2024 – 2025 BENEFITS GUIDE

RegencyCare

WW Healthcare Consultants, LLC

Arlington and Silver Spring

To our employees:

WW Healthcare has worked very hard to keep benefit costs to employees down to help mitigate increased household expenses. We are pleased to announce that there will only be a 3.2% increase in plan costs despite inflation across all sectors and increases in healthcare coverage costs.

We encourage all employees to take a moment to review the following benefit plans and choose the appropriate coverage(s) for you and your family.

Thank you for being a valued team member and for all the hard work and care you provide to your residents and co-workers.

Sincerely,

Bryon D. Womack, MHA, LNHA

Chief Operating Office

WW Health Consultants, LLC

ENROLLMENT CHECKLIST

Information You Need to Know	☐ You can enroll in benefits during your initial enrollment period as a newly eligible associate, during Annual Open Enrollment or if you experience a Qualifying Life Event (QLE). ☐ The plan year is December 1st through November 30th. ☐ Choose your elections carefully. Section 125 of the IRS Internal Revenue Code (IRC) governs how employers provide benefits to employees on a pre-tax basis. Employers may choose to permit mid-year elections based on specified Qualifying Life Events (QLE) defined by IRS regulations. After an employee has made an initial enrollment election, Section 125 permits changes outside of annual Open Enrollment for specific reasons as outlined in the Permitted Election Changes Regulation of Section 125 (1.125-4). WW Healthcare Consultants/Regency Care has chosen to permit QLE changes as outlined in the benefit Summary Plan Descriptions and Certificates. WW Healthcare Consultants/Regency Care is required to follow the IRC consistently, or all WW Healthcare Consultants/Regency Care employees could become immediately responsible for paying taxes on benefits, therefore WW Healthcare Consultants/Regency Care adheres to the IRC for the protection of all employees. Contact Human Resources if you have questions on mid-year benefit election changes. ☐ Before enrollment begins, take the time to educate yourself on all of the benefit options that are available to you. Review this Benefits Guide carefully as you consider your plan choices. ☐ If you are electing coverage for your eligible dependents, proof of dependent eligibility may be required.
Current Employees	☐ Actively enroll between November 1, 2024 and November 15, 2024. ☐ If you are currently enrolled in benefits and you do not wish to make any changes, your current coverage will roll over. However, Health Savings Account (HSA) contributions **require active enrollment elections each year**. ☐ Verify your 2024 – 2025 benefits elections and deductions on the first paycheck you receive after your December 1st effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately, otherwise corrections will not be honored.
New Hires	☐ Be sure to make your elections **before your benefits effective date**. If you do not make elections, then you may not be able to enroll until the next Open Enrollment period. ☐ When you elect certain benefits, you may receive an ID card in the mail. Your ID card contains important information about you, your employer group and the benefits to which you are entitled. Always remember to carry your ID card with you, present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card. ☐ If you need to replace your ID card, or need an additional card, you can request another by contacting the carrier or by visiting the carrier's website online to print another copy. ☐ Verify your 2024 – 2025 benefits elections and deductions on the first paycheck you receive after your benefits effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately, otherwise corrections will not be honored.

ELIGIBILITY & ENROLLMENT

WW Healthcare Consultants/Regency Care is proud to offer a comprehensive program of benefits to service the diverse needs of our workforce, and we are committed to continually enhancing and expanding our offerings. The information in this document is meant to familiarize you with the benefits and programs currently in place. During each annual Open Enrollment period, the benefits you elect will be effective December 1st. For New Hires, benefits are effective the first of the month following 60 days of continuous employment. Please remember that this guide is not intended to cover all provisions of all plans, but rather is a quick reference tool to help answer most of your basic questions. Please see each carrier's Benefits Summary Plan Description or Certificate of Coverage for complete details of the benefits.

Am I Eligible?

Eligibility and required contributions for these benefits and programs depend on both your employee classification and whether you elect to extend coverage to your dependents.

Individuals eligible for coverage under the plans include:

- Your legal spouse
- Your dependent child(ren) up to age 26, regardless of full-time student status or marital status
- Your unmarried child(ren) of any age who, prior to age 26, has been declared incapable of self-support due to mental or physical disability

Once eligible, you will enroll in benefits online at https://secure2.saashr.com/ta/A1SWWHealthcare.login.

Qualifying Life Events (QLE)

Once you have made your benefit elections and your enrollment is closed, you **cannot** make changes until the next Open Enrollment period unless you experience a QLE such as:

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- 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
- Gain or loss of eligibility for CHIP or Medicare*

*You have 30 days from the date of the QLE to notify Human Resources and provide appropriate documentation to change your benefits. The exception to this rule is in the case of CHIP or Medicare benefits which allow a 60-day notification period.

Please Note: Not every QLE permits a change in benefit plan elections. A change in election is permitted only when it is determined that the QLE affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan and in accordance with Section 125 regulations.

Plan	Eligibility	Benefits Effective Date
Medical & Prescription	Full-time, actively at work and scheduled to work 30+ hours per week	Benefits are effective the first day of the month following 60 days of employment
Symetra Health Insurance		
Health Savings Account (HSA)		
Dental		
Vision		
Basic & Voluntary Life		
Voluntary Short-Term & Long-Term Disability		
401(k)	You are eligible for discretionary match at one year of service. You may enroll on the plan in January or July.	

M E D I C A L   I N S U R A N C E – H S A   P L A N

WW Healthcare Consultants/Regency Care's medical and prescription drug insurance is provided through UMR. Below is a brief summary of the High-Deductible Health Plan (HDHP). If you elect this plan option, you may also participate and contribute to a Health Savings Account (HSA). In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible and Urgent Care facilities instead of Emergency Room visits when appropriate.

UMR HSA Plan		
Services	**In-Network (You Pay)**	**Out-of-Network (You Pay)**
Calendar Year Deductible Individual/Family	$2,500 / $5,000	$5,000 / $10,000
	If family coverage is elected, the full family deductible amount must be met before the plan will begin paying benefits.	
Calendar Year Out-of-Pocket Maximum Individual/Family	$6,650 / $13,300 (includes deductible, coinsurance and copays)	$6,650 / $13,300 (includes deductible, coinsurance and copays)
Coinsurance	0%	30%
Preventive Care Services*	100% covered, no charge	30% after deductible
Virtual Visits through Teladoc - General Consult Fee - Behavioral Health Consult Fee - Dermatology Consult Fee	Up to $49 $90 for licensed therapist; $220 for initial Psychiatrist Visit; $100 for ongoing Psychiatrist Visits Up to $85 (Once deductible is satisfied, member will pay $10 copay per visit)	Not Available
Primary Care Office Visit (in-person or virtual)	$20 copay after deductible	30% after deductible
Specialist Office Visit	$50 copay after deductible	30% after deductible
Urgent Care Facility	$50 copay after deducible	$100 copay after deductible
Emergency Room	$150 copay per visit after deductible	
Inpatient Services	$250 copay, then 20% after deductible	$250 copay, then 30% after deductible
Outpatient Services	$300 copay, then 20% after deductible	$300 copay, then 30% after deductible
Prescription Drugs	**Retail (up to 30-day supply)**	**Mail Order (up to 90-day supply)**
Tier 1/Generic	$10 copay after deductible	$20 copay after deductible
Tier 2/Preferred Brand Name	$35 copay after deductible	$70 copay after deductible
Tier 3/Non-Preferred Brand Name	$60 copay after deductible	$120 copay after deductible
Tier 4/Specialty	25% after deductible; must be purchased at Specialty Pharmacy**	Not Available

*You can find a list of preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/

** Specialty drugs must be purchased at a Specialty Pharmacy Vendor. For Customer Service call 1-855-427-4682 or online at OptumRx.com.

