



Benefits Enrollment Guide

2022



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Do you need help or have questions?

You can reach out to your insurance company or benefit provider using the contact numbers provided on page 4.

If your issues are still not resolved, please contact your Diversified Insurance Group Employee Advocate.





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

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

Who is eligible?

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

If you're enrolling a domestic partner...

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

When does coverage begin for New Hires?

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

What do I need to consider for Open Enrollment?

When choosing your insurance coverage for 2022, review the benefit options available to you and make the elections that are right for you and your family.

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



Important reminder

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



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

IMPORTANT NOTICE

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



online enrollment instructions



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

Please follow the steps outlined here to register in Ignite, SimpleNexus' 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**.

SimpleNexus' identifier is:
SimpleNexus

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 SimpleNexus requires you to complete), and **Resources**.



useful contact information

Medical

SelectHealth

selecthealth.org

(800) 538-5038

Health Savings Account

HealthEquity

thehealthequity.com

(866) 346-5800

Dental

Guardian

guardiananytime.com

(888) 482-7342

Vision

Superior Vision

superiorvision.com

(800) 507-3800

Life & Disability Insurance

Guardian

guardiananytime.com

(888) 482-7342

Accident, Critical Illness, & Hospital Indemnity

Guardian

guardiananytime.com

(888) 482-7342

Employee Assistance Program

Intermountain EAP

intermountainhealthcare.org/eap

(385) 282-2700

401(k)

The Standard

standard.com

(800) 858-5420

SimpleNexus Human Resources

Caitlin Nelson

cnelson@simplenexus.com

(801) 666-1335

Emily Young

eyoung@simplenexus.com

(801) 319-3956

Anna Ratanawan

aratanawan@simplenexus.com

(385) 484-8288

Diversified Insurance Group Employee Advocate

simplenexus@digadvocate.com

(801) 325-5075

Do you have benefit questions?

Please contact the insurance company or benefit provider using the contact information on this page.

If the provider cannot resolve your issues, please contact our Diversified Insurance Group Employee Advocate.





important medical insurance terms



What comes out of my pay?

Annual premium

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



What will I pay after I meet my deductible?

Coinsurance

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



What will I pay when my medical coverage starts?

Annual deductible

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



How much will I pay out of my own pocket?

Out-of-pocket maximum

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



Will my doctor be in-network?

Provider network

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



What is SimpleNexus contributing?

SimpleNexus contribution

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



important info about medical coverage

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

HDHP \$2,000 (Non-Embedded)

Annual deductible/coinsurance

Coinsurance begins:

- If one or more family members combine to meet the family deductible of \$4,000, coinsurance begins for all family members.

Out-of-pocket maximum

100% of eligible costs are covered:

- If one or more family members combine to meet the family out-of-pocket maximum of \$8,000, all eligible costs thereafter are covered 100% by the insurance carrier for all family members.

Traditional \$1,000 (Embedded)

Annual deductible/coinsurance

Coinsurance begins:

- If any individual on a family plan meets his/her individual deductible of \$1,000 coinsurance begins for that individual only.
- If one or more family members combine to meet the family deductible of \$2,000, coinsurance begins for all family members.










Out-of-pocket maximum

100% of eligible costs are covered:

- If any individual on a family plan meets his/her individual out-of-pocket maximum of \$4,000, all eligible costs thereafter are covered 100% by the insurance carrier for that individual only.
- If one or more family members combine to meet the family out-of-pocket maximum of \$8,000, all eligible costs thereafter are covered 100% for all family members.



