



2026 Plan Year



BENEFIT GUIDE



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

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

Who is eligible?

- Full-time employees who actively work at least 30 hours per week;
- Your legal spouse or domestic partner;
- Your natural born children, current stepchildren, domestic partner's children 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.

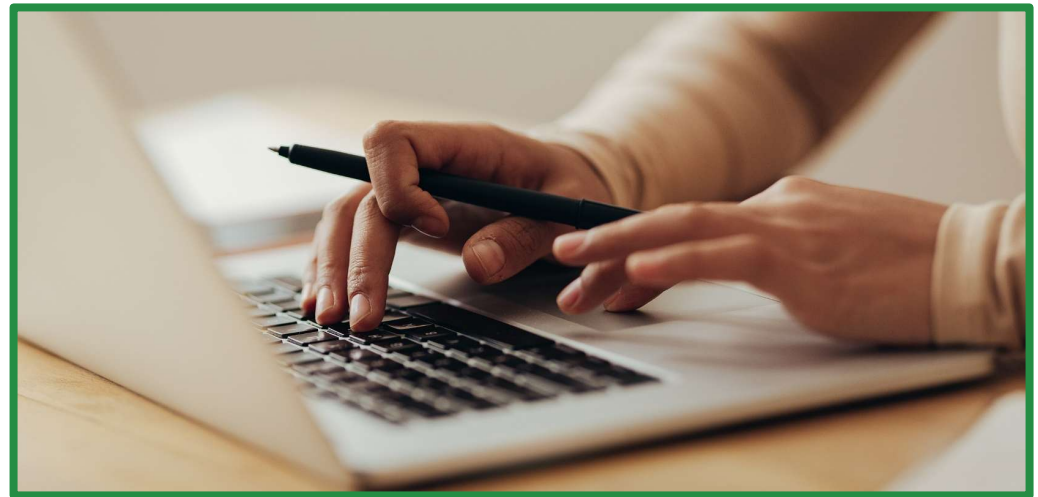
When does coverage begin for New Hires?

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 2026, 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?
- Which medical carrier fits your needs?
- 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

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



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.



Useful Contact Information

MEDICAL

Carrier: Regence
Group #: 10040356
Website: regence.com
(888) 367-2119



HEALTHJOY

Website: healthjoy.com
(877) 500-3212



PET INSURANCE

Carrier: Nationwide Insurance
Website: petinsurance.com/snapfinance
(877) 738-7874



DENTAL

Carrier: Delta Dental
Group #: 21573
Website: deltadentalins.com
(800) 521-2651



DISABILITY INSURANCE

Carrier: UNUM
Website: unum.com
(866) 679-3054



Employee Assistance Program (EAP)

Unum Work Life Balance
unum.com/lifebalance
(800) 854-1446



VISION

Carrier: EyeMed
Group #: VC-146
Website: eyemed.com
(866) 939-3633



ACCIDENT INSURANCE

Carrier: UNUM
Website: unum.com
(866) 679-3054



Human Resources, Benefits Administrator

Rebecca Sorensen
rsorensen@snapfinance.com
(801) 658-4227



HOSPITAL INDEMNITY

Carrier: UNUM
Website: unum.com
(866) 679-3054



IMA EMPLOYEE ADVOCATE

Email: snapfinance@imaadvocate.com
(385) 531-7613



HEALTH SAVINGS ACCOUNT (HSA), FLEXIBLE SPENDING ACCOUNTS (FSA), DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)

Carrier: ThrivePass
Website: thrivepass.com
(866) 855-2844



CRITICAL ILLNESS

Carrier: UNUM
Website: unum.com
(866) 679-3054



LIFE INSURANCE

Carrier: UNUM
Website: unum.com
(866) 679-3054



Mental Healthcare

Carrier: Tava
Website: care.tavahealth.com





Important Medical Insurance Terms



What comes out of my pay?

Annual premium

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



What will I pay after I meet my deductible?

Coinsurance

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



What will I pay when my medical coverage starts?

Annual deductible

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



How much will I pay out of my own pocket?

Out-of-pocket maximum

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



Will my doctor be in-network?

Provider network

You can confirm whether your doctor is in-network by going to the carrier website, listed on page 5 of this benefit guide.



What is Snap Finance contributing?

Snap Finance contribution

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



HealthJoy

HealthJoy Makes It Easier To Be Healthy And Well.

