new for 2024

new medical network

new fertility benefits and lifestyle spending account

open enrollment

starts wednesday, november 1st

closes wednesday, november 15th

TAXbit

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

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

TaxBit 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 begins on your date of hire. 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 and AD&D 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

If you do not make changes during Open Enrollment, most of your current coverage will rollover. If you have any type of Flexible Spending Account, you **MUST** log into Paylocity and re-elect the plan and contributions for the 2024 plan year. 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.

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 Paylocity, TaxBit's 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 Paylocity's system.

paylocity

Step 1 Open your internet browser and navigate to access.paylocity.com

Step 2 Click on **HR & Payroll** then locate **Benefits.**

Step 3 Click on **Action Needed** then chose **Start**.

Step 4 Work your way through the benefit options, choose **Submit** at the end to finalize

You need to enter a beneficiary for the $50,000 Life Insurance policy that TaxBit provides for all full-time employees.

Remember: You must complete your enrollments in Paylocity, even if you plan on waiving the voluntary insurances offered by TaxBit.

Useful Contact Information

Benefit	Carrier	Phone	Group # / Reference ID	Website/Email
Medical	Aetna	(833) 890-6670	#0175271	aetnaresource.com/m/TaxBit
Dental & Vision	Ameritas	(800) 487-5553	010-60642	ameritas.com
Life & Disability Basic Life and AD&D Voluntary Life and AD&D Short-Term Disability (STD) Long-Term Disability (LTD)	Unum	(800) 423-2765	921393 921394 921393 921393	unum.com *+ Evidence of Insurability must be submitted within 90 days from election date* *+ Claims for life and disability can be submitted on the Unum App or online.*
Spending Accounts	Paylocity	(866) 346-5800	927024	access.paylocity.com
Integrated Online Therapy *(Integrated with Medical)*	Talkspace	N/A	**Integrated with medical*	talkspace.com/rfl
Employee Assistance Program	Resources for Living	(888) 238-6232 TTY 711	**Username:** TaxBit **Passcode:** EAP	resourcesforliving.com
Benefits Administration System	Paylocity	Contact Human Resources	N/A	access.paylocity.com
Online Benefits Guide	Online Team Member Reource	N/A	N/A	yourbenefits.guide/taxbit **2024 updates will soon be reflected*
Human Resources	Lydia Coffey	N/A	N/A	lydia.coffey@taxbit.com
Employee Advocate	IMA Financial Group (Insurance Broker)	(801) 325-5096	TaxBit	**Email:** taxbit@digadvocate.com **Schedule 1 on 1 Calendly Appointment:** calendly.com/dylanpear/taxbit-benefits-question

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 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.

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.

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 Aetna's website, listed on page 4 of this benefit guide.

What is TaxBit contributing?

TaxBit's contribution

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

important info about medical coverage

Understanding your deductible

Your deductible is the amount you must pay for covered services before your insurance plan begins to pay for covered services. For example, if your plan has a $3,000 deductible, you'll pay the first $3,000 for covered services. You can meet the deductible with an all-at-once charge for an expensive service — such as an MRI or surgery — or with charges from several small services — such as doctor visits — where you pay a small copay. Keep in mind that copays don't usually count toward your deductible.

Embedded Deductible

An embedded deductible is where each family member has an individual deductible in addition to the overall family deductible. When a family member meets their individual deductible before the family deductible is reached, the insurance company will begin paying according to the plan's coverage for that member. If only one family member meets an individual deductible, the rest of the family still has to pay their deductibles until the family deductible is met.

Non-embedded Deductible

A non-embedded deductible is more straightforward than an embedded deductible. With a non-embedded deductible, there is only a family deductible. All family members' out-of-pocket expenses count toward the family deductible until it is met, and then they are all covered with the health plan's usual copays or coinsurance. It doesn't matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible. The non-embedded deductible is most common in high deductible health plans.

Coinsurance

Once you've met your deductible, you'll pay coinsurance for covered services. Coinsurance is the percentage of costs you're responsible for paying, which counts towards your out-of-pocket maximum.

Out-of-pocket maximum

The out-of-pocket maximum is the maximum amount that you'll pay out of pocket in a plan year. Once you've paid your deductible and paid coinsurance up to the out-of-pocket maximum — all covered services will be 100% paid for by the insurance carrier for the remainder of the plan year. When considering your medical plan options, consideration for the out-of-pocket maximum is essential.

