

Benefits Guide

8/1/2022 – 7/31/2023



eMoney Advisor takes pride in providing a comprehensive benefits program to meet and exceed our employees’ evolving needs. We recognize how important benefits are as a critical component to your overall compensation.

This guide gives a brief overview of the benefits offered through eMoney Advisor. Please take the time to review the plans and associated costs so that you can make the right decision for yourself and your family. More in-depth information can be found on our intranet. Please remember: once enrolled, you will not be able to make changes or cancel coverage until the next annual open enrollment period unless you have a qualified life event (marriage/divorce, birth/adoption, spouse’s loss of coverage, turning 26 and more).

We are here to help you through the benefit election process—feel free to reach out at any time.

The eMoney People Experience Team

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Employee Support Tools

eMoney advisor is always looking for innovative ways to support our employees and their families. These tools and resources will help support you in making the right decisions when it comes to the health of you and your loved ones.



Your Aetna Concierge

Your Aetna Concierge is here to help you understand your benefits so you can make informed decisions.

As your personal assistant for health care, your concierge will:

- Find health care solutions that fit your needs
- Show you how to use our online tools to make the decisions that are right for you
- Find network providers based on your medical needs
- Assist you in scheduling appointments

Helping you plan ahead

Need help planning for health care expenses? No problem. Your concierge can show you how to estimate your costs before you make an appointment. Find out what a network doctor costs versus an out-of-network doctor.

You can learn the difference between inpatient and outpatient care. And see the difference in cost. Knowing your options and cost estimates in advance can help you make decisions and better manage your health care expenses.

Helping make health care simpler

Your concierge will listen, understand your needs and find solutions that are right for you.

You can chat with your concierge online or by phone:

- Just log in at **aetna.com** and chat online.
- Call the toll-free number on once you receive your Aetna
- member ID card.

This is not insurance. This is an additional service available with the medical plan.



Improving your well-being: Headspace

Life can be stressful—perhaps now more than ever. Headspace is a science-backed mindfulness training program that helps to reduce stress and increase focus. Headspace makes it easy to learn the fundamentals of mindfulness, build healthy habits, and track progress. As an eMoney employee you will have access to over 1,000+ hours of engaging content including information and tools to help with stress and sleep, focus and performance, to sport and even kids!



The Aetna HealthSM app

An easier way to manage your health benefits on the go—right from your phone.

It's a smarter, simpler, and more convenient way to take charge of your health care and benefits. With the Aetna Health app you can:

- Access your ID card whenever you need it
- View your benefits and coverage details specific to your plan
- Track spending and progress toward meeting your deductible
- View and pay claims for your whole family
- Find in-network providers near you and search by location or specialty
- Compare cost estimates for doctor visits and procedures
- Receive personalized reminders to help improve your health

