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Do you need help or have questions?

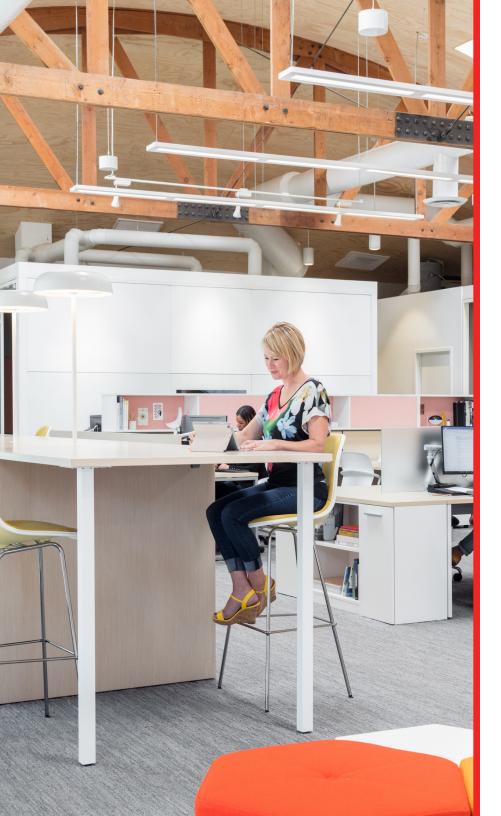
You can reach out to your insurance company or benefit provider using the contact numbers provided on page 3.

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





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

Henriksen Butler 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 the first of the month following 30 days after 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 UKG. If you do not make changes during Open Enrollment, your next opportunity to make changes will be during next year's Open Enrollment period or with an IRS qualifying life event. For more details on IRS qualifying life events, visit healthcare.gov.



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

IMPORTANT NOTICE

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



online enrollment instructions



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

Please follow the steps outlined here to register in UKG, Henriksen Butler'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 UKG's system.



Step 1

Open your internet browser and navigate to https://ew41.ultipro.com/Login.aspx?ReturnUrl=/

Log in using the **Username** and **Temp Password** provided to you by HR on your 1st day of employment.

Step 2

You will be prompted to create a new password and enter security questions.

Once logged in, navigate to **Life Event** on the toolbar on the left hand side of your browser.

Step 3

To enroll in benefits as a **new hire**, select **I am a new employee** from the drop down.

To enroll in or adjust benefits with an **IRS qualifying life event**, select **I have a qualifying life event** from the drop down.

Add dependents, enroll in desired benefits, add beneficiaries, save and submit changes.

Step 4

*Please note Life Events can only be submitted online instead of through the app. If you submit changes due to a Life Event, please notify HR so changes can be approved in UKG and processed by carriers.



useful contact information

Benefit	Carrier	Phone	Group # / Reference ID	Website/Email
Medical	Regence BCBS	Utah: (888) 675-6570 Outside Utah: (800) 810-2583	60022180	regence.com
Dental	Dental Select	(801) 495-3000	10251000	dentalselect.com
Vision	VSP	VSP: (800) 877-7195	30017411	vsp.com *OON claim reimbursement request can be submitted online
Life and Disability Basic Life and AD&D Voluntary Life and AD&D Short-Term Disability (STD) Long-Term Disability (LTD)	Lincoln Financial Group	(800) 423-2765	000010246957 000400001000-24507 000010246959 000010246958	*Online EOI Submission for Voluntary Life and AD&D: mylincolnportal.com *Group EOI Code: HENRIGP
Tax Advantage Spending Accounts (HSA, HRA, FSAs)	Health Equity	(866) 346-5800		myhealthequity.com memberservices@healthequity.com
Employee Assistance & Wellness	EAP: SupportLinc By CuraLinc Wellness: EmpowerLinc	(888) 881-LINC (5462)	EAP Access Cpde: henriksenbutler EmpowerLinc Access Code: henriksenbutler	Wellness App: MyWellPortal Online: empowerlinc.com/register Email: coaching@mywellportal.com
Benefit Administration System	UKG	Contact Human Resources		https://ew41.ultipro.com/Login.aspx?ReturnUrl=/
Human Resources	Sarai Avila Teresa Vazquez	(801) 994-6320 (801) 994-6331		savila@henriksenbutler.com tvazquez@henriksenbutler.com
Henriksen Butler Employee Advocate	Diversified Insurance (Insurance Broker)	(801) 325-5096		Phone: 801-325-5096 Email: henriksenbulter@digadvocate.com

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 innetwork by going to the Regence website, listed on page 4 of this benefit guide.