Premiums

Premiums are the costs you pay to use your benefits — think of this like paying for a gym membership — you pay a fee to use the equipment. For insurance, you're paying a membership fee for discounted services and access to specific providers.

how to find in-network providers

We understand the importance of having confidence in your health care provider.

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

Aetna Standard Network

The Standard Network is a non-IHC Network and is Aetna's largest network nationwide.

HCA/MountainStar, Steward Healthcare, Intermountain Primary Childrens, and all University of Utah Facilities are included in this network.

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 Aetna Member Portal - either online or using their app. Or follow the below steps:

1. Vist aetna.com

2. Under guests, select "Plan From an Employer"

3. Enter your zip code and search

4. Select "Aetna Choice POS II (Open Access)" and click continue

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

Aetna Whole Health Network

The Whole Health Network includes IHC hospitals and providers. This network is only available for Utah residents to elect and is not offered outside the State of Utah.

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 Aetna Member Portal - either online or using their app. Or follow the below steps:

1. Vist aetna.com

2. Under guests, select "Plan From an Employer"

3. Enter your zip code and search

4. Select "Aetna Open Access Plans - Managed Choice POS (Open Access)" and click continue

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

medical plan options

	AETNA- TRADITIONAL PPO $500 STANDARD (NATIONAL) OR WHOLE HEALTH (UT) NETWORKS		AETNA - TRADITIONAL PPO $2,000 STANDARD (NATIONAL) OR WHOLE HEALTH (UT) NETWORKS	
	In-Network	Out-of-Network*	In-Network	Out-of-Network
Annual Deductible Jan 1 - Dec 31	You pay up to **$500** per individual **$500** per member / **$1,000** per family *Embedded*	You pay up to **$1,000** per individual **$1,000** per member / **$2,000** per family *Embedded*	You pay up to **$2,000** per individual **$2,000** per member / **$4,000** per family *Embedded*	You pay up to **$4,000** per individual **$4,000** per member / **$8,000** per family *Embedded*
Coinsurance	You pay **20%** AD	You pay **50%** AD	You pay **20%** AD	You pay **50%** AD
Out-of-Pocket Maximum Jan 1 - Dec 31	You pay no more than **$3,500** per individual **$3,500** per member / **$7,000** per family *Embedded*	No more than **$4,000** per individual **$4,000** per member / **$8,000** per family *Embedded*	You pay no more than **$6,250** per individual **$6,250** per member / **$9,375** per family *Embedded*	No more than **$12,000** per individual **$12,000** per member / **$24,000** per family *Embedded*
Preventive Services	You pay **$0** according to government guidelines	You pay **50%** AD	You pay **$0** according to government guidelines	You pay **50%** AD
Office Visits				
Primary Care	You pay **$25** copay	You pay **50%** AD	You pay **$30** copay	You pay **50%** AD
Specialist	You pay **$50** copay	You pay **50%** AD	You pay **$60** copay	You pay **50%** AD
Chiropractic (20 visits / year)	You pay **$50** copay	You pay **50%** AD	You pay **$60** copay	You pay **50%** AD
Teladoc Virtual Telehealth[1]	You pay **$25** copay	Not covered	You pay **$30** copay	Not covered
Vision Exam (1 / 24 months)	Covered **100%**	You pay **50%** AD	Covered **100%**	You pay **50%** AD
Mental Health				
Office Visit	You pay **$50** copay	You pay **50%** AD	You pay **$60** copay	You pay **50%** AD
Inpatient	You pay **20%** AD	You pay **50%** AD	You pay **20%** AD	You pay **50%** AD
Emergency Services				
Urgent Care	You pay **$50** copay	You pay **50%** AD	You pay **$50** copay	You pay **50%** AD
Emergency Room	You pay **$300** copay	Covered as In-Nework	You pay **$350** copay	Covered as In-Nework
Inpatient & Outpatient				
Inpatient Hospital	You pay **20%** AD	You pay AD	You pay **20%** AD	You pay **50%** AD
Outpatient Surgery	You pay **20%** AD	You pay AD	You pay **20%** AD	You pay **50%** AD
Prescription Medication	**Generic / Preferred Brand / Non-Preferred / Specialty**		**Generic / Preferred Brand / Non-Preferred / Specialty**	
Retail (30-day supply) Mail Order (90-day supply)	**$10 / $35 / $70 / 20% / 30%** You pay up to **2.5x** Retail **Oral and injectible fertility drugs are covered**		**$10 / $35 / $70 / 20% / 30%** You pay up to **2.5x** Retail **Oral and injectible fertility drugs are covered**	

After Deductible

Teladoc[1]: Available for ages 18 & Older Only

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.