Medical & RX Plan



Benefits	HDHP Plan In-Network	HDHP Plan Out-Network	OA MC Plan In-Network	OA MC Plan Out-Network
ANNUAL DEDUCTIBLE	Individual: \$2,000 Family: \$4,000	Individual: \$5,000 Family: \$10,000	Individual: None Family: None	Individual: \$5,000 Family: \$10,000
OUT OF POCKET MAX	Individual: \$6,450 Family: \$12,900	Individual: \$10,000 Family: \$20,000	Individual: \$6,600 Family: \$13,200	Individual: \$15,000 Family: \$30,000
HSA EMPLOYER CONTRIBUTION	Employee: \$75/month All other tiers: \$100/month		N/A	
PREVENTIVE CARE	100% NO deductible	50% NO deductible	100% NO deductible	50% deductible waived
OUTPATIENT CARE PCP Copay Office Visits	100% after deductible	50% after deductible	\$20 copay	50% after deductible
Specialist Copay Office Visits	100% after deductible	50% after deductible	\$40 copay	50% after deductible
Outpatient Surgery	100% after deductible	50% after deductible	\$75 copay	50% after deductible
OUTPATIENT LAB, X-RAY	100% after deductible	50% after deductible	100% covered	50% after deductible
ADVANCED RADIOLOGY Routine Radiology	100% after deductible	50% after deductible	\$50 copay	50% after deductible
INPATIENT HOSPITAL CARE	100% after deductible	50% after deductible	\$250 copay/admission	50% after deductible
EMERGENCY CARE Hospital Emergency Room	100% after deductible	100% after deductible	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
Urgent Care	100% after deductible	50% after deductible	100% covered	50% after deductible
MATERNITY CARE Prenatal and Postnatal Care	100% after deductible	50% after deductible	\$250 copay	50% after deductible
MENTAL HEALTH / SUBSTANCE ABUSE Inpatient	100% after deductible	50% after deductible	\$250 copay/admission	50% after deductible
Outpatient	100% after deductible	50% after deductible	\$40 copay	50% after deductible
RETAIL DRUG PROGRAM (30-DAY SUPPLY) Generic	\$20 copay after deductible	50% after deductible	\$10 copay	Covered 70%
Brand	\$40 copay after deductible	50% after deductible	\$20 copay	Covered 70%
Non-Preferred	\$60 copay after deductible	50% after deductible	\$35 copay	Covered 70%

Rates Per Pay	HDHP Plan		OA MC Plan
	Your Cost	Employer HSA Contribution	Your Cost
Single	\$0.00	\$37.50	\$83.12
Employee + Spouse	\$0.00	\$50.00	\$153.01
Employee + Children	\$0.00	\$50.00	\$118.56
Family	\$0.00	\$50.00	\$195.10



The Health Savings Account (HSA) is available to employees who enroll in the High Deductible Health Plan.

A Health Savings Account is a tax-sheltered trust account you own for the purpose of paying qualified IRS medical expenses for yourself, your spouse or your tax dependents. It is recommended that employees make contributions to their HSA to have money available for deductibles, copays and other medical expenses when needed. Funds contributed to an account can either be pre-tax money via payroll deduction, or you can deposit money into your account anytime. HSAs are owned by the individual. The IRS sets maximum contribution limits. This year those limits are:

CONTRIBUTION LIMITS

	Employee Only Coverage	Employee + Dependents
EMPLOYEE MAX*	\$3,650 ¹	\$7,300 ¹
EMPLOYER MAX	\$900/year	\$1,200/year
*Employees age 55 and over may contribute an additional \$1,000 annually as a “Catch-Up” contribution		

¹2023 Employee Only Coverage limit will be \$3,850 and the Family Coverage will be \$7,750.

Eligibility Requirements:

- Employee must be insured under a qualified, high deductible health plan in order to qualify for the HSA.
- Employee cannot be covered by another medical plan (dental and vision not included) that is not an HSA qualified high deductible plan.
- Employee cannot be claimed as a dependent on another individual's tax return.
- eMoney Advisors employee or spouse may not have a medical FSA through another employer-sponsored plan when enrolled in an HSA.
- Certain rules apply for individuals covered under Medicare. Please contact Fidelity Health Marketplace for more information.

The HSA is each employee's own health savings account. In the event that you are no longer employed by eMoney Advisor or retire, the money in the account is yours to keep. These contributions may be used for future medical expenses, COBRA premiums, Medicare premiums, deductibles, copays, etc. pre-tax.



MetLife	Value <i>In-Network</i>	Value <i>Out-Network</i>	Enhanced <i>In-Network</i>	Enhanced <i>Out-Network</i>
DEDUCTIBLE / ANNUAL MAX Single	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Deductible Waived for Preventative?	Yes	Yes	Yes	Yes
Annual Max Benefit (Per Person)	\$1,800	\$1,800	\$2,300	\$2,300
PLAN COVERAGE Preventative	100%	100%	100%	100%
Basic Restorative	70%	70%	100%	100%
Major Restorative	50%	50%	80%	80%
ORTHODONTIA Plan Coverage	50%	50%	50%	50%
Lifetime Max	\$1,000	\$1,000	\$1,500	\$1,500
Adult Orthodontia Covered?	No	No	Yes	Yes
ROLLOVER PROVISION Included?	No	No	No	No

*Dental OON reimbursement for MetLife based on R&C 90th percentile.

