

Employee Benefits

September 1, 2021- August 31, 2022

Employee Benefits: 2021-2022

Benefit Carrier Contact Information

Studies Weekly

Morgan Ostler, Human Resources

801-687-3493

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Medical - MotivHealth

Member Services: 844-234-4472

www.motivhealth.com

Rx Line: 385-247-1030

Health Savings Account - MotivHealth HSA

Member Services: 844-234-4472

www.motivhsa.com

Flexible Spending Account - HealthEquity

866-346-5800

www.healthequity.com

Dental - UNUM

888-222-2685

Group #: 935656

www.alwayscarebenefits.com

Vision - Superior Vision

800-507-3800

Group #: 36488

www.SuperiorVision.com

Group Life - UNUM

800-421-0344

Group #: 632801

www.unumprovident.com

Voluntary Supplemental Life - UNUM

800-421-0344

Group #: 632801

www.unumprovident.com

Worksite Products - UNUM

Lee Harmer: 801-942-0143

Claims Fax: 801-944-0641

lee@vbs-benefits.com

Employee Assistance Program - Blomquist Hale

800-926-9619

www.blomquisthale.com

801-262-9619

Moreton & Company - Account Manager / Claims Assistance

Irene Hansen

801-715-7161

ihansen@moreton.com

Toll Free: 800-594-8949

www.moreton.com

Welcome!

To learn more about the benefits Studies Weekly offers, please review the following 2021-2022 benefit materials. If you have any questions about your benefits, we are here to help!

Human Resources

Please contact Human Resources for any benefits related questions, including benefit coverage, contributions, enrollment, benefit change forms, notification for changes in status, provider directories, and general carrier information.

Social Security Numbers

Federal law requires you to provide a valid Social Security Number for each person to be covered by any medical plan sponsored by your employer (yourself, your spouse, and all dependent children).

Medicare Part D

If you have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See Human Resources for more information.

HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. If you have any questions regarding HIPAA, please speak with your Moreton & Company representative or contact Human Resources.

IRS Regulations

Failure to meet IRS deadlines will affect your insurance coverage! IRS regulations govern how and when an employee may make cafeteria plan elections and changes to those elections. These rules require that employers enforce firm deadlines with respect to employee benefit enrollment and related cafeteria plan elections. This means that we cannot accept changes after open enrollment ends. Furthermore, if you experience a qualifying event allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, we must be timely notified of such event. The required enrollment generally must be completed within 30 days of such event, or you cannot make the change. In addition, please be aware that with the exception of the birth, adoption, or placement for adoption of a child, any cafeteria plan election changes can only be implemented prospectively, meaning on the first paycheck or period of coverage following our receipt of the form. Therefore, if you are making a change based on a qualifying event other than a new child, and you want changes implemented as of the date of the event, you must inform us of the change in advance. **If you do not enroll on time, you will not receive coverage or be able to change your elections mid-year unless you have an IRS qualifying event.**

Note: This publication is only a partial summary of benefits and is provided for informational purposes only. It does not describe all elements of the summarized programs. For complete information regarding the benefits, plan provisions, limitations and exclusions, and for a description of claims procedures, refer to the formal benefit documents that will be provided to you after enrollment. In the event of a discrepancy or conflict between the information contained in this publication and the official benefit plan provisions, the official plan documents and insurance contracts will govern. Copies of these documents are available for your review from your Human Resources department. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this publication.

Enrollment Guidelines: 2021-2022

Why is open enrollment so important?

Benefits open enrollment for Studies Weekly is held each year. Employees should understand that the pre-tax payment for applicable benefits is done through the Cafeteria plan and as noted above, under IRS regulations elections cannot be revoked or changed during the plan year. **Once the enrollment period has ended, employees may not make or change benefit elections unless they experience a qualifying event.** Employees must notify Human Resources of any change of status as soon as possible, but generally **30 days** after the event.

Who is eligible to participate in the benefit plans?

- Employees who work 30+ hours per week;
- Employees legally married spouse, domestic partner, and/or dependent(s); see your Benefits Summary's definition of legally married spouse and/or dependent(s), (children who are less than 26 years of age);
- For benefit coverage criteria and additional information on domestic partnership coverage, please see your Human Resources department. Please note you may be required to provide a Domestic Partnership Affidavit to qualify for Domestic Partner Coverage. Domestic partnership coverage has certain tax implications.

When Do Benefits Begin?

- Eligible employees can receive benefits on the first day of the month following 60 days from date of hire (provided the online enrollment process has been completed);
- Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility.

Is it possible to make changes during the year?

After the enrollment deadline, your election is generally irrevocable, meaning you cannot add, modify, or drop coverage for the plan year. You may have a special enrollment right allowing coverage changes for certain losses of coverage eligibility under another plan, or if you gain a new spouse or dependent. You also may be entitled, or required, to change your election if you, your spouse, or dependents experience one of the qualifying change events listed in the next section. However, you must contact Human Resources to determine if your plan and circumstances allow such a change. If so, you must complete and submit a change form online generally within 30 days.

