

The Church of Jesus Christ of Latter-day Saints & FamilySearch PTO/Holiday Pay

Contractors will get the following PTO/Holiday:

1.54/hrs. Every week

80/hrs. A year (10 days)

10 days a year PTO + 12 Holidays= 22 days each year

2025 Paid Holidays:

New Year's Day

Martin Luther King JR Day

President's Day

Memorial Day

Juneteenth

Independence Day

Pioneer Day

Labor Day

Thanksgiving Day

Day after Thanksgiving

Christmas Eve Day

Christmas Day

Additional terms and conditions for the Church PTO policy:

- Max amount of PTO that can be accrued is 10 days (80 hours) per year while on contract.
- PTO can only be taken in 8-hour increments. You may not use PTO time and time worked on the same day.
- You can only roll over a maximum of 5 PTO days at the one-year mark.
- You must use your PTO or lose it at the end of your contract.
- There is no cash value to PTO.
- All PTO taken must be accrued before scheduling time off.
- PTO must be scheduled and approved before taking PTO with your supervisor at the Church.
- DO NOT enter PTO hours on your timecard. Please send an email with the dates and hours for PTO payroll@consultnet.com.
- Please make sure to make all PTO requests through payroll@consultnet.com and contractorcare@consultnet.com.
- Please copy Zandria Hart (Zhart@consultnet.com) and the recruiter you work with for the PTO request email.

JANUARY 1, 2025—DECEMBER 31, 2025 WEEKLY PAYROLL DEDUCTIONS (52)

MEDICAL | United Healthcare

COVERAGE TIER	HSA \$5,000 Ded Plan	HSA \$3,300 Ded Plan
Employee Only	\$31.25	\$40.60
Employee + Spouse	\$153.59	\$164.95
Employee + Child(ren)	\$146.61	\$157.46
Employee + Family	\$216.51	\$232.44

DENTAL AND VISION | United Healthcare

COVERAGE TIER	UHC Dental PPO Plan	UHC Vision Plan
Employee Only	\$6.33	\$1.84
Employee + Spouse	\$12.67	\$3.47
Employee + Child(ren)	\$16.20	\$3.65
Employee + Family	\$24.37	\$5.36

ACCIDENT & HOSPITAL INDEMNITY | Mutual of Omaha

COVERAGE TIER	Accident Plan	Hospital Indemnity Low Plan	Hospital Indemnity High Plan
Employee Only	\$1.65	\$2.40	\$4.27
Employee + Spouse	\$2.49	\$5.51	\$9.82
Employee + Child(ren)	\$3.00	\$3.31	\$5.89
Employee + Family	\$4.00	\$6.61	\$11.78

Critical Illness and all other Voluntary Benefit offerings are in Paycom.



2025

EMPLOYEE BENEFITS PACKAGE



CHURCH CONSULTANTS



Presented By:
ALL ATLANTIC BENEFITS

aab



WELCOME

Employee Benefits Booklet

KEY CONTACT INFORMATION

CONSULTNET

Human Resources Department

Benefits@consultnet.com
Telephone: (801) 208-3700



All Atlantic Benefits

Haydee Millan-Feliz

Senior Account Manager
haydeem@allatlanticbenefits.com
Talk: (305) 809-8211
Talk/Text: (305) 809-8074

Veronica Ferrari

Vice President, Benefits Consultant
veronica@allatlanticbenefits.com
Talk/Text: (305) 989-4676

Visit our Benefits Website for full plan information and to complete your enrollment:
www.consultnetchurchbenefits.com

OUR CARRIERS

MEDICAL

United Healthcare
Telephone: (800) 782-3740
www.myuhc.com

HEALTH SAVINGS ACCOUNT (HSA)

HealthEquity
Telephone: (866) 346-5800
www.healthequity.com

DENTAL

United Healthcare
Telephone: (877) 816-3596
www.myuhc.com

VISION

United Healthcare
Telephone: (800) 638-3120
www.myuhcvision.com

LIFE | DISABILITY

Mutual of Omaha
Telephone: (800) 769-7159
www.mutualofomaha.com

EMPLOYEE ASSISTANCE PROGRAM

Mutual of Omaha EAP
ID Number: 9900M002
Telephone: (800) 316-2796
www.mutualofomaha.com/eap

