

# employee benefits enrollment guide

# 2024



## Hospitality

### NEW for 2024

- Diathrive
- Orriant
- SelectHealth Triple Network



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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 Woodbury Corporation, we believe employees are the foundation of our success.**

Woodbury Corporation 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?**

- 30+ hours/week - Medical, Health Savings Account (HSA) or Flex Spending Accounts (FSA, DCRA), Dental, Vision, New York Life benefits (life assistance, life insurance, short and long term disability plans), 401(K) plan, Guardian & Metlife Voluntary benefits
- 20-29 hours/week - Dental, Vision, 401(k) plan
- Below 20 hours/week - 401(k) plan

### **Where can I get medical coverage if I am not eligible?**

- CHIP [www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/](http://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/)
- Medicaid - [www.healthcare.gov/medicaid-chip/getting-medicaid-chip/](http://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/)
- Health Exchange - [www.healthcare.gov/](http://www.healthcare.gov/)

### **When Does Coverage Begin for New Hires?**

Coverage begins on the first day of the month following 60 days. You must be actively at work for your coverage to become effective.

## What do I need to consider for Open Enrollment?

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

- Which medical plan will work best for you?
- How much do you want to contribute to the health care account that works with your medical plan?
- Do you need dental or vision coverage?
- Do you need to cover eligible family members under your insurance benefits?
- Do you want to purchase supplemental life or disability insurance?
- Do you have upcoming life events to consider when selecting benefits, such as the birth of a new baby, a marriage, or a child going to college?
- Who should be your beneficiary for life insurance, Health Savings Account (HSA), Flexible Spending Account (FSA) and 401(K), if applicable?



### Important reminder

In order to enroll in, modify, or waive benefits, you **must** log into [ignitebenefits.com](https://ignitebenefits.com). 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://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

### Medical

SelectHealth G1020324  
1-800-538-5038 selecthealth.org

### Health Savings Account

HealthEquity Employer ID: 14694  
1-866-346-5800 healthequity.com

### Dental

### Metlife

1-888-999-9789 metlife.com/mybenefits

### Vision

Superior Vision by Metlife Group ID: 5398631  
1-833-393-5433 metlife.com/vision  
select Superior Vision by MetLife

### Flexible Spending & Dependent Care Accounts

National Benefits Services GroupID: NBS275015  
1-801-532-4000 nbs-i.com

### Life & Disability Insurance

New York Life 281410  
1-800-842-4462 newyorklife.com/

### Voluntary Benefits - Accident, Critical Illness & Cancer

Guardian 00579075  
1-888-482-7342 guardianlife.com/

### Employee Assistance Program (EAP)

#### Life Assistance Program-NYLife:

1-800-538-3543 nylgbs-lap.com

### 401K

Standard Plan #: 809919  
1-800-858-5420 Customer Service  
1-800-262-7111 Customer Service  
One Digital Local Customer Service  
1-801-559-7774

### IMA Employee Advocate

801-325-5028  
woodbury@digadvocate.com

### Human Resources

801-482-7454 John Campbell  
j\_campbell@woodburycorp.com  
801-435-5552 Gloria de la Cruz  
gdelacruz@woodburycorp.com  
801-435-5553 Maria Castellanos  
maria.castellanos@woodburycorp.com

### New! Online Benefits Guide Microsite

[yourbenefits.guide/woodbury/](https://yourbenefits.guide/woodbury/)



## 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 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 SelectHealth website, listed on page 3 of this benefit guide.



### What is Woodbury Corporation contributing?

#### Woodbury Corporation contribution

Woodbury Corporation pays most of your monthly premium to limit your monthly cost and provide you with affordable coverage options.



# info about medical coverage

## Evaluate your medical plan options and choose what's best for you.

### What does a medical carrier do?

The medical carriers are administrators of our medical plans. They negotiate rates with hospitals and doctors on your behalf, offer a variety of wellness benefits and resources, and pay claims in accordance with plan guidelines.

	Select MED Plus	Select MED Plus HSA Qualified \$2000/\$4000	Select MED Plus HSA Qualified \$1600/\$3200
<b>Per-pay-period differences between plans</b>	Highest Cost	Lower Cost	Lower Cost
<b>In-network preventive care</b>	✓	✓	✓
<b>Maternity programs</b>	✓	✓	✓
<b>Out-of-network benefits available</b>	✓	✓	✓
<b>Savings account eligible</b>	Health Flexible Spending Account (Health FSA)	Health Savings Account (HSA)	Health Savings Account (HSA)

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

	Select MED Plus	Select MED Plus HSA Qualified
<b>Annual deductible/coinsurance</b>	<p>• Generally, you must pay all 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. Office visits and urgent care are not subject to deductible.</p>	<p>• Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay towards any expense.</p>
<b>Out-of-pocket maximum</b>	<p>• The out-of-pocket limit is 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.</p>	<p>• The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.</p>
<b>Copays</b>	<p>• Copays will not count toward your annual deductible, but they will count toward your out-of-pocket maximum.</p>	



# selecthealth triple network

## Here's how it works:

You have three benefit "tiers" of coverage. Each tier is tied to a different provider network.

### Value - Tier 1 Gives you lower prices

- Member cost sharing: Depending on your plan, you may pay less for care through copays, coinsurance and deductibles.
- Lower overall costs: Doctors and facilities will charge you less for many services and procedures.
- Combined deductible/out-of-pocket: Expenses you pay in Tier 1 or 2 will count towards both the Tier 1 and Tier 2 deductible and out-of-pocket maximum.

### MED - Tier 2 Gives you greater access

- Potentially higher overall costs: Doctors and facilities may charge you more for some services.
- Greater access: There are more in-network providers and more in-network facilities when compared to Tier 1.
- Combined deductible/out-of-pocket: Expenses you pay in Tier 1 or 2 will count towards both the Tier 1 and Tier 2 deductible and out-of-pocket maximum.

### Out-of-Network - Tier 3 Gives you unlimited access

- Total Freedom: See any provider or go to any facility you want for covered services.
- Higher Costs: Your copays, coinsurance and overall costs for care will be higher when compared with Tiers 1 and 2 and providers and facilities may ask you to pay the difference between what they charge and the SelectHealth allowed amount.
- Separate deductible/out-of-pocket: None of the out-of-pocket expenses you incur on Tier 1 or Tier 2 or on prescription drugs will count toward your Tier 3 deductible or out-of-pocket maximum. Additionally, none of the expenses you incur on Tier 3 will count towards Tier 1 or Tier 2 deductible or out-of-pocket maximum.
- Certain Services: Some services (such as preventive care) are not covered when done by an out-of-network provider. We recommend calling Member Services at 800-538-5038 to confirm your coverage and benefits before using out-of-network providers.

## Our cost estimator can show you specific pricing between tiers along with provider ratings

Log in to your SelectHealth account either through the website ([selecthealth.org](https://selecthealth.org)) or via the mobile app. Then, use the cost estimator tool to see pricing information based on tier.

- When using the website, log in to your accounts and click "Medical Cost Estimator".
- When using the app, log in and choose "Estimate Costs".

Once you have accessed the tool, use the search bar to search for the service or procedure you want (e.g., "knee replacement," "baby delivery," "endoscopy").

Once you choose the service/procedure, you will see options with cost estimates. You can evaluate available providers based on their patient reviews and quality ratings and see the price differences based on your benefits and tiers.

### You have flexibility

You can move between tiers as needed throughout the year. For one service, you might use Tier 1. For another procedure, you might use Tier 2. In addition to the cost estimator tool, you can access the provider search tool at [selecthealth.org/findadoctor](https://selecthealth.org/findadoctor) to find in-network doctors. Search your Tier 1 network to find a provider that works for what you need. If you can't find a Tier 1 provider to meet your needs, then search for providers on your Tier 2 network.

Need more help?

If you are having trouble finding the right providers, you can call our Member Advocates team at **800-515-2220**. They can help direct you to the most appropriate place to get care considering your insurance benefits. They can even help make appointments with in-network providers.

## Questions?

Log into the Select Health app or your member account and check out your Member Payment Summary (MPS) to see your network options in each tier. If you need help, call Member Services at 800-538-5038.







