



This document contains highlights of your coverage options under **VanderHouwen & Associates** Group Health Plan. For more detailed coverage questions please refer to your summary of benefits and coverage and certificates of coverage.

Have a question? Check in with hr@vanderhouwen.com. You can also access enrollment information at helloflock.com.

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

VanderHouwen employees are our most valued asset. You work hard to support our company goals and we want to reward you for your commitment and dedication. To enhance your overall compensation, we are pleased to offer you and your family a comprehensive and valuable benefits package to help you live your best life.

We want to make sure you're getting the most out of our benefits—that's why we've put together this Enrollment Guide. This guide will outline all of the different benefits offered, so you can identify which offerings are best for you and your family.

WHO IS ELIGIBLE?

You are eligible if you work 30 or more hours per week. Eligible employees have a choice of a traditional medical insurance plan, with office visit copays, or an HSA qualified high-deductible health plan as well as a robust package of voluntary benefits that includes; dental, vision, supplemental life/AD&D, short-term disability, long-term disability, critical illness, hospital confinement and accident insurance benefits. Your options are outlined in this guide. These benefits will be effective the first of the month following 30 days of employment. You will be auto enrolled in employer paid life/AD&D insurance and the base long-term care insurance plan.

In addition, the following family members are eligible for medical + vision and dental: Spouse, domestic partner and children up to age 26.

WHEN TO ENROLL

If you do not enroll when you are first eligible, your next opportunity to enroll is during open enrollment, unless you experience a life change. **Open enrollment takes place in November.** The benefits you choose during open enrollment will become effective on **December 1, 2022.** You'll submit your enrollment elections through Flock. *Initial payroll deduction takes place in the month before your coverage effective date. To avoid multiple payroll deductions, please enroll through Flock as soon as possible. Changes can be made up to 30 days from your coverage effective date, however, additional payroll deductions may apply.* If you do not enroll within 30 days of your coverage effective date you will not be able to enroll until the next open-enrollment period, unless a life changing event occurs.

WHAT IF YOU HAVE A LIFE CHANGING EVENT?

If you experience one of the following life-changing qualifying events, you can make changes to your benefits outside of your initial enrollment or open enrollment:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

You must submit a request to make enrollment changes, through Flock, within 30 days of a life changing qualifying event. Once you've submitted your enrollment change in Flock please forward a copy of supporting documentation to hr@vanderhouwen.com (e.g. proof of loss of coverage).

Coverage changes will be effective on the date of event for birth or adoption, all other changes are typically effective the first of the month following the life changing event.