Rates Per Pay	Value	Enhanced
	Your Cost	Your Cost
Single	\$5.35	\$9.67
Employee + Spouse	\$13.38	\$22.79
Employee + Children	\$16.05	\$28.45
Family	\$24.08	\$41.59

NEW – When members choose to visit a PLUS Provider, they will receive an extra \$50 in frame allowance. To find a Plus Provider visit eyemed and select *Find an Eye Doctor* and look for the PLUS Provider icon. — finding one nearby is a snap.

Value In-Network Copays/Allowances	Value In-Network Copays/Allowances	Value Out-Network ¹ Allowances	Enhanced In-Network Copays/Allowances	Enhanced Out-Network ¹ Allowances
DEDUCTIBLE / ANNUAL MAX Comprehensive Exam	\$0	Up to \$40	\$0	Up to \$40
MATERIALS / EYEWEAR COPAY Single	\$0	Up to \$30	\$0	Up to \$30
Bifocal	\$0	Up to \$50	\$0	Up to \$50
Trifocal	\$0	Up to \$70	\$0	Up to \$70
Standard Progressive	\$65	Up to \$50	\$65	Up to \$50
FRAMES / CONTACT ALLOWANCE ¹ Frames	\$130 and 20% thereafter	Up to \$91	\$170 and 20% thereafter	Up to \$91
Contact Lenses (Conventional)	\$130 and 15% thereafter	Up to \$130	\$170 and 15% thereafter	Up to \$130
Contact Lenses (Disposables)	\$130	Up to \$130	\$170	Up to \$130
BENEFIT FREQUENCY Eye Exam	Once Every 12 Months		Once Every 12 Months	
Lenses	Once Every 12 Months		Once Every 12 Months	
Frames	Once Every 24 Months		Once Every 12 Months	
Contact Lenses	Once Every 12 Months		Once Every 12 Months	

¹Members have the choice between frames or contact lenses, but not both.

Rates Per Pay	Value	Enhanced
	Your Cost	Your Cost
Single	\$1.20	\$1.59
Employee + Spouse	\$2.29	\$3.02
Employee + Children	\$2.41	\$3.18
Family	\$3.54	\$4.68

*For Out-of-Network services you will be required to pay the provider in full at the time of service. You must submit a claim form to EyeMed for reimbursement.

**When eyeglasses do not achieve the best visual potential, contact lenses may become medically necessary. This can be due to keratoconus, corneal trauma, or post-surgical irregularity in the corneal surface. Medical necessity will be reviewed on a case-by-case basis.



Company Provided Benefits



eMoney provides several valuable benefits at no cost to employees. All benefits-eligible employees are eligible for these company-provided benefits including Basic Life & AD&D, Short-Term and Long-Term Disability, Employee Assistance Plan, & Teladoc e-medical. More information on each is provided below:

Basic Life & AD&D

Key Provisions	
BASIC LIFE Benefit Amount	1.5X pay
Benefit Max	\$250,000
Guaranteed Issue Amount	\$250,000
Conversion / Portability	Yes / Yes
BASIC AD&D Benefit Amount	100% of the basic life benefit
Conversion / Portability	Yes / Yes

Short and Long Term Disability

Coverage	Short Term Disability	Long Term Disability
COVERAGE AMOUNT	70% of salary to maximum of \$2,500/week	60% of salary to maximum of \$6,000/month
MAX BENEFIT PERIOD	13 weeks	Social Security Normal Retirement Age
LIFETIME BENEFIT ADL	N/A	No
ACCIDENT BENEFIT BEGINS	Day 1	Day 91
ILLNESS BENEFIT BEGINS	Day 1	Day 91

Company Provided Benefits

EAP (Employee Assistance Program)

At eMoney we value work/life balance and we know everyone needs some additional help and support in both work and life every now and then. For this reason, we have a free Employee Assistance Program (EAP) available to all employees and their dependents. This confidential service is available to

help with the everyday challenges of life that may affect your health, family life, and work. The EAP provides free counseling sessions and other professional support for a variety of work and life-related issues.