# selecthealth national network

## SelectHealth National Network

### SelectHealth MED plus out-of-network benefits

SelectHealth Med plus out-of-network benefits includes all Intermountain Healthcare® facilities, clinics, and doctors and key speciality facilities such as the Huntsman Cancer Hospital and Moran Eye Center. SelectHealth Med includes nearly 42 participating hospitals and over 800 clinics with more than 12,000 doctors, including specialists who you can see without a referral. Plus, with this plan, you can use out-of-network doctors and facilities for covered services. Finally, you'll have in-network benefits throughout the U.S. Use the table below to find in-network providers wherever you are in the country.

State	Network*
Utah	SelectHealth MED
Idaho	St. Luke's Health Partners, Brightpath, & the SelectHealth Network
Nevada	SelectHealth Value
All Other States	UnitedHealthcare Options PPO

### About this network:

- » Includes 83% of all hospitals and two of every three healthcare providers in the U.S.
- » Remember: While this network of doctors and facilities is contracted through UnitedHealthcare, your health insurance coverage is through Select Health.

### Finding doctors outside of Utah, Idaho, and Nevada

- » Use the Select Health app or visit [selecthealth.org/findadoctor](https://selecthealth.org/findadoctor) to search for in-network providers.
- » Filter your results by the UnitedHealthcare Options PPO network and you'll be guided to their provider search tool.
- » Once you reach the UnitedHealthcare provider search tool, update your location and you can find in-network doctors from there. You can also check to see if your current doctor is participating in the UnitedHealthcare Options PPO network.

If your UnitedHealthcare provider has questions regarding your care, they will need to contact UnitedHealthcare provider services at 888-830-0179.














### Questions?

Call Member Services at 800-538-5038 with any questions about your coverage or benefits.



# medical plan options

	SELECT MED PLUS		SELECT MED PLUS HSA QUALIFIED \$2000/\$4000		SELECT MED PLUS HSA QUALIFIED \$1600/\$3200	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *	In-Network	Out-of-Network *
 <b>Annual Deductible</b>	You pay up to \$2,000 per individual \$4,000 per family (Embedded)	You pay up to \$4,000 per individual \$8,000 per family (Embedded)	You pay up to \$2,000 per individual \$4,000 per family (Non-Embedded)	You pay up to \$4,000 per individual \$8,000 per family (Non-Embedded)	You pay up to \$1,600 per individual \$3,200 per family (Non-Embedded)	You pay up to \$3,200 per individual \$6,400 per family (Non-Embedded)
 <b>Out-of-pocket Maximum</b>	No more than \$3,000 per individual \$6,000 per family (Embedded)	No more than \$6,000 per individual \$12,000 per family (Embedded)	No more than \$2,000 per individual \$4,000 per family (Non-Embedded)	No more than \$4,000 per individual \$8,000 per family (Non-Embedded)	No more than \$3,000 per individual \$6,000 per family (Non-Embedded)	No more than \$6,000 per individual \$12,000 per family (Non-Embedded)
 <b>ConnectCare</b> Urgent Care Primary/Behavioral Health	Covered 100% Covered 100%	Not Covered Not Covered	You pay \$59 co-pay; 100% AD Varies - See Fee Schedule	Not Covered Not Covered	You pay \$59 co-pay; 100% AD Varies - See Fee Schedule	Not Covered Not Covered
 <b>Preventive Services</b>	You pay \$0 according to government guidelines	Not Covered	You pay \$0 according to government guidelines	Not Covered	You pay \$0 according to government guidelines	Not Covered
 <b>Office Visits</b> Primary Care Specialist Chiropractic (20 visits)	You pay \$20 co-pay You pay \$30 co-pay You pay \$20 co-pay	You pay 40% AD You pay 40% AD Not Covered	Covered 100% AD Covered 100% AD Covered 100% AD	You pay 40% AD You pay 40% AD Not Covered	You pay \$15 co-pay AD You pay \$25 co-pay AD You pay \$15 co-pay AD	You pay 40% AD You pay 40% AD Not Covered
 <b>Mental Health Services</b> Office Visit Inpatient	You pay \$20 co-pay You pay 20% AD	You pay 40% AD You pay 40% AD	Covered 100% AD Covered 100% AD	You pay 40% AD You pay 40% AD	You pay \$15 co-pay AD You pay 20% AD	You pay 40% AD You pay 40% AD
 <b>Emergency Services</b> Urgent Care Emergency Room Ambulance	You pay \$35 co-pay You pay \$75 co-pay You pay 20% AD	You pay 40% AD Covered as In-Network Covered as In-Network	Covered 100% AD Covered 100% AD Covered 100% AD	You pay 40% AD Covered as In-Network Covered as In-Network	You pay \$35 co-pay AD You pay \$75 co-pay AD You pay 20% AD	You pay 40% AD Covered as In-Network Covered as In-Network
 <b>Inpatient &amp; Outpatient</b> Inpatient Hospital Outpatient Surgery	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD	Covered 100% AD Covered 100% AD	You pay 40% AD You pay 40% AD	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD
 <b>Prescription Medication</b>	Generic / Preferred / Non-preferred / Specialty		Generic / Preferred / Non-preferred / Specialty		Generic / Preferred / Non-preferred / Specialty	
 Retail (30-day supply) Mail Order (90-day supply)	You pay \$15 / \$30 / \$50 / \$100 You pay \$15 / \$60 / \$150 / \$100		Covered 100% AD Covered 100% AD		You pay \$7 AD / \$21 AD / \$42 AD / \$100 AD You pay \$7 AD / \$42 AD / \$126 AD / \$100 AD	
 <b>Health Care Account</b> Details on page 9	Eligible for a Flexible Spending Account (FSA) Eligible for a Health Reimbursement Account (HRA)		Eligible for a Health Savings Account with a company match (HSA)		Eligible for a Health Savings Account with a company match (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 COST PER PAY PERIOD			EMPLOYEE COST PER PAY PERIOD		
	Employee	Two-Party	Family	Employee	Two-Party	Family	Employee	Two-Party	Family
	\$76.52	\$428.44	\$663.58	\$66.83	\$407.67	\$634.50	\$41.70	\$309.07	\$487.00

- Copays will not count toward your annual deductible, but they will count toward your out-of-pocket maximum.
- Excluded benefits do not count toward your annual deductible. Please see SelectHealth plan documents for more details.



# health care account options

Health care accounts can be used to help offset your out-of-pocket health care expenses, including co-pays, prescriptions, glasses, dental, and lab work.

	Flexible Spending Account (FSA)	Health Savings Account (HSA)
Which plans is this account available for?	Select MED Plus	Select MED Plus HSA Qualified \$1600/\$3200 Select MED Plus HSA Qualified \$2000/\$4000 <small>*Not eligible for HSA if you are receiving Social Security or enrolled in Medicare.</small>
What would I use this account for?	Eligible health care expenses, including dental, vision and prescription medication.	To save for eligible health care expenses, including dental, vision and prescription medication. Also to save for retirement.
What is the maximum amount that Woodbury Corporation and I combined can put in this account?	<b>\$3,200</b> or the IRS pretax contribution limit	<b>\$4,150</b> Employee-only coverage <b>\$8,300</b> Family coverage If you'll be at least 55 years old in 2024, you can make an additional \$1,000 catch-up contribution.
What does the company contribute?	Woodbury Corporation does not contribute to this account.	<b>Employee puts in at least:</b> Single: \$5.00 per pay period. Two-Party: \$10.00 per pay period. Family: \$15.00 per pay period.  <b>Company puts in:</b> Single: \$9.65 per pay period. Two-Party: \$19.25 per pay period. Family: \$28.85 per pay period.
Are there investment options?	No	Yes
When are the funds available?	Your entire contribution amount is available at the beginning of the year. If you elect to have a debit card, there is an \$18 debit card fee, that is taken from the participant's account.	Your contribution amount and any Woodbury Corporation contribution is available as it comes out of your paycheck each pay period — so your entire contribution amount is not available at the beginning of the year or when coverage starts. There is a no fee debit card available for this account.
What happens if I don't use the money during the year?	You have until March 15, 2025 to incur eligible services from the prior plan year. Requests for reimbursement must be submitted by March 31, 2025. Any funds left in the account are forfeited, per IRS regulations. Once your employment ends, you won't be able to spend your FSA funds, but you do have 90 days to submit claims for FSA-eligible expenses that you incurred while employed and during the current plan year. If you have any funds left over after those 90 days that exceed the \$640 rollover, you'll forfeit those funds.	All unused funds will roll over to the next year. Once your balance reaches \$2,000, you can invest any amount over \$2,000 you wish. Any growth is generally tax free. You can take HSA funds with you when you leave the company or retire.