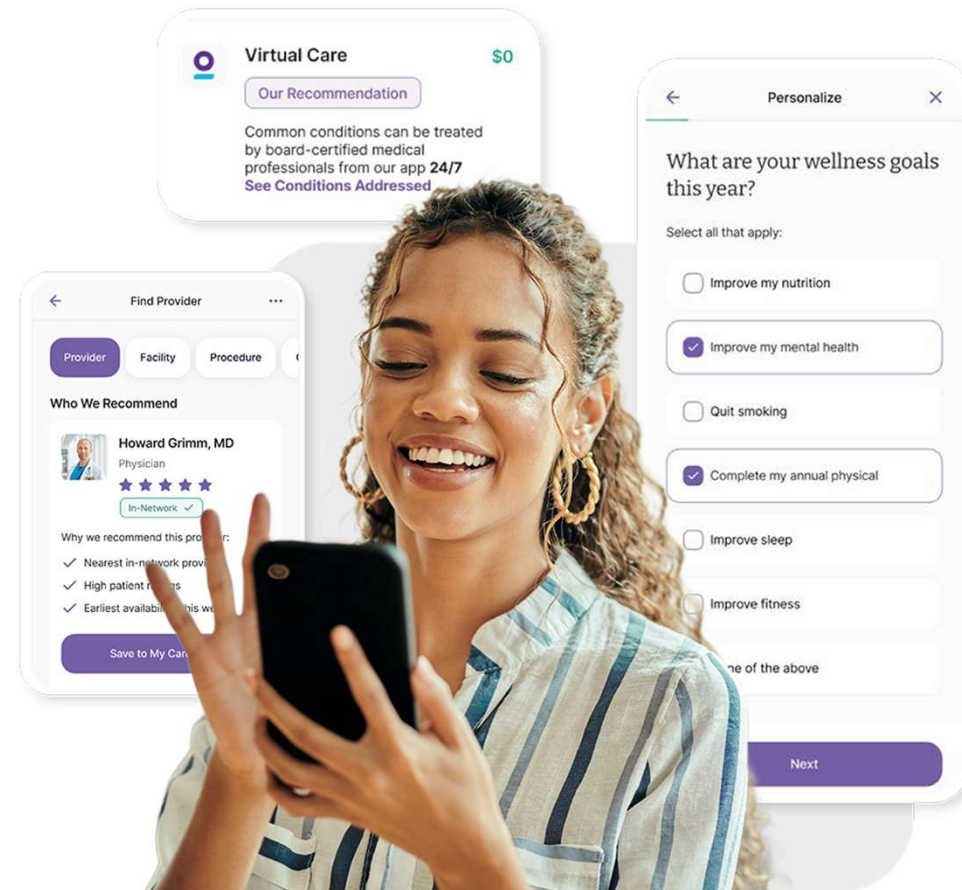
HealthJoy, the virtual access point for all your healthcare navigation and employee benefits needs is provided free by your employer to help you understand and make the most of your benefits. We connect you and your dependents with the right benefits at the right moment in your care journey, saving you time, money and frustration.

Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and 24/7 access to our virtual AI-assistant, JOY. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well .

Teladoc powered through HealthJoy.

HealthJoy partners with Teladoc to offer easy access to virtual care. Members can schedule same-day telehealth visits through the HealthJoy app for common medical issues. Teladoc providers can diagnose, treat, and prescribe medications remotely. This integration simplifies care navigation and improves access to primary and specialty services.



<https://www.healthjoy.com/educational-videos>



Chat with us today
Log into the **HealthJoy** app or call us
at (877) 500-3212



Important Info About Medical Coverage

Understanding your deductible

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

Embedded Deductible

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

Non-embedded Deductible

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



Coinsurance

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

Out-of-pocket maximum










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

Premiums

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



Medical Plan Options

	BlueCross BlueShield – Traditional \$1,500 Participating Network [UTAH ONLY]		BlueCross BlueShield – Traditional \$1,500 ValueCare Network	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
 Annual Deductible Jan 1 - Dec 31	You pay up to \$1,500 per individual \$1,500 per member / \$3,000 per family <i>Embedded</i>	You pay up to \$3,000 per individual \$3,000 per member / \$6,000 per family <i>Embedded</i>	You pay up to \$1,500 per individual \$1,500 per member / \$3,000 per family <i>Embedded</i>	You pay up to \$3,000 per individual \$3,000 per member / \$6,000 per family <i>Embedded</i>
 Coinsurance	You pay 20% AD	You pay 50% AD	You pay 20% AD	You pay 50% AD
 Out-of-Pocket Maximum Jan 1 - Dec 31	You pay up to \$4,000 per individual \$4,000 per member / \$8,000 per family <i>Embedded</i>	You pay up to \$8,000 per individual \$8,000 per member / \$16,000 per family <i>Embedded</i>	You pay up to \$4,000 per individual \$4,000 per member / \$8,000 per family <i>Embedded</i>	You pay up to \$8,000 per individual \$8,000 per member / \$16,000 per family <i>Embedded</i>
 Preventive Services	You pay \$0 according to government guidelines	You pay 50% AD	You pay \$0 according to government guidelines	You pay 50% AD
 Office Visits Primary Care Specialist Chiropractic (20 visits / year) Dr On Demand	You pay \$25 copay \$50 copay \$50 copay Not Covered	You pay 50% AD 50% AD 50% AD Not Covered	You pay \$25 copay \$50 copay \$50 copay Not Covered	You pay 50% AD 50% AD 50% AD Not Covered
 Mental Health Services Office Visit Inpatient	You pay \$25 copay 20% AD	You pay 50% AD 50% AD	You pay \$25 copay 20% AD	You pay 50% AD 50% AD
 Emergency Services Urgent Care Emergency Room	You pay \$50 copay 20% AD after \$250 copy	You pay 50% AD Same as In-Network	You pay \$50 copay 20% AD after \$250 copy	You pay 50% AD Same as In-Network
 Inpatient & Outpatient Inpatient Hospital Outpatient Surgery	You pay 20% AD 20% AD	You pay 50% AD 50% AD	You pay 20% AD 20% AD	You pay 50% AD 50% AD
 Prescription Medication Retail (30-day supply) Mail Order (90-day supply)	Generic / Preferred / Non-preferred / Specialty \$15 / \$35 / \$65 / \$100 Up to 2.5x Retail	Same as In-Network	Generic / Preferred / Non-preferred / Specialty \$15 / \$35 / \$65 / \$100 Up to 2.5x Retail	Same Coverage As In Network