What is Henriksen Butler contributing?

Henriksen Butler contribution

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



medical plan options

1		REGENCE BCBS - TRA PREFERRED VALUEC <i>A</i>			DITIONAL PPO \$2,000 ED VALUECARE NETWORKS
		In-Network	Out-of-Network *	In-Network	Out-of-Network *
D.	Annual Deductible	You pay up to \$500 per individual	You pay up to \$1,000 per individual	You pay up to \$2,000 per individual	You pay up to \$4,000 per individual
100	Jan 1 - Dec 31	\$500 per member / \$1,000 per family	\$1,000 per member / \$2,000 per family	\$2,000 per member / \$4,000 per family	\$4,000 per member / \$8,000 per family
		Embedded	Embedded	Embedded	Embedded
	Coinsurance	You pay 20 % AD	You pay 40 % AD	You pay 20% AD	You pay 40 % AD
^	Out-of-pocket Maximum	No more than \$3,000 per individual	No more than \$6,000 per individual	No more than \$4,500 per individual	No more than \$9,000 per individual
	Jan 1 - Dec 31	\$3,000 per member / \$6,000 per family	\$6,000 per member / \$12,000 per family	\$4,500 per member / \$9,000 per family	\$9,000 per member / \$18,000 per family
		Embedded	Embedded	Embedded	Embedded
	Preventive Services	You pay \$0 according to government guidelines	You pay 40 % AD	You pay \$0 according to government guidelines	You pay 40 % AD
	Office Visits Primary Care Specialist Chiropractic (10 visits/year) MDLive Telemedicine Virtual Care Telehealth**	You pay \$25 copay You pay \$45 copay You pay 20% AD You pay \$10 copay You pay \$25 copay**	You pay 40 % AD You pay 40 % AD You pay 40 % AD No Benefit You pay 40 % AD	You pay \$25 copay You pay \$45 copay You pay 20% AD You pay \$10 copay You pay \$25 copay**	You pay 40 % AD You pay 40 % AD You pay 40 % AD No Benefit You pay 40 % AD
	Mental Health Services Office Visit Inpatient	You pay \$25 copay You pay 20% AD	You pay 40 % AD You pay 40 % 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 \$25 copay You pay \$150 then 20 %	You pay 40 % AD Covered as In-Network	You pay \$25 copay You pay \$150 then 20 %	You pay 40 % AD Covered as In-Network
	Inpatient & Outpatient Inpatient Hospital Outpatient Surgery	You pay 20 % AD You pay 20 % AD	You pay 40 % AD You pay 40 % AD	You pay 20 % AD You pay 20 % AD	You pay 40 % AD You pay 40 % AD
+	Prescription Medication Retail (30-day supply) Mail Order (90-day supply)	You pay \$10 / 35% / 50% You pay		You pay \$10	ferred / Brand 0 / 35% / 50% 00% / 50% Retail
AD: After Deductible		PREFERRED VALUECARE - EMP	LOYEE COST PER PAY PERIOD	FOCAL POINT (UT) - EMPLO	OYEE COST PER PAY PERIOD
	s may charge more than the plan en you receive services out-of-	EE Only EE + Spouse	EE + Child(ren)	EE Only EE + Spouse	EE + Child(ren)
network.	It is recommended that you ask the twork provider about their billed	\$142.87 \$306.75	\$297.00 \$436.23	\$84.39 \$177.17	\$173.73 \$253.90
	efore planning care.			PREFERRED VALUECARE - EM	IPLOYEE COST PER PAY PERIOD