When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

HEALTH SAVINGS ACCOUNT

If you enroll in the High-Deductible Health Plan (HDHP), you should consider contributing to a Health Savings Account (HSA) administered by Optum Bank. With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged. **This plan is not available for those enrolled in the PPO Plan or Symetra Plan, including one other than those offered through WW Healthcare Consultants/Regency Care PPO Plan.**

Why Have an HSA?

- Contributions are pre-tax.
- Withdrawals to pay for eligible expenses are never taxed.
- Accumulated interest earnings are tax-deferred, and if used to pay for eligible expenses, are not taxed upon withdrawal.
- Use the money in the account to pay for eligible health care expenses throughout your life– including in retirement, there is no time limit on spending your HSA funds.
- The balance in your HSA account can be invested.

Eligibility Requirements for Contributing to an HSA

- Must be enrolled in a High-Deductible Health Plan (HDHP).
- Must not be enrolled in Medicare.
- Must not be covered by other medical insurance(s) which do not meet the definition of a HDHP such as a Health Care Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA), Tricare, VA benefits (including your spouse's).
- May not be claimed as a dependent on another individual's tax return.

Health Savings Account (HSA)	
Coverage Level	**IRS 2024 – 2025 Contribution Limits***
Employee Only	$4,150
Employee + Spouse	$8,300
Employee + Child(ren)	$8,300
Family Coverage	$8,300

*If you are married and your spouse is enrolled in an HDHP and has an HSA, the combined total of you and your spouse's HSA cannot exceed the federal maximum for family level coverage.
**If you are age 55 or older, you may make an additional pre-tax catch-up contribution of $1,000 per year.

HSA Employer Contribution (Applies to HSA Participants Only)				
Coverage Level	**Bi-Weekly Contribution**		**Semi-Monthly Contribution**	
	Non-Tobacco	**Tobacco**	**Non-Tobacco**	**Tobacco**
Employee Only	$23.07	$18.00	$25.00	$19.50
Employee + Spouse	$23.07	$18.00	$25.00	$19.50
Employee + Child(ren)	$34.61	$18.00	$37.50	$19.50
Family Coverage	$34.61	$18.00	$37.50	$19.50

All HSA participants will receive an HSA debit card from Optum Bank. Use your debit card for doctor's office visits, prescription drug copays or any other valid medical, dental or vision expenses. Please retain all receipts to verify expenses, if required.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

MEDICAL INSURANCE – NON-HSA PLAN

WW Healthcare Consultants/Regency Care's medical and prescription drug insurance is provided through UMR. Below is a brief summary of the PPO Plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency Room visits when appropriate.

UMR Non-HSA Plan		
Services	**In-Network (You Pay)**	**Out-of-Network (You Pay)**
Calendar Year Deductible Individual/Family	$1,500 / $3,000 (If family coverage is elected, any combination of covered family members may help to meet the maximum family deductible. However, no one person will pay more than his or her individual deductible amount.)	$3,000 / $6,000
Calendar Year Out-of-Pocket Maximum Individual/Family	$7,000 / $14,000 (includes deductible, coinsurance and copays)	Unlimited
Coinsurance	30%	50%
Preventive Care Services*	100% covered, no charge	50% after deductible
Virtual Visits through Teladoc **- General and Behavioral Health** **- Dermatology**	$10 copay $25 copay	Not Available
Primary Care Office Visit (in-person or virtual)	30% after deductible	50% after deductible
Specialist Office Visit	30% after deductible	50% after deductible
Urgent Care Facility	30% after deductible	50% after deductible
Emergency Room	30% after deductible	
Inpatient Services	30% after deductible	50% after deductible
Outpatient Services	30% after deductible	50% after deductible
Prescription Drugs	**Retail (up to 30-day supply)**	**Mail Order (up to 90-day supply)**
Prescription Deductible Individual/Family	$250 / 750	
Tier 1/Generic	$10 copay after prescription deductible	$20 copay after prescription deductible
Tier 2/Preferred Brand Name	$35 copay after prescription deductible	$70 copay after prescription deductible
Tier 3/Non-Preferred Brand Name	$60 copay after prescription deductible	$120 copay after prescription deductible
Tier 4/Specialty	25% after prescription deductible; must be purchased at a Specialty Pharmacy**	Not Available

*You can find a list of preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/

** Specialty drugs must be purchased at a Specialty Pharmacy Vendor. For Customer Service call 1-855-427-4682 or online at OptumRx.com

When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

UMR - COST OF COVERAGE

UMR Medical – HSA Plan	Bi-Weekly Deduction	
	Non-Tobacco User	Tobacco User
Employee Only	$24.29	$31.44
Employee + Spouse	$393.94	$508.75
Employee + Child(ren)	$254.85	$328.68
Family	$588.30	$757.40

UMR Medical – Non-HSA Plan	Bi-Weekly Deduction	
	Non-Tobacco User	Tobacco User
Employee Only	$56.21	$71.93
Employee + Spouse	$425.86	$549.24
Employee + Child(ren)	$345.36	$445.39
Family	$647.84	$833.62

UMR Medical – HSA Plan	Semi-Monthly Deduction	
	Non-Tobacco User	Tobacco User
Employee Only	$26.32	$34.06
Employee + Spouse	$426.77	$551.14
Employee + Child(ren)	$276.09	$356.07
Family	$637.32	$820.52

UMR Medical – Non-HSA Plan	Semi-Monthly Deduction	
	Non-Tobacco User	Tobacco User
Employee Only	$60.89	$77.92
Employee + Spouse	$461.35	$595.01
Employee + Child(ren)	$374.14	$482.51
Family	$701.83	$903.09

WW Healthcare Consultants/Regency Care is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Zahid Kothari at zkothari2@wwhcc.biz, or (828) 324-8898 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Member
Frequently Asked Questions

What is Teladoc?
Teladoc provides 24/7 access to U.S. board-certified doctors by phone or video for many non-emergency illnesses, including flu, allergies, sinus infections, and more.

Who are the Teladoc doctors?
Teladoc doctors are licensed internists, family doctors, and pediatricians. They average 20 years of experience and are licensed to practice in your state.

Does Teladoc replace my doctor?
No. Teladoc doesn't replace your primary care doctor. Teladoc should be used for non-emergency illnesses when it is not convenient to get to the doctor or it is outside of regular office hours.

How do I talk to a Teladoc doctor?
You can connect with a doctor via phone or video.

How do I set up my Teladoc account?
Visit the website listed below and click "Member Login." You can also download the mobile app or call the number below.

How do I request a visit?
Log in to your account online or via the app and click "Request a Consult." You can also request a visit by calling the number below.

Is there a time limit when talking with a doctor?
There is no time limit for visits.

Am I charged more for talking longer?
There is no extra charge for longer doctor visits.

Can Teladoc doctors write a prescription?
Yes, Teladoc doctors can prescribe medication when medically necessary.
Visit teladoc.com/prescription-policy for details.

How do I pay for the visit?
You can pay with your HSA (health savings account) card, credit card, prepaid debit card, or by PayPal.

If the Teladoc doctor recommends that I see my primary care doctor or a specialist, do I still have to pay the Teladoc consult fee?
Yes. Just like any doctor appointment, you must pay for the consulting doctor's time.

Can my primary care doctor get a record of my Teladoc visit?
With your consent, we'll send an electronic copy of your Teladoc visit to your primary care doctor.