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.

This information is designed to help you choose a benefit plan. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.



Medical Plan Options

	BlueCross BlueShield – Traditional \$3,000 ValueCare Network		BlueCross BlueShield – QHDHP \$2,000 ValueCare Network	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
 Annual Deductible Jan 1 - Dec 31	You pay up to \$3,000 per individual \$3,000 per member / \$6,000 per family <i>Embedded</i>	You pay up to \$6,000 per individual \$6,000 per member / \$12,000 per family <i>Embedded</i>	You pay up to \$2,000 per individual \$2,000 per member / \$4,000 per family <i>Non-Embedded</i>	You pay up to \$4,000 per individual \$4,000 per member / \$8,000 per family <i>Non-Embedded</i>
 Coinsurance	You pay 20% AD	You pay 50% AD	You pay 20% AD	You pay 50% AD
 Out-of-Pocket Maximum Jan 1 - Dec 31	You pay up to \$4,000 per individual \$4,000 per member / \$8,000 per family <i>Embedded</i>	You pay up to \$8,000 per individual \$8,000 per member / \$16,000 per family <i>Embedded</i>	You pay up to \$4,000 per individual \$4,000 per member / \$8,000 per family <i>Embedded</i>	You pay up to \$8,000 per individual \$8,000 per member / \$16,000 per family <i>Embedded</i>
 Preventive Services	You pay \$0 according to government guidelines	You pay 50% AD	You pay \$0 according to government guidelines	You pay 50% AD
 Office Visits Primary Care Specialist Chiropractic (20 visits / year) Dr On Demand	You pay \$30 copay \$55 copay \$55 copay Not Covered	You pay 50% AD 50% AD 50% AD Not Covered	You pay 20% AD 20% AD 20% AD Not Covered	You pay 50% AD 50% AD 50% AD Not Covered
 Mental Health Services Office Visit Inpatient	You pay \$30 copay 20% AD	You pay 50% AD 50% AD	You pay 20% AD 20% AD	You pay 50% AD 50% AD
 Emergency Services Urgent Care Emergency Room	You pay \$55 copay 20% AD after \$250 copy	You pay 50% AD Same as In-Network	You pay 20% AD 20% AD	You pay 50% AD 20% AD
 Inpatient & Outpatient Inpatient Hospital Outpatient Surgery	You pay 20% AD 20% AD	You pay 50% AD 50% AD	You pay 20% AD 20% AD	You pay 50% AD 50% AD
 Prescription Medication Retail (30-day supply) Mail Order (90-day supply)	Generic / Preferred / Non-preferred / Specialty \$15 / \$35 / \$65 / \$100 Up to 2.5x Retail	Same as In-Network	Generic / Preferred / Non-preferred / Specialty \$15 / \$35 / \$65 / \$100 Up to 2.5x Retail	Same as In-Network

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.

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Medical Plan Rates



BlueCross BlueShield – Traditional \$1,500 (UT ONLY) Cost Per Pay Period

Employee	\$119.30
Employee + Spouse	\$268.30
Employee + Child(ren)	\$256.40
Family	\$369.45

BlueCross BlueShield – Traditional \$1,500 Cost Per Pay Period

Employee	\$94.35
Employee + Spouse	\$212.65
Employee + Child(ren)	\$203.15
Family	\$292.90

BlueCross BlueShield – Traditional \$3,000 Cost Per Pay Period

Employee	\$72.00
Employee + Spouse	\$161.70
Employee + Child(ren)	\$154.45
Family	\$222.85

BlueCross BlueShield – QHDHP \$2,000 Cost Per Pay Period

Employee	\$20.70
Employee + Spouse	\$133.20
Employee + Child(ren)	\$127.20
Family	\$183.40

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Regence Hospital Coverage

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

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

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

Participating (PAR) and National BlueCard® Traditional Network

- + 55 Utah Hospitals, 17,000 Physicians and other providers statewide
- + All IHC InstaCare, KidsCare, and other urgent care locations.

