



# BETTER HEALTH TOGETHER BENEFITS AT A GLANCE



This summary provides a brief overview of the employee benefits provided to eligible employees, generally working 20 or more hours per week. New employees are eligible for benefits the first of the monthly following date of hire. Eligible dependents include your spouse and children up to age 26.

Refer to the Benefit Summary for additional details on eligibility, benefit coverage details, and plan limits.

| MEDICAL/VISION                             | ASURIS PLATINUM 250 PPO PLAN                                   |   |
|--|--|---|
|  | In-network   | Out-of-network                              |
| <b>Deductible</b>                          |  |   |
| Individual                                 | \$250  | \$3,000                                     |
| Family                                     | \$500  | \$6,000                                     |
| <b>Out-of-Pocket Limit</b>                 |  |   |
| Individual                                 | \$4,000  | \$10,000                                    |
| Family                                     | \$8,000  | \$20,000                                    |
| <b>Coinsurance</b>                         | 10%  | 50%   |
| <b>Office Visit</b>                        |  |   |
| Primary Care                               | \$20 copay   | 50% after deductible                        |
| Specialist                                 | \$30 copay   | 50% after deductible                        |
| Urgent Care                                | \$30 copay   | 50% after deductible                        |
| <b>Routine Preventive Exam</b>             | Covered in full  | 50% after deductible                        |
| <b>Chiropractic</b><br>(up to 10 per year) | \$20 copay   | 50% after deductible                        |
| <b>Diagnostic X-Ray &amp; Lab</b>          | Simple: covered in full<br>Major: 10% after deductible         | 50% after deductible                        |
| <b>Inpatient Hospital Services</b>         | 10% after deductible   | 50% after deductible                        |
| <b>Outpatient Surgery</b>                  | 10% after deductible   | 50% after deductible                        |
| <b>Emergency Room</b>                      | \$250 copay then 10% after in-network deductible               |   |
| <b>Retail Prescriptions</b>                |  |   |
| Preferred Generic                          | \$8 copay  | \$8 copay                                   |
| Generic                                    | \$30 copay   | \$30 copay                                  |
| Preferred Brand                            | \$30 copay   | \$30 copay                                  |
| Brand                                      | 50%  | 50%   |
| Preferred Specialty                        | 20%  | 20%   |
| Specialty                                  | 50%  | 50%   |
| # of Days Supply                           | 30 days  | 30 days                                     |
| <b>Mail Order Prescriptions</b>            | 2 x retail copay (Brand Rx 45% coinsurance)                    | 2 x retail copay (Brand Rx 45% coinsurance) |
| # of Days Supply                           | 90 days (specialty 30 days)                                    | 90 days (specialty 30 days)                 |
| <b>Vision</b>                              |  |   |
| Exam                                       | Covered in full  | Covered in full up to \$45                  |
| Hardware                                   | Frames or contacts: \$150 allowance<br>Lenses: covered in full | See plan SBC for reimbursement amounts      |
| Frequency<br>(exam/hardware)               | Once every year  | Once every year                             |

| DENTAL                  |  | DELTA DENTAL OF WASHINGTON PLAN                       |                                |
|-------------------------|--|---|--------------------------------|
|                         |  | In-network  | Out-of-network                 |
| <b>Deductible</b>       |  |   |                                |
| Individual              |  | \$50  | Combined with in-network       |
| Family                  |  | \$150   | Combined with in-network       |
| <b>Annual Maximum</b>   |  |   |                                |
| Individual              |  | \$2,000<br>(applies to basic and major services only) | Combined with in-network       |
| <b>Preventive</b>       |  |   |                                |
| Exams                   |  | Plan pays 100%  | Plan pays 80%                  |
| Cleanings               |  | Plan pays 100%  | Plan pays 80%                  |
| Periodontal Maintenance |  | Plan pays 100%  | Plan pays 80%                  |
| X-rays                  |  | Plan pays 100%  | Plan pays 80%                  |
| <b>Basic</b>            |  |   |                                |
| Fillings                |  | Plan pays 80% after deductible                        | Plan pays 70% after deductible |
| Endodontics             |  | Plan pays 80% after deductible                        | Plan pays 70% after deductible |
| Periodontics            |  | Plan pays 80% after deductible                        | Plan pays 70% after deductible |
| <b>Major</b>            |  |   |                                |
| Crowns                  |  | Plan pays 50% after deductible                        | Plan pays 40% after deductible |
| Implants                |  | Plan pays 50% after deductible                        | Plan pays 40% after deductible |
| Dentures                |  | Plan pays 50% after deductible                        | Plan pays 40% after deductible |
| <b>Orthodontia</b>      |  |   |                                |
| Lifetime Maximum        |  | Plan pays 50% up to \$2,000                           | Combined with in-network       |
| Adults                  |  | Covered   | Covered                        |
| Children                |  | Covered   | Covered                        |

| LIFE AND DISABILITY                          | PRINCIPAL FINANCIAL  |
|--|--|
| <b>BASIC LIFE AND AD&amp;D INSURANCE</b>     | 2 x covered annual earnings up to \$300,000. The guaranteed amount is \$50,000. Better Health Together pays for the premiums on this coverage.   |
| <b>SHORT TERM DISABILITY</b>                 | Replace 60% of covered weekly earnings (maximum \$1,500 per week) for up to 11 weeks of disability. Better Health Together pays for the premiums on this coverage.   |
| <b>LONG TERM DISABILITY</b>                  | Replace 60% of covered monthly earnings (maximum \$6,000 per month) up to your Social Security normal retirement age. Better Health Together pays for the premiums on this coverage.   |
| <b>VOLUNTARY LIFE AND AD&amp;D INSURANCE</b> | <p><b>Employee:</b> \$10,000 - \$300,000 (increments of \$10,000). The guaranteed amount is \$70,000.</p> <p><b>Spouse:</b> \$5,000 - \$100,000 (increments of \$5,000; may not exceed 100% of employee amount). The guaranteed amount is \$20,000.</p> <p><b>Children:</b> \$2,500, \$5,000, or \$10,000</p> <p>Currently enrolled employee/spouse may increase current election by up to two increments up to the guaranteed issue without evidence of insurability.</p> <p>You pay the cost of this coverage.</p> |

This 2021 Benefits at a Glance is an overview of benefits effective from December 1, 2021 through November 30, 2022 and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.