(877) 738-7874

[petinsurance.com/snapfinance](https://petinsurance.com/snapfinance)



### Voluntary health coverage for your pets

- Nationwide provides coverage for veterinary expenses related to accidents and illnesses.
- Policies are available for dogs, cats, birds, reptiles, and other exotic pets.
- Optional wellness coverage is also available for dogs and cats, providing reimbursement for the preventive care necessary to keep them healthy year after year.
- All plans include access to the 24/7 vet helpline.

### Available policies

#### My Pet Protection<sup>SM</sup>

- \$250 annual deductible
- \$7,500 annual maximum
- Covers medical
- No age limitation

#### My Pet Protection<sup>SM</sup> with Wellness

- \$250 annual deductible
- \$7,500 annual maximum
- Covers medical
- No age limitation
- Covers wellness

### What is covered

- Injury & Illness
- Congenital
- Hereditary
- Prescription Diets
- Nutritional Supplements
- Behavioral
- Additional Coverage available for advertising and reward expenses, emergency boarding, loss due to theft, and mortality benefit
- Pre-existing conditions **are not covered**



## get support from the employee assistance program

### Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



Contact UNUM Work/Life Balance  
[unum.com/lifebalance](https://unum.com/lifebalance) | (800) 854-1446



### WORK/LIFE BALANCE

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor\* who can help you. You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

**Licensed professionals and our Work/Life Specialists provide confidential support and guidance by phone to assist with concerns, such as:**

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems (child & elder care)
- Controlling depression and anxiety
- Financial services, debt management, credit report issues
- Identity theft and legal questions

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.





## your employee advocate is here for you



**Diversified Insurance has a dedicated employee advocacy team to help resolve claims problems, enrollment complications, and other service related issues.**

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:**

- 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

**Contact your Employee Advocate**  
[snapfinance@digadvocate.com](mailto:snapfinance@digadvocate.com) - 801-325-5028





# general participation guidelines and notices

Snap Finance 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).

## \*Imputed Income

When you enroll your domestic partner or your partner's child in one of the employer sponsored benefit plans, the IRS considers the employer contribution toward the additional coverage as your imputed income. Your imputed income is the employer's contribution toward the additional coverage for your domestic partner and/or your partner's child.

The payroll deduction amount to cover your domestic partner and/or your partner's child is a post tax deduction - unlike medical coverage for other enrolled family members which is allowed to be done pre-tax under Section 125 of the IRS Code.

Example A: If you enroll your domestic partner and his or her child, your imputed income would be the difference between the employer's contribution for employee only coverage (for you) and family coverage.

Example B: If you enroll your domestic partner, your imputed income would be the difference between the employer's contribution for employee and spouse

coverage and employee only coverage.

Imputed income is separate from - and in addition to - your monthly plan cost. Imputed income applies even if you pay no monthly cost for your medical plan. The amount of your imputed income depends upon the plan in which you are enrolled and the level of your coverage.

Imputed income is taxable - that is, it increases your taxable gross income for federal and state income taxes as well as for FICA (Social Security and Medicare) and taxes are withheld from your paycheck. Your imputed income is reported on your annual Form W-2.

Based on IRS requirements, imputed income applies only for coverage of an eligible family member who is not your tax dependent. If you will claim your domestic partner (or your partner's child) as your tax dependent, you should have no imputed income. See "When You Claim Your Domestic Partner and/or Your Partner's Child as Your Tax Dependent."

Based on IRS requirements, imputed income applies only for coverage of an individual who is not your tax dependent. If your domestic partner (or your partner's child) qualifies as your tax dependent under Section 152 of the Internal Revenue Code, you should have no imputed income. To do this, the domestic partner and partner's children must: a) receive over 50% of his or her support from you for the year; and, b) have as his or her principal abode your home for the entire year, and be a member of your household.

Contact Human Resources if you will claim your domestic partner (or your partner's child) as your tax dependent or if you have any questions about imputed income for domestic partner coverage.



# general participation guidelines and notices

## 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 begins on the 1st day of the month following your date of hire. You must be actively at work for your coverage to become effective.

You must complete your online enrollment within 30 days from your date of hire. 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 terminate on the last day of the month that you are employed with Snap Finance. All other benefits will end on the day of separation. 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 Snap Finance 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

Snap Finance 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.



# 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), and Flexible Spending Accounts (FSA).

Snap Finance 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 [www.healthcare.gov](http://www.healthcare.gov).

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 [www.insurekidsnow.gov](http://www.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 [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

## Health Insurance Marketplace

[healthcare.gov](http://healthcare.gov)  
1 (800) 318-2596



# general participation guidelines and notices

## ACA notices about eligibility and coverage periods

- Snap Finance 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 Snap Finance’s 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 Snap Finance’s 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, Snap Finance 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 Snap Finance 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 Snap Finance 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.

- Snap Finance has determined that the prescription drug coverage offered by the Snap Finance 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.**



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