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

- + 44 Utah Hospitals, 16,000 Physicians and other providers statewide
- + All IHC InstaCare, KidsCare, and other urgent care locations.

	PAR	PVC
Alta View Hospital	X	
American Fork Hospital	X	
Ashley Regional Medical Center	X	X
Bear River Valley Hospital	X	X
Beaver Valley Hospital	X	X
Blue Mountain Hospital	X	X
Brigham City Hospital	X	X
Cache Valley Hospital	X	X
Castleview Hospital	X	X
Cedar City Medical Center	X	X
Central Valley Medical Center	X	X
Delta Community Medical Center	X	X
Fillmore Hospital	X	X
Garfield Memorial Hospital	X	X
Gunnison Valley Hospital	X	X
Heber Valley Medical Center	X	X
Holy Cross Hospital - Davis	X	X
Holy Cross Hospital - Jordan Valley	X	X
Holy Cross Hospital - Jordan Valley West	X	X
Holy Cross Hospital - Mountain Point	X	X
Holy Cross Hospital - Salt Lake	X	X
Huntsman Cancer Hospital	X	X
Huntsman Mental Health Institute	X	X
Intermountain Medical Center	X	
Kane County Hospital	X	X
Lakeview Hospital	X	X
Layton Hospital	X	

	PAR	PVC
LDS Hospital	X	
Logan Regional Hospital	X	X
Lone Peak Hospital	X	X
McKay Dee Hospital	X	
Milford Memorial Hospital	X	X
Moab Regional Hospital	X	X
Moran Eye Center	X	X
Mountain View Hospital	X	X
Mountain West Medical Center	X	X
Ogden Regional Medical Center	X	X
Orem Community Hospital	X	
Park City Medical Center	X	X
Primary Children's Hospital	X	X
Riverton Children's Unit	X	X
Riverton Hospital	X	
San Juan County Hospital	X	X
Sanpete Valley Hospital	X	X
Sevier Valley Medical Center	X	X
Shriner's Hospital	X	X
Spanish Fork Hospital	X	
St. George Regional Hospital	X	X
St. Mark's Hospital	X	X
The Orthopedic Specialty Hospital (TOSH)	X	
Timpanogos Regional Hospital	X	X
Utah Basin Medical Center	X	X
University of Utah Hospital	X	X
University of Utah Ortho Center	X	X
Utah Valley Hospital	X	

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



Health Care Account Options

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

	Health Care Flexible Spending Account (FSA)	Health Savings Account (HSA)	Dependent Care Reimbursement Account
Who administers this account?	ThrivePass	ThrivePass	ThrivePass
Who is eligible for this account?	<p>This account cannot be paired with a High-Deductible Health Plan.</p> <p>You are not required to be enrolled in a medical plan to be eligible for this account.</p> <p>This account can only be paired with a Traditional PPO Plan, Snap Finance offers the following Traditional PPO Plans: Traditional \$1,500 Plan Traditional \$3,000 Plan</p>	<p>You must be enrolled in a High-Deductible Health Plan to be considered eligible for this account.</p> <p>Snap Finance offers the following High-Deductible Health Plans: BlueCross BlueShield – QHDHP \$2,000</p>	<p>In order to be eligible for this account, you must meet one of the qualifying criteria:</p> <ul style="list-style-type: none"> You and your spouse both work You are a single head of household Your spouse is disabled or a full-time student Employees with children under age 13 and anyone who is a dependent under IRS rules, or who is mentally or physically incapable of taking care of themselves Employees scheduled to work less than 30 hours per week are not eligible
What would I use this account for?	Eligible health care expenses, including dental, vision and prescription medication.	To save for future health care expenses, but also to pay for eligible health care expenses, including dental, vision and prescription medication, now.	Eligible dependent care expenses, including adult or child day care centers, babysitters or nannies, summer day camp, and before & after school programs.
What is the maximum amount that can be contributed to this account?	\$3,400 is the IRS pretax contribution limit, with a maximum carryover limit of \$680 .	<p>\$4,400 Employee-only coverage \$8,750 Family coverage</p> <p>If you'll be at least 55 years old in 2026, you can make an additional \$1,000 catch-up contribution</p>	<p>\$7,500 If you are single \$7,500 If you are married & filing jointly \$3,750 If you are married & filing separately</p>
What does the company contribute?	Snap Finance does not contribute to this account.	<p>Coverage Level: Annual Contribution:</p> <p>Employee (EE) \$1,000 EE + Spouse \$1,500 EE + Child(ren) \$1,500 Family \$2,000</p>	Snap Finance does not contribute to this account.
When are the funds available?	Your entire contribution amount is available at the beginning of the year.	Your contribution amount is available as it comes out of your paycheck each pay period.	Your contribution amount is available as it comes out of your paycheck each pay period.
What happens if I don't use the money during the year?	<p>You have until March 15th, 2027 to incur eligible expenses. Up to \$680 in unused funds will roll over automatically to pay for eligible expenses in the following year.</p> <p>Any unused funds upon termination will be forfeited unless you enroll in COBRA.</p>	<p>All unused funds will roll over to the next year. You can take HSA funds with you when you leave company or retire.</p>	Any unused funds at the end of the plan year are forfeited per IRS regulations.