YOUR MEDICAL PLAN OPTIONS

United Healthcare | uhc.com

In-Network Coverage Highlights – You pay:	Plan 1 COYI Choice Plus PPO	Plan 2 HSA COL2 Nexus ACO Tiered Network
Network	Choice Plus	Tier 1 Nexus / Tier 2 Choice Plus
Plan Type	PPO	Tiered PPO
HSA Eligible	No	Yes
Preventive Care	Covered in Full	Covered in Full
Deductible (Calendar Year)	\$3,000 (2x Family)	\$5,000 / 1\$6,850 Family
Out of Pocket Limit (Calendar Year)	\$6,000 (2x Family)	\$6,000 / *\$12,000 Family
OFFICE VISITS (Illness)	Tier 1 / Tier 2	
Primary Care (PCP)	\$20 Copay	Deductible then 20% / 40%
Specialist Care	\$40 Copay	Deductible then 20% / 40%
Virtual Visits - Teledoc	\$0 Copay	Deductible then 0%
Physical Therapy	\$20 Copay	Deductible then 20%
Urgent Care	\$50 Copay	Deductible then 20%
Mental Health	\$20 Copay	Deductible then 20%
Alternative Care	\$20 Copay	Deductible then 20%
OUTPATIENT CARE		
Lab Testing / X-ray	\$25 Copay / \$75 Copay	Deductible then 20%
Major Diagnostic Imaging, Scopic:		
- Freestanding Center	Deductible then 20%	Deductible then 20%
- Outpatient Hospital	\$350 Per Occurrence Copay + Deductible then 20%	\$350 Per Occurrence Copay + Deductible then 20%
Surgery:		
- Freestanding Center	Deductible then 20%	Deductible then 20%
- Outpatient Hospital	\$350 Per Occurrence Copay + Deductible then 20%	\$350 Per Occurrence Copay + Deductible then 20% / 40%
EMERGENCY CARE		
Emergency Room	Deductible then 20%	Deductible then 20%
Emergency Ambulance	Deductible then 20%	Deductible then 20%
INPATIENT CARE		
Maternity (Delivery)	Deductible then 20%	Deductible then 20% / 40%
Inpatient Services	Deductible then 20%	Deductible then 20% / 40%
PRESCRIPTION COVERAGE		
Pharmacy Copays (Retail)	Essential Rx Formulary: \$5 / \$50 / Tier 1 / Tier 2 / Tier 3 \$120 / \$250 (up to 31-day supply)	Access Rx Formulary: Deductible then \$10 / \$45 / \$80 (up to 31-day supply)
OUT OF NETWORK COVERAGE		
Out of Network	Separate out of network deductible, coinsurance and out of pocket maximums apply. Please refer to Benefit Summary for coverage details.	

Pharmacy codes: Tier 1 = lower cost, Tier 2 = Mid-range cost brand, Tier 3 and 4 = Highest-cost, includes Specialty
Alternative care covers 20 visits of chiro and 12 visits of acupuncture per member/per year

1 HSA annual deductible: no one in the family is eligible for benefits until the family deductible is met.

* HSA out-of-pocket maximum: All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum.

2

Please refer to the summary of benefits and coverage for a more detailed explanation of your coverage including benefit exclusions

GETTING THE MOST OUT OF YOUR MEDICAL COVERAGE

UHC has a wealth of programs and tools to help you get the most out of your plan. The following information helps you to get the most out of your medical insurance.

1. **Download the UHC app in the app store. Look for the  icon.**

The app allows you to manage your care and costs on the go—it is definitely worth the space on your phone. Are you wondering what that doctor recommended ultrasound is going to cost? Check the app, and find out the cheapest place to go. Did your doctor prescribe an antibiotic? Check in app during your visit to make sure your doctor has prescribed something you can afford.

Features of the App

Find care:

- Find in-network care options for doctors, clinics, and hospitals. [Be sure to leverage better plan benefits by using freestanding centers for services like MRI/CT and PET Scans, Endoscopic and Colonoscopy procedures, and surgeries.](#)
- Talk to a doctor by video 24/7 (virtual visits are free in app through Teledoc)
- See reviews and ratings for doctors

Manage your health plan details:

- Generate and share digital health ID cards
- View claims and account balances
- Manage prescription drugs and refills

Stay on top of costs:

- Estimate the costs of common procedures
- View your copay, deductible (and how much you have met) and out of pocket expenses
- View your HSA (if account is through Optum Bank)

2. **myuhc.com:** Register at uhc.com to find care and costs, claims and accounts, coverage and benefits, pharmacies and prescriptions, and health resources online and at your fingertips. Most everything you need to know about your plan is there, which saves you from having to make lengthy phone calls to customer service.
3. **Schedule a Virtual Visit through the app or website**
 - Complete a brief medical history at myuhc.com/virtualvisits
 - Request a visit when you are sick
 - Get a diagnosis and advice and guidance on treatment in 20 minutes or less (with Teledoc, American Well, or Doctor on Demand). Your doctor may also give you a prescription if necessary. If you choose a video/telephone visit with your community based doctor, copays and deductibles still apply.)
4. **Care24 Employee Assistance Program (EAP):** Call 888.887.4114 24/7 for free confidential help from master's level clinicians on a variety of issues. You can even receive 3 mental health sessions at no cost to you. Help is available 24/7 for a range of issues, including the following:
 - Health, Stress and Relationship
 - Financial: up to 60 min each year; additional counseling at 25% discount