Please refer to page 10 for rates

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.

medical plan options

	AETNA- HIGH DEDUCTIBLE HEALTH PLAN $2,000 STANDARD (NATIONAL) OR WHOLE HEALTH (UT) NETWORKS		AETNA - HIGH DEDUCTIBLE HEALTH PLAN $4,000 STANDARD (NATIONAL) OR WHOLE HEALTH (UT) NETWORKS	
	In-Network	Out-of-Network*	In-Network	Out-of-Network
Annual Deductible Jan 1 - Dec 31	You pay up to **$2,000** per individual **$4,000** per family *Non-Embedded*	You pay up to **$5,000** per individual **$10,000** per family *Non-Embedded*	You pay up to **$4,000** per individual **$4,000** per member / **$8,000** per family *Embedded*	You pay up to **$6,000** per individual **$6,000** per member / **$12,000** per family *Embedded*
Coinsurance	You pay **20%** AD	You pay **50%** AD	You pay **20%** AD	You pay **50%** AD
Out-of-Pocket Maximum Jan 1 - Dec 31	No more than **$5,000** per individual **$5,000** per member / **$7,500** per family *Embedded*	No more than **$13,000** per individual **$13,000** per member/ **$26,000** per family *Embedded*	You pay no more than **$6,250** per individual **$6,250** per member / **$12,500** per family *Embedded*	No more than **$12,000** per individual **$12,000** per member / **$24,000** per family *Embedded*
Preventive Services	You pay **$0** according to government guidelines	You pay **50%** AD	You pay **$0** according to government guidelines	You pay **50%** AD
Office Visits				
Primary Care	You pay **20%** AD	You pay **50%** AD	You pay **20%** AD	You pay **50%** AD
Specialist	You pay **20%** AD	You pay **50%** AD	You pay **20%** AD	You pay **50%** AD
Chiropractic (20 visits / year)	You pay **20%** AD	You pay **50%** AD	You pay **20%** AD	You pay **50%** AD
Teladoc Virtual Telehealth[1]	You pay **20%** AD	Not covered	You pay **20%** AD	Not covered
Vision Exam (1 / 24 months)	Covered **100%**	You pay **50%** AD	Covered **100%**	You pay **50%** AD
Mental Health				
Office Visit	You pay **20%** AD	You pay **50%** AD	You pay **20%** AD	You pay **50%** AD
Inpatient	You pay **20%** AD	You pay **50%** AD	You pay **20%** AD	You pay **50%** AD
Emergency Services				
Urgent Care	You pay **20%** AD	You pay **50%** AD	You pay **20%** AD	You pay **50%** AD
Emergency Room	You pay **20%** AD	Covered as In-Network	You pay **20%** AD	Covered as In-Network
Inpatient & Outpatient				
Inpatient Hospital	You pay **20%** AD	You pay **50%** AD	You pay **20%** AD	You pay **50%** AD
Outpatient Surgery	You pay **20%** AD	You pay **50%** AD	You pay **20%** AD	You pay **50%** AD
Prescription Medication Retail (30-day supply) Mail Order (90-day supply)	**Generic** / **Preferred Brand** / **Non-Preferred / Specialty** **$10** AD / **$35** AD / **$70** AD/ **20%** AD/ **30%** AD You pay up to **2.5x** Retail **Oral and injectible fertility drugs are covered**		**Generic** / **Preferred Brand** / **Non-Preferred / Specialty** **$10** AD / **$35** AD / **$70** AD / **20%** AD / **30%** AD You pay up to **2.5x** Retail **Oral and injectible fertility drugs are covered**	

After Deductible

Teladoc[1]: Available for ages 18 & Older Only

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.