Qualifying Changes: (30 Days Unless Otherwise Stated Below)

- Marriage, divorce, or legal separation;
- Change in number of dependents (e.g., Birth or adoption of a child or another change in the number of dependents);
- Change in employment status of employee, spouse, or dependent that causes loss of eligibility;
- Dependent ceases to satisfy eligibility requirements;
- Change in residence that causes loss of eligibility;
- Significant changes in company benefit plan(s), including cost change, significant coverage curtailment, additional or significant improvement of company offered benefits;
- Change in coverage under another employer plan (including mandatory or optional change initiated by your spouse's employer or a change initiated by your spouse or domestic partner);
- Loss of coverage from government plans/programs or educational institution;
- COBRA qualifying event (termination/reduction of hours, employee death, divorce/legal separation, ceasing to be a dependent);
- Other changes resulting from a judgment, decree, or order;
- Medicare or Medicaid entitlement;
- FMLA leave of absence;
- Loss or gain of CHIP or Medicaid subsidy eligibility (60 Days)

Glossary of Terms

Co-pay: Typically refers to a fixed dollar amount a member must pay for a particular service (such as a physician visit or ER visit).

Deductible: Amount that must be paid by the member before an insurance carrier will pay a claim; benefits offered after deductible are indicated with AD.

Coinurance: Typically refers to a member's share of covered costs after any deductible has been satisfied.

Out of Pocket Maximum (OOPM): The maximum amount members pay for covered network essential health benefit expenses during the benefit year, including co-pays, coinsurance, and deductibles.

PPO (Preferred Provider Organization): This type of plan utilizes both network and non-network benefits.

Network (In-Network): Providers who have agreed to accept contracted rates from an insurance carrier.

Non-Network (Out of Network): Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.

Medical Plans: 2021-2022

Studies Weekly offers the following medical plans through MotivHealth:

Wise Network HDHP 3000		
	Network	Non Network *
Deductible PCY	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family
	If any family member reaches the Individual Deductible then the deductible is satisfied for that family member. If any combination of family members reach the Family Deductible, then the deductible is satisfied for the entire family.	
Out of Pocket Maximum (Includes Most Services)	\$6,250 Individual / \$12,500 Family	\$12,500 Individual / \$25,000 Family
	If any family member reaches \$6,250 of the out of pocket maximum then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the Family Out of Pocket Maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	70% / 30% AD	60% / 40% AD
Office Visits		
Primary Care	70 / 30 AD	60 / 40 AD
Preventive **	Covered 100%	Covered Up to Allowed Amount
Specialists or Secondary Care Provider	70 / 30 AD	60 / 40 AD
Chiropractic (12 Visits PCY)	70 / 30 AD	60 / 40 AD
Healthiest You	Covered 100%	60 / 40 AD
Diagnostic Lab & X-Ray Services		
Minor (In Office)	70 / 30 AD	60 / 40 AD
Major	70 / 30 AD	60 / 40 AD
Hospital Services		
Outpatient	70 / 30 AD	60 / 40 AD
Inpatient	70 / 30 AD	60 / 40 AD
Maternity	70 / 30 AD	60 / 40 AD
Emergency Services		
Urgent Care	70 / 30 AD	60 / 40 AD
Emergency Room	70 / 30 AD	See Network Benefits
Ambulance	70 / 30 AD	See Network Benefits
Mental Health Services		
Inpatient	70 / 30 AD	60 / 40 AD
Outpatient	70 / 30 AD	60 / 40 AD
Outpatient - Office	70 / 30 AD	60 / 40 AD
Prescriptions	Tier 1 / Tier 2 / Tier 3 / Tier 4	
Pharmacy	\$10 AD / \$30 AD / \$50 AD / 30% AD	60 / 40 AD
Maintenance Drugs or Mail Order	\$10 AD / \$30 AD / \$50 AD / NA	No Benefit

Wise Network HDHP 3000		
Medical Rates	Bi-Weekly	Monthly
Employee (EE)	\$62.50	\$125.00
EE + Spouse	\$110.00	\$220.00
EE + Child(ren)	\$100.00	\$200.00
Family	\$205.00	\$410.00

AD: After Deductible

PCY: Per Calendar Year

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided University of Utah materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply, please refer to your provided University of Utah materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at motivhealth.com. Out of Utah provider search at: <https://providerlocator.firsthealth.com/locateprovider/locateprovidersearch/>

Medical Plans: 2021-2022

Studies Weekly offers the following medical plans through MotivHealth:

Wise Network Traditional 3000		
	Network	Non Network *
Deductible PCY	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family
	If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.	
Out of Pocket Maximum (Includes Most Services)	\$5,500 Individual / \$11,000 Family	\$11,000 Individual / \$22,000 Family
	If any family member reaches the individual out of pocket maximum then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the family out of pocket maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	60% / 40% AD
Office Visits		
Primary Care	\$30 Co-pay	60 / 40 AD
Preventive **	Covered 100%	Covered Up to Allowed Amount
Specialists or Secondary Care Provider	\$60 Co-pay	60 / 40 AD
Chiropractic (12 Visits PCY)	\$30 Co-pay	60 / 40 AD
Healthiest You	Covered 100%	60 / 40 AD
Diagnostic Lab & X-Ray Services		
Minor (In Office)	Covered 100%	60 / 40 AD
Major	80 / 20 AD	60 / 40 AD
Hospital Services		
Outpatient	80 / 20 AD	60 / 40 AD
Inpatient	80 / 20 AD	60 / 40 AD
Maternity	80 / 20 AD	60 / 40 AD
Emergency Services		
Urgent Care	\$75 Co-pay	60 / 40 AD
Emergency Room	\$350 Co-pay	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits
Mental Health Services		
Inpatient	80 / 20 AD	60 / 40 AD
Outpatient	80 / 20 AD	60 / 40 AD
Outpatient - Office	\$30 Co-pay	60 / 40 AD
Prescriptions	Tier 1 / Tier 2 / Tier 3 / Tier 4	
Pharmacy	\$15 / \$45 / \$80 / \$100 AD	60 / 40 AD
Maintenance Drugs or Mail Order	\$15 / \$45 / \$80 / NA	No Benefit