GETTING THE MOST OUT OF YOUR MEDICAL COVERAGE - Continued

5. **Rally:** Set goals and earn virtual coins when you achieve them. Virtual coins translate to real cash rewards, so be sure to sign up for wellness activities to get some extra cash! Download the app for easy fingertip access to update your progress. Get reminders to follow through on goals, get personal wellness coaching, combat stress, and lose weight via Real Appeal (an online weight loss program on Rally Coach that delivers real results through ongoing support and guidance).
6. **COVID-19 resources:** Find ways to take care of yourself throughout the COVID crisis, including an online symptom checker, testing locations, free COVID testing, ways to cope with staying at home, and much more. Visit member.uhc/coronavirus after logging in to myuhc.com for information.
7. **Flu Vaccines:** Locate your nearest in-network pharmacy where you can obtain a fast, no cost, flu vaccine at uhc.com/health-and-wellness/health-topics/flu-shots
8. **Learn which services are covered in full under your preventive care benefit:** uhc.com/health-and-wellness/preventive-care

VOLUNTARY DENTAL COVERAGE

MetLife

800.422.4272 | metlife.com

Good dental care improves your overall health. Dental coverage helps you maintain a healthy smile through regular preventive dental care and offers to fix problems as soon as they occur. You'll save money when you use a network provider. To find an in-network provider, visit: metlife.com (PDP Dentist)

Benefit Features	PPO Dental	
Network	PDP Network	Out of Network
Annual Deductible	\$50 (3x Family)	
Annual Benefit Maximum	\$1,000 (per person)	
Lifetime Max Payment Orthodontia	\$2,000	
Preventative (Cleanings, Exams)	Covered in Full, Deductible Waived	Covered in Full up to UCR, Deductible Waived
Basic (Fillings, Root Canals)	20% After Deductible	20% After Deductible up to UCR
Major (Crowns, Bridges, Dentures, Implants)	50% After Deductible	50% After Deductible up to UCR
Dental Implants	Included	Included
Orthodontia (Child Only < 19)	50% Included/Not Available	50% Included/Not Available

For out-of-network services, members pay applicable coinsurance plus any amount that exceeds the usual, customary and reasonable (UCR) charge. UCR is based on the 90th percentile, this means that 90 percent of dentists in a given area charge this fee or less.

VOLUNTARY VISION COVERAGE

VSP

800.877.7195 | vsp.com

Keep your vision clear and your eyes in good health with regular eye exams. You'll save money by visiting in-network providers. Find an in-network provider online at: vsp.com

Benefit Features	In-Network Coverage Highlights – You pay:
Network	VSP Choice
Eye Exam	\$10 co-pay (every 12 months)
Materials (Lens/Frame/Contacts)	\$25 co-pay (every 12 months)
Frame Allowance	Up to \$130 allowance
Contact Lens Allowance	Up to \$130 allowance – (in lieu of lenses & frames)

YOUR COST FOR COVERAGE

VanderHouwen contributes \$260 per month toward the cost of your medical coverage. You can select different coverage levels for medical, dental and vision insurance based on your individual needs.

Your semi-monthly (24) payroll deductions for medical, dental and vision coverage are shown in the table below:

Benefit Plan	Employee Only	Employee + Spouse / DP	Employee + Child(ren)	Employee + Family
MEDICAL				
COYI Choice Plus PPO	\$226.51	\$675.71	\$540.23	\$932.39
HSA COL2 Nexus ACO Tiered Network	\$103.44	\$397.56	\$308.86	\$565.63
DENTAL				
PPO Dental	\$19.66	\$40.49	\$41.22	\$66.79
VISION				
VSP Choice	\$5.52	\$8.84	\$9.02	\$14.54

*Domestic Partner (DP) Contributions: Your contributions to cover a DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an DP must be taken on an after-tax basis.