Worldwide Travel Assistance
US: (800) 856-9947
Outside US Call Collect: (312) 935-3658

SUPPLEMENTAL INSURANCE

Accident | Hospital Indemnity | Critical Illness
Mutual of Omaha
Telephone: (800) 769-7159
www.mutualofomaha.com

PET INSURANCE

MetLife
Telephone: 1-800-GET-MET8
www.metlife.com/getpetquote

401(k) BENEFIT

Mass Mutual/Empower
Telephone: (800) 743-5274
www.retiresmart.com

Reference Guide can be found:
Paycom > Benefits > Benefit forms and links

OPEN ENROLLMENT

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

PLAN YEAR

January 1, 2025 - December 31, 2025

NEW HIRE ENROLLMENTS

Effective the first of the month following 30 days after date of hire

ELIGIBILITY

Full time employees working 30 or more hours per week are eligible to enroll in the benefits outlined in this guide.

DEPENDENTS

You may be able to enroll eligible dependents in some of our plans. Eligible dependents include:

- Your spouse or domestic partnership
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

QUALIFYING EVENTS

We are unable to accept changes to benefit elections outside of the annual open enrollment period unless you have a qualifying event. You must notify Human Resources within 30 days of a qualifying event.

Examples of qualifying events include:

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

PLEASE NOTE: The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.



MEDICAL INSURANCE



(800) 782-3740 | www.myuhc.com

Plan Name	Utah: HSA EA0G Mod Non Utah: HSA EA04 Mod \$5,000 Ded Plan	
Network Access	In Network	Out of Network
Provider Network	Utah: Options PPO Non Utah: Choice Plus	
Opportunities For Care		
Preventative Care	Covered 100%	40% After Ded
Physician	20% After Ded	40% After Ded
Telemedicine	20% After Ded	40% After Ded
Specialist	20% After Ded	40% After Ded
Convenience Care Clinic	20% After Ded	40% After Ded
Urgent Care	20% After Ded	40% After Ded
Emergency Room	20% After Ded	
Diagnostic Services		
Independent Clinical Lab / X-Ray	20% After Ded LabCorp & Quest Diagnostics	40% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	20% After Ded	40% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	20% After Ded	40% After Ded
Inpatient Hospital	20% After Ded	40% After Ded
Provider Services Inpatient Hospital	20% After Ded	40% After Ded
Pharmacy Benefits		
Prescription CVS & Walgreens	Ded then \$10 / \$35 / \$70	
Deductible		
Deductible	\$5,000 / \$10,000 (Embedded)	\$7,500 / \$15,000 (Embedded)
Member Co-Insurance	20%	40%
Maximum Benefits		
Member Out of Pocket Maximum	\$6,150 / \$12,300 (Embedded)	\$12,500 / \$25,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at the last day of the calendar month in which the limiting age is reached.	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE



(800) 782-3740 | www.myuhc.com

Plan Name	Utah: HSA EAOU Mod Non Utah: HSA EAON Mod \$3,300 Ded Plan	
Network Access	In Network	Out of Network
Provider Network	Utah: Options PPO Non Utah: Choice Plus	
Opportunities For Care		
Preventative Care	Covered 100%	40% After Ded
Physician	20% After Ded	40% After Ded
Telemedicine	20% After Ded	40% After Ded
Specialist	20% After Ded	40% After Ded
Convenience Care Clinic	20% After Ded	40% After Ded
Urgent Care	20% After Ded	40% After Ded
Emergency Room	20% After Ded	
Diagnostic Services		
Independent Clinical Lab / X-Ray	20% After Ded LabCorp & Quest Diagnostics	40% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	20% After Ded	40% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	20% After Ded	40% After Ded
Inpatient Hospital	20% After Ded	40% After Ded
Provider Services Inpatient Hospital	20% After Ded	40% After Ded
Pharmacy Benefits		
Prescription CVS & Walgreens	Ded then \$10 / \$35 / \$70	
Deductible		
Deductible	\$3,300 / \$6,600 (Embedded)	\$5,000 / \$10,000 (Embedded)
Member Co-Insurance	20%	40%
Maximum Benefits		
Member Out of Pocket Maximum	\$5,000 / \$10,000 (Embedded)	\$10,000 / \$20,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at the last day of the calendar month in which the limiting age is reached.	