\$323.28

\$220.75

\$227.06

\$106.75



medical plan options

REGENCE BCBS - HIGH DEDUCTIBLE HEALTH PLAN	\$2,500
FOCALPOINT (UT) OR PREFERRED VALUECARE NET	TWORK

		In-Network	Out-of-Network *
	Annual Deductible Jan 1 - Dec 31	You pay up to \$2,500 per individual, \$5,000 per family	You pay up to \$5,000 per individual, \$10,000 per family
		Non-Embedded	Non-Embedded
	Coinsurance	You pay 20 % AD	You pay 40 % AD
i	Out-of-pocket Maximum Jan 1 - Dec 31	No more than \$5,000 per individual, \$10,000 per family	No more than \$10,000 per individual, \$20,000 per family
+		Non-Embedded	Non-Embedded
	Preventive Services	You pay \$0 according to government guidelines	You pay 40 % AD
	Office Visits		
.r n	Primary Care	You pay 20 % AD	You pay 40 % AD
(A)	Specialist Chiropractic (10 visits/year)	You pay 20 % AD You pay 20 % AD	You pay 40 % AD You pay 40 % AD
.∩₽	MDLive Telemedicine	You pay 10 %, deductible waived	No Benefit
	Virtual Care Telehealth**	You pay 20% , deductible waived**	You pay 40% , deductible waived**
	Mental Health Services		
((حا)	Office Visit	You pay 20% AD	You pay 40% AD
H 1	Inpatient	You pay 20 % AD	You pay 40 % AD
(A)-	Emergency Services		
	Urgent Care	You pay 20% AD	You pay 40 % AD
2	Emergency Room	You pay 20 % AD	Covered as In-Network
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Inpatient & Outpatient	V 200/ AD	V
. I	Inpatient Hospital Outpatient Surgery	You pay 20 % AD You pay 20 % AD	You pay 40 % AD You pay 40 % AD
- III	Outpatient Surgery	10u pay 20 /0 AD	rou pay +0/0 AD

Prescription Medication
Retail (30-day supply)

Retail (30-day supply) Mail Order (90-day supply)

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-ofnetwork provider about their billed charges before planning care.
- **Virtual Care Telehealth visits available and will not be subject to deductible through Dececember 2022

Generic / Preferred / Brand / Specialty 20% AD / 20% AD / 20% AD 20% AD / 20% AD / 20% AD Retail

FOCAL POINT (UT) - EMPLOYEE COST PER PAY PERIOD				
EE Only	EE + Spouse	EE + Child(ren)	EE + Family	
\$63.17	\$133.02	\$133.60	\$196.00	
PREFERRED VALUECARE - EMPLOYEE COST PER PAY PERIOD				
\$78.65	\$171.44	\$170.29	\$250.46	