health plan options

	SELECTHEALTH - MED HDHP \$2,000 MED NETWORK		SELECTHEALTH - MED TRADITIONAL \$1,000 MED NETWORK	
	In-Network	Out-of-Network *	In-Network	Out-of Network
 Annual Deductible Jan 1 - Dec 31	You pay up to \$2,000 per individual \$4,000 per family <i>Non-Embedded</i>	You pay up to \$4,000 per individual \$8,000 per family <i>Non-Embedded</i>	You pay up to \$1,000 per individual \$1,000 per member / \$2,000 per family <i>Embedded</i>	You pay up to \$2,000 per individual \$2,000 per member / \$4,000 per family <i>Embedded</i>
 Coinsurance	You pay 20% AD	You pay 50% AD	You pay 20% AD	You pay 40% AD
 Out-of-pocket Maximum Jan 1 - Dec 31	You pay no more than \$4,000 per individual \$8,000 per family <i>Non-Embedded</i>	No more than \$8,000 per individual \$16,000 per family <i>Non-Embedded</i>	You pay no more than \$4,000 per individual \$4,000 per member / \$8,000 per family <i>Embedded</i>	No more than \$8,000 per individual \$8,000 per member / \$16,000 per family <i>Embedded</i>
 Preventive Services	You pay \$0 according to government guidelines	Not Covered	You pay \$0 according to government guidelines	Not Covered
 Office Visits Primary Care Specialist	You pay 20% AD You pay 20% AD	You pay 50% AD You pay 50% AD	You pay \$25 copay You pay \$35 copay	You pay 40% AD You pay 40% AD
 Mental Health Services Office Visit Inpatient	You pay 20% AD You pay 20% AD	You pay 50% AD You pay 50% AD	You pay \$25 copay You pay 20% AD	You pay 40% AD You pay 40% AD
 Emergency Services Urgent Care Emergency Room	You pay 20% AD You pay 20% AD	You pay 50% AD Covered as In-Network	You pay \$35 copay You pay \$250 copay	You pay 40% AD Covered as In-Network
 Inpatient & Outpatient Inpatient Hospital Outpatient Surgery	You pay 20% AD You pay 20% AD	You pay 50% AD You pay 50% AD	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD
 Prescription Medication Retail (30-day supply) Mail Order (90-day supply)	Generic / Preferred / Non-preferred / Specialty You pay \$15 AD / \$30 AD / \$50 AD / \$100 AD You pay up to 2.5x Retail		Generic / Preferred / Non-preferred / Specialty You pay \$15 / \$30 / \$50 / \$100 You pay up to 2.5x Retail	

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.

** SelectHealth's Value Network does not cover out-of-network services

Refer to page 15 for rates



health care account



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

The Health Savings Account is administered by HealthEquity.

Any contributions to this account that are made by SimpleNexus for newly eligible employees are prorated based on your eligibility date.

Health Savings Account (HSA)

You **must** be enrolled in a High Deductible Health Plan in order to be considered eligible for this account.

SimpleNexus offers the following **High Deductible Health Plans (HDHP)**:

Med HDHP \$2,000

Who is eligible for this account?

What would I use this account for?

To save for future health care expenses, but also to pay for eligible health care expenses, including dental, vision and prescription medication, now.

What is the maximum amount that SimpleNexus and I combined can put in this account?

\$3,650 Employee-only coverage

\$7,300 Family coverage

If you'll be at least 55 years old in 2022, you can make an additional \$1,000 catch-up contribution.

What does the company contribute?

Employee (EE)	\$750
EE + Spouse / Domestic Partner	\$1,000
EE + Child(ren)	\$1,250
Family	\$1,250

SimpleNexus' contributions are prorated if you are hired mid-year.

Are there investment options?

Yes, if you have more than **\$2,000** in your HSA, you can invest it, and any growth is generally tax free.

When are the funds available?

Your contributions, as well as SimpleNexus' contributions, amount 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.

What happens if I don't use the money during the year?

All unused funds will roll over to the next year.
You can take HSA funds with you when you leave company or retire.



national med network information

SelectHealth National Med Network

Easy access to the UnitedHealthcare Options PPO network outside of Utah, Idaho, and Nevada. This network includes 83% of all hospital beds and two of every three healthcare professionals in the U.S. There are nearly 850,000 physicians nationwide, giving 98% of the U.S. population access.

Search for a provider or facility using the SelectHealth website or mobile app, you can easily search for in-network providers and facilities anywhere in the country. Choose "UnitedHealthcare Options PPO" from the network drop down at selecthealth.org/provider or in the app.

Low-cost urgent care. Low-cost 24/7 telehealth video visits through Intermountain Connect Care from any state. You pay a **\$59** copay if you are enrolled in a high deductible health plan, and **\$0** if you are enrolled in a traditional plan.

Extra help when needed. If you need help finding providers or getting appointments, our Member Services team will set up appointments for you.

Superior Service

SelectHealth's superior customer service. No matter where you live, you can talk to a live person in 20 seconds on average. And our team is available weekdays 7 am - 8 pm, and Saturdays 8 am - 2 pm.

SelectHealth communication. Materials, care reminders, ID cards, and explanations of benefits all come from SelectHealth, so wherever you are, you'll know where things stand.

Same Benefits

Uniform benefits. The same benefit and plan designs are available, no matter where you live.