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MEMBER SERVICES

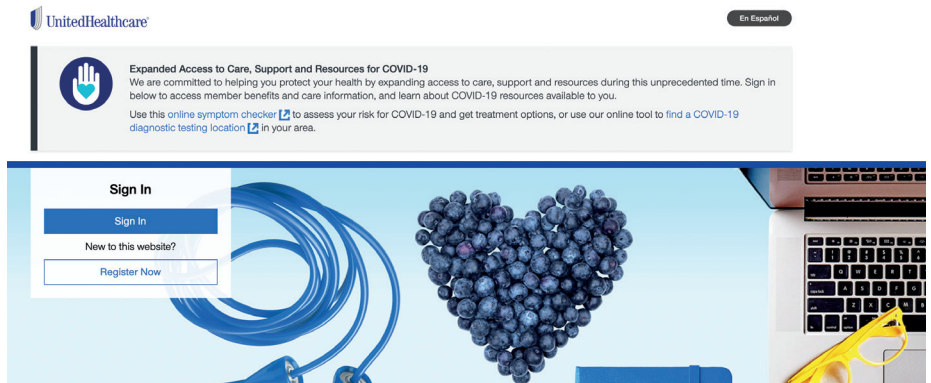


(800) 782-3740 | www.myuhc.com

Get answers about your benefits, claims and more by registering at myuhc.com. Download the UnitedHealthcare App it makes the online pharmacy experience simple and possible. Get access today by following the simple steps listed below.

Registration is quick and simple at MyUHC.com

1. Go to myuhc.com
2. Click the “Register Now” button
3. Enter your name, date of birth and the account numbers from your health plan ID card. Or, enter your Social Security number and your date of birth
4. Create a username and password
5. Enter your email address and optional phone numbers, and choose security questions.
6. Reviewing and agree to the website policies, and be sure to keep the email opt-in checked so you get relevant new and wellness information



Sign in for a personalized view of your benefits.

Find information and tools designed to make it easier to use your benefits. It takes just minutes to register - and you'll instantly get 24/7 access to manage your plan.

By registering, you will also get Explanation of Benefits, claim letters, regulatory notices and other important information by email. You may choose to get paper communications at any time by changing your Mailing preferences.

On myuhc.com, you can:

- Check past and current statements and claim status.
- Review eligibility and look up benefits.
- Find a hospital or doctor, including UnitedHealth Premium® designated physicians.
- Print a temporary health plan ID card or request a replacement card.
- Take a health assessment and participate in online programs designed to help you set goals toward your health objectives.
- Learn about health conditions, symptoms and the latest treatment options.
- Use the Personal Health Record to organize and store your health data in one convenient, confidential place.

UnitedHealthcare® App

The UnitedHealthCare® App makes the online pharmacy experience as simple as possible. You can easily:

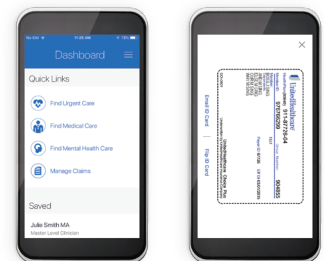
- Search drug prices at multiple pharmacies
- Locate a network pharmacy
- Manage medication reminders
- Access your ID Card if your plan allows

Manage OptumRx® home delivery orders:

- Transfer a prescription to home delivery
- Track your home delivery order
- Refill a home delivery prescription