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Our financial experts can assist with a wide range of issues.

- Retirement, taxes, mortgages, budgeting and more

For additional guidance, we can refer you to a local financial professional and arrange to reimburse you for the cost of an initial one-hour in-person consult.

Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Help for New Parents

ParentGuidance™ supports you through the process of becoming a biological or adoptive parent, including:

- Preparing for the baby emotionally and financially
- Finding child care
- Planning for back-to-work and other issues

Free Online Will Preparation

EstateGuidance® lets you quickly and easily create a will online.

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

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Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

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Company Provided Benefits

Identity Theft Protection

Identity theft is a serious crime. Each year, millions of Americans have their personal financial information stolen and must spend a significant amount of time and money to restore their records. If you ever become a victim of identity theft, you don't have to face it alone.

You have the support of a comprehensive Identity Theft Protection program through Assist America's SecurAssist Identity Protection program. It provides:

- 24x7 telephone support and step-by-step guidance by anti-fraud experts,
- A case worker assigned to you to help you notify the credit bureaus and file paperwork to correct your credit reports,
- Help canceling stolen cards and reissuing new cards, and
- Help notifying financial institutions and government agencies.

IDENTITY THEFT PROTECTION

If you are the victim of financial or medical identity fraud, or if you'd like to store your card information in one central location, call:

- + 877-409-9597
- + Membership Number: 01-AA-SUL-100101

To proactively protect your credit cards, register them for Identity Fraud Protection surveillance:

- + www.securassist.com/sunlife
- + Access code 18327



Emergency Travel Assistance

If you have a medical emergency while you are more than 100 miles away from home, you don't have to face it alone. With one simple phone call, you can be connected to Assist America's staff of medically trained, multilingual professionals who can advise you in a medical emergency, 24x7. No matter where you are in the world, they will help you access or receive:

- Pre-qualified, English-speaking professionals working in hospitals, pharmacies, and dental offices
- Medical consultation, evaluation, and referral
- Hospital admission
- Critical care monitoring
- Emergency medical evacuation
- Transportation to return home or to a rehabilitation facility
- Lost prescription assistance
- Legal and interpreter services, and more

EMERGENCY TRAVEL ASSISTANCE

If you or your family member has a medical emergency and are more than 100 miles from home, call or e-mail:

- + 800-872-1414 (Within the U.S.)
- + 609-986-1234 (Outside the U.S.)
- + Membership Number: 01-AA-SUL-100101
- + E-mail: medservices@assistamerica.com



Company Provided Benefits

Teladoc

- Teladoc will be available to those enrolled in the Aetna health plans
- **NEW** – employees will now have virtual care services for mental health and dermatology.
- Teladoc gives members 24/7/365 on-demand access to U.S. board-certified physicians through phone and video consultations
- Teladoc allows members to resolve their non-emergency medical issues at a fraction of the time and cost when their PCP is unavailable. Average call back in 22 minutes
- Talk to a doctor anytime, no matter where you are
- No limit on consultations—take your time
- Network of doctors that can treat children of any age
- Secure, personal and portable electronic health record (EHR)
- Can send prescriptions to the pharmacy of your choice
- FREE to enrolled employees and dependents



Access to quality care at your fingertips

General Medical

\$49 or less/visit

Talk to a licensed doctor for non-emergency conditions 24/7
Flu • Sinus infections • Sore throats • And more

Mental Health

\$85 or less/therapist visit

\$190 or less/psychiatrist first visit

\$95/psychiatrist ongoing visit

Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

Dermatology

\$75 or less/consult

Upload images of a skin issue online and get a custom treatment plan within 2 days
Eczema • Acne • Rashes • And more



Set up your account or log in today.