Talk to a doctor for $10 * HSA Plan: Deductible will have to be satisfied before copay will apply

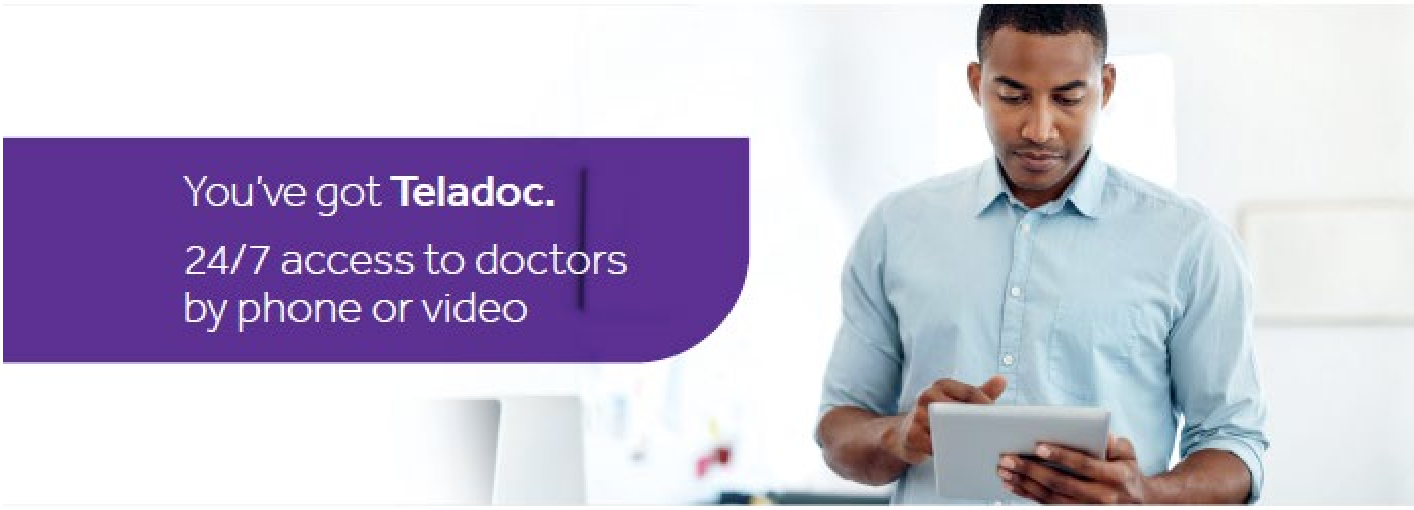
Teladoc.com   1-800-TELADOC (835-2362)   Download the app

TELADOC.

WW HEALTHCARE CONSULTANTS, LLC

TELADOC.

WW HEALTHCARE CONSULTANTS, LLC



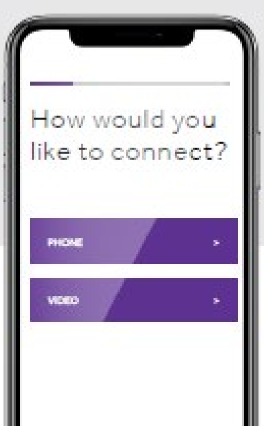
You already have Teladoc as part of your benefits. Our U.S. board-certified doctors can diagnose, treat, and even prescribe medicine, if needed, for a wide range of medical needs, including the flu, allergies, rash, upset stomach and much more.

Set up your account, it's easy!

1. **Create account**
   Use your phone, the app, or our website to create an account and quickly complete your medical history.

2. **Request a visit**
   Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

3. **Feel better**
   Your doctor will diagnose your symptoms and even prescribe medicine, if needed.



Download the app and talk to a doctor for $10

* HSA Plan: Deductible will have to be satisfied before copay will apply.

Teladoc.com   1-800-TELADOC (835-2362)

App Store   Google play

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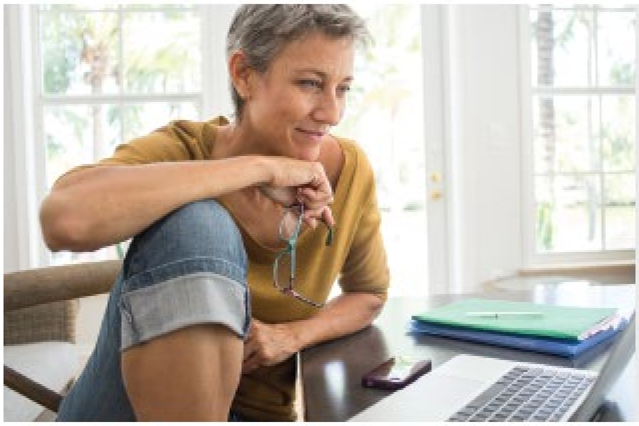
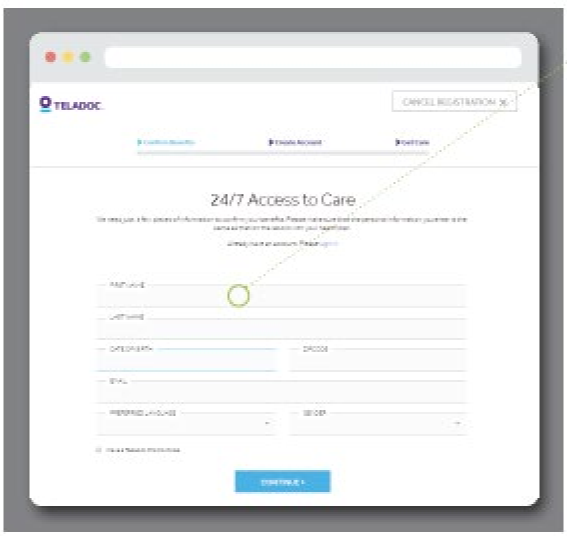


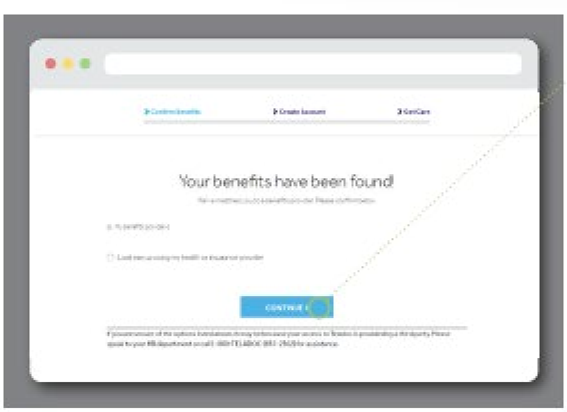
Get started with Teladoc

It's quick and easy to set up your account online. Simply visit the Teladoc® website, click **"Set up account,"** and then follow the instructions below.



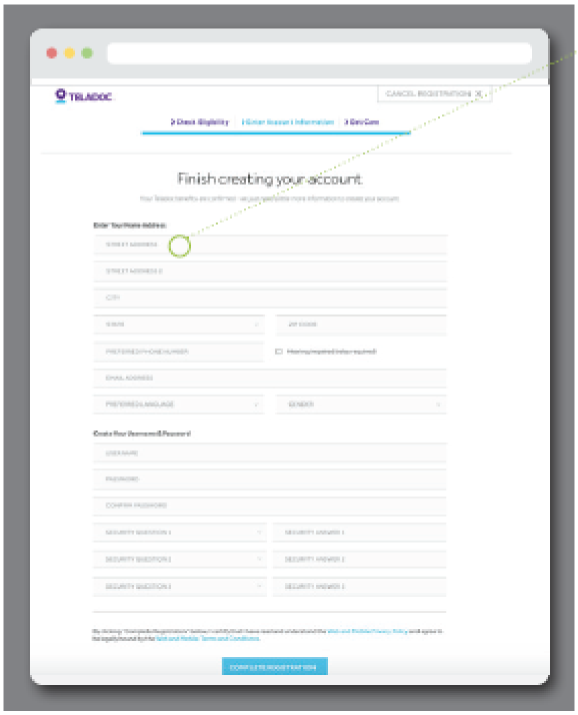
1. Confirm benefits

Provide some information about yourself to confirm your eligibility.