health care account options

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

	•	·		
	Health Savings Account (HSA)	Limited Purpose FSA (LPFSA)	Flexible Spending Account (FSA)	Health Care Reimbursment Account (HRA)
Who administers this account?	HealthEquity	HealthEquity	HealthEquity	HealthEquity
Do I need to be enrolled in a medical plan?	Yes. You must be enrolled in a High Deductible Health Plan in order to be considered eligible for this account.	This account cannot be paired with a Traditional PPO Plan.You must be enrolled in a High Deductible Health Plan AND be enrolled in an HSA in order to be considered eligible for this account.	This account cannot be paired with a High Deductible Health Plan. You are not required to be enrolled in a medical plan in order to be considered eligible for this account. This account can only be paired with a Traditional PPO Plan if enrolled in medical.	Yes; you will be enrolled in an HRA if you elect the Traditional PPO \$2,000* plan in either the Focal Point or Preferred ValueCare network.
What would I use this account for?	To save for future health care expenses, but also to pay for eligible health care expenses, including medical, dental, vision and prescription medication. If you have more than \$2,000 in your HSA, you can invest it, and any growth is generally tax free.	This health care account can only be used to pay for eligible vision and dental expenses .	Eligible health care expenses, including dental, vision and prescription medication.	Eligible health care expenses, and prescription medication.
What is the maximum amount that Henriksen Butler 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.	\$2,850 is the IRS pretax contribution limit	\$2,850 is the IRS pretax contribution limit	The IRS does not allow employee contributions to an HRA.
What does Henriksen Butler contribute annually?	EE only coverage: \$600 (\$25 PPP) EE+1 Dependent: \$1,200 (\$50 PPP) Family: \$1,800 (\$75 PPP) *Company contributions are matched and pro-rated based upon your eligilbity date and are deposited into your account each pay period. The company will match your contributions dollar for dollar per paycheck up to the per pay period amounts listed above. These amounts apply to your Annual Maximum Contribution.	Henriksen Butler does not contribute to this account.	Henriksen Butler does not contribute to this account.	EE only coverage: \$1,300* Family coverage: \$2,600*
When are the funds available?	Your contribution amount is available as it comes out of your paycheck each pay period .	Your entire contribution amount is available at the beginning of the year .	Your entire contribution amount is available at the beginning of the year .	Reimbursement from Henriksen Butler is available once \$700 (EE only coverage) / \$1,400 (family coverage) of your deductible has been met.
What happens if you don't use the money during the year or if your employment terminates?	All unused funds will roll over to the next year. You can take HSA funds with you when you leave the company or retire.	You have until March 15, 2023 to incur eligible expenses. Per IRS regulations, you to forfeit any money in your account after March 31, 2023. Up to \$550 in unused funds will roll over automatically to pay for eligible expenses in the following year. Any unused funds upon termination will be forfeited unless you enroll in COBRA.	You have until March 15, 2023 to incur eligible expenses. Per IRS regulations, you to forfeit any money in your account after March 31, 2023. Up to \$550 in unused funds will roll over automatically to pay for eligible expenses in the following year. Any unused funds upon termination will be forfeited unless you enroll in COBRA	N/A 8



dependent care flexible spending account



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

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

This account is administered by HealthEquity.

Please visit <u>healthequity.com</u> for information on claims and reimbursements.

Dependent Care Flexible Spending Account

What would I use this account for?

Eligible dependent care expenses, including adult day care centers, babysitters or nannies, summer day camp, before & after school programs, and child day care.

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

- · You and your spouse both work
- · You are a single head of household
- Who is eligible for this account?
- · Your spouse is disabled or a full-time student
- Employees with children under age 13 and anyone who is a dependent under IRS rules, or who is mentally or physically incapable of taking care of himself or herself
- Employees scheduled to work less than 30 hours per week are not eligible.

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

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

What does the company contribute?

Henriksen Butler does **not** contribute to this account.

When are the funds available?

Your contribution amount is available as it comes out of your paycheck each pay period — **not at the beginning of the year.**

How do I use the funds?

You can use this account to reimburse yourself for eligible dependent care expenses for children under age 13 or anyone who is a dependent under IRS rules.

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

Any unused funds at the end of the plan year are forfeited per IRS regulations.



regence hospital coverage in utah

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

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

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

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

- 44 Utah Hospitals, 16,044 Physicians and other providers statewide
- All IHC InstaCare, KidsCare, and other urgent care locations.

FocalPoint (FP) and National BlueCard PPO/EPO Network

- 28 Utah Hospitals (Utah employees only) from Cache County to Utah County
- 11,111 Physicians and other providers statewide
- Standing Surgical & Imaging Centers
- All urgent care locations.

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

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

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



dental plan options

Dental Select is the carrier for our dental plan.

Visit <u>dentalselect.com</u> to find a provider in the network.