Please refer to page 10 for rates

medical cost summary

Aetna's Standard Network - National Network

Standard PPO $500 (National Network)	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	$121.45	$60.72
EE + SPOUSE	$273.26	$136.63
EE + CHILD(REN)	$261.11	$130.56
EE + FAMILY	$376.47	$188.24

Standard PPO $2,000 (National Network)	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	$0.00	$0.00
EE + SPOUSE	$0.00	$0.00
EE + CHILD(REN)	$0.00	$0.00
EE + FAMILY	$0.00	$0.00

Standard HDHP $2,000 (National Network)	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	$0.00	$0.00
EE + SPOUSE	$0.00	$0.00
EE + CHILD(REN)	$0.00	$0.00
EE + FAMILY	$0.00	$0.00

Standard HDHP $4,000 (National Network)	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	$0.00	$0.00
EE + SPOUSE	$0.00	$0.00
EE + CHILD(REN)	$0.00	$0.00
EE + FAMILY	$0.00	$0.00

Aetna - Whole Health Network - UT Only / Includes IHC

Aetna Whole Health PPO $500 (IHC for UT Residents)	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	$121.45	$60.72
EE + SPOUSE	$273.26	$136.63
EE + CHILD(REN)	$261.11	$130.56
EE + FAMILY	$376.47	$188.24

Aetna Whole Health PPO $2,000 (IHC for UT Residents)	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	$0.00	$0.00
EE + SPOUSE	$0.00	$0.00
EE + CHILD(REN)	$0.00	$0.00
EE + FAMILY	$0.00	$0.00

Aetna Whole Health HDHP $2,000 (IHC for UT Residents)	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	$0.00	$0.00
EE + SPOUSE	$0.00	$0.00
EE + CHILD(REN)	$0.00	$0.00
EE + FAMILY	$0.00	$0.00

Aetna Whole Health HDHP $4,000 (IHC for UT Residents)	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	$0.00	$0.00
EE + SPOUSE	$0.00	$0.00
EE + CHILD(REN)	$0.00	$0.00
EE + FAMILY	$0.00	$0.00

Tax considerations for Domestic Partners: You pay for health coverage before federal, state and social security taxes are withheld, you you pay less in taxes. Please note that Domestic Partner contributions are regulated by the IRS and generally must be made on an after-tax basis. Similiary, the company contribution toward the cost of the domestic partner coverage and his/her dependents is taxable income to you. Please contact your Tax Advisor for more details on how this tax treatment applies to you, if applicable

health care account options

Offset your out-of-pocket health care expenses by contributing pre-tax dollars to a health care account.

	Health Savings Account (HSA)	Limited Purpose Flexible Spending Account (LPFSA)	Flexible Spending Account
Who administers this account?	Paylocity (Auto-enrollment with HDHP)	Paylocity (Optional enrollment)	Paylocity (Optional enrollment)
Who is eligible for this account?	This account **cannot** be paired with a Traditional PPO Plan. To be considered eligible for this account, you **must** be enrolled in a High Deductible Health Plan..	This account **cannot** be paired with a Traditional PPO Plan. To be considered eligible for this account, you **must** be enrolled in a High Deductible Health 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.
What would I use this account for?	To save for future health care expenses, but also to pay for eligible health care expenses, including medical, dental, vision and prescription medication.	This health care account **can only be used to pay for eligible vision and dental expenses**, unless your medical deductible has been met.	Eligible health care expenses, including dental, vision and prescription medication.
What is the maximum amount that TaxBit and I can put into this account annually?	**$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.	**$3,050** is the IRS pretax contribution limit	**$3,050** is the IRS pretax contribution limit
What does TaxBit Contribute to this account annually?	HDHP $2,000 Plan: - $500* - $1,000* HDHP $4,000 Plan: - $1,000* - $2,000*	TaxBit does not contribute to this account.	TaxBit 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.**.	Your entire contribution amount is available **at the beginning of the year**..	Your entire contribution amount is available **at the beginning of the year**.
What happens if i don't use the money during the year?	All unused funds roll over year-to-year. If you have more than $2,000 in your HSA, you can invest it, and any growth is generally tax free. You can take HSA funds with you when you leave the company or retire.	You have until March 15, 2025 to submit reimbursement for expenses that were incurred during the 2024 plan year. Up to $610 in unused funds will roll over automatically to the following year. If your employment at TaxBit terminates, you have 90 days following your termination to submit reimburesment for expenses incurred up to your termination date.	You have until March 15, 2025 to submit reimbursement for expenses that were incurred during the 2024 plan year. Up to $610 in unused funds will roll over automatically to the following year. If your employment at TaxBit terminates, you have 90 days following your termination to submit reimburesment for expenses incurred up to your termination date.