2. Benefit confirmation

We'll confirm that we found your benefits. Click "CONTINUE" and finish creating your account.



3. Create account

Enter your contact information, username, password, and security questions.

Talk to a doctor anytime for $10 per visit.

* HSA Plan: Deductible will have to be satisfied before copay will apply.

1-800-TELADOC (835-2362) | Download the app | Teladoc.com

*Teladoc is not available internationally.

SYMETRA MINIMUM ESSENTIAL COVERAGE & FIXED PAYMENT INDEMNITY

This plan pays 100% of covered preventive care services for all adults and children when you visit an in-network provider in the Symetra network. The benefits package also includes fixed-payment medical coverage called Select Benefits. The benefits in this policy can help reduce out-of-pocket expenses for other types of services, such as non-preventive care doctor visits, hospital stays and more. These two coverages work together as one health care solution called MEC-Select.

Please refer to your Symetra enrollment package for detailed benefits on the plan offered. Payroll deductions listed below.

Services	Your Plan Pays:
Doctor Visit Benefit	$60 per day / $300 per person per calendar year maximum
Outpatient Diagnostic X-Ray and Lab Benefit	$30 per day / $150 per person per calendar year maximum
Outpatient Major Diagnostic Testing Benefit	$300 per day / 1 day per person per calendar year maximum
Emergency Room Benefit	$200 per day / $200 per person per calendar year maximum
Inpatient Hospital Benefits - Hospital Stay - Intensive Care Unit - Substance Abuse Facility - Mental Health Facility (180 day maximum) - Nursing Facility (60 consecutive days per stay maximum. This benefit is only paid if following a covered hospital stay of at least three (3) consecutive days and the insured is under age 65)	500 days per lifetime unless otherwise noted $200 per day / 10 days per person per calendar year maximum $400 per day / 10 days per person per calendar year maximum $200 per day / 10 days per person per calendar year maximum $100 per day / 10 days per person per calendar year maximum $100 per day / 10 days per person per calendar year maximum
Hospital Inpatient Admission Benefit	$500 first day per confinement / 1 admittance per person per calendar year maximum
Surgical Benefit - Outpatient Doctor's Office - Outpatient Surgical Facility - Inpatient Hospital Maximum of one (1) surgical benefit per day, $1,500 combined calendar year maximum per person	 $75 per day $500 per day $1,500 per day
Outpatient Surgical Facility Benefit	$250 per day / 1 day per person per calendar year maximum

SYMETRA MINIMUM ESSENTIAL COVERAGE & FIXED PAYMENT INDEMNITY

Services	Your Plan Pays:
Surgical Anesthesia Benefit **- Outpatient Doctor's Office** **- Outpatient Surgical Facility** **- Inpatient Hospital** **Maximum of one (1) anesthesia benefit surgical procedure day, $375 combined calendar year maximum per person**	 $18.75 per day $125 per day $375 per day
Health Advocate Telehealth Services MeMD (24/7) **Call 866-799-2728 or go online at** **HealthAdvocate.com/Symetra**	The first three (3) visits per month are provided at no cost. Subsequent visits: member pays $45 per visit.
Outpatient Prescription Drug Indemnity Benefit **- Generic** **- Brand**	 $10 per day, 12 days per person per calendar year maximum $30 per day, 12 days per person per calendar year maximum (Max day supply is either 34 days or up to a Qty. of 100, whichever is greater) For 90 day fill: Member must wait to renew script until at least 75% of the 90 day period of time has passed before refilling at Retail or Specialty pharmacy. Day benefit is same as above. Max day supply is 100 For 90 day fill: Member must wait to renew the script until at least 60% of the 90 day period of time has passed before refilling
PPO Network Option	PHCS Limited Benefit Plan

SYMETRA - COST OF COVERAGE

Minimum Essential Coverage (MEC) - Select Benefits Fixed-Payment Medical Insurance- (Rates have remained the same for this coming plan year)

Select Benefits Plan Design for 12204000—WW Healthcare Consultants, LLC/Regency Care

Symetra Minimum Essential Coverage	Bi-Weekly Deduction	
	Non-Tobacco User	Tobacco User
Employee Only	$12.61	$15.99
Employee + Spouse	$45.51	$58.74
Employee + Child(ren)	$25.53	$32.29
Family	$57.51	$73.80

Symetra Minimum Essential Coverage	Semi-Monthly Deduction	
	Non-Tobacco User	Tobacco User
Employee Only	$13.66	$17.32
Employee + Spouse	$49.30	$63.63
Employee + Child(ren)	$27.65	$34.98
Family	$62.30	$79.95

SELECT BENEFITS PRESCRIPTION DRUG COVERAGE

Select Benefits Prescription Drug Coverage

Benefits that fill your prescription needs

We know how important it is for you to stay on top of your prescriptions. That's why we'll make sure you have help with these costs when you need it.

Your health care needs don't stop when you leave the provider's office, and neither should your benefits. Your fixed-payment medical policy provides coverage for your prescriptions, helping you save money at the pharmacy counter. We also offer quick and convenient tools to put you in control of your medication, so you can make informed decisions about which medications you're taking and how much you're paying for them.

Your coverage may include brand names and generics. See your policy for more information.

How it works

Select Benefits pays a fixed, per-day amount whenever you fill one or more prescriptions. This means that no matter how many medications are filled in a single day or how much they cost, you'll receive the same benefit amount for that day.

The amount you receive is based on your plan's prescription benefit, and is paid up to a maximum number of days per calendar year.

Example

You visit your pharmacy on Monday to have a generic prescription filled for $13. Then, you come back on Friday to have two more prescriptions filled, for $25. Select Benefits pays the same amount on each of these days—in this case, $10—even though you filled multiple prescriptions on Friday.

Monday		Friday	
First prescription	$13	First prescription	$5
Select Benefits pays	$10/day	Second prescription	$20
Your out-of-pocket cost	**$3**	Select Benefits pays	$10/day
		Your out-of-pocket cost	**$15**

If your prescriptions cost less than your benefit amount, we will send you a check for the difference. If they cost more, then you are responsible for the remaining balance. Prescriptions must be ordered by a physician and dispensed by a licensed pharmacist or physician.

A convenient way to access and manage your benefits

Symetra Life Insurance Company
First Symetra National Life Insurance Company of New York

Select Benefits

My Group Online (MyGO) is a convenient, user-friendly, online administration tool that allows you to securely access and manage your benefits information from your computer, phone, or tablet.

Your account is available 24 hours a day, 7 days a week.

Learn more at
www.symetra.com/MyGO

Visit www.symetra.com/MyGO to:

Submit a claim

- Fill in your claim details, snap a photo of your itemized bill and hit submit.
- We'll send you a confirmation email letting you know we've got it.

Request an ID card

- Request an ID card via mail directly from your account. Requests are processed the next business day.
- Login to MyGO on your mobile device to generate an on-demand version.

Download forms

- Download and print important forms whenever you need them.

Add MyGO to your favorites for quick mobile access.

Ready to get started?

1. Visit symetra.com/MyGO
2. Create an online profile
3. Use the "My Account" button to log in

Contact your Human Resources representative for more details.

Symetra Life Insurance Company is a direct subsidiary of Symetra Financial Corporation. First Symetra National Life Insurance Company of New York is a direct subsidiary of Symetra Life Insurance Company and is an indirect subsidiary of Symetra Financial Corporation (collectively, "Symetra"). Neither Symetra Financial Corporation nor Symetra Life Insurance Company solicits business in the state of New York and they are not authorized to do so. Each company is responsible for its own financial obligations.

Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. First Symetra National Life Insurance Company of New York, New York, NY. Mailing address: P.O. Box 34690, Seattle, WA 98124.

www.symetra.com
www.symetra.com/ny

Using your Health Advocate programs

Symetra Life Insurance Company

Your coverage includes **24/7 access to value-add benefits and programs** provided by Health Advocate at no additional cost to you. These services can help you and your eligible family members with a wide range of health- and insurance-related issues.

Three ways to get started

1. **Call** toll-free at 1-866-799-2728.
2. **Log in** to **HealthAdvocate.com/Symetra** and register your account using your name, date of birth and ZIP code.
3. **Download** the Health Advocate app from the App Store® or Google Play.™ Enter your company's name to reach the login screen, and then register your account using the method listed above.

Access to a wide range of services, 24/7

EAP+Work/Life™

Unlimited, toll-free access to **licensed professional counselors** and work/life specialists for help with a wide range of family- and work-related issues.

Health Advocacy

A **personal health advocate** can help you with a variety of health and insurance challenges like finding providers and resolving billing and claim issues.

NurseLine™

24/7 access to a **registered nurse** who can provide health and treatment advice or direct you to appropriate care for immediate attention, if needed.

Medical Bill Saver™

Expert negotiators work with providers to **reduce the cost of medical and dental bills** that are not covered by your insurance.

Wellness Coaching

Unlimited, confidential support from a **personal wellness coach** and comprehensive wellness website, to help you maintain optimal health.

Who's eligible?

All programs except Wellness Coaching: Enrolled members, spouses/domestic partners, dependent children, parents and parents-in-law.

Wellness Coaching: Enrolled members, spouses/domestic partners and dependent children age 18+.

continued >

Telemedicine

Reach a national network of licensed, board-certified MeMD medical providers.

Three ways to get started

1. **Log in** to the Health Advocate member website and click the "Telemedicine" button (under "Health") to connect to the MeMD portal.
2. **Talk** to a MeMD provider by calling 1-844-800-7110.
3. **Download** the Health Advocate app and register an account, then access your MeMD services from there.

Get the advice you need, fast.

Evaluation and treatment plan recommendations generally take 45 minutes or less.

24/7 access to a wide range of medical services

- Consultations available via phone, online or through an app
- Diagnosis and treatment plans for common medical conditions:
  - Cold and flu
  - Nausea
  - Allergies
  - Bites and stings
  - Migraines
  - Scrapes and bruises
  - Eye infections
  - And much more
- Electronic prescriptions for certain medications when medically necessary.

Who's eligible?

Enrolled members, spouses/domestic partners, dependent children, parents and parents-in-law.

To learn more about your value-add programs, contact Health Advocate at 1-866-799-2728 or answers@HealthAdvocate.com.

SYMETRA
RETIREMENT | BENEFITS | LIFE

Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
www.symetra.com

WW HEALTHCARE CONSULTANTS WELLNESS PROGRAM

IncentFit *for* WW Healthcare Consultants, LLC

WW Healthcare Consultants is excited to continue a partnership with on-line wellbeing platform, IncentFit in 2022-2023! As you earn rewards for engaging in various healthy activities, we hope that you'll discover other rewards for living a healthy lifestyle along the way.

First time user?: When you log in for the first time, there will be a brief tutorial that will guide you through the system. Once you have familiarized yourself, it's time to break a sweat and start earning rewards! Below is just a sample of all the activities you can track in 2022-2023!

EARN UP TO $250 / YEAR

Attending Gym & Fitness Facilities

Walking (Steps) and Running (Steps)

Bicycling

Completing a Health Risk Assessment

Preventative Care (Physical exam, Dental exam, Vision Exam)

Attending Lunch & Learns

Use this QR code to download the IncentFit app. You can also access IncentFit through IncentFit.com > Log In. When you log in for the first time, there will be a brief tutorial that will guide you through the system. Once you have familiarized yourself, it's time to break a sweat and start earning rewards!

NOTICE REGARDING WELLNESS PROGRAM

WW Healthcare Consultants partners with IncentFit to offer a voluntary wellness program available to all employees on the medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" through IncentFit that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

You are not required to complete the HRA. However, employees who choose to participate in the wellness program and complete the HRA will receive an incentive/s.

Incentives of up to $250 may be available annually for employees who participate in certain health-related activities on the IncentFit platform. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Zahid Kothari at zkothari2@wwhcc.biz.

Protections from Disclosure of Medical Information
We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and WW Healthcare Consultants may use aggregate information it collects to design a program based on identified health risks in the workplace, WW Healthcare Consultants will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) medical professionals such as a registered nurse, doctor, or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

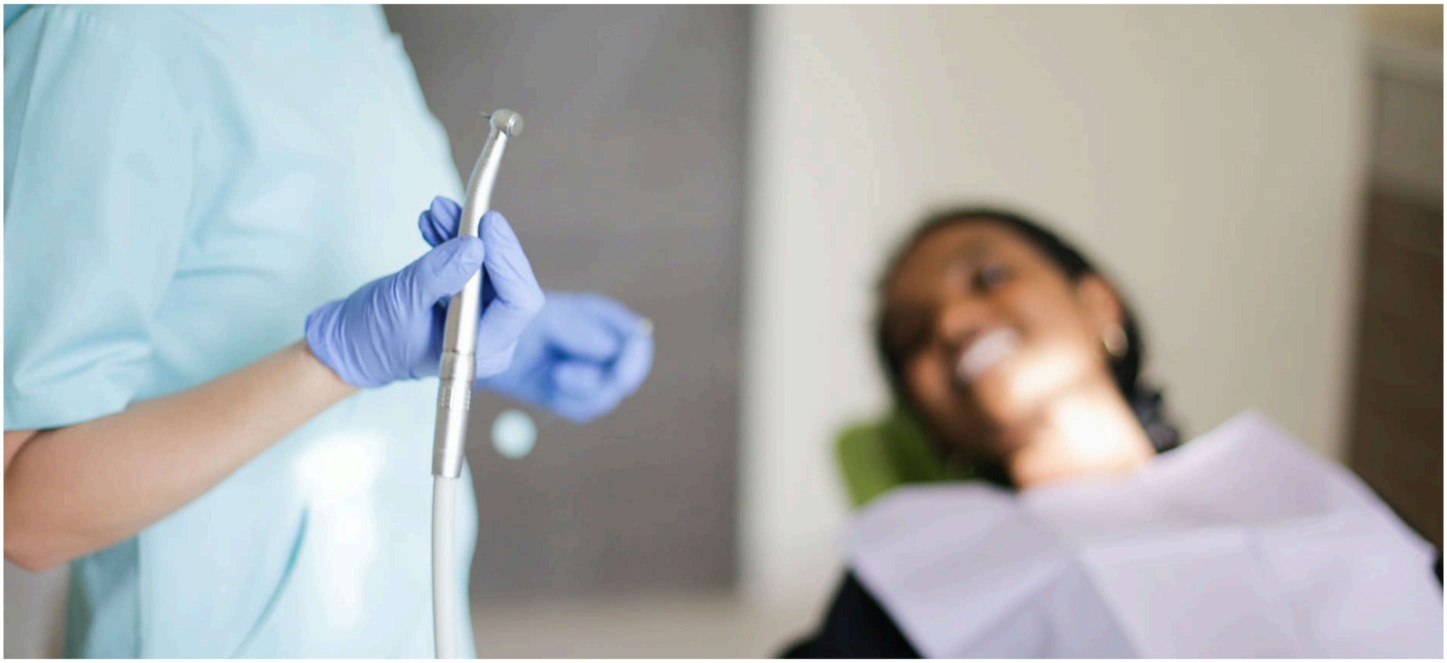
If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Zahid Kothari at zkothari2@wwhcc.biz.