SelectHealth Rx benefits. You have prescription benefits with SelectHealth, giving access to 55,000 pharmacies nationwide, preauthorizations that happen in hours instead of days, and free access to Rx Savings Solutions, which can save hundreds each year on drug costs.

For more information, contact SelectHealth

800-538-5038 | selecthealth.org





simplify your wallet with the selecthealth mobile app

The SelectHealth mobile app puts tools right at the tips of your fingers.

Get access to all of the information you need about your health plan.

- **ID cards:** View, email, and fax images of your ID card
- **Provider search:** Search for providers
- **Claims:** Access your explanations of benefits and amounts owed
- **Benefits & coverage:** Find out who and what is covered on your plan

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



Contact SelectHealth

selecthealth.org | (800) 538-5038



Connect care

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.

- **Mobile App:** With a smartphone or tablet, you can get access through the Connect Care mobile app.
- **Web:** If you'd rather use a larger screen, you can access Connect Care using a video-capable computer at your home or office.
- **Your Visit:** Most visits take less than ten minutes. Your clinician will review your history, answer questions, diagnose, treat, and even prescribe medications.
- **Coverage:** Contact SelectHealth for coverage details.
- **Get Started:** Download the app on Android or IOS, or visit intermountainconnectcare.org to register for free.

Know before you go

Don't guess how much your upcoming surgery or maternity stay will cost. Log into your selecthealth.org and visit the **MyHealth** link. From there you can utilize the **Cost Estimator** which pulls claims data from the SelectHealth networks using that data to provide estimates that represent the cost of care. This tool will help you avoid surprise medical bills.









dental plan options

Guardian is the carrier for our dental plan.

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

Out-of-network coverage

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

	GUARDIAN - PPO 1000		GUARDIAN - PPO 2000	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *
 Annual Deductible Jan 1 - Dec 31	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family
 Annual Maximum Jan 1 - Dec 31	\$1,000 per individual	\$1,000 per individual	\$2,000 per individual	\$2,000 per individual
 Waiting Period	None for Preventive Services, Basic & Major Services		None for Preventive Services, Basic & Major Services	
 Preventive Services Cleanings, exams, fluoride, and x-rays	Plan pays 100% of covered services, No deductible		Plan pays 100% of covered services, No deductible	
 Basic Services Bridge & crown maintenance, extractions, fillings, sealants, scaling & root planing, and space maintainers	You pay 50% AD	You pay 50% of contracted fee, AD	You pay 20% AD	You pay 20% of contracted fee, AD
 Major Services Bridges, crowns, dentures, endodontics, general anesthesia, implants, inlays, onlays, periodontics, and veneers	You pay 70% AD	You pay 70% of contracted fee, AD	You pay 50% AD	You pay 50% of contracted fee, AD

AD: After Deductible

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

Refer to page 16 for rates



simplify your wallet with the guardian® mobile app

The Guardian® mobile app offers a more convenient way to access your benefits.

Guardian® is committed to ensuring that members have the right tools and resources to get the most from their benefits. This starts with making it easy to find a network provider online or in the free mobile app.

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



Contact Guardian

guardiananytime.com | (800) 627-4200



Finding a network provider made easy

Online or on the go - Guardian® makes it easy to find a provider at guardiananytime.com or in the mobile app.

Helping you every day, online

- Find a dentist
- Submit and check claims
- Download forms
- Learn about oral health
- Estimate cost of dental care

Find a dentist using the mobile app

- Search for participating dental providers by name or location
- View, download or email your ID card
- View in map and get directions



vision plan



Superior Vision is our vision carrier.

Visit superiorvision.com and select the Superior National Network to find an eye care provider in the network.

SUPERIOR VISION - SUPERIOR NATIONAL NETWORK

	In-Network	Out-of-Network
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	Routine Vision Exams		
	Ophthalmologist	\$10 copay	Plan reimburses up to \$45
	Optometrist	\$10 copay	Plan reimburses up to \$39
<hr/>			
	Frequency		
	Vision Exams		Once per calendar year
	Frames		Once per calendar year
	Lenses		Once per calendar year
	Contact Lens Fitting Exam		Once per calendar year
	Contact Lenses		Once per calendar year
<hr/>			
	Eye Glasses ¹		
	Frames	\$130 allowance based on retail pricing	Plan reimburses up to \$63
	Standard Plastic Lenses		
	Single Vision	\$10 copay	Plan reimburses up to \$32
	Bifocal	\$10 copay	Plan reimburses up to \$39
	Trifocal	\$10 copay	Plan reimburses up to \$60
<hr/>			
	Contact Lenses ²		
	Medically Necessary Prescription	Covered in full	Plan reimburses up to \$210
	Elective Prescription	\$130 allowance based on retail pricing	Plan reimburses up to \$100
	Contact Lens Fitting Exam	\$30 copay	Not Covered