Wise Network Traditional 3000		
Medical Rates	Bi-Weekly	Monthly
Employee (EE)	\$107.50	\$215.00
EE + Spouse	\$190.00	\$380.00
EE + Child(ren)	\$200.00	\$400.00
Family	\$330.00	\$660.00

AD: After Deductible

PCY: Per Calendar Year

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided University of Utah materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply, please refer to your provided University of Utah materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at motivhealth.com. Out of Utah provider search at: <https://providerlocator.firsthealth.com/locateprovider/locateprovidersearch/>

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

Pharmacy Savings: 2021-2022

OneRx Member Rx Plan

OneRx is a mobile solution that puts the tools to control prescription drug spending at the fingertips of both insured and uninsured employees.

Advantages of OneRx Include

1. Free RX savings

- Manage prescriptions
- Search for the lowest price
- Save money instantly

2. Free Supplemental Benefit

- Average individual can save \$750 + per year

3. No Surprises

- Access real time plan based info at anytime

With OneRx

Know out-of-pocket costs in real time.

Save money by seeing your personalized out-of-pocket expense for a drug being prescribed, right at the point of care. Prices & hours can vary by pharmacy. OneRx can help you save time & money by having your e-script sent to the best option.

Be alerted to insurance restrictions.

Increase adherence by knowing if step therapy or prior authorization is required before you try to fill a script. Not all drugs are covered by your insurance. Identify restrictions & check out-of-pocket costs during your appointment.

Save Instantly.

Redeem Rx coupons & discounts instantly as well as see local pharmacy pricing. Even if you have insurance, OneRx finds all coupons and discounts for you, and instantly applies the savings. To redeem, just share the offer screen with your pharmacist.

FREE: No costs to employees

SAVINGS: Employees save money by being in the know. No enrollment windows, no restrictions.

For Additional Information or to Register

Go to **www.onerx.com** and click on the "Register" link on the top right hand side of the page. **Enter a username and password**, click to **accept the terms of use**, and hit the **register button**. You will be taken to the home page and can choose to be walked through Account Setup by clicking on "Let's Begin". It is recommended that you complete each of the following tabs: Profile Info, Medication, Pharmacies, and Insurance in order to get the most out of the website. Upon completion, there will be a Drug Savings Card available for you to print.

Once you are registered, you can begin searching for your medication with the "Search" feature at the top of the page. Be sure to enter your city and state in order to get accurate price information. If you have entered in your insurance information, it will validate the lowest price against your insurance and let you know which is the least expensive option. If you have entered in a pharmacy it will list your pharmacy at the top of the search results, and the lowest priced pharmacy next. Simply click on the offer you would like to redeem, and you can select "Print Offer", "Email Offer", or "Text Offer". This simple process is all that's required of you.

You can also download the OneRx app at the Play Store (Android) or the App Store (iPhone).

Enroll now! Here's how:

Visit: www.onerx.com Or Call: **888-664-6261**

Please Note: It will take 24 hours for your insurance information to update.



Health Savings Account (HSA): 2021-2022

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax advantaged account that can be used to pay eligible medical expenses not covered by an insurance plan including deductibles and coinsurance. You can fund your HSA with pre-tax dollars. In addition, your employer makes a contribution to your HSA as shown below.

Who is eligible for a Health Savings Account?

Anyone who satisfies all of the following:

- Covered by a Qualified High Deductible Health Plan (QHDHP);
- Not covered under another health plan;
- Not enrolled in Medicare A or Medicare B benefits; and,
- Not eligible to be claimed on another person's tax return.

What is a deductible?

It is a set dollar amount, determined by your plan, that you must pay out of pocket or from your HSA account before insurance coverage for medical expenses can begin.

What is the difference between an HSA and Flexible Spending Account (FSA)?

- An HSA can rollover unused funds from year to year indefinitely.
- FSA contribution limits are lower than for HSAs. In addition, not all FSAs have a rollover feature, and those that do can only rollover a limited amount.

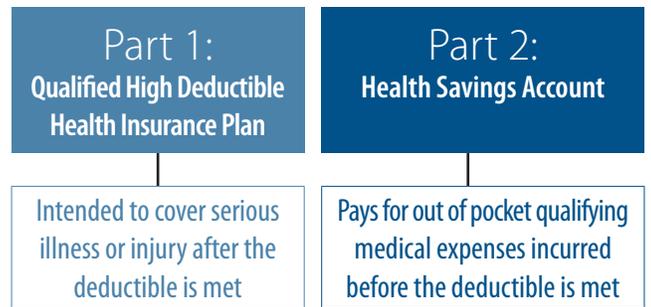
When do I use my HSA?

After visiting a physician, facility, or pharmacy, request that they submit your claim to your Medical Carrier for payment. You should make sure that your provider has your most up-to-date insurance information. Once the claim has been processed, any out of pocket expenses will be billed. At this time you may choose the following options:

- Use your HSA debit card or HSA check to pay for any out of pocket expenses.
- Write a personal check, receiving reimbursement at a later date.
- Save your HSA dollars for future medical expenses.