DENTAL INSURANCE – BASE PLAN

WW Healthcare Consultants/Regency Care's dental plan is administered by MetLife. You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits.

Dental Plan		
Services	**In-Network (You Pay)**	**Out-of-Network (You Pay)**
Calendar Year Deductible Individual/Family	$50 / $150	$100 / $300
Calendar Year Maximum	$1,250 per covered individual (applies to preventive, basic and major services)	
Preventive Care Services (Covered services include oral exams, cleanings, x-rays, fluoride treatments, sealants, space maintainers)	Covered at 100%, not subject to deductible	Covered at 100%, not subject to deductible*
Basic Services (Covered services include fillings, oral surgery and general anesthesia)	20% after deductible	50% after deductible*
Major Services (Covered services include endodontics, periodontics, inlays, onlays, bridgework, dentures and implants)	50% after deductible	75% after deductible*
Orthodontia child(ren) up to age 19	50% with a lifetime maximum of $1,000	50% with a lifetime maximum of $1,000

*Out-of-network claims will be paid at 90% of Usual & Customary. Usual & Customary charges are based on prevailing cost of services within geographic areas for the insurance company.



DENTAL INSURANCE – BUY UP PLAN

WW Healthcare Consultants/Regency Care's dental plan is administered by MetLife. You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits.

Dental Plan		
Services	**In-Network (You Pay)**	**Out-of-Network (You Pay)**
Calendar Year Deductible Individual/Family	$50 / $150	$50 / $150
Calendar Year Maximum	$1,750 per covered individual (applies to preventive, basic and major services)	
Preventive Care Services (Covered services include oral exams, cleanings, x-rays, fluoride treatments, sealants, space maintainers)	Covered at 100%, not subject to deductible	Covered at 100%, not subject to deductible*
Basic Services (Covered services include fillings, endodontics, oral surgery and general anesthesia)	20% after deductible	20% after deductible*
Major Services (Covered services include periodontics, inlays, onlays, bridgework, dentures and implants)	50% after deductible	50% after deductible*
Orthodontia child(ren) up to age 19	50% with a lifetime maximum of $1,000	50% with a lifetime maximum of $1,000

*Out-of-network claims will be paid at 90% of Usual & Customary. Usual & Customary charges are based on prevailing cost of services within geographic areas for the insurance company.

VISION INSURANCE

WW Healthcare Consultants/Regency Care's vision plan is administered by MetLife, utilizing the VSP network of providers. You may seek treatment from the provider of your choice, but you will realize your biggest savings by visiting in-network providers whenever possible. Please see the summary below for an outline of covered services.

Vision Plan		
Services	**In-Network (You Pay)**	**Out-of-Network (Reimbursement)***
Eye Exam	$20 copay	Up to $45
Standard Lenses (instead of contacts)		
• Single	$10 copay	Up to $35
• Bifocal	$10 copay	Up to $50
• Trifocal	$10 copay	Up to $65
• Lenticular	$10 copay	UP to $65
• Progressive	Member costs vary by prescription, option chosen and retail locations	Member costs vary by prescription, option chosen and retail locations
Frames (instead of contacts)	$150 allowance, then 20% discount	Up to $55
Contact Lenses (instead of glasses)		
• Elective	$150 allowance	Up to $105
• Medically Necessary**	$10 copay	Up to $210
Frequency	Based on Date of Service	
• Exam	12 months	
• Lenses	12 months	
• Contacts	12 months	
• Frames	24 months	

*Out-of-network amounts are reimbursed to member.

**Contact lenses may be deemed medically necessary when vision cannot be corrected with glasses due to extreme vision problems. Contact lenses will be deemed elective when vision can be corrected by glasses but contacts are worn.

COST OF COVERAGE

MetLife – Base Dental Plan	Bi-Weekly Deduction	Semi-Monthly Deduction
Employee Only	$7.68	$8.32
Employee + Spouse	$17.60	$19.07
Employee + Child(ren)	$20.42	$22.13
Family	$30.03	$32.54

MetLife – Buy Up Dental Plan	Bi-Weekly Deduction	Semi-Monthly Deduction
Employee Only	$15.40	$16.69
Employee + Spouse	$29.86	$32.35
Employee + Child(ren)	$39.70	$43.01
Family	$54.84	$59.42

MetLife – Vision Plan	Bi-Weekly Deduction	Semi-Monthly Deduction
Employee Only	$3.03	$3.29
Employee + Spouse	$5.11	$5.54
Employee + Child(ren)	$5.21	$5.64
Family	$8.24	$8.93

LIFE AND AD&D INSURANCE

Basic Life Insurance

WW Healthcare Consultants/Regency Care provides full-time employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance administered through Lincoln Financial Group. Please remember to review and update your beneficiary designation annually.

Benefit	Basic Life and AD&D Insurance
Employee Life	$10,000
Basic AD&D Amount	Matches Employee Life amount
Age Reduction Schedule	Reduced by 35% at age 65 Reduced by additional 25% at age 70 Reduced by additional 15% at age 75
Waiver of Premium	Yes, if disabled prior to age 60
Conversion Option	Included (must apply within 31 days of termination date)

VOLUNTARY LIFE AND AD&D INSURANCE

Voluntary Life and AD&D Insurance

WW Healthcare Consultants/Regency Care is offering employees who would like to supplement their Basic Term Life and AD&D insurance benefits the opportunity to purchase additional coverage through Lincoln Financial Group. You may elect Voluntary Life and AD&D for yourself, your spouse and your dependents in the amounts shown in the table below. Please note, you must elect Voluntary Life for yourself in order to enroll your spouse and/or eligible dependents. Dependent children are eligible for coverage up to age 25. During the Annual Enrollment period, if already enrolled, you may increase you or your Spouse's amount by 1-2 increments, (shown in chart below) **not to exceed the GI amount**, without EOI.

If you did not purchase voluntary coverage when you first became eligible, or if you were previously denied additional coverage, or you are increasing your coverage to an amount that exceeds the guarantee issue amount, you will need to complete an Evidence of Insurability form. Coverage is subject to approval by Lincoln Financial Group and may be denied.

Benefit	Voluntary Life and AD&D Insurance
Employee Life and Matching AD&D Amount	$10,000 increments up to the lesser of 5x annual earnings or $100,000
Employee Guarantee Issue Amount	Under age 70 - $100,000 Age 70 and over - $20,000
Spouse Life and Matching AD&D Amount	$5,000 increments up to the lesser of 50% of employee amount or $50,000
Spouse Guarantee Issue Amount	Under age 60 - $50,000
Dependent Child and Matching AD&D Amount	$250 – age 14 days to 6 months $10,000 – 6 months to age 19 (up to age 25 if full time student)
Age Reduction Schedule: benefits terminate at retirement or age 80, whichever comes first	Reduced by 35% at age 65 Reduced by additional 25% at age 70 Reduced by additional 15% at age 75
Waiver of Premium	Yes, if disabled prior to age 60
Conversion and Portability Options	Included (must apply within 31 days of termination date)

Voluntary Life and AD&D Insurance	
Employee/Spouse Age	**Monthly Premiums (per $1,000)**
<30	$0.10
30 – 34	$0.11
35 – 39	$0.13
40 – 44	$0.17
45 – 49	$0.22
50 – 54	$0.39
55 – 59	$0.66
60 – 64	$1.02
65 – 69	$1.09
70 – 74	$1.21
75 - 79	$1.07
Child Rate per $1,000	$2.00 per month

*Spouse rate based on Employee's age

VOLUNTARY SHORT-TERM DISABILITY

Voluntary Short-Term Disability

Disability benefits protect a portion of your income in the event of any injury, accident or illness that keeps you from working.