The most convenient way to manage your prescriptions

Get the app and log on with Touch ID®



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MEMBER SERVICES



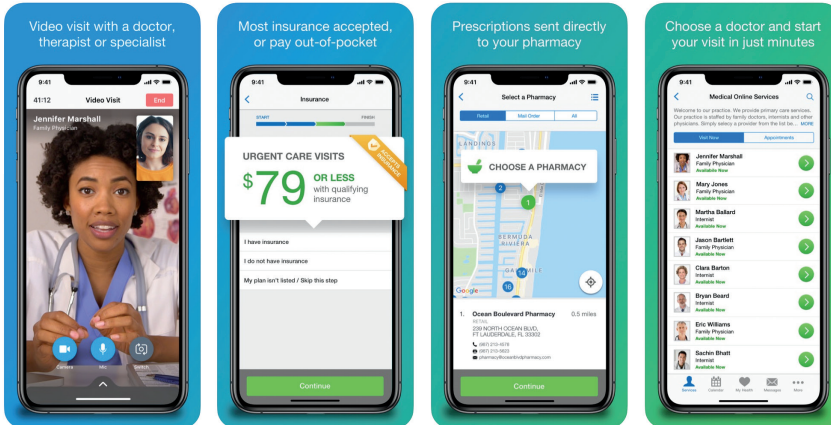
(800) 782-3740 | www.myuhc.com

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that you can pick up at your local pharmacy.

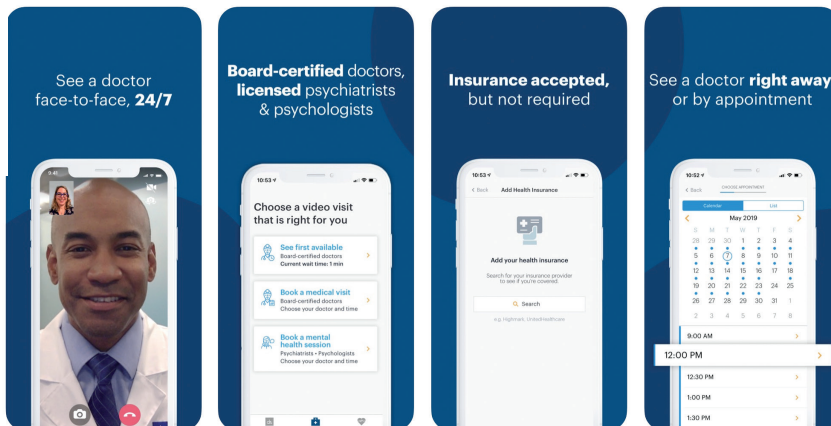
Get access to care online. Any where. Any time.



Amwell.com



doctorondemand.com



Note: Doctor on Demand does not support any version of Internet Explorer®

A Virtual Visit lets you see talk with a doctor from your laptop or mobile device.

You have access to a network of Virtual Visits provider groups. To learn more about Virtual Visits and our network please log into myuhc.com® or the UnitedHealthCare app.

Once you choose a Virtual Visit provider group you'll be directed to their website from myuhc.com or their app from UnitedHealthcare app. You also have the option of going directly to their website or app to access care. You can download their app directly from Google Play or The Apple® App Store®.

Virtual Visits are covered under your health plan benefits either way you decide to access care.



Tips for registering:



Locate your member ID number on your health plan ID card



Or Look up your number on myuhc.com



Have your primary care provider name and medical history ready



Choose a pharmacy that's open in case you're given a prescription.

When to use Virtual Visits:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/broken bones

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HEALTH SAVINGS ACCOUNT (HSA)



HealthEquity

(866) 346-5800 | www.healthequity.com

ConsultNet is funding the following contributions to your HealthEquity Health Savings Account, annually

HSA Contributions	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Employer Annual Contributions	\$1,150	\$1,680	\$1,680	\$2,520
Employee Annual Contributions	\$3,150	\$6,870	\$6,870	\$6,030
MAXIMUM Allowable Contributions	\$4,300	\$8,550	\$8,550	\$8,550

What is an HSA?

- A tax-advantaged savings account that belongs to you.
- Works in conjunction with your medical plan to provide a tax free way to pay for medical costs both before and after the deductible.
- You are only eligible to contribute to an HSA if you are covered by a qualified high-deductible health plan (HDHP).
- If you have secondary coverage that is not also a HDHP, you are not eligible to contribute to an HSA. This may include coverage with a spouse, Medicare, TriCare, etc.
- Funds in the HSA can be used for Medical, Dental, or Vision expenses.
- Funds deposited are not taxed as income and the account can grow income tax free.
- Can be used for yourself, your spouse, and tax dependent children.