You should always ask that your claim be submitted to the health plan before you seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. **Also, remember to keep all medical receipts and Explanation of Benefits (EOBs) to support your personal tax record. You should keep these records for at least four years.**

How does a Health Savings Account Work?



How is an HSA used to pay for medical care?

1. Employee and/or employer funds an HSA account.
2. Employee seeks medical services.
3. A bill for medical services is submitted as a claim to your insurance carrier and paid in part according to your HDHP, subject to a deductible and coinsurance.*
4. Employee can pay the remaining amount with a debit card or check from their HSA account.
5. This process is repeated until the out of pocket maximum is reached, after which the employee generally should be covered for almost all network eligible expenses.

* Subject to plan design, check your Benefits Summary. Preventive care may be covered at 100%.

How much can be contributed to an HSA?

As mandated by federal law, the Annual Contribution limits are:

Maximum Annual Contribution		
Type of Coverage	2021	2022
Individual	\$3,600	\$3,650
Two Party	\$7,200	\$7,300
Family	\$7,200	\$7,300

Individuals age 55 or older may be eligible to make a catch up contribution of \$1,000 in 2021-2022.

Does my employer contribute to my HSA?

Studies Weekly has elected to contribute the following amounts.

These amounts apply towards your Annual Maximum Contribution:

2021-2022 Employer Maximum Contribution		
Type of Coverage	Quarterly	Monthly \$1 for \$1 Match
Individual	\$187.50	\$1,250 Per Plan Year
Two Party	\$312.50	\$1,750 Per Plan Year
Family	\$562.50	\$2,250 Per Plan Year

Can I contribute to both an HSA and FSA in the same year?

You **may not** contribute to or use a general purpose health FSA and an HSA. However, contributions to a Limited Purpose FSA, which only allows reimbursement of certain expenses that are not eligible for payment under the High Deductible Health Plan (HDHP), are permissible. The Limited Purpose FSA allows HSA-covered employees to pay for dental and vision expenses that are not covered by insurance.

What if I am a new hire or have a special enrollment and enroll in an HSA in the middle of a year?

If you enroll in an HSA and corresponding HDHP at any time other than the start of the calendar year, so long as you enroll by December 1, you may still contribute the maximum amount allowed for the calendar year (see the chart on the previous page). However, the IRS requires you to participate in the HDHP during a subsequent testing period (generally through the end of the following year). Failure to do so will result in adverse tax consequences.

Why should I elect an HSA?

- Cost Savings
- Tax Benefits:
 - HSA contributions are excluded from federal income tax.
 - Interest earnings may be tax free.
 - Withdrawals for eligible expenses are exempt from federal income tax.
- You generally pay a lower plan premium for a HDHP than a traditional indemnity plan.
- Unused money is held in interest-bearing savings or investment accounts from year to year.

Note: Many states have passed legislation to provide favorable state tax treatment for HSAs. However, in a small number of states, amounts contributed to HSAs and interest earned on HSA accounts could be included in the employee's compensation for state income tax purposes.

Long-Term Financial Benefits

- Save for future medical expenses, including retiree medical
- Funds roll over year to year
- This is your account - you take it with you. If you leave your employer you can do the following:
 - Leave your funds in your current HSA account;
 - Transfer your funds to an HSA with your new employer; or
 - Transfer your funds to another qualifying account within 60 days.

Choice

- You control and manage your health care expenses.
- You choose when to use your HSA dollars to pay your health care expenses.
- You choose when to save your HSA dollars and pay health care expenses out of pocket.
- You can choose to increase or decrease your election during the year.

Can I use my HSA dollars for non-eligible expenses?

Money withdrawn from an HSA account to reimburse non-eligible expenses is taxable income to the account holder and is subject to a tax penalty. If the account holder is over age 65 OR disabled, the distribution amount (if for a non-eligible expense) is still considered taxable income; however, the tax penalty is waived.

When can I start using my HSA dollars?

You can use your HSA dollars for any qualifying expense incurred after your HSA account activation and once contributions have been made.

Can my HSA dollars be used for retirement health care costs?

Yes, for expenses eligible for reimbursement, and Medicare and other health coverage premiums after age 65.

Can I use the money in my account to pay for my dependents' medical expenses?

Yes, you can use the money in the account to pay for medical expenses of yourself, your spouse, or your dependent children. You can pay for expenses of your spouse and dependent children even if they are not covered by your HDHP.

Reimbursement Accounts: 2021-2022

by Equity January 1, 2021 through December 31, 2021

Reimbursement accounts enable you to pay certain qualified expenses using tax-free dollars. Depending on your personal tax rate, this can save you 10-30% or more on medical, dental, vision, and/or dependent care out of pocket costs.

The following accounts may be available to you:

Flexible Spending Account (FSA)

This account allows you to set aside up to \$2,750 in pretax dollars to pay most out of pocket medical, dental, or vision care expenses, including: medical and dental deductibles and co-payments, eye glasses, dental, and orthodontic work not covered by insurance.

Limited Purpose FSA

This account allows HSA-covered employees to pay for dental and vision expenses not covered by insurance. This plan **does not** allow you to pay for other medical expenses until you have reached your High Deductible Health Plan (HDHP) medical deductible. Only after your medical deductible has been met can you submit any medical-plan related expenses. **Before the HDHP deductible is met, you can use HSA dollars for your medical expenses.**

Dependent Care Assistance Plan (DCAP)

This account lets you set aside up to \$5,000 in pre-tax dollars to pay for eligible dependent care expenses so you (and, if married, your spouse) can work.