Diabetes Management

The Diathrive Solution

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

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

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

Have Questions?

Phone: 866-898-7477

Email: info@diathrive.com



Unlimited Supplies

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

Diathrive Health App

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

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

Health Advisor

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

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



Husk Health Program



HUSK Empowers Healthier Living

In partnership with organizations, insurers, and people...

HUSK provide the wellness tools, resources, and access that enable people to exist with more intention and fulfillment in ways that work for them and their communities.



Activate Benefits & Register Today:

hinge.health/regence-ut-lg

HUSK

Physical Therapy

HUSK Physical Therapy connects your population with Musculoskeletal (MSK) experts who provide personalized joint and muscle care, addressing everything from minor sprains to chronic pain. Relieve pain, improve flexibility, and enhance your population's overall musculoskeletal outcomes today.



IMA Rx Program

Snap Finance has partnered with the IMA Rx Program to help employees and dependents save money on the rising cost of prescription medications.

This is a **FREE** program to you, available through Snap Finance. Once enrolled, you will receive select specialty medications sent directly to your home with no shipping/handling costs and **\$0.00 copay**.



Contact IMA Pharmacy Advocates

Phone: 866-530-9989

Email: imarx@imacorp.com



A Pharmacy program that saves you money

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

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

Why participate?

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

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

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

If you or a family member has questions about the IMA Rx Program, or how to join, please feel free to reach out to an IMA Pharmacy Advocate.



Online Mental Health Benefit

Get back to feeling like you!

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

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



Access to Care Online at Any Time

Tava Health is available to all full-time employees and their family. In 2025 this benefit will now provide 24 free therapy sessions with licensed therapists through Tava's secure, web-based technology platform. All you need for a live, video-based session is reliable internet access and a connected device with a camera (smartphone, computer, or tablet).

Free to Use

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

Care for the Whole Family

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

Confidential

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

Top Quality

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

Convenient

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

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

- Addiction
- Anxiety
- Depression
- Eating Disorders
- Family Issues
- Grief and Loss
- LGBTQ+ Issues
- Life Changes
- Postpartum Issues
- PTSD
- Relationship Issues
- Stress
- Trauma
- Work Pressure
- And more...

Schedule your appointment today at:

care.tavahealth.com





Dental Plan Options

Delta Dental is the carrier for our dental plan.

Visit deltadentalins.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 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.

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

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.

This information is designed to help you choose a benefit plan. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.



Dental Plan Rates



Delta Dental – Low Plan Cost Per Pay Period

Employee	\$5.00
Employee + Spouse	\$9.80
Employee + Child(ren)	\$10.80
Family	\$18.80

Delta Dental – High Plan Cost Per Pay Period

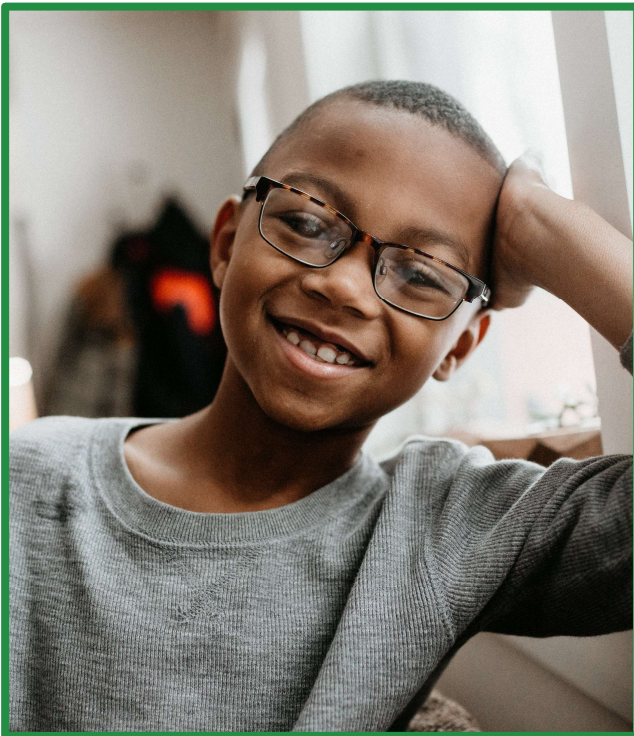
Employee	\$7.40
Employee + Spouse	\$14.00
Employee + Child(ren)	\$16.40
Family	\$28.20



Vision Plan Options

EyeMed our vision carrier.