Teladoc.com/Aetna | 1-855-Teladoc (835-2362)



eMoney is pleased to provide a 401(k) Retirement Plan. You can take advantage of one of the single best methods to save money today and invest in your future. You can build an excellent source of retirement income for the future and lower your taxable income by contributing a portion of your pay on a pre-tax or Roth basis.

eMoney will match 100% of the first 1% salary and 50% of the next 5% salary that you contribute to the plan. You will need to contribute a minimum of 6% to take advantage of the Company's full 3.5% match.

The company match you receive will be 100% vested immediately following your period of eligibility.

You are eligible to enroll the 1st of the month following 90 days of employment. Please note, the plan contains an automatic enrollment feature. If you do not take any action come your effective date, you will automatically be enrolled contributing 6% of your pay on a pre-tax basis. This will increase by 1% annually until your contributions reach a maximum of 15%.

FOR MORE INFORMATION

- + Log on to www.401k.com
- + Call 1-800-835-5097

Voluntary Benefits

In addition to the benefits provided to employees free of charge, eMoney also offers a selection of Voluntary benefits to employees for additional coverage and peace of mind. Please refer to the intranet for full coverage and pricing information on these benefits.

Voluntary Life



Voluntary Insurance	Benefits
VOLUNTARY LIFE Employee ¹	Increments of \$10,000 to a max of \$500,000, not to exceed 5 times your basic annual earning.
Spouse ²	Up to 50% of Employee Coverage to a max of \$250,000
Child ³	Up to 10% of Employee Coverage to max of \$10,000

¹Guarantee Issue Amount: Lesser of current amount or \$150,000 or 3 times annual earnings, whichever is less

²Guarantee Issue Amount: Lesser of current amount or \$30,000

³Guarantee Issue Amount: N/A



Buy-Up Long Term Disability



	Buy-Up (EE Paid)
MONTHLY INCOME REPLACEMENT BENEFIT	60%
MAX MONTHLY BENEFIT	\$12,000
GUARANTEE ISSUE MONTHLY BENEFIT	\$10,000
ELIMINATION PERIOD (IN DAYS)	90 days
OWN OCCUPATION PERIOD	24 Months
PRE-EXISTING CONDITION LIMITATION	3/12 Pre-ex
SOCIAL SECURITY INTEGRATION	Direct Integration
BENEFIT DURATION	To SSNRA
REHABILITATION INCENTIVES	N/A
LIMITATIONS AND EXCLUSIONS	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: No Limit

Critical Care & Accident



Critical Illness Insurance	Benefits
Plan pays a lump sum cash benefit direct to the insured upon the first diagnosis, after the coverage effective date, of a covered condition. Covered conditions include: Cancer, Heart Attack, Stroke, Renal Kidney Failure, Major Organ Transplant, Paralysis, Lou Gehrig's Disease, Blindness, Coronary Artery Disease, Carcinoma in Situ	EMPLOYEE: \$5,000, \$10,000, \$25,000
	SPOUSE: \$2,500, \$5,000, \$12,500
	CHILD: \$2,500, \$5,000, \$12,500
Accidental Injury Insurance	Benefits
Plan pays a lump sum cash benefit direct to the insured for a broad range of accident treatments and conditions, based on a schedule of benefits.	COVERAGE INCLUDES: Initial Care & Emergency Care Hospitalization Fractures Dislocations Follow Up Care
This is an off-the-job insurance policy. Benefits provided are not intended to cover all medical expenses.	

*This is a total benefit that combines with Company-Provided Long Term Disability, covering the difference between Company-Provided up to the Max Monthly Benefit.