**Harness the Power of an HSA**  
[healthequity.com/learn/webinars/harness-hsa](https://healthequity.com/learn/webinars/harness-hsa)

**HSA : The New Retirement Strategy**  
[healthequity.com/learn/webinars/new-retirement](https://healthequity.com/learn/webinars/new-retirement)

**FSA : A Flexible Way to Save**  
[healthequity.com/learn/webinars/flexible-fsa](https://healthequity.com/learn/webinars/flexible-fsa)



## dependent care flexible spending account



**A Dependent Care Flexible Spending account can be used to help offset your out-of-pocket dependent care expenses — which can save you 10% to 30% depending on your personal tax rate.**

**If enrollment is not high enough to pass federal thresholds, this plan will not be administered for 2024.**

	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.
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?	Woodbury Corporation 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 — <b>not at the beginning of the year.</b>
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, or who is mentally or physically incapable of taking care of himself or herself.
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. You must submit expenses by March, 31 2025.

The Dependent Care Flexible Spending Account allows you to pay child or dependent care on a pre-tax basis.

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

- Both parents must be considered gainfully employed, and full time or part time status does not make any difference. So long as both parents are working to earn an income, then they are gainfully employed.
- You are a single head of household
- Your spouse is disabled or a full-time student



# intermountain health app & intermountain connect care

## Intermountain Health® patient portal & app

Convenient, high-quality care - whenever and wherever you need it. A skilled clinician is just a swipe or a click away with Intermountain Connect Care.

### Self-schedule or learn more about virtual visits\* for:

- Urgent care
- Primary care
- Mental health
- Nutritional support
- Lactation support
- Physical therapy



The portal and app even have an E-Visit option where you can get care via secure online chat! \* Services available through the Intermountain Health patient portal and app may vary by state

### Other virtual care options

For virtual care outside of the Intermountain Health virtual clinic, your in-network doctor's office may use various apps or websites for virtual visits. No matter what video platform you and your doctor use, you have covered benefits for virtual care from in-network providers.

### Get started

Download the Intermountain Health app or visit [intermountain.com/patientportal](https://intermountain.com/patientportal).



## Intermountain Connect Care®

Get primary care, mental health care, physical therapy, nutritional and lactation support, and 24/7 urgent care from home with virtual doctor visits at no or low out-of-pocket cost to you. The typical wait time for urgent care is under 10 minutes, and you can save an average of \$400 per visit compared with the emergency room\* (ER). \*For emergencies, call 911 or go to the ER.

### Commonly treated conditions:

- Stuffy and runny nose
- Allergies
- Sore throat
- Eye infections
- Cough
- Painful urination
- Lower back pain
- Joint pain or strains
- Minor skin problems

The portal and app even have an E-Visit option where you can get care via secure online chat! \* Services available through the Intermountain Health patient portal and app may vary by state

### Other virtual care options

For virtual care outside of Connect Care, your in-network doctor's office may use various apps or websites for virtual visits. No matter what video platform you and your doctor use, you have covered benefits for virtual care from in-network providers.

### Get started

Download the Intermountain Connect Care app or visit [intermountainhealthcare.org/connectcare](https://intermountainhealthcare.org/connectcare).

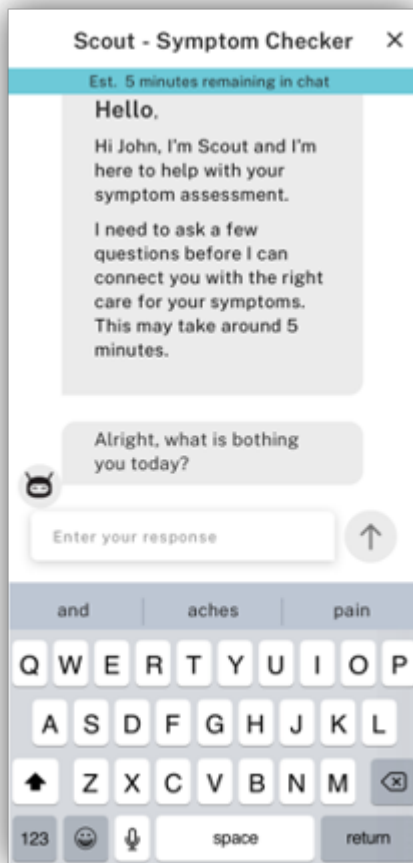




# symptom checker, e-visits & medical cost estimator

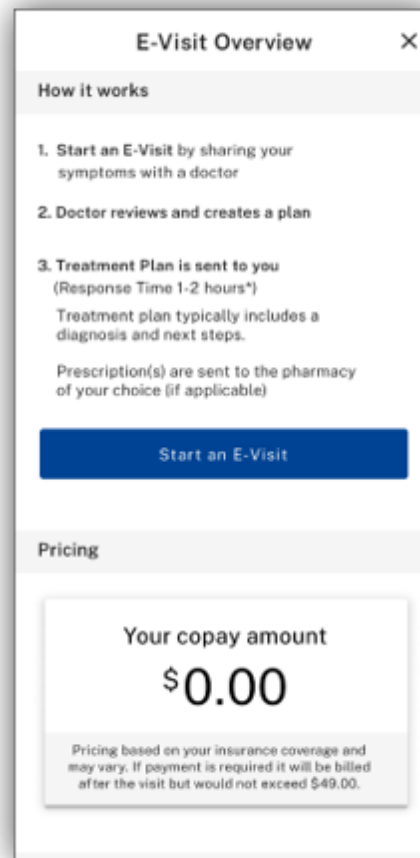
## Symptom Checker

- Directs you to the right care, which may include an E-Visit
- Available through the My Health+ app



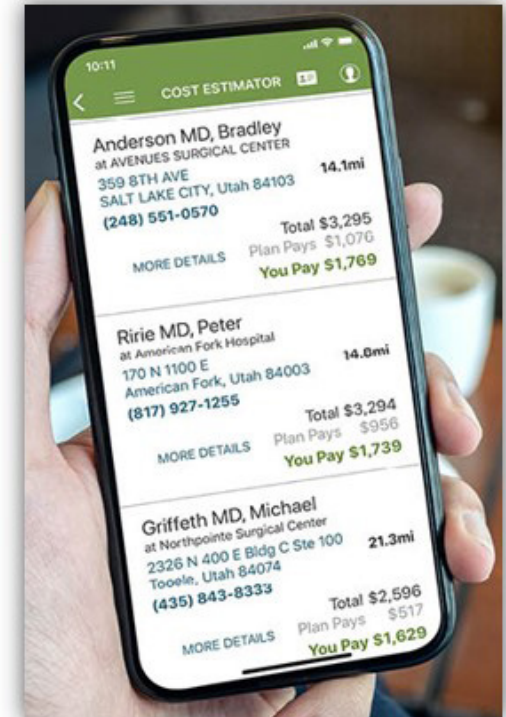
## E-Visits

- Goal is 15 minutes or less
- Chat with a doctor through secure messaging and develop a treatment plan



## Medical Cost Estimator

- Transparent cost and quality data
- Includes a breakdown of charges associated with specific procedures (e.g., facility, surgeon, anesthesia)





# intermountain health answers & member support

## Intermountain Health Answers

### A phone call could save you an ER visit.

If you're not sure if you need to visit the ER, call Intermountain Health Answers and talk to a registered nurse about your health concerns. It's free, and you get access to the knowledge of an expert rather than trying to decide on your own whether you need to visit the emergency room.