The Advantages

There are some significant advantages to using the above reimbursement type accounts. Income directed to a reimbursement account is tax free. When you pay less in taxes, you receive more spendable income. These accounts can save you 10-30% or more, depending on your personal tax rate. Convenient payroll deductions help assure that you will have money available for out of pocket health and/or dependent care expenses.

How It Works

During annual enrollment, you decide how much you want to deposit into your reimbursement account(s). That amount is deducted evenly during the calendar year from your paycheck before taxes are taken out. When you have an expense that qualifies, you pay the bill, submit a claim, and you are reimbursed with tax-free dollars from your account.

Eligibility

You will be eligible to participate in the account(s) on the first day of the month following 60 days from your date of hire. The following are additional guidelines for determining eligible expenses:

- Expenses are for services received during the calendar year (Jan. 1 to Dec. 31).
- Expenses are not covered by any health care plan in which you are enrolled.
- The IRS would otherwise let you deduct the expenses from your income taxes.

The Dependent Care Assistance Plan

With the Dependent Care Account you can set aside tax-free income to pay for qualified dependent care expenses, such as day care, that you normally pay with after-tax dollars. You must meet the following criteria in order to set up this account:

- The DCAP expense is incurred to allow both you and your spouse work;
- You are a single head of household; or
- Your spouse is disabled or a full-time student

Qualified dependents include children under 13 and/or dependents who are physically or mentally handicapped and the expense must be incurred to allow you to work. If your spouse is unemployed or doing volunteer work you cannot set up a reimbursement account. Each calendar year the IRS allows you to contribute the following amounts, depending on your family status:

- If you are single, the lesser of your earned income or \$5,000
- If you are married, you can contribute the lowest of:
 - Your (or your spouse's) earned income
 - \$5,000 if filing jointly, or \$2,500 if filing separately

Rollover Option

If you don't use all the pre-tax dollars you deposited in your FSA account during the plan year, you may roll over up to \$500 into the next plan year. (The rollover amount does not count toward the \$2,750 yearly maximum FSA contribution limit.) Any remaining unused balance at the end of the plan year will be forfeited. If you do not use all of the pre-tax dollars you deposited in your DCAP account, you will forfeit any balance in the account at the end of the plan year.

Once Enrolled, You May Not Change

Once you have designated how much you want to contribute on an annual basis to one or both of your reimbursement accounts, you cannot stop or change your contributions unless you have a Qualifying Change Event as defined and limited by the IRS. See Qualifying Change rules earlier in this guide.

Reimbursements

To claim reimbursements, fill out a claim form and attach any supporting information. For healthcare, this will include receipts showing the amount you paid and the date(s) on which you or a dependent received services. For dependent care, this may include any contracts, letters, or receipts. You may send this information to Healthy Equity via email, fax, or standard mail.

Email: memberservices@healthequity.com

Fax: 801 727-1005

Phone: 866-346-5800

Dental Plans: 2021-2022

Studies Weekly offers the following dental plan through UNUM:

Passive MAC		
	Network (PlusNetwork / DenteMax / AlwaysCare)	Non Network *
Deductible	\$50 Single / \$150 Family	
Maximum Annual Benefit	\$1,500 Per Individual	
Coinsurance	Carrier Pays / Member Pays - See Amounts Below	
Preventive & Diagnostic Services Exams, Cleanings, Fluoride (to age 16), X-Rays	Covered 100%	100% of FS * Covered
Basic Services Fillings, Non-Surgical Extractions	No Waiting Period	
	80 / 20 of FS - AD	80 / 20 of FS *- AD
Major Services Bridges, Crowns, Oral Surgery	No Waiting Period	
	50 / 50 of FS - AD	50 / 50 of FS *- AD
Endodontic & Periodontic Services	Covered under Basic Services	
Maximum Lifetime Benefit - <i>Orthodontia</i>	\$2,000 Per Child under age 19	
Orthodontic Services Dependents to Age 19	No Waiting Period	
	50 / 50	50 / 50

Passive MAC		
Dental Rates	Bi-Weekly	Monthly
Employee (EE)	\$2.50	\$5.00
EE + Spouse	\$5.00	\$10.00
EE + Child(ren)	\$5.00	\$10.00
Family	\$10.00	\$20.00

AD: After Deductible

FS: Network Fee Schedule

* Member will be responsible for amounts billed by non-participating providers in excess of eligible dental expense amount.

For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from Human Resources or at www.alwayscarebenefits.com.