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



EyeMed – Vision Care Insight Network



Routine Vision Exams

In-Network

Out-of-Network*

\$10 copay

Plan reimburses up to **\$40**

Contacts Fitting & Evaluation

\$10 copay

Plan reimburses up to **\$40**



Frequency

Exams

Contact Lenses

Frames

Lenses

Once per calendar year



Eyeglasses

Single Vision Lenses¹

\$25 copay

Plan reimburses up to **\$30**

Lined Bifocal Lenses¹

\$25 copay

Plan reimburses up to **\$50**

Lined Trifocal Lenses¹

\$25 copay

Plan reimburses up to **\$70**

Frame Allowance

\$0 copay, **\$150** allowance;
20% off balance over \$150

Plan reimburses up to **\$105**



Contact Lenses

Prescription Medically Necessary

Plan pays **100%** of covered services

Plan reimburses up to **\$300**

Prescription Elective (in lieu of eyeglasses)

Plan provides a **\$125** allowance

Plan provides a **\$125** allowance

EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only

EE + Spouse

EE + Child(ren)

EE + Family

\$3.33

\$5.77

\$6.66

\$8.98

This information is designed to help you choose a benefit plan. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.



Basic Life Insurance



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

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



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

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

Benefits reduce by 35% at age 65 and an additional 60% at age 70.

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



Voluntary Life Insurance

Protect the life you are building.

Voluntary 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 pre-tax benefit, and the coverage is completely voluntary.



Voluntary Life and AD&D Insurance

Snap Finance offers Voluntary Life and AD&D for you and your dependents, which can be purchased through Unum. This option gives you the advantage of purchasing life insurance and AD&D at affordable group rates. It is not a pre-tax benefit option. Premiums are paid with after-tax dollars through an automatic payroll deduction from your paycheck. These coverages are completely voluntary. Employee : You may purchase additional coverage in increments of \$10,000, not to exceed five times your annual salary or \$500,000. \$200,000 is available without proof of good health during initial eligibility*. Benefits will reduce by 35% at age 65, an additional 25% at age 70, an additional 15% at age 75 and an additional 15% at age 80. Benefits terminate at retirement.

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

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

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

when:

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

You must have employee coverage to elect Spouse or Child coverage



Voluntary Life Insurance Rates



Voluntary Life Insurance Worksheet

Age	Employee & Spouse Rate per \$1,000
< 25	\$0.060
25–29	\$0.060
30–34	\$0.060
35–39	\$0.090
40–44	\$0.150
45–49	\$0.230
50–54	\$0.440
55–59	\$0.690
60–64	\$0.750
65–69	\$1.380
70–74	\$2.830
75+	\$8.120

Child(ren) Rate: \$0.200 for \$1,000 of Coverage
(Regardless of Number of Children)

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



Voluntary AD&D Insurance Worksheet

Age	Employee & Spouse Rate per \$1,000
Employee	\$0.025
Spouse	\$0.025
Child(ren)	\$0.025

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



Disability Insurance Options

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

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



Short-Term Disability (STD) Insurance

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

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

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

Maximum Weekly Benefit: \$2,000

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



Long-Term Disability (LTD) Insurance

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

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

Maximum Benefit Period: Social Security Normal Retirement Age

Maximum Monthly Benefit: \$10,000

Pre-existing Condition 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 UNUM and Snap Finance pays 100% of the premium.

**Pre-existing Condition Limits: Pre-existing conditions include bodily injury, sickness, mental illness, pregnancy, and substance abuse UNUM reserves the right to review medical records up to 12 months prior to your effective date to evaluate pre-existing conditions upon filing a claim.*



Additional Voluntary Benefit Options

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

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



Accident Insurance

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

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

\$25,000 LOW PLAN Employee Cost Per Pay Period

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

\$50,000 HIGH PLAN Employee Cost Per Pay Period

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



Hospital Indemnity Insurance

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

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

Employee Cost Per Pay Period – Hospital Indemnity

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



Critical Illness Insurance

Benefits are paid directly to you as cash benefits that correspond with a variety of covered illnesses*, such as cancer, vascular conditions, neurological conditions, comas, and more. Provides a \$50 wellness benefit per covered member.

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

* **Pre-existing Condition Limits:** UNUM will not pay any benefit that is contributed by a pre-existing condition unless you have been enrolled on the policy for 12 months. Pre-existing conditions can include bodily injury, sickness, mental illness, pregnancy, and substance abuse. UNUM reserves the right to review medical records up to 12 months prior to your effective date to evaluate pre-existing conditions upon filing a claim.

This information is designed to help you choose a benefit plan. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.



Additional Protections for You and Your Family

Affordable legal access for all and comprehensive privacy protection.



LegalShield Plan

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

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



ID Shield Plan

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

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

	ONLY LegalShield Per Pay Period	LegalShield AND ID Shield Per Pay Period	ONLY ID Shield Per Pay Period
Employee Only Plan	N/A	\$17.45	\$6.48
Family Plan	\$10.98	\$20.95	\$11.48



Protection for your Furry Family Members

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

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

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

Online enrollment is for cats and dogs only, for avian or exotic pets please call the number below. Rates vary by breed, species, and state.