How to use an HSA

- Until you meet your deductible, you are responsible to pay the provider the negotiated rate. This rate is typically lower than any price you could negotiate on your own.
- Always show your Insurance Card as expenses won't go towards the deductible unless you show your Medical card.
- Some doctors may require that you pay the full amount or a portion of the bill upfront, but most will simply bill your insurance, and then bill you for the balance once the claim has been processed.
- The insurance plan will apply all discounts that apply and credit your deductible.
- Once the claim is processed you will receive an explanation of benefits (EOB) showing the amount you are responsible for.
- When picking up a prescription from the pharmacy, present your insurance card. The pharmacy will apply the carrier discount and then you pay the pharmacy using your HSA debit card. The amount you pay will then be applied to your deductible.
- Once your single or family deductible has been satisfied, your physician visits, hospital claims, and pharmacy charges will be processed by your health insurance plan and you will pay copays or coinsurance.
- You can pay these charges using your HSA debit card as long as you have a balance in your HSA.



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HEALTH SAVINGS ACCOUNT (HSA)



HealthEquity

(866) 346-5800 | www.healthequity.com

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).



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A Health Savings Account (HSA) is a tax-advantage savings account that can be used for your health care expenses. Money comes out of each paycheck and is deposited into the account for future use.

If you have a high deductible health insurance plan, an HSA can help provide some security for your health care costs and

An HSA can help you save money and conveniently pay for health care costs.

An HSA provides triple tax benefits. Since the deposits are coming straight out of each paycheck, the money you contribute to an HSA is pre-tax, and the interest that accumulates in the account is tax-free. In addition, money withdrawn from an HSA is not taxed, provided that you use it for qualified medical expenses.

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 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.

Qualified Medical Expenses

The Internal Revenue Service (IRS) defines qualified medical care expenses as amounts paid for the diagnosis, cure or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.



HSA EXAMPLES OF ELIGIBLE EXPENSES

Your HSA may reimburse:

- Qualified medical expenses incurred by the account beneficiary and his or her spouse and dependents;
- COBRA premiums
- Health Insurance premiums while receiving unemployment benefits;
- Qualified long-term care premiums*; and
- Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals age 65 or older

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DENTAL INSURANCE



(877) 813-3596 | www.myuhc.com

Plan Name	Dental PPO Plan	
Network Access	In Network	Out of Network
Provider Network	National Options PPO 20	
Out of Network Reimbursement Level	Fee	MAC
Coverage Types		
Preventative	100%	100%
Deductible	\$50 / \$150	\$50 / \$150
Basic	80%	80%
Major	50%	50%
Periodontics/Endodontics	Basic	
Annual Maximum Benefit	\$1,500	\$1,500
Orthodontics	50%	
Orthodontic Eligibility	Child(ren) to Age 19	
Orthodontic Maximum	\$1,000	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date	

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DENTAL INSURANCE



(877) 813-3596 | www.myuhc.com



Get rewarded for taking care of your smile

Our Consumer MaxMultiplier® program rewards you for keeping up with your dental care by adding dollars to next year's annual maximum. It's included as part of your dental plan.

How the program works



Earn award dollars for visiting your dentist at least once a year.¹



Your award dollars will help to pay for claims that go beyond your annual maximum.



Unused award dollars can roll over each year.

Earn up to

\$500

to add to your 1500 annual maximum

Award dollars can add up

Here's an example of the award dollars you could earn if you visit your dentist at least once this year:

This year's annual maximum is
\$1500

If your total claims are less than
\$750

You'll earn a reward of
\$400

Plus, if you have a Dental PPO plan and all claims are with network dentists, you'll earn an extra \$100. Your award dollars will be added to next year's annual maximum to pay for qualifying claims. To view your annual maximum balance, log in to myuhc.com®.