(844) 501-6600

### A team of skilled caregivers that includes you.

Become an active part of your healthcare team by calling Intermountain Health Answers when you have a health question or concern. It's free, and a team of skilled nurses is available 24 hours a day to share knowledge and experience so you can be your best possible caregiver.

### Health advice from a more reliable source than your search engine.

Instead of relying on the internet for self-diagnosis, pick up the phone and talk to one of our registered nurses at Intermountain Health Answers. It's free, and can help you determine what you might have and the steps you need to take. So put the mouse away and pick up the phone.

## Member Support

### Member Services

Help you understand your insurance plan. Answer benefit questions

7 a.m. to 8 p.m. MST, weekdays

9 a.m. to 2 p.m. MST, Saturdays

(800) 538-5038

### Member Advocates

Find the right doctor and facility for your needs. Schedule appointments for you. Provide support to maximize your benefits

7 a.m. to 8 p.m. MST, weekdays

9 a.m. to 2 p.m. MST, Saturdays

(800) 515-2220

### Online Customer Services

Log in to the app or the web version of your Select Health member account and chat with us or request a call back at a time that's convenient for you.



**Call Intermountain Health Answers (844) 501-6600**

**Call Member Services (800) 538-5038**

**Call Member Advocates (800) 515-2220**





# emergency room, urgent care, or telemedicine

## What's the difference?

An urgent medical problem is one in which your life is not in danger, but you require immediate medical attention — while not as serious as an emergency situation, an urgent situation is still important.

Telemedicine provides medical care via phone or video consultation so you can get medical care without leaving your home.

A recent study shows emergency room costs are approximately 700% more than the cost for the same level of quality medical care received at an urgent care.

A Merritt Hawkins study showed that the average wait time for the average ER visit **lasts over 4 hours** according to a recent report from Press Ganey.



### Wait time

Emergency rooms treat the patients with the most serious conditions first, so patients with less urgent needs will often wait longer to see a doctor. Urgent care centers are usually on a first-come, first-served basis. Telemedicine provides care through phone and/or video consultation so there is no need to sit in a waiting room at all.

TYPICAL EMERGENCY ROOM PROBLEMS	TYPICAL URGENT CARE PROBLEMS	TYPICAL TELEMEDICINE PROBLEMS
<ul style="list-style-type: none"><li>• Heart attack symptoms</li><li>• Broken bones</li><li>• Constant vomiting</li><li>• Uncontrolled bleeding</li><li>• Severe shortness of breath</li><li>• Deep wounds</li><li>• Major burns or fractures</li><li>• Unconsciousness</li></ul>	<ul style="list-style-type: none"><li>• Cough or sore throat</li><li>• Cuts and severe scrapes</li><li>• Minor fractures or sprains</li><li>• Abdominal pain</li><li>• Headache</li></ul>	<ul style="list-style-type: none"><li>• Cough or sore throat</li><li>• Urinary tract infection</li><li>• Abdominal pain</li><li>• Headache</li><li>• Fever</li></ul>

### When do you go to the Emergency Room?

The ER is meant for "true" emergencies and equipped for nearly any type of medical emergency. Emergency rooms are found at most hospitals and they are typically open 24/7.

### When do you go to the Urgent Care?

Urgent care facilities are same-day clinics that are intended to provide treatment for non-emergency conditions after regular office hours, or when your Primary Care Physician is not available.





## helping you manage your health

### Let SelectHealth help you live the healthiest life possible.

SelectHealth care managers are dedicated to helping members get the right care — they work hard to manage costs while protecting the quality of care.

Care managers are specially trained registered nurses who assist members with long-term chronic diseases and help them recover from surgeries and short-term illnesses. They have years of healthcare experience, with extensive knowledge about facilities, providers, and services. If you qualify for care management, a care manager will work with you and your doctor to make sure you get the most appropriate care and receive help with your benefits and claims.

Care managers provide one-on-one support, educational materials, and follow-up phone calls to help you manage your condition. Care management is available for members with the conditions, surgeries, or illnesses listed below:

- Asthma
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Complex Joint Replacements
- Diabetes
- Heart Disease
- Depression/Anxiety
- High-Risk Pregnancy
- HIV and other Blood Conditions
- Some Surgeries

#### Contact Healthy Connections/Care Management

(800) 442-5305

[selecthealth.org/wellness/care-management](https://selecthealth.org/wellness/care-management)



**Need More Information?**  
[selecthealth.org](https://selecthealth.org) | (800) 442-5305





## 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, 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 Woodbury 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)





## CancerCARE

The CancerCARE Program is a free, fully integrated cancer solution included in YOUR health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Centers of Excellence location.

### Day One Help

The day you receive a cancer diagnosis is overwhelming. Our CancerCARE professionals will answer questions about your diagnosis and help you evaluate your treatment options. They will also help maximize your health benefits and minimize your out-of-pocket expenses. Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact. 877-640-9610

### Personalized Care

Today's cancer treatments vary by cancer type, stage of spread, and the patient's genetic makeup. The most effective care occurs when it is genetically personalized for you. Genetic testing is often not a covered benefit; however, it is fully covered when used for treatment planning with CancerCARE's recommendation.

### National Resources

New treatments are developed and tested at leading cancer centers called Centers of Excellence. Treatment received from your local oncologist is often the best possible, but in some instances, we may suggest new treatments that are only offered at a Center of Excellence when those treatments could be more beneficial to you. Two examples would be clinical trials or proven new treatments that have not yet been written and given to community oncologists.

### Expert Medical Team

During your Initial registration call, our highly trained Intake Coordinators will quickly gather your medical and health plan information. When a diagnosis permits, you will be assigned your own personal Oncology Nurse Expert who will answer any questions you have regarding your diagnosis as well as your care options. CancerCARE's entire team of doctors, nurses, and medical experts is dedicated to being with you throughout your treatment journey

### Have Questions?

877-640-9610 | email: [cancermanagement@cancercareprogram.com](mailto:cancermanagement@cancercareprogram.com) | website: [cancercareprogram.com](http://cancercareprogram.com)



## Imaging, reimagined.

### Visit Expectations:

- Patients will receive a text message or email upon receiving an order from their provider or a call within 1 business day.
- Payment is due at time of service. Insurance deductibles and co-pays apply.
- If you don't have insurance or we do not accept your insurance, we accept payments with automated claim generation provided on request.



Tellica Imaging, a wholly owned non-profit Intermountain Healthcare company, is focused on delivering low-cost, high-quality imaging in an outpatient setting. Tellica is transforming the imaging space for patients, payers, and providers by creating a seamless scheduling system with mobile offerings, automating the claims generation process, and putting operations where the patients want them—in easily accessible facilities in the communities where they live.

With transparent pricing, Tellica Imaging creates an atmosphere that is easy for patients, payers and providers to navigate an otherwise challenging healthcare setting. Tellica offers a global transparent price that is easily understood by both patients, payers, and providers with any scan, regardless of body part or contrast administration for \$350 per CT and \$550 per MRI; a rate 2-2.5x cheaper than the national average. In doing this, Tellica adheres to Intermountain Healthcare’s mission of “helping people live the healthiest lives possible.”

Tellica Imaging offers two different types of scans; CT and MRI, in six locations.

Locations		Hours: Monday–Saturday, 7 AM–7 PM	
<b>BOUNTIFUL</b> 110 North Main Street Bountiful, UT 84010	<b>OREM</b> 256 East University Prkwy Orem, UT 84058	<b>DRAPER</b> 13490 South 195 West Draper, UT 84020	<b>SALT LAKE CITY</b> 2645 Parleys Way Salt Lake City, UT 84109
<b>OGDEN</b> 1028 Chambers Street South Ogden, UT 84403	<b>WEST VALLEY</b> 4587 South 4000 West West Valley City, UT 84120		



Learn more about Tellica Imaging  
801-442-6000 | tellicaimaging.com



## help with prescriptions



### PHARMACY ADVOCATES

Your employer has partnered with IMA Pharmacy Advocates (IPA) to help their employees and dependents to save money on the rising cost of prescription medications. This is a FREE program to you, available through your employer.