HEALTH SAVINGS ACCOUNT (HSA)

[Optum Bank](http://optumbank.com) | optumbank.com

If you choose to enroll in an HSA eligible HDHP medical plan, you may be eligible to open a Health Savings Account (HSAs). Optum Bank charges a monthly account fee. HSAs are a great way to save money and budget for qualified medical, dental and vision expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). They make it easy to pay for current health care costs and save for future healthcare needs now or into retirement. HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

WHAT ARE THE BENEFITS OF AN HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a triple tax-saver**—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes. Payment of qualified expense is tax-free and earnings are tax-free (State taxes may still apply in CA, NJ and AL).

WHAT ABOUT THE FINE PRINT?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be covered under another non-qualified health plan, including your spouse's Health Care Flexible Spending Account.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Questions? Refer to IRS Publication 969 for complete rules.

Health Savings Account	2022 / 2023 Maximum Annual Contributions
Plan Eligibility	Must be Enrolled in a HSA Qualified HDHP
Self Only Contribution Limit	\$3,650 / \$3,850
Family Contribution Limit	\$7,300 / \$7,750
Catch-Up Contributions (age 55 or older)	\$1,000

Maximum annual HSA contributions are combined employee + employer contributions.

LIFE & AD&D COVERAGE

Mutual of Omaha

800.877.5176 | mutualofomaha.com

We want to do everything we can to protect you and your family. That's why **VanderHouwen** pays the full cost of life and A&D insurance—you owe nothing out of pocket.

Life insurance can help provide for your loved ones if something were to happen to you.

Benefit Features	Coverage
Life and AD&D Benefit Amount for You	\$25,000
Benefit Amount for Spouse and Children	\$3,000 / \$2,000

VOLUNTARY LIFE & AD&D INSURANCE

Mutual of Omaha

800.877.5176 | mutualofomaha.com

If you need additional life insurance beyond what is provided by [VanderHouwen](#) you may buy supplemental life and AD&D insurance at a discounted rates that you may not be able to secure on your own. The charge below describes the amounts of coverage you can buy for yourself, your spouse and your child(ren).

The best time to apply is when you are first eligible for coverage, you can take advantage of guarantee issue amounts. If you apply at a later date you will need to complete evidence of insurability (e.g. health statement). All amounts over guarantee issue will require evidence of insurability.

Voluntary Life and AD&D Options			
Benefit Features	Employee	Spouse	Dependent Child(ren) (birth to age 26)
Coverage Options	Increments of \$10,000	Increments of \$5,000	Increments of \$2,000
Maximum	Up to 5 x your annual earnings up to \$300,000	Up to 100% of your benefit up to \$50,000	Up to 100% of your benefit up to \$10,000
Guarantee Issue Amount	\$150,000	\$30,000	\$10,000
Guarantee Issue Period	Available to new hires		
Benefit Reductions	Begin at age 65		

When deciding how much voluntary life and AD&D coverage to buy, consider the following three factors:

1. How much will your dependents need to pay debts, such as mortgage, care loan, or credit card balances?
2. How much do your dependents need to maintain their current standard of living?
3. What kinds of future would you like to provide for your dependents or others who depend on you for financial support?

VOLUNTARY SHORT-TERM DISABILITY AND LONG-TERM DISABILITY

Mutual of Omaha

800.877.5176 | mutualofomaha.com

A disability can be devastating, and is more common than you might think. It may lead to loss of income, independence and financial security. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive disability benefits if you are receiving workers' compensation benefits.

If you apply for short or long-term disability coverage when you are first eligible your coverage is not subject to evidence of insurability (EOI). If you choose to apply for long-term disability at a later date, during open-enrollment, coverage is be subject to evidence of insurability. You can apply for short-term disability, during open-enrollment, without being subject to EOI..