VISION INSURANCE



(800) 638-3120 | www.myuhcvision.com

Plan Name	Vision	
Network Access	In Network Allowance	Out of Network Reimbursement
Provider Network	UnitedHealthcare Vision Plans	Reimbursement Only
Examinations		
Eye Exam	\$10 Copay	Up to \$40
Frequency	12 Months	
Materials Co-Pay		
Single Lenses	\$10 Copay	Up to \$40
Bifocal Lenses	\$10 Copay	Up to \$60
Trifocal Lenses	\$10 Copay	Up to \$80
Lenticular Lenses	\$10 Copay	Up to \$80
Frequency	12 Months	
Allowances		
Frames	Up to \$150	Up to \$45
Frequency	12 Months	
Contact Lens Benefit		
In lieu of any other eyewear benefits		
Fitting & Evaluation	Up to \$40	N/A - Applies to Cost
Elective	Up to \$150	Up to \$125
Medically Necessary	Covered 100%	Up to \$210
Frequency	12 Months	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

LIFE INSURANCE



(800) 769-7159 | www.mutualofomaha.com

VOLUNTARY LIFE

Employee Benefits

Benefit Amount:

- Choice of \$10,000 Increments
- Not to exceed 5 times your annual salary
- Maximum Amount \$500,000

Guarantee Issue:

- Up to \$150,000 at Initial Enrollment

Other Benefits Included:

- Living Care/Accelerated Death Benefit
- Waiver of Premium
- Portability
- Conversion

Child Benefits

- Age 14 days to 26 years: \$10,000
- Employee must elect coverage in order to enroll children

Spousal Benefits

Benefit Amount:

- Choice of \$5,000 Increments
- Not to exceed 100% of Employee's elected amount
- Maximum Amount \$250,000
- Employee must elect coverage in order to enroll spouse

Guarantee Issue:

- Up to \$30,000 at Initial Enrollment

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DISABILITY INSURANCE



(800) 769-7159 | www.mutualofomaha.com

VOLUNTARY SHORT TERM DISABILITY

Elimination Period	0 Day Accident and 8 th Day Sickness
Maximum Weekly Benefit	50% to \$250
Benefit Duration	26 Weeks
Pre Existing Period	3 months / 6 months

DEFINITIONS AND REQUIREMENTS

Elimination Period: The number of days you must be disabled before benefit payments begin.

Maximum Benefit: The benefit amount you will receive when you are disabled.

Benefit Duration: The maximum period of time that benefits will be paid during a period of disability.

Definition of Disability: Disability means you are unable to perform the main duties of your occupation on a full-time basis due to non-work related injury or sickness. Please see the summary of benefits for more detail.

Eligibility Requirements: You must be a permanent employee regularly scheduled to work at least 30 hours per week, be actively at work on the coverage effective date.

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

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SUPPLEMENTAL BENEFITS



(800) 769-7159 | www.mutualofomaha.com

Group Accident

Group Voluntary Accident Insurance pays benefits for on- and off-the-job accidents, plus some benefits that correspond with medical care. And, because accident insurance is supplemental, it pays in addition to other coverage you may already have in place. This coverage pays a benefit up to a specified amount for accidental death, dismemberment, dislocation or fracture, initial hospital confinement, hospital confinement, intensive care, ambulance service, medical expenses and Outpatient Physician's Treatment.

<u>Coverage Type</u>	<u>Benefits</u>
Hospital / ICU Admission	\$1,000
Hospital Confinement	\$200 Per Day
ICU Confinement	\$400 Per Day

Group Hospital Indemnity

When admitted or confined to the hospital not only can it be stressful, but expenses can add up quick and can catch you off guard. With a Hospital Indemnity plan, you can be better able to handle the accompanying medical expenses and daily living expenses.

	<u>Low Plan</u>	<u>High Plan</u>
❖ Hospital Admission	\$1,000 per Admission	\$2,000 per Admission
❖ ICU Admission	\$2,000 per Admission	\$3,000 per Admission
❖ Daily Hospital / ICU Confinement	\$150 Per Day	\$200 Per Day

Group Critical Illness

You can't predict the future, but you can plan for it.

Group Voluntary Critical Illness Insurance can help give you the power to take control of your health when faced with a covered illness. This insurance pays benefits that can be used for non-medical expenses that health insurance might not cover. The cash benefit is in the form of a lump-sum payment, which is paid to the employee after a covered diagnosis.