Refer to page 16 for rates

¹ 10%-20% discount off amount over allowance

² Contact benefits is in lieu of lens and frame benefits — the plan only covers glasses OR contacts in a single plan year.



utilize superior vision's broad provider network

Vision care is a very impactful investment in overall wellness

Superior Vision offers a broad provider network. With Superior Vision, you'll enjoy:

- Benefit allowances that remain the same across the full provider network so you receive the same level of benefits regardless of the in-network provider chosen.
- More one-hour and same-day service options providing members with swift solutions to vision care.
- Freedom to choose the same or different providers for exam & materials.



Superior National Network

Superior Vision's nationwide network of refractive surgeons offers Superior National Network members a discount on services. These discounts may vary by provider and should be verified prior to service. Some providers in the network include:

- America's Best
- Costco Optical
- Eyeglass World
- LensCrafters
- Pearle Vision
- Sam's Club Optical
- Shopko Optical
- Target Optical
- Visionworks
- Walmart Vision Centers

Create an Online Account

Log in with the user name and password you use to access your Member account on [SuperiorVision.com](https://www.superiorvision.com), or you can download the Superior Vision app from the Apple Store or Google Play. In the app or online, you can:

View your vision benefits

- Review your vision benefits and the benefits for any dependents
- See when you are eligible for services

Locate a Provider

- Find a provider in your network
- Get directions
- Call the Provider

Get your Member ID Card

- View your ID card full screen
- Print or email your ID card



medical plan costs

SelectHealth - Med HDHP \$2,000

	Employee (EE) Only	EE + Spouse / Domestic Partner	EE + Child(ren)	EE + Family
Total Monthly Premium	\$391.60	\$881.20	\$842.00	\$1,214.10
SimpleNexus Monthly Cost	\$391.60	\$881.20	\$842.00	\$1,214.10
Employee Monthly Cost	\$0.00	\$0.00	\$0.00	\$0.00
Employee Per Pay Period Cost	\$0.00	\$0.00	\$0.00	\$0.00

SelectHealth - Med Traditional \$1,000

	Employee (EE) Only	EE + Spouse / Domestic Partner	EE + Child(ren)	EE + Family
Total Monthly Premium	\$473.50	\$1,065.50	\$1,018.10	\$1,468.00
SimpleNexus Monthly Cost	\$398.20	\$896.00	\$856.10	\$1,234.40
Employee Monthly Cost	\$75.30	\$169.50	\$162.00	\$233.60
Employee Per Pay Period Cost	\$37.65	\$84.75	\$81.00	\$116.80

SimpleNexus HSA Contributions

	Employee (EE) Only	EE + Spouse / Domestic Partner	EE + Child(ren)	EE + Family
SimpleNexus Annual Contribution	\$750	\$1,000	\$1,250	\$1,250
SimpleNexus Contribution Per Pay Period	\$31.25	\$41.67	\$52.08	\$52.08



dental and vision plan costs

Dental - Guardian \$1,000 Plan	Employee (EE) Only	EE + 1 Dependent	EE + Family
Total Monthly Premium	\$17.30	\$37.54	\$52.92
SimpleNexus Monthly Cost	\$15.57	\$33.79	\$47.63
Employee Monthly Cost	\$1.73	\$3.75	\$5.29
Employee Per Pay Period Cost	\$0.87	\$1.88	\$2.65

Dental - Guardian \$2,000 Plan	Employee (EE) Only	EE + 1 Dependent	EE + Family
Total Monthly Premium	\$28.07	\$62.16	\$87.63
SimpleNexus Monthly Cost	\$15.57	\$33.79	\$47.63
Employee Monthly Cost	\$12.50	\$28.37	\$40.00
Employee Per Pay Period Cost	\$6.25	\$14.19	\$20.00

Superior Vision - Vision Plan	Employee (EE) Only	EE + 1 Dependent	EE + Family
Total Monthly Premium	\$6.64	\$12.97	\$20.51
SimpleNexus Monthly Cost	\$4.13	\$8.06	\$12.76
Employee Monthly Cost	\$2.51	\$4.91	\$7.75
Employee Per Pay Period Cost	\$1.26	\$2.46	\$3.88



basic life insurance



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

Basic Life and Accidental Death & Dismemberment Insurance is provided through Guardian to help you protect yourself and your family against worst-case scenarios.