Enroll today!

(877) 738-7874

petinsurance.com/snapfinance



Voluntary health coverage for your pets

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

Available policies

My Pet ProtectionSM

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

What is covered

- Injury & Illness
- Congenital
- Hereditary
- Prescription Diets
- Nutritional Supplements
- Behavioral

My Pet ProtectionSM with Wellness

- \$250 annual deductible
- \$7,500 annual maximum
- Covers medical
- No age limitation
- Covers wellness
- Additional Coverage available for advertising and reward expenses, emergency boarding, loss due to theft, and mortality benefit
- Pre-existing conditions **are not covered**



Get Support from the Employee Assistance Program

An employee assistance program to provide confidential help with life's stresses.

Everyone grapples with personal and work-related issues from time to time. Don't do it alone.

Take advantage of your Employee Assistance Program and Work/Life Balance services, included free of charge with your Unum benefits.



Contact UNUM Work/Life Balance

(800) 854-1446

unum.com/lifebalance



Turn to us, when you don't know where to turn.

We all experience times when we need a little help with life's challenges. When you have questions, concerns or emotional issues surrounding your personal or work life, you can count on us to offer help. Through UNUM's Work/Life balance employee assistance program (EAP), you have unlimited access to consultant by telephone, resources and tools online, and up to three face-to-face visits with local counselors for help with a short-term problem.

- **Telephonic Consultations:** Speak confidentially with a Master's level consultant to clarify your need, evaluate options and create an action plan.
- **Face-to-Face Meeting:** Meet with a local consultant up to 3 times per issue for short term problem resolution.
- **Educational Materials:** Receive information through the online library of downloadable materials and interactive tools.

Licensed professionals provide confidential support and guidance by phone to assist with concerns, such as:

- Managing stress, grief, loss, and relationship issues
- Balancing work and life
- Quitting tobacco, alcohol or drug use
- Caring for children or aging parents
- Dealing with conflict or violence
- Controlling depression and anxiety



Your Employee Advocate Is Here For You



IMA 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.

Contact your Employee Advocate

(385) 531-7613

snapfinance@imadvocate.com



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

LGBTQ+ Inclusive Benefits

LGBTQ+ Health :

We will help you get the quality of care you need to stay on top of your health.

Looking out for your health:

Gender-affirming care benefits

Benefits are based on the World Professional Association for Transgender Health (WPATH).

Access to psychotherapy, hormonal therapy and medically necessary surgical services.

Access to LGBTQ+ or queer-affirming therapists for your mental health.

Customer service team available to help you understand your coverage for gender-affirming care.

Preventive care services to help you be proactive and get the exams and screenings you need.

Want to learn more?

+ Visit [regence.com](https://www.regence.com) and explore our plans and how we support our LGBTQ+ members.



Snap Finance and Regence recognize the immeasurable value of every individual and is committed to inclusive health care.

Regence has designed health plans to support everyone's unique journey. This includes providing gender-affirming benefits and guidance - so you can navigate your health care choices and get the care you need.



Contact Regence

1 (888) 675-6570

[regence.com/member/lgbtq-support](https://www.regence.com/member/lgbtq-support)





General Participation Guidelines and Notices

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

Who is eligible?

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

General definitions

Special enrollment rights (other than open enrollment)

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

- A qualifying change of status occurs for the following:
- You get married, legally separated, or divorced;
- You add a dependent child through birth, adoption, or change in custody;
- Your parent/spouse or child dies which affects your coverage;

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

Or

- You have a 60-day special election period for the following:
- You and/or your spouse and dependents gain or lose Medicaid and/or state CHIP coverage;
- You and/or your spouse and dependents gain or lose eligibility for the state sponsored Utah Premium Partnership Program (UPP).

When does coverage begin for new hires?

Coverage begins on the 1st day of the month following your hire date. 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 Snap Finance. Refer to carrier literature, summary plan descriptions, and master plan documents for specific plan provisions, limitations, and exclusions.

Coverage ends at the earliest time when any of the following changes occur:

- Your employment with Snap Finance ends;
- The group policy ends;
- You are no longer eligible under the plan;
- Your death;
- You retire;
- You enter the armed forces of any country on a full-time basis.

Dependent eligibility verification notice

Snap Finance reserves the right to audit dependency status. The goal is to ensure that benefits are provided only to those who are eligible. This process may include a complete eligibility verification of all enrolled dependents or verifying relationship and status of new dependents registered during Open Enrollment, new hires and a qualifying change of status. You must only cover eligible dependents when you enroll in the plan offerings. For a detailed definition of an eligible dependent, refer to the "**Who is eligible**" section.