Employees have the option to purchase Voluntary Short-Term Disability (STD) benefits through Lincoln Financial Group. Benefits are provided in the event of becoming disabled for more than 7 days due to a non-work related illness or a non-work related accident or injury. The plan pays 60% of an eligible employee’s pre-disability base weekly earnings, to a maximum of $1,000 per week for a qualified disability.

If you did not enroll when initially eligible, you would have to complete an Evidence of Insurability form (EOI), and be approved for coverage.

Benefit	Voluntary Short-Term Disability
Elimination Period	7 days for accident or illness
Benefits Duration	Up to 13 weeks
Benefits Percentage	60% of weekly income
Maximum Benefit	$1,000 per week
Pre-Existing Conditions*	Pre-existing conditions may not be covered by this plan

*A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the 12 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.

Voluntary Short-Term Disability	
Employee Age	**Monthly Rate per $10 of Weekly Benefit**
<25	$1.087
25 - 29	$1.087
30 – 34	$1.015
35 – 39	$0.920
40 – 44	$0.824
45 – 49	$0.824
50 – 54	$0.908
55 – 59	$1.039
60 – 64	$1.230
65 – 69	$1.409
70 – 74	$1.541
75+	$1.684

Voluntary Short-Term Disability		
Sample Premium Calculation (Based on Employee, age 33)		
Voluntary STD Rate		$1.015
Yearly Salary		$30,000
Weekly Income	$30,000 ÷ 52 weeks =	$576.92
Weekly Benefit Amount	$576.92 x 60% =	$346.15
Monthly Premium	$346.15 x $1.015 ÷ $10 of benefit =	$35.13
Bi-Weekly Premium	$35.13 x 12 months ÷ 26 weeks =	$16.21
Or Semi-Monthly Premium	$35.13 x 12÷ 24 pay periods =	$17.57

VOLUNTARY LONG-TERM DISABILITY

Voluntary Long-Term Disability

Voluntary Long-Term Disability (LTD) Benefits provide continued protection if you are still deemed disabled when STD benefits are exhausted, or for a specified period of time for a qualified disability if you did not elect STD coverage.

Employees have the option to purchase Voluntary Long-Term Disability (LTD) benefits through Lincoln Financial Group. Benefits are provided on the 91st day of disability, payable up to two (2) years. Income loss is replaced at 60% of your base monthly earnings, to a maximum of $5,000 per month for a qualified disability.

If you did not enroll when initially eligible, you would have to complete an Evidence of Insurability form (EOI), and be approved for coverage.

Benefit	Voluntary Long-Term Disability
Elimination Period	90 days
Benefits Duration	Under age 68 – 2 years 68 and over – 1 year
Benefits Percentage	60% of monthly income
Maximum Benefit	$5,000 per month
Definition of Disability	24 months own occupation, thereafter any occupation
Pre-Existing Conditions*	Pre-existing conditions may not be covered by this plan

*A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the 12 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.

Voluntary Long-Term Disability	
Employee Age	**Monthly Rate per $100 of Covered Payroll**
<25	$0.299
25 – 29	$0.299
30 – 34	$0.382
35 – 39	$0.454
40 – 44	$0.717
45 – 49	$1.064
50 – 54	$1.852
55 – 59	$3.382
60 – 64	$5.354
65 – 69	$5.593
70 – 74	$3.454
75+	$3.454

Voluntary Long-Term Disability		
Sample Premium Calculation (Based on Employee, age 33)		
Voluntary LTD Rate		$0.382
Yearly Salary		$30,000
Monthly Salary	$30,000 ÷ 12 months =	$2,500
Monthly Covered Payroll		$2,500
Monthly Premium	$2,500 x $0.382 ÷ $100 of monthly salary =	$9.55
Bi-Weekly Premium	$9.55 x 12 ÷ 26 pay periods =	$4.41
Or Semi-Monthly Premium	$9.55 x 12 ÷ 24 pay periods =	$4.78

Lincoln Financial Group

Employee Assistance Program

The resources you need to meet life's challenges

EmployeeConnect℠ offers professional, confidential services to help you and your loved ones improve your quality of life.

In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*℠, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings

Unlimited 24/7 assistance

You and your family can access the following services anytime — online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

Online resources

EmployeeConnect℠ offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNow℠ mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more

EmployeeConnect℠

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
Lincoln Life Assurance Company of Boston

LTD-EAPEE-FLI001_Z01

We partner with your employer to offer this service at no additional cost to you!

*EmployeeConnect*SM counselors are experienced and credentialed.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

You'll receive customized information for each work-life service you use.

To take advantage of the *EmployeeConnect*SM program or for more information: Visit GuidanceResources.com (username: LFGSupport, password: LFGSupport1), download the GuidanceNowSM mobile app or call 888-628-4824.

LincolnFinancial.com

LCN-2836182-112019
MAP 12/19 **Z01**
Order code: LTD-EAPEE-FLI001

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*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com (username: LFGSupport ■ password: LFGSupport1)
- Download the GuidanceNowSM mobile app
- Call 888-628-4824

LINCOLN FINANCIAL INFORMATION

Lincoln Financial Group

Life Insurance

Because life doesn't always go as planned.

No matter how well you plan, unexpected challenges will arise. When they do, help and support are nearby — thanks to *LifeKeys*® services from Lincoln Financial Group.

LifeKeys® services include:

Save money on shopping and entertainment

You have access to GuidanceResources® Online that includes 24/7 access to the Working Advantage discount network. You can save up to 60% on a variety of products and services, such as electronics, health and fitness, Broadway shows and much more. Also available in the GuidanceNow mobile app.

Help with important life matters

You'll find supportive tools and advice on a wide range of topics — including legal, financial, family and career on GuidanceResources® Online. It's one way to stay "in the know" on matters that impact your personal and professional life.

Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. LifeKeys includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.

Online will preparation

Creating a will allows you to make vital decisions ahead of time — such as naming a guardian for your children or designating who will receive your property and assets after you pass away. Without a will, state officials will distribute your estate. EstateGuidance® offers you a quick and easy way to create and execute a will so you can rest easy knowing you've planned ahead for your family.

Guidance and support for your beneficiaries

LifeKeys' comprehensive program offers resources to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters and help coping with the occasional challenges of day-to-day life.

When you're enrolled in life or AD&D insurance, you have access to a wide range of services to help you and your loved ones through life's most important matters.

For your beneficiaries: help, guidance and support at a difficult time

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. *LifeKeys*® services can be a welcome resource for your beneficiaries.

These services are available for up to one year after a loss. Your beneficiaries will have access to six in-person sessions for grief counseling, legal, or financial information and unlimited phone counseling.

Grief counseling—advice, information and referrals on:

- Grief and loss
- Stress, anxiety and depression
- Memorial planning information
- Concerns about children and teens

Legal support—quick access to legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents your beneficiaries need

Financial services—online resources or advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

Help with everyday life—comprehensive information on:

- Planning a memorial service
- Finding child care or elder care
- Financing your home
- Moving and relocation
- Making major purchases

It's easy to access LifeKeys® services. Just visit GuidanceResources.com, download the GuidanceNow mobile app, or call 1-855-891-3684. (First-time user: Enter Web ID LifeKeys)

LincolnFinancial.com

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LCN-2547049-051719
MAP 1/20 **Z02**
Order code: LFE-LKEYE-FLI001

Lincoln Financial Group®

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Lincoln Financial Group®

Caring support and assistance when you travel.