* Contributions made by TaxBit for newly eligible employees are pro-rated based on your eligibility date.

additional account options

	Dependent Care Flexible Spending Account	Transportation Flexible Spending Account	Fertility Reimbursement Account (HRA)	Lifestyle Spending Account**
Who administers this account?	Paylocity (Optional enrollment)	Paylocity (Optional enrollment)	BBP (Optional enrollment)	Paylocity (Optional enrollment)
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	All full-time employees	Any full-time employee and their spouse/domestic partner is eligible to enroll in an HRA account.	All full-time employees
What would I use this account for?	Eligible dependent care expenses, including adult day care, babysitters/ nannies, summer day camp, before/after school programs, and child day care.	Qualified transit passes, commuter highway vehicle, and qualified parking expenses.	Fertility-related health expenses: IUI, IVF, adoption, surrogacy, and egg freezing services only. Oral and injectible fertility drugs are also available under Aetna's medical coverages.	Qualified expenses: gym memberships (including fitness apps), fitness classes and outdoor passes (ski passes, national park entry fees, etc.).
What is the maximum amount that TaxBit and I can put into this account annually?	**$5,000** If you are single **$5,000** If you are married & filing jointly **$2,500** If you are married & filing separate tax returns	**$300** per month, or **$3,780** annually.	Not Applicable	Not Applicable
What does TaxBit Contribute to this account annually?	TaxBit does not contribute to this account.	Up to **$500** per year, accrued with each pay period. Employees must have enrolled in the TFSA and have made a contribution of $1.00 or more a month to receive TaxBit's contribution.	A lifetime maximum of **$20,000** is available to TaxBit employees for approved fertility costs.	**$125** per quarter, up to **$500** per year.
When are the funds available?	Your contribution amount is available as it comes out of your paycheck **each pay period.**	Your contribution amount is available as it comes out of your paycheck **each pay period.**	Reimbursement will be received following providing proof of eligible fertility expenses.	Your allowance amount is available at the start of each quarter.
What happens if i don't use the money during the year?	You have until March 15, 2025 to submit reimbursement for expenses that were incurred during the 2024 plan year. Any unused funds at the end of the plan year are forfeited per IRS regulations. If your employment at TaxBit terminates, you have until 90 following your termination to submit reimbursement for expenses incurred up to your termination date.	Any unused funds at the end of the plan year carryover to the next plan year. Any amount that has been carried over will not count towards the next year's contribution limits.	Not Applicable	Any unused allowance will be forfeitted at the end of the year.

* Contributions made by TaxBit for newly eligible employees are pro-rated based on your eligibility date.

**Funds received from the lifestyle spending accounts are considered taxable income.

dental plan options

Ameritas is the carrier for our dental plan.

Visit dentalnetwork.ameritas.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 usual & 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 limit plus the applicable coinsurance and deductible.

	LOW DENTAL PLAN (90TH U&C) AMERTIAS NETWORK		HIGH DENTAL PLAN (90TH U&C) AMERITAS NETWORK	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible January - January	**$50** per individual **$150** per family		**$50** per individual **$150** per family	
Annual Maximum January - January	**$1,000** per individual		**$1,500** per individual	
Waiting Period	**None** for Preventive Services **None** Basic Services **None** for Major Services		**None** for Preventive Services **None** Basic Services **None** for Major Services **None** for Orthodontic Services	
Preventive Services Cleanings, exams, and x-rays, fluoride for child(ren) up to age 15	Plan pays **100%** of covered services, No deductible	Plan pays **100%** of U&C, No deductible	Plan pays **100%** of covered services, No deductible	Plan pays **100%** of U&C, No deductible
Basic Services Endodontics, periodontics, extractions, general anesthesia, fillings, space maintainers, sealants (up to age 16)	Plan pays **80%** AD	Plan pays **80%** of U&C, AD	Plan pays **90%** AD	Plan pays **90%** of U&C, AD
Major Services Crowns, crown repair, onlays, bridges, dentures	Plan pays **50%** AD	Plan pays **50%** of U&C, AD	Plan pays **60%** AD	Plan pays **60%** of U&C, AD
Orthodontic Services Child(ren) up to age 19	Not covered	Not covered	Plan pays up to **50%**, No dedudctible	Plan pays up to **50%** of U&C, No dedudctible
Orthodontic Lifetime Maximum	Not covered		**$1,500** per child (up to age 19)	

After Deductible

Reasonable & Customary

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 COST PER PAY PERIOD		
Employee (EE)	EE + 1 Dependent	EE + Family	Employee (EE)	EE + 1 Dependent	EE + Family
$0.00	$5.00	$10.00	$6.79	$17.18	$29.37

vision plan options

Ameritas is our vision carrier.