General Participation Guidelines and Notices

Important notice

The benefit summaries contained in this guide are for ease of comparison. This guide provides only a summary of benefits available to eligible employees and their dependents. The information in this guide supersedes all prior guides. However, since this guide is only a summary, it does not describe every detail of the benefit programs outlined. If there are inconsistencies or discrepancies between this guide and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will control. The governing plan documents and benefit contracts are available for your review in the Human Resources Department.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this comparison. Reasonable efforts are made to keep employees apprised of any changes in benefit plans including medical, dental, vision, life and AD&D, voluntary life, short-term disability (STD), long-term disability (LTD), Health Savings Account (HSA), and Flexible Spending Accounts (FSA).

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

Summary of benefits coverage

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

The coverage examples will illustrate sample medical

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

Waiving coverage

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

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

Medical coverage assistance options

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



General Participation Guidelines and Notices

ACA notices about eligibility and coverage periods

- Snap Finance has adopted a 12 month “initial measurement period” and 12 month stability period for all new part-time, variable hour, and seasonal employees which begins as of the date of employment/start date for each new employee in these categories. The administrative period for such new part-time, variable hour, or seasonal employees who measure full-time in their initial measurement period is approximately 30 days depending on whether you started your job on the 1st of the month or in the middle of the month.
- You are being offered the opportunity to enroll yourself and your dependents (if any) in Snap Finance’s health plan because you were either hired as a full-time employee or you have measured as full-time during a given, applicable measurement period.
- If you “waive” or “decline” coverage then you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.
- If you choose to enroll in coverage, the coverage period is 12 months. Federal law and Snap Finance’s cafeteria plan provide very limited situations in which you will be allowed to dis-enroll in healthcare coverage during your 12-month coverage period. Therefore, if you change your mind after your coverage begins, you will not be allowed to cancel your coverage unless you meet one of the situations allowed by law or in our plan.

Women’s health and cancer rights act enrollment notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurances applicable to other medical and surgical benefits provided under this plan.

Newborns’ and Mothers’ Health Protection Act

The Newborns’ and Mothers’ Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, health insurers and Health Maintenance Organizations (HMOs) may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery.

If you deliver somewhere other than the hospital and you are later admitted to the hospital in connection with the childbirth, the period begins at the time of admission.

Also, a health insurer or HMO cannot require you or your attending provider to obtain prior authorization for your delivery or show that the 48-hour (or 96-hour) stay is medically necessary. However, a health insurer or HMO may require you to get prior authorization for any portion of stay after the 48 hours (or 96 hours).

Privacy policy

Summary of privacy practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed in the administration of your claims, and of certain rights you have.

Our pledge regarding medical information

The company is committed to protecting your personal health information. As required by law, we:

- make sure that any medical information that identifies you is kept private;
- provide you with rights with respect to your medical information;
- give you a notice of our legal duties and privacy practices; and
- follow all privacy practices and procedures currently in effect.

How the company may use and disclose medical information about you

Any use and disclosure of your medical information requires your written authorization. Your personal health information may be used and disclosed without your permission to facilitate your medical treatment, for payment of any medical treatments, and for any other health care operation. Your personal health information may be disclosed without your permission as allowed or required by law. You cannot be retaliated against if you refuse to sign an authorization or revoke an authorization you had previously given.



General Participation Guidelines and Notices

Your rights regarding your medical information

You have the right to inspect and copy your medical information, request corrections of your medical information and to obtain an accounting of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communication about your medical information be made in different ways or at different locations.

Michelle's Law

A new federal law allows continued coverage for seriously ill college students. A college student will be able to maintain health care eligibility for up to one year after full-time student status is lost due to medically necessary leave of absence from school.

Genetic Information Nondiscrimination Act (GINA)

Under this federal law, group health plans are prohibited from adjusting premiums or contribution amounts for a group based on genetic information. A health plan is also prohibited from requiring an individual or his/her family member to undergo a genetic test, although the plan may require that a voluntary test be taken for research purposes.

Mandatory insurer reporting law

This law took effect 1/1/2009 and is part of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). Under this federal law, providers of group health plans are required to report certain information to the Secretary of Health and Human Services to determine Medicare entitlement. As such, employees are required to provide social security numbers for all dependents enrolled in the medical plan. You will be asked to enter social security numbers for all dependents you cover on your medical plan.

Patient Protection and Affordable Care Act (ACA)

Pursuant to the Patient Protection and Affordable Care Act (ACA) and its applicable regulations, Snap Finance offers eligible employees affordable, minimum essential health care coverage that meets minimum value. This guide and the enrollment forms are your offer of coverage. If you decline or waive this coverage, you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.

CMS Part D Notice of Creditable or Non-Creditable Coverage

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Snap Finance has determined [all available plan options] to be considered Creditable Coverage.

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at shiphelp.org.

Remember: If you have creditable coverage through our plan, keep this Notice as proof. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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



This guide describes the benefit plans and policies available to you as an employee of Snap Finance for the 2026–2027 plan year. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It does not contain all the details that are included in your Summary Plan Descriptions (as required by ERISA) found in your other employee benefit materials. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Note: The benefits highlighted and described in this guide may be changed at any time and do not represent a contractual obligation — either implied or expressed — in the part of Snap Finance.