TravelConnect is a comprehensive program that can bring help, comfort, and reassurance if you face a medical emergency while traveling 100 or more miles from home. Whether traveling for business or leisure, if you are enrolled in life and/or AD&D insurance, you and your loved ones can count on *TravelConnect* for responsive and caring support — 24 hours a day, 7 days a week.

You can count on *TravelConnect* services to:

Coordinate and provide transportation from an initial medical facility that cannot adequately treat the patient due to their condition.

Coordinate travel and airfare for your dependent children.* This includes the services, transportation expenses and accommodations of a qualified escort.

TravelConnect will also coordinate and pay for a safe evacuation due to natural disaster, or when a political or security threat occurs.

Medical care, and travel services recovery. Assistant services include, but are not limited to:

- Medical record requests
- Intermediary services
- Recovering lost or stolen documents or luggage
- Medical and dental referrals
- Language translation
- Corrective lenses and medical device replacement
- Arrangements for a deceased traveler

For a complete list of *TravelConnect* services, go to mysearchlightportal.com and enter your group ID: LFGTravel123.

TravelConnect® services

Make travel less stressful.

We're here to assist you with:

- Emergency pet boarding and/or return
- Return of traveling companion
- ID recovery assistance
- Vehicle return
- Emergency travel arrangements
- Lost or stolen travel documents
- Language translation services
- Medical and dental referrals
- Corrective lens and medical device replacement
- Medication and vaccine delivery
- Evacuation coordination for an emergency security or political event, or natural disaster*
- Destination information

Detach and keep this card with you at all times.

Lincoln Financial Group® TravelConnect®

Global Assistance Program

Provided by On Call International

Medical, Security, & Travel Assistance Services for Participants Traveling 100+ Miles from Home

Visit https://mysearchlightportal.com and enter Group ID #: LFGTravel123 for access to Plan Documents, International Calling Instructions, and Destination Information.

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life Assurance Company of Boston

LFE-TRAV-FLI001_Z08

Travel assistance services are subject to specific terms, conditions, and limitations. If you need assistance, call On Call International immediately for benefits verification and procedures. Multilingual representatives are available 24 hours a day, seven days a week. A program description is available at **mysearchlightportal.com**. To use *TravelConnect*®services, call On Call International at 866-525-1955.

LincolnFinancial.com

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LCN-2297426-102918
POD 3/19 **Z08**
Order code: LFE-TRAV-FLI001

Lincoln Financial Group®

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York.

TravelConnect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations.

*On Call International must coordinate and provide all arrangements for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions and limitations.

Not for use in New York.

Page 2 of 2

Detach and keep this card with you at all times.

If you need Medical, Security or Travel assistance, regardless of the nature or severity of your situation, **contact On Call 24 hours a day:**

Call collect from anywhere in the world:
+1.603.328.1955
Call toll free from US or Canada:
1.866.525.1955

Email:
mail@oncallinternational.com

Global Assistance Services must be coordinated and approved by On Call in order to be covered.
See your **Plan Description** for full terms and conditions of the services offered in your plan.

ON CALL

On Call International
A member of the **Tokio Marine HCC** group of companies

Don't Wait for the Emergency to Happen

4 out of 5 pets will have an unexpected emergency.

Even after paying a monthly premium for 3 years and submitting no claims, pet insurance can lead to substantial long-term savings.

Without Spot Pet Insurance you would pay: $5000

With Spot Pet Insurance you would pay: $2000

Spot Helped You Save: $3000

Get Up to *90% Cash Back* on Vet Bills

Claim example illustrates eligible vet bills reimbursed at a 90% reimbursement rate. The annual deductible had already been satisfied, and the annual limit had not been met. Coverage varies based on plan options.

Sign Up and Save With Your Discount

https://spotpet.link/wwhcc

When Calling, Use Priority Code: EB_WWHCC | 800.905.1595

Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms visit spotpetins.com/sample-policy. Products, schedules, discounts, and rates may vary and are subject to change. More information available at checkout.
Insurance plans are underwritten by either Independence American Insurance Company (NAIC #26581. A Delaware insurance company located at 11333 N. Scottsdale Rd, Ste. 160, Scottsdale, AZ 85254) or United States Fire Insurance Company (NAIC #21113. Morristown, NJ), and are produced by Spot Pet Insurance Services, LLC. (NPN # 19246385. 990 Biscayne Blvd Suite 503, Miami, FL 33132. CA License #6000188).

4 0 1 (K) R E T I R E M E N T S A V I N G S P L A N

WW Healthcare offers a 401(k) Retirement Savings Plan with T. Rowe Price.

WW's 401(k) plan is a valuable benefit offered to employees. It can help you put money aside for a financially secure retirement. The plan allows you to save for retirement now so that there will be income set aside after an employee stops working. Participation is easy; you can contribute either pre-tax or post-tax to your 401(k) account each pay date. These contributions are then applied to the investment options that you select. Enrollment to the 401(k) plan is in January and July. However, you can make adjustments to current contribution amounts at this time, if you desire.

Company Match: Your 401(k) contributions may receive a discretionary match. This will be determined at the end of each plan year and provided to employees after meeting the following requirements:

- You are age 21
- You have completed 1 year of service (12 consecutive months working at least 1,000 hours)
- You are still employed as of the end of the plan year (December 31st)

Please contact your local/facility Payroll and Benefits Coordinator for 401(k) information, if interested.

TERMINOLOGY TIP SHEET

Annual Limit
A cap on specific benefits your insurance plan will pay for services in a year while you're enrolled in a particular health insurance plan. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for that particular service for the rest of the year.

Brand Formulary Drugs
The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Coinsurance
Your share (a percentage) of costs of a covered health care service you must pay after you have met your deductible.

Copayment
A fixed amount ($20, for example) you pay for a covered health care service.

Deductible
The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Many plans pay for in-network preventive care before you meet your deductible or may pay the balance for a service, after you pay a copayment, prior to satisfying the deductible. Some of your dental options also have a deductible.

Generic Drugs
These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs
Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

In-Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. These providers agree to accept pre-determined rates when servicing members, and will cost you the least out-of-pocket.

Non-Formulary Drugs
These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost to you.

Out-of-Pocket Maximum
The most a plan member must pay towards covered medical expenses in a benefit period for both in-network and out-of-network services. Once you meet this out-of-pocket maximum, the plan pays 100% of the cost of covered services for the remainder of the benefit period.

Patient Protection and Affordable Care Act (ACA)
The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Primary Care Physician (PCP)
The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Qualifying Life Event (QLE)
An occurrence that qualifies the subscriber to make an insurance coverage change, most often to pre-tax benefits, outside of Open Enrollment.

Specialty Drugs
Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions. Injectable drugs are an example of Specialty Drugs.

For a full glossary of terminology visit: https://www.healthcare.gov/glossary/

CONTACT INFORMATION

Service	Vendor	Phone Number	Website
Benefits & Payroll	Zahid Kothari	828-324-8898 ext. 247	zkothari2@wwhcc.biz
Medical Plan	UMR	1-800-826-9781	www.umr.com Medical Policy # 76-413044
Prescription Drugs	OptumRx	1-877-559-2955	www.optumrx.com
MEC Plan	Symetra	1-800-497-3699	www.symetra.com
Health Savings Account (HSA)	Optum Bank	1-866-234-8913	www.optumfinancial.com
Dental	MetLife	1-800-275-4638	www.metlife.com/mybenefits Group # 5973899
Vision	MetLife	1-800-275-4638	www.metlife.com/mybenefits Group # 5973899
Life or Disability	Lincoln Financial	800-423-2765	www.lincolnfinancial.com ID # DOMIIONMG
401(K)	T. Rowe Pric	800-354-2351	Troweprice.com/mobilesolutions rps.troweprice.com

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.

NOTES

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