Voluntary Benefits

Prepaid Legal Services



eMoney Advisor continues to offer group legal services on a voluntary basis, through Countrywide Pre-Paid Legal Services, Inc. This voluntary benefit is offered to regular, full and regular, part-time eligible employees, and is designed to provide specific legal services when the need arises on an affordable basis. These services are available to you, your spouse/domestic partner and dependents up to age 26.

Countrywide's plan, known as "Personal Legal Protector," provides an array of valuable legal services including:

- Identity Theft Assistance
- Unlimited Telephone Consultations and Advice
- Preparation of Simple Wills
- Advice on Small Claims Court
- Review of Contracts and Documents
- Living Wills and Medical Powers of Attorney
- Legal Letters and Phone Calls
- Discounted Rates

	Cost Per Pay
PREPAID LEGAL SERVICES	The per pay cost is \$7.37 per employee.

Credit Monitoring & Identity Theft Protection



Safeguard your credit and your name with personal identity protection security through Countrywide. As an eMoney Advisor employee, you have three options to choose from—plans include credit monitoring, \$1M of Identity Theft Insurance, Restoration Services, and more. A detailed comparison of the three plans can be found on the intranet.

	Cost Per Pay
CREDIT MONITORING & IDENTITY THEFT PROTECTION	The Diamond Plan costs \$6.49 per pay.
	The Platinum Plan costs \$4.98 per pay.
	The Premier Plan costs \$4.49 per pay.

Pet Insurance



Nationwide helps cover expenses if your pet becomes sick or injured. Nationwide policies are easy to use and reimburse you for eligible veterinary expenses related to surgeries, hospitalization, X-Rays, prescription medications and more. Best of all, you're free to visit any veterinarian, anywhere in the world.

FOR MORE INFORMATION & TO ENROLL

- + Visit www.petinsurance.com
- + Call 1-877-738-7874

Nationwide allows employees to enroll anytime throughout the year.



WageWorks Commuter Transit Program Savings Example

Without Commuter Transit Program		With Commuter Transit Program	
Gross annual pay (estimate)	\$60,000	Gross annual pay (estimate)	\$60,000
Estimated tax rate (30%)	- \$18,000	Maximum annual transit contributions	- \$3,120
Net annual pay	= \$42,000	Adjusted gross pay	= \$56,880
Estimated annual transit expenses	- \$3,120	Estimated tax rate (30%)	- \$17,064
Final take-home pay	= \$38,880	Final take-home pay	= \$39,816
All figures in this table are estimates and based on an annual salary of \$60,000 and maximum contribution limits to the benefit account. Your salary, tax rate, and tax savings may be different.		Take home this much more	
		\$936	

Commuter Transit Account

A WageWorks® Commuter Transit Account is a pre-tax benefit account used to pay for public transit—including train, subway, bus, ferry or vanpool—as part of your daily commute to and from work. It's a great way to put extra money in your pocket each month and make your commute more convenient and affordable.

Save Time and Money on Public Transit as Part of Your Daily Commute

Why enroll in a WageWorks Commuter Transit Account?

- Save an average of 30-40% on public transit as part of your daily commute to and from work
- Reduce your overall tax burden—funds are withdrawn from your paycheck for deposit into your account before taxes are deducted
- No “use it or lose it” as long as you’re employed by your current employer

Commuter Parking Account

A WageWorks® Commuter Parking Account is a pre-tax benefit account used to pay for parking as part of your daily commute to work. It's a great way to put extra money in your pocket each month and make your commute more convenient and affordable.

Save Time and Money on Parking as Part of Your Daily Commute

Why enroll in WageWorks Commuter Parking Account?