Short and Long Term Disability rates are based on your earnings. You can view your rates through Flock, VHA’s online benefit enrollment portal.

Benefit Features	Coverage
Short Term Disability	60% of weekly earnings up to \$1,000 max
- Elimination Period	14 Days Accident / 14 Days Illness
- Maximum Benefit Period	11 weeks
- Pre-Existing Condition Limitation	3 month look-back / 6 month exclusion
Long Term Disability	60% of monthly earning up to \$6,000 max
- Elimination Period	90 Days (LTD starts when STD ends)
- Maximum Benefit Period	Social Security Normal Retirement Age
- Own Occupation Period	2 Years
- Maximum Benefit Period for Mental, Nervous and Substance Abuse	24 Months
- Pre-Existing Condition Limitation	12 month look-back / 12 month exclusion

VOLUNTARY ACCIDENT, CRITICAL ILLNESS AND HOSPITAL CONFINEMENT POLICIES

Colonial Life

503.808.9130 | coloniallife.com

Policy Options	Coverage
Accident Insurance	Helps offset medical costs associated with unexpected medical expenses
Critical Illness Insurance	Supplements major medical coverage
Hospital Insurance	Lump sum-benefit for hospital confinement and outpatient surgery. <i>Plan is not HSA compatible.</i>

BENEFIT ACRONYMS, TERMS AND DEFINITIONS

We have included a list of acronyms and definitions of frequently used terminology to help you wade through the extensive information available to you. For more definitions, see <https://www.healthcare.gov/sbc-glossary/>

- **ACO:** Accountable Care Organization
- **AD &D:** Accidental Death and Dismemberment
- **CYM:** Calendar Year Maximum Benefit
- **DP:** Domestic Partner
- **EAP:** Employee Assistance Program
- **HDHP:** High Deductible Health Plan
- **HSA:** Health Saving Account
- **FSA:** Flexible Spending Account
- **LTC:** Long Term Care
- **LTD:** Long Term Disability
- **OOPM:** Out of Pocket Max
- **PPO:** Preferred Provider Organization
- **STD:** Short Term Disability
- **Balance Bill:** When a health care provider bills a patient for the difference between what the patient's health insurer chooses to reimburse and what the provider chooses to charge. Balancing billing occurs when a member sees an out of network provider.
- **Copay:** A fixed dollar amount that you pay for covered health care services, usually paid at the time of service.
- **Coinsurance:** Your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, and your coinsurance is 20%, your out of pocket cost is \$200. This amount may be different if you have not met your deductible yet. You are responsible for coinsurance until you have reached your plan's out of pocket max.
- **Deductible:** A fixed dollar amount that you must pay out of pocket for covered services before the plan pays.
- **Emergency care:** Care received at a hospital emergency room for life-threatening conditions
- **In network:** Any provider or facility participating in the carrier's network. Your out of pocket expenses are lower when you utilize providers and facilities that are in network. You can locate a list of in network providers on the insurance carrier's website.
- **Out of network:** Any provider or facility not participating in your plan's network. Your out of pocket expenses will be higher and you may be responsible for filing claims as well.
- **Out of pocket maximum:** The maximum dollar amount that you will pay in a year for most covered services. Once you reach this maximum, your plan will pay 100% of covered services. This number may be different for in network and out of network providers.
- **Premium:** The dollar amount paid monthly to secure your plan's coverage.
- **Preventative care:** Office visits and tests designed to prevent disease instead of treating symptoms. In network preventative care is generally covered at 100%.
- **Urgent care:** Care for sudden illnesses or injuries that are serious but not life threatening. Helpful when care is needed quickly to prevent problems that are more serious or pain from developing.
- **Virtual Visit:** A broad term that encompasses all ways to access healthcare providers remotely through solutions such as video, audio or instant messaging. Virtual visits can be used to manage quick, on-demand health care needs such as flu, coughs, bronchitis, sinus infections and UTI's.