Visit: VSP.com/eye-doctor to find an in-network provider.

	LOW VISION PLAN VSP CHOICE NETWORK		HIGH VISION PLAN VSP CHOICE NETWORK	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Vision Exams	**$10** copay	Plan reimburses up to **$45**	**$10** copay	Plan reimburses up to **$45**
Contact Fitting & Evaluation	You pay up to **$60**	Not covered	You pay up to **$60**	Not covered
Frequency				
Frames[3]	Once every **24** months		Once every **24** months	
Lenses[3]	Once every **12** months		Once every **12** months	
Contact Lenses[3]	Once every **12** months		Once every **12** months	
Eye Glasses				
Single Vision Lenses [1]	You pay **$25** copay	Plan reimburses up to **$30**	You pay **$25** copay	Plan reimburses up to **$30**
Lined Bifocal Lenses [1]	You pay **$25** copay	Plan reimburses up to **$50**	You pay **$25** copay	Plan reimburses up to **$50**
Lined Trifocal Lenses [1]	You pay **$25** copay	Plan reimburses up to **$65**	You pay **$25** copay	Plan reimburses up to **$65**
Frame Allowance	Plan provides a **$105** allowance [2]	Plan reimburses up to **$70**	Plan provides a **$180** allowance [2]	Plan reimburses up to **$70**
Contact Lenses				
Prescription Medically Necessary	Plan pays **100%** after **$25** copay	Plan reimburses up to **$210**	Plan pays **100%** after **$25** copay	Plan reimburses up to **$210**
Prescription Elective (in lieu of eyeglasses)	Plan provides a **$105** allowance [3]	Plan reimburses up to **$105**	Plan provides a **$180** allowance [3]	Plan reimburses up to **$105**

EMPLOYEE COST PER PAY PERIOD			EMPLOYEE COST PER PAY PERIOD		
Employee (EE)	EE + 1 Dependent	EE + Family	Employee (EE)	EE + 1 Dependent	EE + Family
$0.00	$0.75	$1.50	$0.94	$2.09	$3.92

[1] Limited to standard, uncoated plastic lenses

[2] A discount is applied to frames over the allowance

[3] Based off of last date of service

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 AD&D (AD&D) Insurance

TaxBit 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 — TaxBit pays the premiums. Benefits reduce by 65% at age 65 and an additional 50% at age 70. Additionally, you have the option to convert your coverage if you retire, lose eligibility, or terminate your employment with TaxBit.

Voluntary Life and AD&D Insurance

Taxbit 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. You may purchase supplemental coverage in increments of $10,000, up to 5x your annual earnings, up to a maximum of $500,000. $150,000 is available without having to provide proof of good health upon initial eligibility only. Benefits reduce beginning at age 65.

Voluntary Dependent Life and AD&D Insurance

You may purchase supplemental spouse coverage in increments of $5,000, not to exceed 100% of the employee elected amount, up to a maximum of $250,000. $25,000 is available without having to provide proof of good health upon initial eligiblity only. Benefits reduce beginning at age 65.

Supplemental coverage is also available for dependent children from live birth up to age 26, subject to eligibility requirements. Infants from live birth to 6 months have a flat benefit of $1,000. Coverage for child(ren) from 6 months old up to age 26 can be purchased in increments of $2,000 up to a maximum of $20,000. 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 elected amount.

How to apply for additional coverage over the policies Guarantee Issue amounts:

You will need to complete and submit Unum's Evidence of Insurability application using a secure link that will be emailed to your TaxBit company email address. You will have a 90 day window to complete the assessment using the link, after which point, the link will expire.

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.

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 8th day following 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 12 weeks.

Maximum Weekly Benefit: $2,500

Pre-Existing Condition Limits*: None

This benefit is provided through Unum and TaxBit 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 3 months prior to coverage beginning throughout the first 12 months of coverage.

This benefit is provided through Unum and TaxBit pays **100%** of the premium.

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

get on-the-go access with the aetna mobile app

Health management at your fingertips.

Take charge of your health, and your plan, with Aetna's free mobile app. Find doctors and coverage details, reach health goals, pay claims, and more. It's simple and secure.

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

aetna™

Take charge of your health plan

With the **Aetna Health℠** app, you can access easy-to-navigate information, connect to care, manage claims and more—so you can make the most of your benefits and take control of your health.