COVERAGE GUIDELINES	COVERAGE AMOUNT
For You & Spouse Spouse 50% of the employee's benefit amount	Employee: \$5,000 \$10,000 \$15,000 \$20,000 Spouse: \$5,000 \$10,000
Child(ren) Benefit for each Child Benefit begins at Birth and Terminates at Age 26	50% of employee's CI Principal Sum, up to \$5,000

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VALUE ADDED SERVICES

Mutual of Omaha | www.mutualofomaha.com | (800) 316-2796



Mutual of Omaha

Employee Assistance (EAP)

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

- Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including: Emotional well being, family and relationships, legal and financial matters.
- Access to EAP professionals 24 hours a day, seven days a week. Three face to face sessions.
- Provides information and referral resources.
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals

Travel Assistance

US Inquiries: 800-856-9947

**Outside the US call collect:
312-935-3658**

- Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.
- Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.
- Offering Pre Trip Assistance, Medical Assistance, Identity Theft Protection and Emergency Travel Support.
- Enjoy Your Trip - We'll Be There If You Need Us - 24/7

Will Preparation by Epoq

www.willprepservices.com Code: MUTUALWILLS

- Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.
- Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.
- That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).
- Easy, Free and Secure
- Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.
- Provides the following FREE documents: Last Will & Testament, POA, Healthcare Directive, Living Trust



Pets make your family whole. Cover them with Pet Insurance.

Help cover the costs of vet visits,
accidents, illness and more.

Why is pet insurance important?

Now more than ever, pets are playing a significant role in our lives, and it is important to keep them safe and healthy. **Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.**¹

- A small monthly payment can help you prepare for unexpected vet expenses down the road
- More than **6 in 10** pet owners said their pet has had an **emergency medical expense**²
- 24% of **pet parents have credit card or personal loan debt** to cover pet health and vet costs³
- Average annual cost for a routine vet visit is **\$212 for a dog** and **\$160 for a cat**; and average annual cost for a surgical vet visit is **\$426** for a dog and **\$214 for a cat**⁴
- Pet insurance may not cover pre-existing conditions

...so there's no better time than now to protect your furry family members.

To get a quote or enroll go to www.metlife.com/getpetquote
or call 1 800 GET-MET8.

What's covered?⁵

- accidental injuries
- illnesses
- exam fees
- surgeries
- medications
- ultrasounds
- hospital stays
- X-rays and diagnostic tests

Coverage⁵ also includes

- hip dysplasia
- hereditary conditions
- congenital conditions
- chronic conditions
- alternative therapies
- holistic care
- and much more!

VISION DISCOUNT PROGRAM



Wes Madrid (801) 988-7356

www.hoopesvision.com/corporate-perks/

ConsultNet has enrolled in the Hoopes Vision Corporate Perks Program. As a valued employee, you now have access to a exclusive LASIK/PRK benefit which is available to you and your immediate family.

Member privileges include:

- Savings of \$1,200 for both eyes or \$600.00 per eye on your all-laser LASIK/PRK procedure
- 0% financing available through CareCredit for up to 24 months. Subject to approval.
- Tchotckes (a.k.a. giveaways)
- Complimentary LASIK/PRK consultations for patients who have not have previous eye surgery, been diagnosed with cataracts, or existing eye conditions.



Wait! There's more...

Hoopes Vision is one of the most technologically advanced surgery centers in the world, specializing in the newest vision correction procedures. We understand that LASIK and PRK is not for everyone. The KAMRA® inlay and SMILE procedures give us more options in our toolbox to help each person achieve the best visual outcome for their individual lifestyle. We are extremely happy to provide these new alternatives as part of the Corporate Perks Program

**Hoopes Vision
Corporate Perks
Program**

\$3700.00

(\$1850.00 per eye / \$3700.00 both eyes)
ALL-LASER LASIK PROCEDURE



WES MADRID

wmadrid@hoopesvision.com

801.988.7356 Direct Line

Hoopes Vision
11820 South State Street
Draper, Utah 84020

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

PAYCOM ENROLLMENT INSTRUCTIONS



BENEFITS ADMINISTRATION

Employees

HOW TO ENROLL IN BENEFIT PLANS USING THE APP



STEP 1

Log in to the Paycom app.



STEP 2

Within the Notification Center, select "Benefits Enrollment".