Vision Plan: 2021-2022

Studies Weekly offers the following vision plan through Superior Vision:

Superior National Network			
	Network (Member Pays)	Non Network (Reimbursement)	
Eye Exam Eyeglass or Contact Exam	Once Every 12 Months *		
	\$10 Co-pay	Up to \$45 Allowance	
Frames Allowance Based on Retail Pricing	Once Every 24 Months *		
	\$130 Allowance	Up to \$63 Allowance	
Lenses	Once Every 12 Months *		
	Single Vision	Up to \$32	
	Bifocal	Up to \$42	
	Trifocal	Up to \$46	
	Standard Progressive Premium Progressive	Up to \$60 Up to \$60	
Lens Options		No Benefit	
	Tint (Solid or Gradient)		\$25 Co-pay
	UV Coating		\$15 Co-pay
	Standard Scratch Resistance		Covered 100%
	Standard Polycarbonate		\$40 Co-pay
	Standard Anti-Reflective		\$50 Co-pay
	Other Add-ons and Services		20% Discount
Contacts (In Lieu of Glasses)	Once Every 12 Months *		
	Contact Lenses	Up to \$100 Allowance	
	Medically Necessary	Up to \$210	
LASIK or PRK Retail Pricing	15% - 50% Discount	No Benefit	

Superior National Network		
Vision Rates	Bi-Weekly	Monthly
Employee (EE)	\$1.38	\$2.76
EE + Spouse	\$2.63	\$5.26
EE + Child(ren)	\$2.77	\$5.54
Family	\$4.15	\$8.30

* Based on Date of Service

For a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at www.superiorvision.com.

Life Insurance Plans: 2021-2022

Unum Basic Life, AD&D - 100% Company Paid

Each eligible employee can receive basic life insurance for themselves and their eligible dependents. Benefits reduce to 35% at the insured's age 65, and to 50% at age 70. AD&D benefits match this reduction schedule. Life and AD&D benefits terminate upon retirement. Basic Term Life insurance includes waiver of premium coverage. The waiver of premium does not apply to any AD&D benefits.

Benefits	
Employee Life Insurance	\$25,000
Accidental Death & Dismemberment (AD&D) - Employee Only	\$25,000
Seatbelt Benefit - Employee Only (Paid for a death resulting from an auto accident while properly wearing a seatbelt.)	10% up to \$10,000
Spouse Life Insurance	\$10,000
Child(ren) Life Insurance - Live birth to 6 months	\$1,000
6 months to age 19 (26 if Full Time Student)	\$5,000

Please see Certificate of Coverage summary for more detailed benefit information. All employees enrolled in basic life must complete the beneficiary designation form. A beneficiary can be a relative, trust, estate or funeral home. Beneficiaries must be over the age of 18†. A beneficiary must be assigned before payment on any claim can be made by Unum.

† Under age beneficiaries are not eligible to collect a benefit until they reach age 18.

Voluntary Supplemental Life - 100% Employee Paid

Supplemental group term life insurance is available on a voluntary basis. This coverage is in addition to the company provided amounts and the premiums are 100% employee paid through payroll deduction. Coverage is available only to employees eligible for benefits and covered under the basic group term life insurance provided by Studies Weekly.

Employees may elect the lesser of 5x annual earnings or \$500,000 of coverage in increments of \$10,000. Spouse coverage may be equal to but not exceed 100% of the Employee's Supplemental Coverage amount in increments of \$5,000. Dependent children from live birth to 6 months are eligible for \$1,000 of coverage. Unmarried dependent children from 6 months to 19 years (26 if full time student) are eligible for up to \$10,000 of coverage in increments of \$2,000.

All supplemental insurance amounts can be purchased at any time and are subject to evidence of insurability. Each applicant must complete a Group Life Health form. Insurance will become effective on the first of the month following underwriting approval by Unum. Supplemental Life benefits will reduce to 65% at the insured's age 70, and to 50% at age 75. Please note spousal coverage will terminate when employee/spouse turns age 70. Benefits terminate upon retirement. Supplemental life offers a right of conversion. Enrollment forms are available from Human Resources.

Please see Certificate of Coverage summary for more detailed benefit information.

Supplemental Life Guaranteed Issue (Guaranteed Issue Applies to New Employees Only)	
Employee	\$100,000
Spouse	\$25,000
Dependent Child(ren)	\$10,000

Age	Monthly Rates Per	
	\$10,000 of Coverage	\$5,000 of Coverage
	Employee	Spouse *
15 to 24	\$0.92	\$0.53
25 to 29	\$0.98	\$0.56
30 to 34	\$1.20	\$0.68
35 to 39	\$1.58	\$0.90
40 to 44	\$2.26	\$1.26
45 to 49	\$3.29	\$1.86
50 to 54	\$4.69	\$2.67
55 to 59	\$6.60	\$3.85
60 to 64	\$8.40	\$5.26
65 to 69	\$13.06	\$7.41
70 to 74	\$21.99	\$13.85
75 & Over	\$67.23	\$42.41
Monthly Dependent Life	\$0.81 per \$2,000 of coverage (Rate is fixed - Regardless of number of children)	

* Spouse rates are based on spouse's age.

Estimated Premium Calculations

Desired Amount of Employee Coverage	÷ 10,000 =	Number of 10,000's	×	Rate from Table	=	Estimated Monthly Premium **	×	12 =	Estimated Annual Premium	÷	24 =	Estimated Premium Per Pay Period **
Desired Amount of Spouse Coverage	÷ 5,000 =	Number of 5,000's	×	Rate from Table	=	Estimated Monthly Premium **	×	12 =	Estimated Annual Premium	÷	24 =	Estimated Premium Per Pay Period **