Manage your benefits right from your phone

Discover a smarter, simpler way to take charge of your health plan and benefits. With the **Aetna Health℠** app, you can:

- Pull up your ID card whenever you need it
- See benefits and coverage details specific to your plan
- Track spending and progress toward meeting your deductible
- View, filter and pay claims for your whole family
- Find in-network providers near you and search by location or specialty
- Compare cost estimates for doctor visits and procedures
- Receive personalized recommendations to help improve your health

TaxBit Aetna Microsite Resource Center Available Now!

Visit: aetnaresource.com/m/TaxBit

Download the Aetna App

***Text "AETNA" to **90156** to receive a download link.

**Message and data rates may apply.*

Contact Aetna

aetna.com | (833) 890-6670

aetna's value added services

aetna™

TaxBit has specialized Advocates with Aetna to help get the care you need. There is also a dedicated clinical team who are solely focused on supporting our members.

With 3,000 clients and 2 million members in tech companies, Aetna has expertise in developing progressive health insurance solutions that will support you in navigating the health care system. Aenta will help you by connecting you and your loved ones to the right resources when you need it most. This includes benefit education, scheduling appointments, & offering support & guidance wherever needed.

Contact Aetna

aetna.com | (833) 890-6670

HealthHUBs / Minute Clinics

Traditional Plan Cost per Visit: $0
High Deductible Health Plan Cost per Visit: 20% AD

TaxBit employees can access our HealthHUBs & Minute Clinics at low to no cost. **CVS HealthHUBs** provides a professional care team, affordable health services, pharmacist consultations, prescriptions and self care products. It's a center for Health Care. This innovative approach to health care offers local, convenient, affordable care right in members' neighborhoods.

Aetna Concierge

Aetna Concierge helps simplify the experience by providing members with an advisor who can support them in navigating the health care system and help connect them to the right resources. Aetna Concierge can also help educate members on their benefits and even assist with tasks like scheduling doctors appointment, offering support and guidance when members need it most.

Progressive Benefits Exclusive to TaxBit employees

- Teladoc telemedicine (Available for ages 18 and older only)
- Attain®
- 1:1 nurse support & personal health advocate
- 24-hour nurse line
- Pharmacist and dietician support for weightloss or diabetes
- NICU & Fertility Advocate
- Transgender Advocate
- Aetna One® Flex acute and chronic condition support
- Autism Management
- Healing Better program
- Aetna CompassionateCare program
- Guided Genetic Health® program

aetna resources for living employee assistnace program

Real Solutions for Real Life

Talkspace is an online therapy platform that makes it easy and convenient for you or your dependents to connect with a licensed behavioral therapist — from anywhere, at any time. Competing day-to-day needs can make it tough to know where to start. Engage with Aetna's Resoruces for Living Employee Assistance Program (EAP) for personal support and guidance.

Sessions Available: 8, per issue, per year
Session Length: 30-minutes
Accessibility: 24/7, 365 days a year

Access Talkspace through Aetna's Resources for Living EAP
Visit: resourcesforliving.com or
Visit Direct: talkspace.com/rfl

Talkspace

With Talkspace, you can send unlimited text, video and audio messages to your dedicated therapist via web browser or the Talkspace mobile app. Match with a Provider within 48 hours and schedule real-time 30-minute live session. No commutes, appointments or scheduling hassles.

Chat Therapy & Televideo Sessions

Either send secure text messages to your counselor, who will respond within one working day up to 5 days a week, or schedule to meet online for a 30-minute televideo session. 1 week of texting counts as 1 session, and 1 televideo session counts as 1 visit.

You'll continue to work with the same Provider for subseqent visits, unless you prefer to change providers.

What types of things can I use our EAP for?

- Work Life Balance
- Anxiety & Depression
- Stress Management
- Family or Relationship Issues
- Self-Esteem and Personal Development
- Greif and Loss Support
- Substance Abuse
- MindCheck (Self-Guided Online)
  myStrength (Self-Guided Online)
- Support for Parents
- Caregiver Support
- Legal Consultations
- Will Preperation
- Budgeting
- Mortgages and refinancing
- Retirement or Other Financial Planning
- Credit and Debt Issue Support
- Identity Theft Services

360 behavioral health

Aetna 360™ Behavioral Health

Aetna partners with behavioral health and substance use disorder treatment facilities to coordinate care for members, collaborate on holistic discharge planning and provide support for members and their families during treatment and upon discharge.

aetna™

Contact Aetna

aetna.com | (833) 890-6670

Aetna 360™ Behavioral Health

Under Aetna's 360 Behavioral Health, partnering facilities, as well as members and their caregivers, will have a single point of contact with Aetna Behavioral Health. The assigned 360 Care Advocate collaborates with the facility to understand the member, family and caregiver's needs, and then works directly with members and caregivers when needed, both during and after discharge. The 360 Care Advocate is supported by a team at Aetna which includes medical, pharmacy, Resources for Living® and others.