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

SimpleNexus provides each employee with \$50,000 of Life and AD&D insurance as part of your core benefits. This coverage is completely free to employees — SimpleNexus pays the premiums.

Benefits reduce to 65% at age 65 and to 50% at age 70.

Additionally, you have the option to convert your coverage if you retire, lose eligibility, or terminate your employment with SimpleNexus.



voluntary life insurance

Protect the life you are building.

Voluntary Life and AD&D insurance is not a pre-tax benefit and the coverage is completely voluntary.



Voluntary Life and AD&D Insurance

SimpleNexus offers Voluntary Life and AD&D for you and your dependents, which can be purchased through Guardian.

You may purchase additional life insurance coverage in increments of \$10,000, not to exceed \$300,000. During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount up to \$150,000 without providing proof of good health — if you wish to elect an amount that is above \$150,000, you will need to complete the Evidence of Insurability (EOI) form using their online portal guardiananytime.com/grpeoius/eoi/findyourgroup using your group number: **582475**.

If you leave the company, you can take this policy with you — portability information is available from human resources. Benefits reduce beginning at age 70 — please refer to your plan documents for the full benefit reduction schedule.



Voluntary Dependent Life Insurance

You may purchase spouse or domestic partner coverage in increments of \$5,000, not to exceed 100% of the employee elected amount, or \$250,000. During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount for your partner up to \$50,000 without providing proof of good health — if you wish to elect an amount that is above \$50,000, you will need to complete the Evidence of Insurability (EOI) form.

This benefit terminates when your partner reaches age 70.

Children's insurance coverage is for unmarried dependent children from live birth to age 26, subject to eligibility requirements.

Infants ages live birth to 14 days has a flat benefit of \$500. You may purchase \$10,000 of children's coverage, in increments of \$1,000. Coverage 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 coverage amount.

Are you a new hire?

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





disability insurance options

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

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



Voluntary Short-term Disability (STD) Insurance

Benefits Begin: There is a waiting period before benefits are payable. Benefits begin on the 8th day of injury or illness.

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

Maximum Benefit Period: Benefits are available for up to 12 weeks.

Maximum Weekly Benefit: \$1,000

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

This benefit is provided through Guardian and you pay 100% of the premium. [Refer to Ignite for rates.](#)



Long-term Disability (LTD) Insurance

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

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

Maximum Benefit Period: Social Security Normal Retirement Age

Maximum Monthly Benefit: \$6,000

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

This benefit is provided through Guardian and SimpleNexus pays 100% of the premium.



additional voluntary benefit options

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

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



Accident Insurance

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

- Provides a **\$50** annual wellness benefit per covered member
- Pays injury benefits from **\$25** to **\$25,000**
- Includes accidental death benefit of up to **\$25,000**
- Additional **25%** for child organized sports injuries

EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse / Domestic Partner	EE + Child(ren)	EE + Family
\$5.93	\$9.36	\$9.68	\$13.11



Hospital Indemnity Insurance

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

- Provides a hospital or ICU admission benefit of **\$1,500**
- Receive a **\$200** daily confinement benefit for hospital or ICU
- Guaranteed acceptance for new hires only

EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse / Domestic Partner	EE + Child(ren)	EE + Family
\$12.60	\$24.48	\$19.46	\$31.21



Critical Illness Insurance

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

These rates are age banded, please refer to Ignite for rates.

- **Choose:** the benefits to protect yourself and any family members if diagnosed with a covered critical illness.
- **Use:** if you are diagnosed with a covered illness.
- **Claim:** go online, and file a claim. The cash benefits are paid to you, to use however you wish.



get support from the employee assistance program

An employee assistance program to help you navigate life's challenges.

Intermountain Employee Assistance Program is a staff of licensed professionals to help employees and their family members resolve problems.

Free, confidential help when you need it

- Telephone consultation available 24/7 with licensed mental health professionals
- Online chat information and services
- Referrals to supportive resources
- Financial and legal consultants will assist in connecting you with a qualified financial or legal counselor



Contact Intermountain EAP

intermountainhealthcare.org/eap

(800) 832-7733



What happens at an appointment?