Once enrolled, participants will receive specialty medications sent directly to their home with no shipping/handling costs and \$0.00 copay.

## A PROGRAM THAT SAVES YOU MONEY

Do you have questions about specialty medications that aren't covered by your prescription benefit plan? Our IMA Pharmacy Advocates can help with the following:

- Specialty Medication Assistance
- Pharmacy Related Questions
- Managing Medication Adherence

### Why participate?

Because it saves you and the health plan money - which translates into more stable premiums over time.

### If I participate, does my employer have access to my health information?

No. The IMA Pharmacy Advocate Program is separate from your employer and will not share any of your personal health information.

If you or a family member has questions about the IMA Pharmacy Advocate Program or how to join, please feel free to reach out to your pharmacy advocate representative,

by phone: 866-530-9989

or email: [Mindy.Cook@imacorp.com](mailto:Mindy.Cook@imacorp.com)



## With prescription costs out of control, the time for Clever RX is now.

CleverRX is 100% free to use and works directly with pharmaceutical companies to offer significant discounts to qualifying individuals.

**Clever Rx can save you up to 80% off prescription drugs**—it is often lower than the average copay. Over 70% of people can benefit from a prescription savings card due to high deductible health plans, high copays, and being underinsured or uninsured.

Download the Clever RX card or Clever RX App to unlock exclusive savings today.

C L E V E R



### Step One

**Download your Clever RX card or the app, available in the Apple App Store or through Google Play.** Make sure you enter in Group ID: 1003 and Member ID: 10041 during the on-boarding process. This will unlock exclusive savings for you and your family

### Step Two

**Find where you can save on your medication by using your zip code when you search for your medication.** GoodRx is accepted at over 70,000 pharmacy locations in all 50 states, Puerto Rico, and the U.S. Virgin Islands. That includes major chains like CVS, Costco, Rite Aid, Kroger, Walgreens, Walmart, and many more. You can search from pharmacies where many \$4.00 Generic Prescriptions are available.

### Step Three

**Click the voucher** with the lowest price, closest location, and/or at your preferred pharmacy. **Click “share” to text yourself the voucher** for easy access when you are ready to use it. **Show the voucher on your screen to the pharmacist** when you pick up your medication.

### Step Four

**Share with family, friends or anyone** who wants lower prices on their prescriptions.



**This program is independent of your medical plan and the out-of-pocket expenses do not count towards your medical deductible or medical out-of-pocket maximum.**



## orriant wellness program



### Welcome to Orriant!

Orriant is a leader in health and well-being. They are here to support you and your wellness journey, through their state-of-the-art online portal/app. This confidential portal will provide you with a wide variety of resources, tools, activities, and education surrounding all aspects of health and well-being. You will have access to create and track goals, watch the full webinar library, join live monthly podcasts, dive into the monthly newsletter, and even engage in community competitions. Where will you begin earning points?

#### HOW TO GET STARTED?

1. Following open enrollment, check your e-mail for an invitation from Orriant.
2. This e-mail will contain your personal credentials to log in.
3. Add in your cell phone number to opt in to text messages.
4. Add your spouse/domestic partner if they'd like to have their own account. (Your spouse must have their own e-mail).
5. Confirm your personal information & enjoy!

#### WHY PARTICIPATE?

- Earn at least 10 points each quarter to be entered into a drawing for one of ten \$50 gift cards!!!
- Orriant-approved recipes
- Weekly resilience pro tips
- Wellness seminar library & monthly newsletters supporting the full continuum
- Quarterly well-being competitions
- 'Rise up with Orriant' podcast (Apple Podcasts, Google Podcasts, Spotify Podcasts)

#### NEED HELP?

Chat with us [www.orriantwellness.com](http://www.orriantwellness.com)  
Email: [info@orriant.com](mailto:info@orriant.com) phone: 888-346-0990  
Business hours m-fri: 9:00 am - 5:00 pm



# dental plan options - pdp plus network

## Metlife is the carrier for our dental plan.

Must work 20+hours/week to be eligible.









Visit [metlife.com/insurance/dental-insurance/](https://www.metlife.com/insurance/dental-insurance/) to find a provider in the network.

### Out-of-network coverage.

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

Get the App!



	METLIFE HIGH - PDP PLUS NETWORK		METLIFE LOW - PDP PLUS NETWORK	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *
 <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
 <b>Calendar Year Maximum</b>	\$1,750 per individual	\$1,750 per individual	\$1,000 per individual	\$1,000 per individual
 <b>Waiting Period</b>	<b>None</b> for Preventive Services, Basic, Major, & Orthodontic Services		<b>None</b> for Preventive Services, Basic, Major, & Orthodontic Services	
 <b>Preventive Services</b> Cleanings, routine exams, child fluoride, and x-rays	Plan pays <b>100%</b> of covered services, No deductible	Plan pays <b>80%</b> of R&C, AD, No deductible	Plan pays <b>100%</b> of covered services, No deductible	Plan pays <b>80%</b> of R&C, AD, No deductible
 <b>Basic Services</b> Fillings, sealants, extractions, scaling & root planing, space maintainers, and bridge & crown maintenance	You pay <b>20%</b> AD	You pay <b>30%</b> of R&C, AD	You pay <b>20%</b> AD	You pay <b>40%</b> of R&C, AD
 <b>Major Services</b> Crowns, bridges, implants, dentures, inlays, onlays, veneers, general anesthesia, endodontics, and periodontics	You pay <b>50%</b> AD	You pay <b>50%</b> of R&C, AD	You pay <b>50%</b> AD	You pay <b>60%</b> of R&C, AD
 <b>Orthodontic Services</b> Children to 19	Plan pays up to <b>50%</b> AD	Plan pays up to <b>50%</b> of R&C, AD	Not Covered	Not Covered
 <b>Orthodontic Lifetime Maximum</b>	\$1,500 per individual	\$1,500 per individual	Not Covered	Not Covered

AD: After Deductible

R&C: 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) Only	Two-Party	EE + Family	Employee (EE) Only	Two-Party	EE + Family
\$16.55	\$35.86	\$59.88	\$11.73	\$22.79	\$39.07





# metlife high plan network

## Visit a dentist. Any dentist.

No matter who your dentist may be, with the MetLife High Plan Preferred Dentist Program, the power to choose and save is yours.

### Here are the facts:

- You can go to any licensed dentist, in or out of the network.
- Reimbursement for your out-of-network dental care is based on the 99th percentile of “reasonable and customary” R&C fee. We look at what dentists in your area actually charge for services, and we calculate reimbursement based on the 99th percentile of those charges.
- The way we determine allowable charges for the R&C fee means your eligible benefit amount for out-of-network care is high relative to average dental charges in the community. This helps you pay less out of pocket.
- Sometimes when you visit an out-of-network dentist you may have to pay part of the bill. This is called balance billing. But with a 99% R&C plan, in the case of most covered services you won't be balance billed above your typical out-of-pocket costs — your deductible, coinsurance amount and your plan maximum.

***This information is for those enrolled on the Dental High plan only.***

### Savings Example

This hypothetical example shows that whether you get a cleaning from a participating or non-participating dentist, you can still save money.

	PARTICIPATING DENTIST	NON-PARTICIPATING DENTIST
Dentist's Usual Charge	\$99	\$99
Negotiated Fee	\$59	N/A
99th Percentile R&C Fee	<b>N/A</b>	<b>\$164</b>
<b>MetLife Pays</b>	<b>\$59</b>	<b>\$99</b>
<b>Your out-of-pocket cost</b>	<b>\$0</b>	<b>\$0</b>

### Take charge of your dental care

Before you get any major dental work, you should talk to your dentist about getting a pre-treatment estimate. That's when your dentist sends the plan for your care to MetLife.

For most procedures, you and your dentist will receive the estimate — online or by fax — during your visit. The statement shows amounts for what your plan covers. Then you and your dentist can talk about your care and costs before your treatment. It's a great way to be prepared and plan ahead.