The 360 Care Advocates collaborate with members' medical and behavioral health outpatient providers as needed and provide specific resources to caregivers to ensure they can help members navigate the health care system.

Types of Services Available with this program
• Complex Medical & Behavioral Health (BH)
• BH In-Patient Facility Admissions
• BH related ED Visits
• Serious Mental Illness
• Suicide Risk (Adults & Youth)
• Alcohol / Substance Abuse
• Opiate Overdose
• Eating Disorders
• Autism

get on-the-go access with the myunum mobile app

Get the MyUnum Mobile App and access your claims anytime and anywhere you go.

Unum realizes the only way to meet and exceed your needs is to be there for you - whenever and however it is needed. That's why they are continually enhancing communication with members, including by mobile devices.

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

Contact Unum

unum.com | (866) 679-3054

Life can be busy and complicated.

Unum has created a simple-to-use tool that can help make your life easier while you're on the go. The MyUnum Mobile App helps you personalize, organize and access your important plan and claim information on your phone or tablet.

Customers can access their personal health information from their device, anytime, anywhere.

Use the MyUnum Mobile App, to log in anytime, anywhere to:

- **Create** your account on the Unum website before you download and use the app
- **Submit**, manage, and track short-term and long-term disability claims
- **Review** your personal information and documents you've uploaded and submitted.
- **Communicate** with dedicated claims analysts
- **Setup** direct deposit to receive claim payments
- **Submit** Evidence of Insurability

unum's value added services

These tools from Unum will give you tools that you need to be healthy, secure, and prepared for any life changes.

Your participation in these valuable programs can mean long-term protection and wellness for you and your family.

unum®

Will Preparation

Preparing a will doesn't have to be complicated — or expensive. Unum's employee assistance program includes simple tools that can help you create a basic will in no time.

For more information about the program:

Call (800) 854-1446 or **visit** unum.com/lifebalance

Travel Assistance

Whenever you travel 100 miles or more from home, be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. Just one phone call connects you and your family to medical and other important services 24 hours a day.

Within the United States: Call (800) 872-1414

Outside of the United States: Call (U.S. access code) + (609) 986-1234

Email: medservices@assistamerica.com

Download the App: Reference Number 01-AA-UN-762490

Unum Employee Assistance Program (EAP) and Work/Life Balance

Unum's 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 Unum's Work/Life Specialists can answer your questions and help you find resources in your community. You can get up to 3 visits at no additional cost. Your counselor may refer you to resources in your community for ongoing support.

Call (800) 854-1446 or **visit** unum.com/lifebalance

Employee Assistance Program	Work/Life Balance
A Licensed Professional Counselor can help you with:	Ask our Work/Life Specialists about:
• Stress, depression, anxiety • Relationship issues, divorce • Job stress, work conflicts • Family and Parenting problems • Anger, grief and loss • And more	• Child care and Elder care • Legal questions • Identity Theft • Financial services, debt management, credit report issues • Even reducing your medical/dental bills

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

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

Schedule 1-on-1 Appointment:
https://calendly.com/dylanpear/taxbit-benefits-question

Email: taxbit@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:

- 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

TaxBit 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 begins on your date of hire. You must be actively at work for your coverage to become effective.

You must complete your online enrollment within 14 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 terminates on the last day of the month that you are employed with TaxBit. 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 withTaxBit 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
TaxBit 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, voluntary ad&D, short-term disability (STD), long-term disability (LTD), Health Savings Account (HSA), Flexible Spending Accounts (FSA, LPFSA, DCFSA, TFSA), Lifestyle Account, and Fertility Health Reimbursement Account (Fertility HRA).

TaxBit 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
healthcare.gov/medicaid-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

- TaxBit 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 TaxBit'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 TaxBit'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, TaxBit 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 TaxBit 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 TaxBit 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.
- TaxBit has determined that the prescription drug coverage offered by the TaxBit 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:

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