STEP 3

Click "Start Enrollment" and enter your personal information and any dependents or beneficiaries.



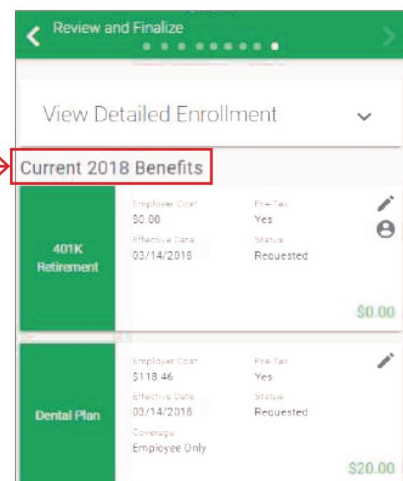
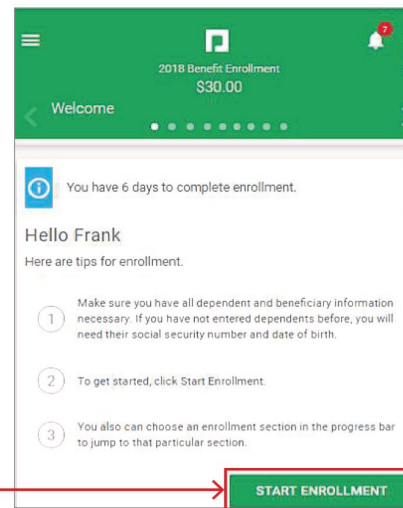
STEP 4

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



STEP 5

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.
- As you go through the enrollment process, your selections will display and add up on the benefits summary tracker to the right.

DISCLOSURES

Medicare Part D

This notice officially confirms the fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is November 15th to December 31. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about \$32-\$37/Month. If you do decide to enroll, coordination of benefits will be required.

Section 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying events to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event, for additions cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

Medicaid CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.


WHERE TO GO FOR CARE

Getting care at the best place for your condition could save you money on your out-of-pocket costs. See your primary care physician (PCP) or family doctor first. If seeing your PCP isn't possible, it's important to know your quick care options, especially before heading to an ER.

Compare quick care options to help keep costs down.



	PCP	Virtual Visits	Convenience Care	Urgent Care	Emergency Room
	Care from the doctor who knows you best	See a doctor whenever, wherever.	Basic Conditions that aren't life threatening	Serious Conditions that aren't life-threatening	Life and Limb-threatening emergencies
Average Cost	Varies by plan type	less than \$50	\$90	\$170	\$2,000

 Indicates the recommended place for care for the following conditions:

Broken Bones					
Chest Pain					
Cough					
Fever					
Muscle Strain					
Pinkeye					
Shortness of Breath					
Sinus Problems					
Sore Throat					
Sprain					
Urinary Tract Infection					

Call 911 or go to an emergency room (ER) if you have a life-threatening condition

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GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays do not apply to the deductible. For example, if your plan's deductible is \$2,500, you'll pay 100 percent of eligible healthcare expenses until you have met the \$2,500 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

IN-NETWORK: Health care received from your primary care physician or from a specialist within an outlines list of health care practitioners.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

PRESCRIPTION DRUGS

RETAIL PHARMACY: includes independent, supermarket, and chain pharmacies that dispense prescription medications.

TIER 1—PREFERRED GENERIC: are lowest in cost. They are equivalent to a brand-name product in dosage, strength, performance, and intended use. Ask your doctor to authorize generic substitutions when medically appropriate.

TIER 2—PREFERRED BRAND-NAME DRUGS: are more costly because they are produced and sold only by one company that holds a patent.

TIER 3—NON-PREFERRED GENERIC AND BRAND-NAME: are even more costly under our plans. These drugs are patent-pending and have just recently become available in the market.

SPECIALTY DRUGS: are high-cost drugs to treat rare and/or complex conditions. Typically self-injectable drugs are included in this category. Specialty drugs must be obtained through the Aetna Specialty Pharmacy.

MAIL ORDER: delivers a 90-day supply conveniently right to your door and helps you save a little bit of money on copays in addition to having fewer refills throughout the year.



Presented By:
ALL ATLANTIC BENEFITS



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