### Get your plan information — fast!

Managing your dental benefits has never been easier. You've got MyBenefits — your secure member website. Just log on at [metlife.com/mybenefits](https://www.metlife.com/mybenefits). Client Code: Woodbury Corporation. With the 24/7 website you can:

- Review your plan information, including what's covered and your coinsurance
- Track your deductible and plan maximums
- Find a dentist or view your claim history



# vision plan options, hearing plan discount

## Superior Vision by Metlife is the carrier for our vision plan.

Must work 20+hours/week to be eligible.

### With your Superior Vision Preferred Provider Organization Plan, you can:

- Go to any licensed Superior Vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam’s Club and Visionworks.

### Find a Superior Vision provider at

[www.metlife.com/vision](http://www.metlife.com/vision) and select Superior Vision by MetLife.

For general questions, go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-833-EYE-LIFE (1-833-393-5433)

**Employees on a Woodbury medical plan can receive a preventive eye exam every 360 days using an in-network provider.**



#### Routine Vision Exams

Eye health exam, dilation, prescription and refraction for glasses

Covered in full after **\$10** copay.

**\$45** allowance

Retinal imaging

Up to a **\$39** copay

n/a



#### Frequency

Exams, Contact Lenses, Frames, & Lenses

**Once** every plan year

**Once** every plan year

#### Eyeglasses

Frames

**\$150** allowance after **\$10** copay

**\$70** allowance

#### Standard Plastic Lenses

Single vision, lined bifocal, lined trifocal, lenticular

Covered in full after **\$10** copay.

Up to **\$100** allowance



#### Standard lens enhancements

Standard Polycarbonate (child up to age 18)

Covered in full after **\$10** copay.

n/a

Other Enhancements

may be viewed at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

n/a

#### Contact Lenses in lieu of lens and frame benefits



Standard fitting  
Specialty fitting  
Elective lenses  
Medically Necessary

**\$25** copay  
**\$50** allowance after **\$25** copay  
**\$150** allowance  
Covered in Full

n/a  
n/a  
**\$105** allowance  
**\$210** allowance

#### EMPLOYEE COST PER PAY PERIOD

Employee	EE + Spouse	EE + Child(ren)	EE + Family
\$4.14	\$6.70	\$8.14	\$9.37

- Additional savings on glasses and sunglasses: Members may receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks or 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider’s usual and customary rate may be available.
- Additional savings on frames: 20% off any amount over your frames allowance.
- Additional savings on contacts: 15% off any amount over your contact lens allowance. 15% discount on additional contacts beyond your covered amount.
- Laser vision correction: Savings of 40% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.
- Hearing discounts: A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service. 855-400-9764, go to [yourhearingnetwork.co](http://yourhearingnetwork.co).



# new york life group benefit solutions

## Employee Assistance & Wellness Support program

### Employee Assistance Program

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Employee Assistance Program provides a maximum of three in-person or virtual sessions, per issue, per year.

### GuidanceResources®

When you need information quickly to help handle life's challenges, you can visit [guidanceresources.com](http://guidanceresources.com) for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

### Well-being Coaching

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

### FamilySource®

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

## Financial, Legal & Estate Support program

We know financial and legal challenges can be very stressful for you and your family. That's why New York Life Group Benefit Solutions provides our Financial, Legal & Estate Support program to help you navigate these issues, at no additional cost. Leaving you with fewer worries.

- FinancialConnect®
- LegalConnect®
- EstateGuidance®

### Secure Travel

Secure Travel offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away, 24/7/365.

#### Pre-trip planning

- Traveling assistance
- Emergency assistance\*

### Health Advocacy

Health Advocacy Services offers you expert assistance with a wide range of healthcare and health insurance issues. Let us help you – your spouse, dependents, parents and parents-in-law – get the answers you need, when you need them, 24/7, at no additional cost to you.

- Find the right health care professionals based on your needs.
- Locate specialists, schedule appointments, arrange medical tests or special treatments.
- Answer questions about diagnoses, test results, treatments, medications and more.
- Get the estimated fees for services in your area.
- Find in-home care, adult day care, group homes, assisted living and long-term care and more...

## Have Questions?

- Employee Assistance and Wellness Support & Financial, Legal & Estate Support 24/7 | (800) 344-9752 | [guidanceresources.com](http://guidanceresources.com) | Web Id: NYLGBS
- Secure Travel | (888) 226-4567
- Health Advocacy | (866) 799-2725



## 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** Must work 30+hours/week to be eligible.

Woodbury Corporation provides each employee with \$10,000 of Life and AD&D insurance as part of your core benefits. This coverage is completely free to employees — Woodbury Corporation pays the premiums. Additionally, you have the option to convert your coverage if you retire, lose eligibility or terminate your employment with Woodbury Corporation. When you are 65 or older, your Life Insurance Benefit will reduce to the following percentage: 65% at age 65; 50% at age 70.

This benefit is provided through New York Life.

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.



#### **Voluntary Life and AD&D Insurance** Must work 30+hours/week to be eligible.

Woodbury Corporation offers Voluntary Life and AD&D for you and your dependents, which can be purchased through Cigna. This option gives you the advantage of purchasing life insurance and AD&D at affordable group rates. It is not a pre-tax benefit option. Premiums are paid with after-tax dollars through an automatic payroll deduction from your paycheck. These coverages are completely voluntary. You may purchase additional coverage in increments of \$10,000, not to exceed five times your annual salary or \$500,000. \$100,000 is available without proof of good health during your initial enrollment period only. If after your initial enrollment period you will be required to complete an Evidence of Insurability Form.



#### **Voluntary Dependent Life Insurance** Must work 30+hours/week to be eligible.

You may purchase spouse coverage in increments of \$5,000, not to exceed 50% of the employee elected amount, or \$250,000. \$30,000 is available without proof of good health during your initial enrollment period only. If after your initial enrollment period your spouse will be required to complete an Evidence of Insurability Form.

Children's insurance coverage is for unmarried dependent children from live birth to age 26, subject to eligibility requirements. Coverage is for \$10,000 and is inclusive for all children. This means that if you have one child or many children, you pay one flat amount; however, each child is covered individually for the \$10,000 coverage amount. The amount of coverage from birth to 6 months is \$500.



# life insurance rates



**Voluntary Life Insurance Worksheet**  
Must work 30+hours/week to be eligible.

Age	Employee & Spouse rate per \$1,000
< 30	\$0.06
30 - 34	\$0.06
35 - 39	\$0.08
40 - 44	\$0.11
45 - 49	\$0.16
50 - 54	\$0.25
55 - 59	\$0.41
60 - 64	\$0.63
65 - 69	\$1.07
70 - 74	\$2.02
75 - 79	\$3.83
80 - 84	\$7.14
85 - 89	\$12.42
90 - 94	\$19.15
95+	\$29.08

**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**  
Must work 30+hours/week to be eligible.

Age	rate per \$1,000
You	\$0.04
Spouse	\$0.04
Children	\$0.04

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>			_____



## additional voluntary benefit options

### Woodbury Corporation offers these additional voluntary benefits through Guardian to help you navigate life's challenges.

**These group benefits are fully paid by you but generally at a lower rate than if you were to purchase them on your own outside of a group. You pay for this coverage through payroll deductions. Here is a summary of the available plans**

#### **Accident insurance - Must work 30+hours/week to be eligible.**

Accident insurance pays you a lump sum in cash after you suffer an accident like a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer a special benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football\*.

With health coverage becoming more expensive with higher co-pays, premiums, and deductibles, accident insurance can be a great, affordable way to supplement and cover the additional expenses your health and disability insurance doesn't cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries. Includes accidental death benefit: \$50,000 for employee, \$25,000 for spouse, and \$5,000 for child.

#### **Cancer insurance - Must work 30+hours/week to be eligible.**

Cancer insurance can help you handle medical plan deductibles, co-pays and other out-of-pocket costs; non-medical expenses such as transportation to treatment facilities; even everyday living expenses such as groceries, rent and mortgage payments.

The unexpected out-of-pocket expenses of cancer recovery, such as transportation to chemotherapy, copays, and deductibles, can add up fast. What's more, two thirds of cancer recovery costs are non-medical, such as covering the mortgage, child care, and other household expenses. Cancer insurance can help you pay for all of these expenses.