** The premiums calculated are estimates ONLY. Please refer to your Unum plan documents for full premium breakdowns.

Worksite Products: 2021-2022

UNUM Off-Job Accident Plan - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Benefits	
Accidental Death Employee / Spouse / Child	\$50,000 / \$25,000 / \$12,500
Common Carrier Accidental Death Employee / Spouse / Child	\$50,000 / \$25,000 / \$12,500
Dismemberment Employee / Spouse / Child	Up to \$50,000
Dislocation and Fracture	Up to \$3,375 (Dislocation); Up to \$4,500 (Fractures)
Emergency Room Services	\$100
Emergency Physician Treatment	\$75
X-Rays	\$50 to \$200
Ambulance	\$300 Regular Ambulance / \$1,000 Air Ambulance
Hospital Visits / Confinement Initial Hospital Confinement Hospital Confinement Intensive Care	\$1,000 \$300 Per Day \$300 Per Day
Lacerations	\$50 to \$600
Burns Less than 20% of the body surface More than 20% of the body surface	\$500 to \$5,000 \$1,000 to \$10,000
Appliance (Up to 15 Visits Per Accident)	\$50 to \$200
Physical Therapy	\$20 Per Day
Rehabilitation	\$100 Per Day
Transportation	\$100 Per Trip
Family Member Lodging	\$150 Per Night
Wellness/ Outpatient Physician Benefits (1 Per Family Member Per Year)	\$50 Per Visit
Monthly Premiums	
Employee (EE)	\$10.29
EE + Spouse	\$18.58
EE + Children	\$27.16
Family	\$35.45

Claims and Benefits Assistance:

Lee Harmer

801-942-0143

lee@vbs-benefits.com

Worksite Products: 2021-2022

UNUM Critical Illness - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Benefits	\$10,000 / \$20,000; Spouse & Children 50% of Employee Elected Amount
Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure Employee / Spouse	100% Employee Elected Amount / 50% Spouse & Child Elected Amount
Coronary Artery Disease - Major Disease/Minor disease Employee / Spouse	50% Employee Elected Amount / 10% Spouse & Child Elected Amount
Stroke Employee / Dependent	100% Employee Elected Amount / 50% Spouse & Child Elected Amount
Major Organ Transplant Employee / Dependent	100% Employee Elected Amount / 50% Spouse & Child Elected Amount
End Stage Renal Failure Employee / Dependent	100% Employee Elected Amount / 50% Spouse & Child Elected Amount
Cancer-Internal or Invasive Employee / Dependent	100% Employee Elected Amount / 50% Spouse & Child Elected Amount
Carcinoma in Situ (25%) Employee / Dependent	25% of Elected Amount
Skin Cancer Benefit	\$500
Progressive Diseases - Dementia (Including Alzheimer's Disease), Benign Brain Tumor, Coma, loss of sight, speech or hearing & Permanent Paralysis	100% Employee Elected Amount / 50% Spouse & Child Elected Amount
Reoccurrence Benefit	Pays 100% of previously paid base policy benefit (Occurrences must be Separated by 6 Months)
Supplemental Critical Illnesses - Benign Brain Tumor, Coma, loss of sight, speech or bearing and Permanent Paralysis	Pays 100% of previously paid base policy benefit (Occurrences must be Separated by 3 Months)
Be Well Benefit	\$50 for completing approved wellness exam (Can be Claimed Once per Covered Person per Year. No wait)
Pre-Existing Waiting Period	6 Months Look-back / 6 Months on Plan
Guarantee Issue	\$20,000 - Employee / Spouse and Child; 50% of employee elected amount

Claims and Benefits Assistance:

Lee Harmer

801-942-0143

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Worksite Products: 2021-2022

UNUM Critical Illness Rates - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

\$10,000 Employee / \$5,000 Spouse / \$50 Be Well Benefit		
Attained Age Cost	Employee (EE) / EE + Child	Spouse
25 & Under	\$3.68	\$2.78
25 - 29	\$4.48	\$3.18
30 - 34	\$5.68	\$3.78
35 - 39	\$7.28	\$4.58
40 - 44	\$9.78	\$5.83
45 - 49	\$13.38	\$7.63
50 - 54	\$18.08	\$9.98
55 - 59	\$24.68	\$13.28
60 - 64	\$34.88	\$18.38
65 - 69	\$50.88	\$26.38
70 - 74	\$77.58	\$39.73

\$20,000 Employee / \$10,000 Spouse / \$50 Be well Benefit		
Attained Age Cost	Employee (EE) / EE + Child	Spouse
25 & Under	\$5.48	\$3.68
25 - 29	\$7.08	\$4.48
30 - 34	\$9.48	\$5.68
35 - 39	\$12.68	\$7.28
40 - 44	\$17.68	\$9.78
45 - 49	\$24.88	\$13.38
50 - 54	\$34.28	\$18.08
55 - 59	\$47.48	\$24.68
60 - 64	\$67.88	\$34.88
65 - 69	\$99.88	\$50.88
70 - 74	\$153.28	\$77.58

Worksite Products: 2021-2022

UNUM Group Hospital Indemnity - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Benefits	
First Day Hospital Stay Benefit UNUM pays the benefit amount shown for the first day a covered person is confined in a hospital. Maximum one day per year.	\$1,000
Daily Hospital Stay Benefit UNUM pays the benefit amount shown per day when a covered person is confined in a hospital. Up to 365 days.	\$100
Short Stay Hospital Benefit UNUM pays the benefit amount shown per day when a covered person is confined in a hospital. Maximum one day per year.	\$500
Hospital Intensive Care Benefit UNUM pays the benefit amount shown per day when a covered person is confined in a hospital intensive care unit. Maximum one day per year.	\$500
Intensive Care Daily Stay Maximum 30 days.	\$100
Pre-Existing Waiting Period	12 Month Look-back / 12 Months on Plan
Be Well Benefit	\$50 (Once Per Person Per Calendar Year)
Monthly Premiums	
Employee (EE)	\$12.23
EE + Spouse	\$24.02
EE + Children	\$18.98
Family	\$30.77

Claims and Benefits Assistance:

Lee Harmer

801-942-0143

lee@vbs-benefits.com

Employee Assistance Plan: 2021-2022

Blomquist Hale - 100% Company Paid

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program provides short-term, confidential counseling for you and anyone living in your household regardless of whether you and/or they are covered under your health insurance plan at no out-of-pocket expense to you.