Out-of-network coverage

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

Annual DeductibleJanuary - December



Annual MaximumJanuary - December



Waiting Period



Preventive Services

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



Basic Services

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



Major Services

Bridges, crowns, dentures, and periodontics



Orthodontic Services Children up to age 19



Orthodontic Lifetime Maximum

Plan pays **\$1,000** per individual per lifetime

AD: After Deductible

R&C: Reasonable & Customary

*Domestic Partner

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

EMPLOYEE COST PER PAY PERIOD IF WAIVING MEDICAL INSURANCE				
Employee (EE) Only	EE + Spouse/DP	EE + Child(ren)	EE + Family	
\$14.75	\$32.22	\$34.93	\$50.76	

Plan pays 50% per lifetime

DENTAL PPO R&C 80TH PERCENTILE - PLATINUM NETWORK

\$50 per individual

\$150 per family

Plan pays \$2,000 per individual

None for Preventative Services

None for Basic Services

None for Major Services

None for Orthodontia

Plan pays 100% of

covered services.

no deductible

Plan pays 80% AD

Plan pays 60% AD

Out-of-Network **

Plan pays 100% of R&C,

no deductible

Plan pays 80% of R&C, AD

Plan pays 60% of R&C, AD

Employees premiums are paid 100% if enrolled in Medical.



vision plan options



VSP is our vision carrier.

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

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

Find a VSP network provider

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

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



Routine Vision Exams

Contacts Fitting & Evaluation

VISION PLAN - VSP NETWORK			
In-Network	Out-of-Network		
You pay \$10 copay	Plan reimburses up to \$50		
You pay \$60 copay	Plan reimburses up to \$105		

Frequency Exams



Contact Lenses

Frames Lenses

Once per calendar year Once every other calendar year

Once per calendar year

Once per calendar year

Eyeglasses



Single Vision Lenses 1 Lined Bifocal Lenses 1 Lined Trifocal Lenses 1

Frame Allowance

You pay **\$25** copay You pay \$25 copay You pay \$25 copay Plan reimburses up to \$50 Plan reimburses up to \$75

Plan reimburses up to \$100

Plan provides a Plan reimburses up to \$70 \$200 allowance 2

Contact Lenses



Prescription Medically Necessary

Prescription Elective (in lieu of eyeglasses) You pay 0% after a \$25 copay

Plan reimburses up to \$210

Plan provides a \$130 allowance Plan reimburses up to \$105

EMPLOYEE COST PER PAY PERIOD				
Employee (EE) Only	EE + Spouse/DP*	EE + Family		
\$4.46	\$6.46	\$11.58		
VISION EXAM ONLY PLAN - EMPLOYEE COST PER PAY PERIOD				
\$0.00	\$0.00	\$0.00		

¹ Limited to standard, uncoated plastic lenses.

Employee Premiums are paid 100% for Vision Exam Only plan if enrolled in Medical.

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

^{*} Domestic Partner



medical, dental, and vision costs



Regence Medical Insurance Rates

Preferred ValueCare Traditional PPO \$500	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	\$285.74	\$142.87
EE + SPOUSE	\$613.50	\$306.75
EE + CHILD(REN)	\$594.00	\$297.00
EE + FAMILY	\$872.46	\$436.23
Focal Point* Traditional PPO \$2,000	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	\$168.78	\$84.39
EE + SPOUSE	\$354.34	\$177.17
EE + CHILD(REN)	\$347.46	\$173.73
EE + FAMILY	\$507.80	\$253.90
Preferred ValueCare Traditional PPO \$2,000	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	\$213.50	\$106.75
EE + SPOUSE	\$454.12	\$227.06
EE + CHILD(REN)	\$441.50	\$220.75
EE + FAMILY	\$646.56	\$323.28
Focal Point* HDHP \$2,500	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	\$126.34	\$63.17
EE + SPOUSE	\$266.04	\$133.02
EE + CHILD(REN)	\$267.20	\$133.60
EE + FAMILY	\$392.00	\$196.00

^{*}Focal Point Network plan options only available for employees who reside in Salt Lake Valley



Regence Medical Insurance Rates Continued

Preferred ValueCare HDHP \$2,500	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	\$157.30	\$78.65
EE + SPOUSE	\$342.88	\$171.44
EE + CHILD(REN)	\$340.58	\$170.29
EE + FAMILY	\$500.92	\$250.46