#### **Critical illness insurance - Must work 30+hours/week to be eligible.**

Critical illnesses include stroke, heart attacks, Parkinson's, cancer, and more. Our policies cover over 30 major illnesses. If you happen to get diagnosed with one of these illnesses, our plans can pay you a lump sum of up to \$20,000.

It's an affordable way to supplement and pay for the additional expenses your health insurance doesn't cover. Plus, some of our policies pay out additional cash if you find yourself in the hospital for less serious illnesses or injuries.

#### **Wellness Benefit - Accident or Critical Illness - Must work 30+hours/week to be eligible.**

Wellness Benefit pays when insured completes screenings such as mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation, and weight reduction programs. Benefits are paid even if medical insurance is paying 100% of the cost. Call Guardian for information on how to apply.

Provides a per year benefit: Employee \$100; Spouse \$100; Child \$100

#### **How to enroll**

See instructions on page 32, for how to enroll via the Ignite system.

#### QUESTIONS?

Call Guardian at 1-888-482-7342 or

Woodbury Corporation Human Resources at 801-482-7454.





# voluntary benefit rates



## Critical Illness Insurance Per Pay Period Rates

Employee may choose a lump sum benefit of \$20,000 or \$10,000

Age	Employee \$20,000 Benefit		Employee \$10,000 Benefit	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
< 30	\$9.42	\$6.55	\$4.71	\$3.28
30 - 39	\$12.09	\$7.75	\$6.05	\$3.88
40 - 49	\$23.17	\$12.55	\$11.58	\$6.28
50 - 59	\$48.28	\$21.78	\$24.14	\$10.89
60 - 69	\$94.43	\$37.38	\$47.22	\$18.69
70+	\$175.38	\$70.15	\$87.69	\$35.08

Premiums listed are for Attained Age and will increase as an insured ages.

Child benefit is 50% of employee benefit and the cost is included with the employee election.

See policy for coverage details.



## Critical Illness Insurance Per Pay Period Rates

Spouse benefit is 50% of Employee benefit.

Age	Spouse \$10,000 Benefit		Spouse \$5,000 Benefit	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
< 30	\$4.71	\$3.28	\$2.35	\$1.64
30 - 39	\$6.05	\$3.88	\$3.02	\$1.94
40 - 49	\$11.58	\$6.28	\$5.79	\$3.14
50 - 59	\$24.14	\$10.89	\$12.07	\$5.45
60 - 69	\$47.22	\$18.69	\$23.61	\$9.35
70+	\$87.69	\$35.08	\$43.85	\$17.54

Premiums listed are for Attained Age and will increase as an insured ages.



## Accident Insurance Per Pay Period Rates

Age	Rate
Employee	\$3.23
Employee & Spouse	\$4.89
Employee & Child	\$7.48
Family	\$9.14



## Cancer Insurance Per Pay Period Rates

Age	Rate
Employee	\$7.14
Employee & Spouse	\$13.96
Employee & Child	\$8.95
Family	\$15.78



## auto and home insurance

### Be financially prepared for the unexpected with MetLife Auto & Home insurance.

Without the right coverage, an accident or storm can be devastating to your financial wellbeing.

With MetLife Auto & Home<sup>®</sup>, you will have the protection you need to stay prepared for the unexpected and the support you need to get back on track.



**Enroll Today!**

1 (800) 438-6381

[farmers.com/groupselect](https://farmers.com/groupselect)



#### Personalized protection for the right fit

Everyone has different needs at different stages of life. That's why we offer a wide range of products and services — providing the flexibility for you to choose what's right for you:

- Auto
- Home
- RV
- Renters
- Flood<sup>1</sup>
- Condo
- Boats
- Landlord's rental dwelling
- Personal excess liability protection

#### Industry-leading features to give you confidence

Sometimes, things go wrong. Homes or vehicles get damaged and you need help getting back on track. Our product advantages can help put things right:

- **Replacement cost coverages for homes and new vehicles** help you rebuild at today's cost or repair/replace a new vehicle in case of a total loss <sup>2</sup>
- **Replacement costs for special parts** helps you with repair or replacement of certain parts, regardless of their wear and tear at the time of the accident <sup>3</sup>
- **Multi-policy advantages** offer the convenience of one common effective date and payroll deduction for both auto and home policies
- **Safe driving benefit** rewards you with \$50 for every year of claim-free driving for up to five years. You can use that money to pay for your deductible <sup>4</sup>

<sup>1</sup> MetLife Auto & Home participates in the National Flood Insurance Program (NFIP) managed by the federal government.

<sup>2</sup> See policy for restrictions for more details. Not available in all states. Deductible applies.

<sup>3</sup> Not available in NC. See policy for restrictions. Deductible applies.

<sup>4</sup> Not available in all states. NY drivers must pay a state-required minimum deductible before using this benefit. Benefit can be earned for up to 5 years. Depending on your policy form, the benefit could be up to \$250 or \$500.





### Pets make your family whole — cover them with Pet Insurance.

Now more than ever, pets are playing a significant role in our lives, and it is important to keep them safe and healthy.

Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.

Pet insurance can help reimburse you for covered unexpected veterinary expenses.

#### Call to get a quote or enroll today

1 (800) 438-6388

[quote.metlifepetinsurance.com/  
get-a-quote/pet/?partnerId=235623](https://quote.metlifepetinsurance.com/get-a-quote/pet/?partnerId=235623)



#### Why is Pet Insurance important?

- A small monthly payment can help you prepare for unexpected vet expenses down the road.
- More than 6 in 10 pet owners said their pet has had an emergency medical expense.
- 24% of pet parents have credit card or personal loan debt to cover pet health and vet costs.
- Average annual cost for a routine vet visit is \$212 for a dog and \$160 for a cat; and average annual cost for a surgical vet visit is \$426 for a dog and \$214 for a cat.
- Pet insurance may not cover pre-existing conditions.

#### How does MetLife Pet Insurance work?

1. Select & enroll in the coverage best for you and your pet.
2. Download the MetLife mobile app.
3. Take your pet to the vet.
4. Pay the bill and send it with your claim to MetLife the app, online portal, email, fax, or postal service.
5. Receive reimbursement by check or direct deposit if the claim expense is covered under the policy.

#### What's covered?

- Accidental injuries
- Illnesses
- Exam fees
- Surgeries
- Medications
- Ultrasounds
- Hospital stays
- X-rays and diagnostic tests
- Hip dysplasia
- Hereditary, congenital, and chronic conditions
- Alternative therapies
- and more!



## 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 Ignite, Woodbury Corporation'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 the Ignite system.



**Step 1** Open your internet browser and navigate to **ignitebenefits.com**

Click on **New Registration** and enter your information.

**Step 2** If you already have a **Username** and **Password** please select **Login** and skip ahead to **Step 4**.

Woodbury Corporation's identifier is:  
**Woodbury**

Follow the instructions to set up your **Username** and **Password**.

**Step 3** Please use secure password storage practices to safeguard your personal information.

Now that you're registered and logged into the system, you can navigate to your **Profile**,

**Step 4** **Benefits, Required Tasks** (benefits or HR related items that Woodbury Corporation requires you to complete), and **Resources**.



## financial wellness



**The company offers multiple ways you can access resources to help with your financial wellness. All of the following are offered at no cost to you.**

### Financial, Legal & Estate Support program

We know financial and legal challenges can be very stressful for you and your family. That's why New York Life Group Benefit Solutions provides our Financial, Legal & Estate Support program<sup>1</sup> to help you navigate these issues, at no additional cost. Leaving you with fewer worries.

- FinancialConnect®
- LegalConnect®
- EstateGuidance®

**(800) 344-9752 | [guidanceresources.com](https://guidanceresources.com) | Web Id: NYLGBS**

### OneDigital

Our 401K broker offers a comprehensive set of materials and resources. All webinars, calculators and supporting materials are accessible on the OneDigital Financial Academy website.