Is it Confidential?

Yes, all discussions between you and the EAP counselor are confidential. Personal information is never shared with anyone (including Studies Weekly) at any time without your direct knowledge and approval. Exceptions are made only in cases governed by law to protect individuals threatened by violence.

Employee Assistance Program counselors are experienced, caring professionals who hold a Master's degree in counseling or a related field. They are certified or licensed by the appropriate state agency.

Counselors use a solution-focused therapy model and teach you how to resolve your unique problem while providing caring support along the way.

The entire cost of EAP services is covered in a monthly fee paid by Studies Weekly. All EAP services are free to you with no co-pay or deductible required.

Should you elect to receive mental health services through your medical benefit, Blomquist Hale will not absorb the cost.

How do I make an Appointment?

Setting up an appointment is as simple as calling the office. **Crisis cases are seen the same day, generally within a few hours.** No paperwork or approval is needed and there is no charge. Counselors are available around the clock for emergency and crisis situations.

Seeking help early minimizes the chances of problems escalating and requiring more extensive services. Often, a few visits with a counselor are all you need to gain perspective and regain a sense of control over your life.

Connect Virtually

Conveniently talk with your therapist from wherever you are. Connect with your therapist via computer, tablet or smart phone;

- Our video conferencing platform is HIPAA compliant for your security & privacy
- You can connect with your therapist by using your computer, tablet or cell phone
- Conveniently access your therapy appointments from anywhere

To connect virtually for your next appointment, simply call us at the number below.

Call 1-800-926-9619

or Visit us at www.blomquisthale.com

To reach an EAP Representative

Toll Free: 1-800-926-9619

All services are free and accessible
24 hours a day, 365 days a year.

The EAP is your resource for everything from the everyday to the unexpected.

At times, we can all use help with a personal problem or issue that is interfering with our life or work. Most people experience personal or family challenges in the course of their lives. Our professional counselors are available to discuss the issues you face in your life, including:

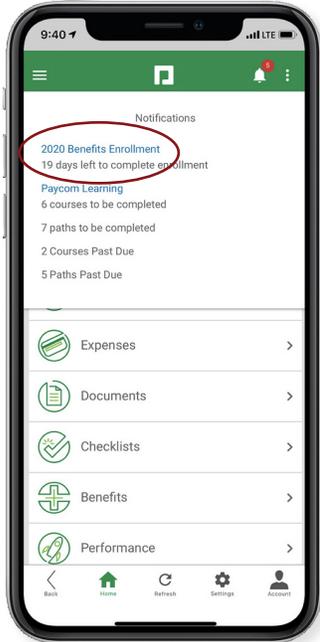
Life Changes	Legal Advice
Child Care	Finances
Parenting	Elder Care
Family Conflicts	Relationships
Stress	Grief
Depression	Aging
Job Pressures	Drugs / Alcohol

Online Enrollment: 2021-2022

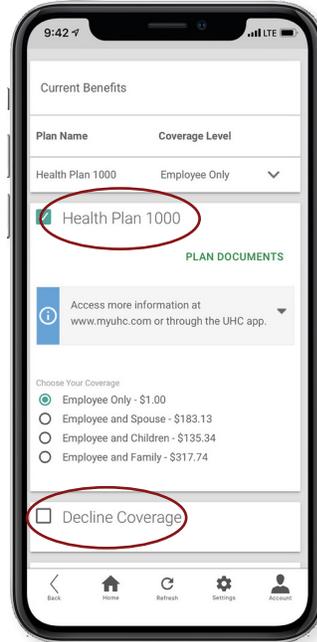
Paycom Benefits Administration Employees Enrollment System

Directions for enrolling in your benefit plans using the app

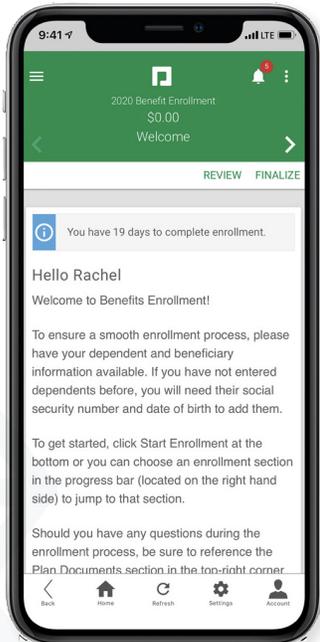
Step 1: Log into the Paycom app. From the Notification Center or from the Benefits section, click the current year's Benefits Enrollment.



Step 3: After reading each benefit plan, choose your coverage, then elect either to enroll or decline.



Step 2: Review initial instructions and click "Start Enrollment." Then, enter your personal information and any dependents or beneficiaries.



Step 4: To complete enrollment, click "Finalize," then "Sign and Submit".

Helpful Tips

Have your dependent/beneficiary information ready, such as Social Security numbers, before beginning the enrollment process.