You or your family member will meet with a licensed and experienced counselor, legal consultant, or financial consultant. Your situation will be assessed and together you will develop a plan for improvement. Counseling will continue until the problem is improved or resolved.

Is there a visit limit?

No, Intermountain EAP does not have a visit limit. If the assessment indicates a specialist is needed, the EAP counselor will refer you outside the EAP and help coordinate with your insurance requirements.

Current health, well-being, financial, and legal information

- Managing stress
- Handling relationship issues
- Balancing work and life
- Quitting tobacco, alcohol or drug use
- Caring for children or aging parents
- Adoption
- Divorce/custody
- Debtor/creditor issues
- Dealing with conflict or violence
- Working through grief and loss issues
- Controlling depression and anxiety
- Wellness strategies
- Budgeting
- Buying a home for the first time
- Retirement planning



retirement plan

The SimpleNexus 401(k) Plan has been adopted to provide you the opportunity to save for retirement on a tax-advantaged basis.

How do I participate in the Plan?

Provided that you are an eligible employee, you may begin participating under the Plan on the first of the month after 90 days of being employed by SimpleNexus.

What are deferrals and how do I contribute to the Plan?

As a Participant, you may elect to reduce your compensation by a specific percentage or dollar amount and have that amount contributed to the Plan. This amount is referred to as a salary deferral. There are two types of Salary Deferrals: Pre-Tax 401(k) deferrals and Roth 401(k) deferrals. Regardless of the type of deferral you make, the amount you defer is counted as compensation for purposes of Social Security taxes.

Traditional Pre-Tax 401(k)

If elected, your taxable income is reduced by the deferrals contributions so you pay less in federal income taxes. Later, when the plan distributes the deferrals and earnings, you will pay

taxes on those deferrals and earnings. Therefore, paying taxes on contributions made are postponed and taxed once they are distributed.

Roth 401(k) Deferrals

If elected, the deferrals are subject to federal income taxes in the year of deferral. However, the deferrals and, in most cases, earnings on the deferrals are not subject to federal income taxes when distributed to you. In order for earnings to be tax free, you must meet certain conditions.

Matching Contribution

100% of contributions on the first 3% deferred, then 50% of contributions from 3% to 5%. You are vested immediately, meaning that you have full benefits of SimpleNexus' contributions as soon as you become a Participant on the Plan.

How do I setup my 401k?

About 3 to 4 weeks prior to your eligibility to enroll in the SimpleNexus 401k, you will receive a mailed letter from The Standard notifying you of your pending eligibility. Once you are eligible, you will be able to login at standard.com/login

How do I change my contribution rate?

You can change your contribution rate at any time. This can be done by visiting The Standard's website and logging into your account. From there, select "Go to My Account" where you will be able to see an overview of your account details. Under "My Contributions" select "View Contribution Details" and you will be able to select your desired rate before saving your changes. Contribution rates changes will reflect within two pay periods.

Contact Intermountain EAP

intermountainhealthcare.org/eap

(800) 832-7733





your employee advocate is here for you



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

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

Our Employee Advocates can:

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

Contact your Employee Advocate

(801) 325-5075 | calendly.com/twinslow/simplenexus
simplenexus@digadvocate.com





general participation guidelines and notices

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

Who is eligible?

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

General definitions

Special enrollment rights (other than open enrollment)

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

A qualifying change of status occurs for the following:

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

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

Or

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

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

When does coverage begin for new hires?

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

You must complete your online enrollment within 14 days from your date of hire. If the online enrollment and appropriate forms are not completed within the stated deadline, coverage does not become effective, and you may not be eligible to enroll until the next Open Enrollment period or until you have a qualifying change of status event. Refer to the terms, conditions, and limitations defined by the carrier plan documents.

When coverage ends

Medical, dental, and vision terminates on the last day of the month that you are employed with SimpleNexus. 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 SimpleNexus 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

SimpleNexus 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), voluntary long-term disability (LTD), and Health Savings Account (HSA).

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

Summary of benefits coverage

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

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

Waiving coverage

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

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

Medical coverage assistance options

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

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

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

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

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

Health Insurance Marketplace

[healthcare.gov](https://www.healthcare.gov)

1 (800) 318-2596



general participation guidelines and notices

ACA notices about eligibility and coverage periods

- SimpleNexus 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 SimpleNexus’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 SimpleNexus’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, SimpleNexus 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 SimpleNexus 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 SimpleNexus 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.

- SimpleNexus has determined that the prescription drug coverage offered by the SimpleNexus 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:



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