Dental Select Dental Insurance Rates

Platinum PPO R&C	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	\$29.49	\$14.75
EE + SPOUSE	\$64.44	\$32.22
EE + CHILD(REN)	\$69.86	\$34.93
EE + FAMILY	\$101.51	\$50.76

^{*}Dental premiums are paid 100% by Henriksen Butler if enrolling in **Medical Insurance**



VSP Vision Insurance Rates

Buy-Up Option	Employee Monthly Cost	Employee Cost Per Pay Period
EMPLOYEE (EE) ONLY	\$8.91	\$4.46
EE + 1 DEPENDENT	\$12.92	\$6.46
EE + FAMILY	\$23.16	\$11.58

^{*}Vision Exam Only plan premiums are paid 100% by Henriksen Butler if enrolling in Medical Insurance



life insurance options



Protect the life you are building.

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



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

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

This benefit is provided through Lincoln.



Voluntary Life and AD&D Insurance

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



Voluntary Dependent Life Insurance

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

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



disability insurance options

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

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



Short-term Disability (STD) Insurance

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

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

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

Maximum Weekly Benefit: \$2,300

Pre-existing Condition Limits*: None

This benefit is provided through Lincoln and Henriksen Butler pays **100%** of the premium.





Long-term Disability (LTD) Insurance

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

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

Maximum Benefit Period: Social Security Normal Retirement Age

Maximum Monthly Benefit: \$10,000

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

This benefit is provided through Lincoln and Henriksen Butler pays **100%** of the premium.

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



talk to a doctor by phone or video anytime for free

MDLive puts health care at your fingertips.

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

MDLIVE®

Contact MDLive

(800) 400-6354 | mdlive.com



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

Care you can count on

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

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

- MDLive can be a great option when your child isn't feeling good outside business hours; dependents will need a parent present during the visit.
- The average wait to connect with a physician is less than 15 minutes.
- You can use MDLive as often as you need to.
- We process each visit as a claim, and your costs count toward your deductible.

- This is more than a nurse advice line.
 With MDLive, a doctor can diagnose,
 treat, and prescribe medications.
- You will work with an MDLive doctor, not your regular doctor.
- With your permission, the MDLive doctor will share your treatment information with your regular doctor.
- Go to mdlive.com and register today.
 You'll want to create your online
 account in advance so when you need
 care, you will already be set.



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

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

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

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



Personalized dashboard

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

Member ID card

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

It goes where you go

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



regence.com | (888) 675-6570





supportlinc employee assistance program

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

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

Contact SupportLinc

Visit: supportlinc.com

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

Employee Access Code: henriksenbutler



Benefits include:

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

Anxiety

Grief and loss

Depression

· Substance abuse

· Marriage and relationship problems · Anger Management

Work-related pressures

Stress

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

Expert Referrals and Consultation

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

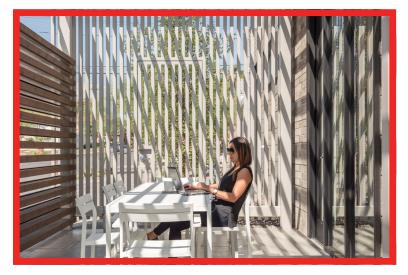
- Legal Assist: Free telephonic or face-to-face legal consultation
- Financial Assist: Expert Financial Planning and Consultation
- Family Assist: Consultation and Referrals for Everyday issues, such as dependent care, Auto repair, pet care, home improvement and more

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

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



empowerlinc health and wellness



EmpowerLinc Health & Wellness Programs

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

Henriksen Butler pays 100% of this benefit.

Unlimited Telephonic Health Coaching

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

Additional EmpowerLinc Resources

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

Connect with EmpowerLinc resources

Online: empowerlinc.mywellportal.com/register/

Download App: MyWellPortal

Call: 888-882-5462

E-mail: coaching@mywellportal.com

Employee Access Code: henriksenbutler





additional benefits from lincoln financial

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

Lincoln TravelConnectSM

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

Services available to you and your dependents include:

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

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



Lincoln EmployeeConnectSM

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

Services available to you and your dependents include:

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

Contact EmployeeConnectSM

(888) 628-4824

GuidanceResources.com
Username: LFGsupport
Password: LFGsupport1



Lincoln LifeKeys®

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

Services available to you and your dependents include:

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

To use LifeKeys® services or for more information call

(855) 891-3684

GuidanceResources.com

First time users: web ID=LifeKeys





retirement plan

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

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

What is a 401(k) plan?