- Save an average of 30-40% on qualified parking expenses as part of your daily commute to work
- Easy to use—download a free mobile app and manage your account with your mobile device
- No “use it or lose it” as long as you’re enrolled

Commuter Benefits are a month-to-month benefit that can be added at any point in the year. You can enroll through the WageWorks participant portal at <https://participant.wageworks.com>

FSA (Flexible Spending Account)

One of the few ways you can cut your out-of-pocket medical and dependent care expenses is through Flexible Spending Accounts. These accounts are an employer provided benefit that allow you to contribute a set amount from your paycheck in order to cover out-of-pocket medical, dental, or vision expenses such as health insurance co-pays, uninsured treatments, or even over-the-counter drugs prescribed by your Primary Care Physician. They can also cover certain dependent care expenses such as day care and adult care. By setting aside pre-tax dollars through convenient payroll deductions, employees are able to reduce their taxable income and increase their take-home pay.

Although actual tax savings can vary for each individual, an employee can save significantly by paying their out-of-pocket health care and child care expenses on a pre-tax basis. For example, an employee who is earning \$33,000 per year and saves \$15.00 per pay (\$390.00 annually) in their medical FSA will save \$58.50 in taxes. If you were to save \$1,000 annually in your Dependent Care Account, you would save \$150 in taxes.

FOR MORE INFORMATION

- + Log on to www.wageworks.com
- + Call 1-877-924-3967

Account Type	Examples of Eligible Expenses	Contribution Limits	Access To Funds	Pre Tax Benefit
MEDICAL FSA	— Medical Plan Deductibles — Most Insurance co-payments — Some OTC medicines with a doctor's prescription — Vision Exams, Eyeglasses, Contacts — Laser Eye Surgery — Acupuncture — Weight Loss programs — Dental and Orthodontia (Braces) — Chiropractic	Maximum contribution is \$2,850 per year	You may be required to submit receipts for all expenses other than copays. Use your debit card to access funds. If you are currently enrolled in the FSA, are re-enrolling, a new card will not be issued. Remember to keep your card for the coming plan year.	Save 20–40% on your health care expenses Save on purchases not covered by insurance Reduce your taxable income
DEPENDENT CARE FSA	— Daycare — Day Camp — Adult Daycare — Before and After School Care	Maximum contribution is \$5,000 per year (\$2,500 if married and file separate tax returns)	You will be able to submit claims up to your year-to-date accumulated amount in your account. There is no debit card for the Dependent Care FSA. (You will only be reimbursed based on your accumulated contribution amounts.)	Save 20–40% on your dependent care expenses Reduce your taxable income

Save All Receipts

- You must save all receipts from purchases made on your FSA Debit Card (including prescriptions and physician co-payments). You may be required to substantiate all of your FSA Health Care purchases made on the debit card.
- Your Medical FSA & Dependent Care run from 8/1/2022 – 7/31/2023. You have the entire year to spend the annual election amount you choose to contribute to both accounts. Amounts elected must be spent within the annual year period or will be lost.

Annual Notices

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S ACT)

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Call your Plan Administrator for more information.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child

as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

NOTICE OF PRIVACY PRACTICES (HIPAA)

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health-related information. The Notice of Privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your employer.

PRE-EXISTING CONDITION NOTIFICATION (HIPAA) (INDIVIDUALS OVER AGE 19)

A group health plan may not impose a pre-existing condition exclusion with respect to a participant or dependent before notifying the participant, in writing, of:

- The existence and terms of any pre-existing condition exclusion under the plan;
- The rights of individuals to demonstrate creditable coverage (and any applicable waiting periods);
- The right of the individual to request a certificate from a prior plan or issuer, if necessary; and,
- That the current plan (or issuer) will assist in obtaining a certificate from any prior plan or issuer, if necessary.

SPECIAL ENROLLMENT RIGHTS (HIPAA)

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Annual Notices

COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

SPECIAL ENROLLMENT RIGHTS (CHIPRA) CHILDREN'S HEALTH INSURANCE PLAN

Effective April 1, 2009, you and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
- You become eligible for a CHIP premium assistant subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence (or other change in enrollment) from a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

- One year from the start of the medically necessary leave of absence, or
- The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage); and that there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited circumstances.



Need Help or Have Questions?

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