### The Standard

Our 401k Plan administrator also offers a complete set of resources titled **Enrich**. If you already have an account with The Standard, you can get to Enrich by going to **My Resources > Financial Wellness**



## retirement plan

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

You are eligible to participate in the 401(k) at beginning of the month after you have completed two months of service with Woodbury and are at least 21 years of age. Simply visit The Standard's site to get started.

[www.standard.com/retirement/woodburv-corporation](http://www.standard.com/retirement/woodburv-corporation)

These four decisions will pave your path to success:

1. Decide how much to save...Experts suggest saving 15% of your wages will have you on track to retire at age 65. We suggest you save what you can afford and get to 6% ASAP as that qualifies you for the full available match from Woodbury. Woodbury matches you 33% on the first 6% of each paycheck saved to the 401k! That's up to 2% free money!
2. Will you pay tax on the income you save for retirement today by making ROTH contributions or in the future by making Pre-Tax contributions? Good news is you have choice and can save all Roth, all Pre-Tax or any combination of the two up to the IRS limit of \$23,000 for 2024. Those over 50 can contribute up to \$30,500.
3. Determine how to invest your assets. You can build your own portfolio from the available investments in the plan or use the Target Date funds designed to provide you an appropriate level of risk based on your age.

4. Who will you list as your beneficiary? This is a separate election from any of your other benefits at Woodbury and should be kept up to date via the [www.standard.com/retirement](http://www.standard.com/retirement) website.

There is no deadline to start saving into the 401k but we would suggest you get up to 6% as soon as possible to capture the full match and then gradually increase your contributions each year until you are saving 13%. That plus the match will have you right on track!

Company contributions become yours over time. After two years of service, you own 20% of the Woodbury contributions and it goes up 20% every year. After 6 years of service, you own 100% of Woodbury contributions.

Additionally, the [www.onedigital.com/finanical-academy](http://www.onedigital.com/finanical-academy) is a great resource for further financial knowledge and if you are nearing retirement and have questions around your right next steps with Social Security and retirement income planning you may reach out to One Digital at [RetireReady@OneDigital.com](mailto:RetireReady@OneDigital.com) for fiduciary level advice

Check out our 401k Home Base at [www.venrollment.com/v/woodbury-corporation](http://www.venrollment.com/v/woodbury-corporation) or via the QR code to ENROLL and for more information, timely advice and access to 1-on-1 planning sessions.



Contact Standard

[www.standard.com/retirement](http://www.standard.com/retirement) | 800-858-5420





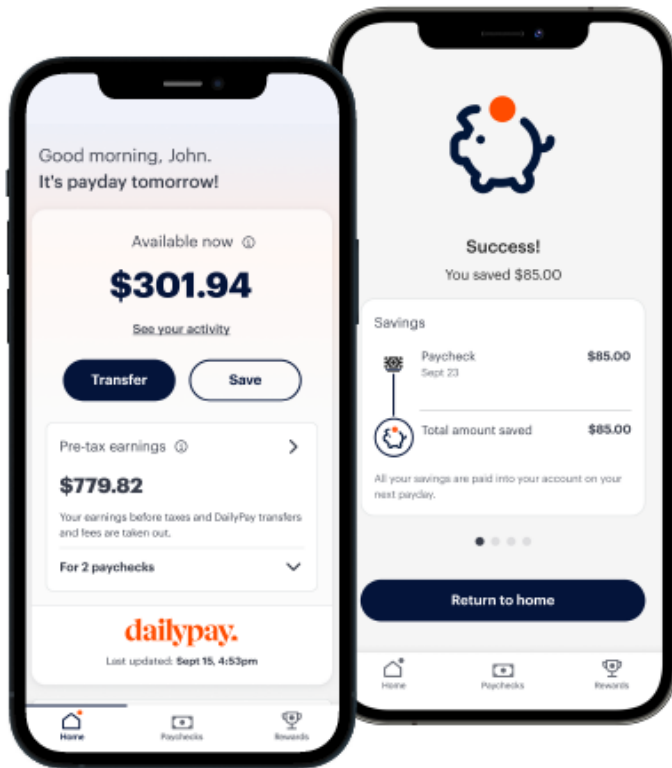
## time off

Benefits	Hourly/Non-Exempt	Salaried/Exempt
<b>Paid Time Off</b>	<p>First Day of Employment Through 12 Months (year 1);</p> <ul style="list-style-type: none"><li>» The associate receives .02 hours of PTO for each work hour up to 40 hours/year.</li></ul> <p>Years 2 through 4:</p> <ul style="list-style-type: none"><li>» The associate receives .039 hours of PTO for each work hour up to 80 hours/year.</li></ul> <p>Year 5 and beyond:</p> <ul style="list-style-type: none"><li>» The associate receives .058 hours of PTO for each work hour up to 120 hours/year.</li></ul>	<p>First Day of Employment Through 12 Months (year 1);</p> <ul style="list-style-type: none"><li>» The associate receives .027 hours of PTO for each work hour up to 56 hours/year.</li></ul> <p>Years 2 through 4:</p> <ul style="list-style-type: none"><li>» The associate receives .047 hours of PTO for each work hour up to 96 hours/year.</li></ul> <p>Year 5 and beyond:</p> <ul style="list-style-type: none"><li>» The associate receives .0654 hours of PTO for each work hour up to 136 hours/year.</li></ul>
<b>Paid Holidays</b>	<p>The following holidays qualify for holiday pay compensation for hourly associates when worked:</p> <ul style="list-style-type: none"><li>» New Year's Eve</li><li>» New Year's Day</li><li>» Memorial Day</li><li>» July 4th (Independence Day)</li><li>» Labor Day</li><li>» Thanksgiving Day</li><li>» Christmas Eve</li><li>» Christmas Day</li></ul>	<p>The following holidays qualify for holiday time off for salaried/exempt associates when worked:</p> <ul style="list-style-type: none"><li>» New Year's Eve (after 3:00 p.m.)</li><li>» New Year's Day</li><li>» Memorial Day</li><li>» July 4th (Independence Day)</li><li>» Labor Day</li><li>» Thanksgiving Day</li><li>» Day After Thanksgiving Day</li><li>» Christmas Eve (after 3:00 p.m.)</li><li>» Christmas Day</li></ul>



## You deserve to get paid every day.

We've partnered with DailyPay so you can get your pay any time before payday. It's free to create an account and your available pay will increase each time you work.



Scan code to get started or go to [dailypay.tm/new-nh](https://dailypay.tm/new-nh)

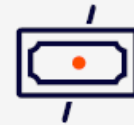


## Get your money any time before payday.



### Get DailyPay

Set up your account in 2 minutes.  
Create your account for free at [dailypay.tm/new-nh](https://dailypay.tm/new-nh)



### Get your money

Instantly transfer money you've already earned for a fee.



### Get the rest on payday

Whatever you don't transfer is automatically sent to you for free on your normal payday.



## employee advocate

### 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



**HOLLEE RASMUSSEN**

*Employee Advocate Lead*

**OFFICE**  
801.325.5035



**ASHLEY CONDIE**

*Account Coordinator*

**OFFICE**  
801.325.5028

#### Contact your Employee Advocate

801-325-5035 | 801-325-5028  
woodbury@digadvocate.com





# general participation guidelines and notices

Woodbury Corporation 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;
- 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 the 1st day of the month following 60 days of full-time employment. 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 Woodbury Corporation. 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 Woodbury Corporation 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

Woodbury Corporation 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 short-term disability (STD), long-term disability (LTD), Voluntary Guardian benefits, Health Savings Account (HSA), and Flexible Spending Accounts (FSA).

Woodbury Corporation 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.



## general participation guidelines and notices

### ACA notices about eligibility and coverage periods

- Woodbury Corporation 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 Woodbury Corporation’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 Woodbury Corporation’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, Woodbury Corporation 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 Woodbury Corporation 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 Woodbury Corporation 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.

- Woodbury Corporation has determined that the prescription drug coverage offered by the Woodbury Corporation 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.



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



95 S. State, Suite 1300 | Salt Lake City, Utah 84111  
(801) 325-5000 | [imacorp.com/saltlakecity](http://imacorp.com/saltlakecity)