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

Investment changes

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

Vesting

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

Employee contributions

Employees can contribution on a pre-tax basis between 1% - 100% of income, to a maximum of \$20,500 in the 2022 calendar year (adjusted annually). If you are 50 by the end of the 2022 calendar year, you may make additional pre-tax contributions up to \$6,500 (adjusted annually).

Company contributions

The company's 401(k) plan elects to make a profit-sharing contribution at the discretion of Henriksen Butler. Henriksen Butler's Profit Sharing contributions are announced annually in February.

Contribution changes

You may change the amount of your contribution whenever you like by logging into **Empower directly**.

Investment choices

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

Enrollment

You are eligible to enroll in the Plan if you are 18 or older and have completed 2 months of service. You will be auto-enrolled with a contribution match of 5% of your gross compensation on a pre-taxed basis. The first time you go in, you will need to establish your account: Visit: www.empower-retirement.com or call 800-338-4015 for assistance.

You can also contact Henriksen Butler's Human Resources team with any auestions.

Contact Empower Retirement







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.

Contact your Employee Advocate

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

Schedule 1-on-1 Appointment:

calendly.com/lnix/henriksen-butler-benefit-questions

Email: henriksenbutler@digadvocate.com



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

Our Employee Advocates can:

- Work with carriers on billing and claim payment issues for employee medical, dental, vision, and life insurance
- Coordinate between the pharmacy and the health plan for escalated pharmacy issues
- Explain network access and payment process for in and out-ofnetwork 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



Henriksen Butler 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 following 30 days. 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 terminates on the last day of the month that you are employed with Henriksen Butler. 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 Henriksen Butler 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

Henriksen Butler 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.



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), Health Savings Account (HSA), and Flexible Spending Accounts (FSA).

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

Summary of benefits coverage

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

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

Waiving coverage

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

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

Medical coverage assistance options

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

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

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

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

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

Health Insurance Marketplace

healthcare.gov

1 (800) 318-2596



ACA notices about eligibility and coverage periods

- Henriksen Butler 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 Henriksen Butler'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 Henriksen
 Butler'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:

- make sure that any medical information that identifies you is kept private;
- 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.



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 Henriksen Butler 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 Henriksen Butler 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 Henriksen Butler 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.

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

When can you join a medicare drug plan?

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

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

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



notes



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



136 E. South Temple, Suite 2300 | Salt Lake City, Utah 84111 (801) 325-5000 | diversified insurance.com



Key Employee Benefit Summary

Benefit	Carrier	Waiting Period	Benefit
Medical	Regence BCBS	FT Key Employees: FOMF DOH*	5 plan options to choose from
Dental	Dental Select	FT Key Employees: FOMF DOH*	\$2,000 annual maximum benefit per individual
Vision	VSP	FT Key Employees: FOMF DOH*	Exam Only or Buy-Up plan option
Basic Life and AD&D	Lincoln Financial Group	FT Key Employees: FOMF DOH*	3x annual earnings up to \$400,000 policy maximum
Voluntary Life and AD&D	Lincoln Financial Group	FT Key Employees: FOMF DOH*	5x annual earnings up to \$500,000 policy maximum; \$150,000 of coverage is available to key employees without having to provide proof of good health. 50% of employee elected coverage is available for spouses and \$30,000 is available without having to provide proof of good health. \$10,000 of coverage is avaialble for all eligible dependent child(ren).
Short-Term Disability	Lincoln Financial Group	FT Key Employees: FOMF DOH*	60% of pre-disability earnings up to \$2,300 weekly maximum
Long-Term Disability	Lincoln Financial Group	FT Key Employees: FOMF DOH*	60% of pre-disability earnings up to \$10,000 monthly maximum