

2024 Employee Benefits

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY

Switchpoint strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits Switchpoint offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on January 1, 2024.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

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Contact Information

Friends of Switchpoint Maren Fisher #435-562-5444 X105 Sally Terrazas #435-562-5444 X106 Elizabeth Kramer (SLC) #385-355-1274 hr@switchpointcrc.org

Leavitt Group Insurance Austin Guymon #435-862-0149 austin-guymon@leavitt.com Karen Hawks #435-216-5321 karen-hawks@leavitt.com

WHO IS ELIGIBLE?

If you're a full-time employee at Switchpoint, you're eligible to enroll in the benefits outlined in this guide. Fulltime employees are those who work 30 or more hours per week.

- Full Time New Hire Waiting Period: Benefits- 1st of the month following 60 days of hire date. Must elect benefits within 2 weeks of receiving Benefit Notification Email.
- **Part-Time moving to Full-Time Waiting Period**: Eligible for benefits first day of the month after 30 days of becoming a full-time employee. Must have already been with company for at least 60 days. Must elect benefits within 2 weeks of receiving Benefit Notification Email.

WHEN TO ENROLL

Open enrollment begins on **November 14th and runs through December 1st**. The benefits you choose during open enrollment will become effective on **January 1st**.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

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

You Must notify your Human Resources Department within 30 days along with any documentation within 30 days of the event.

UNDERSTANDING THE LANGUAGE

- **Network**: Set of Providers that have agreed to contract with your insurance company to provide services at a discount amount. Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.
- **Explanation of Benefits (EOB)**: Every time you use your insurance, you will receive a notification of Claim filed and Explanation of Benefits from your insurance carrier. The EOB explains how the claim was paid.

- Allowed Amount: The discounted amount an In Network Provider has agreed to accept as payment in full for services.
- **Balance Billing**: The amount over the Allowed Amount that you may be charged when using an Out of Network Provider.
- **CoPay**: A fixed amount that you may pay for services such as Office Visits and Prescriptions.
- **Deductible**: The amount you are responsible for certain services before the Insurance Carrier pays anything.
- Out of Pocket Maximum: The Maximum amount that you are required to pay each year for services.

UNDERSTANDING THE PROCESS

When you visit a provider, present him/her with you Medical Card. The provider may ask you to pay any applicable copay, deductible, etc.

The provider will submit your claim to your insurance company.

The insurance company will process the claim.

You will receive notification of claim(s) filed from the insurance company.

The insurance company will send their payment; if any, to the provider.

The provider will send you a statement for any remaining charges. Be sure to compare your claim(s) with the provider's statement before sending payment.

WHY MAKE AN ACCOUNT?

By creating an account, you are able to access a wide range of information and help when it comes to both your medical and voluntary benefits. Below are just a few examples:

- Access to Telemedicine (see page 9 for more details)
- Manage your HSA balance and check your current deductible
- Access to an online insurance card
- Claims Information
- Steps Tracking (see page 9) and so much more!

EVERY FULL-TIME EMPLOYEE MUST EITHER ENROLL OR DECLINE THE OFFERED COVERAGE DURING THEIR OPEN ENROLLMENT OR NEW HIRE WINDOW

**ALL EMPLOYEES MUST VERIFY AND UPDATE THEIR ADDRESS & CONTACT INFORMATION IN EMPLOYEE NAVIGATOR

EMPLOYEE NAVIGATOR COMPANY IDENTIFIER: FriofSwi2022

Employee Navigator

ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

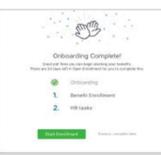
Go to www.employeenavigator.com and click LogIn

- Returning users: Log in with the username and password you selected. Click Reset a forgotten password.
- First time users: Click on your Registration Link in the email sent to you by your admin or Register as a new user. Create an account, and create your own username and password.



Step 2: Welcome!

After you login click Let's BegIn to complete your required tasks.



Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

If you hit "Dismiss, complete later" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "Start Enrollments"



Enrollment Instructions

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under Who am Lenrolling?

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click Select Plan underneath the plan cost.

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How much w	ill it cost?	
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Click Save & Continue at the bottom of each screen to save your elections.

Who am I enrolling?

Ekzabeth Reynolds (Spouse)

C Gwen Reynolds (Child)

🏝 Myself

If you do not want a benefit, click Don't want this benefit? at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

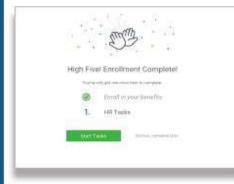


Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click Sign & Agree to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see Enroliment Not Complete in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



Step 8: HR Tasks (If applicable)

To complete any required HR tasks, click Start Tasks. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

2024 RATES

Benefit	Plan	Coverage	Total Monthly Premium	Employer Monthly Contribution	YOUR Per Paycheck Contribution
Medical MotivHealth	H.S.A \$2,000 Wise Network	Single Employee + Spouse Employee + Child(ren) Family	\$491.12 \$1080.56 \$982.23 \$1326.07	\$491.12 \$944.54 \$868.90 \$1133.39	\$0.00 \$136.02 \$113.33 \$192.68
Dental Principal	Voluntary PDP Network	Single Employee + Spouse Employee + Child(ren) Family	\$32.02 \$59.15 \$106.01 \$106.01	\$0	\$14.78 \$27.30 \$48.92 \$48.92
Vision Principal	Voluntary PPO Network	Single Employee + Spouse Employee + Child(ren) Family	\$8.04 \$14.64 \$16.53 \$24.84	\$0	\$3.71 \$6.75 \$7.63 \$11.46
Voluntary Short Term Disability Principal	Voluntary	Employee Only	\$.34/\$10 of covered benefit		\$.34/\$10 covered benefit Your cost will be calculated for you in Employee Navigator
Voluntary Long Term Disability Principal	Voluntary	Employee Only	See Page 14 for Rates		
Voluntary Life and AD&D Principal	Voluntary	Employee Employee + Spouse Employee+ Child(ren)	See page 13-14 for Rates		

HEALTH INSURANCE

motivhealth

	H.S.A \$2,000	
Services	In Network	Out of Network
Deductible (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000
Physician Visit Copay (Primary/Specialist)	20% AD	40% AD
Hospitalization	20% AD	40% AD
Preventive Care	Covered 100% 40% AD	
Emergency Room Copay	20% AD 20% AD	
Out-of-pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$10,000/\$20,000
Prescription Drugs - Generic - Preferred - Non-preferred	20%AD	40%AD
Telemedicine	Covered 100% N/A	

**Full-Time employees that decline health insurance because they are covered under a spouse or parent's
QUALIFYING plan, may be eligible to receive a \$125 per paycheck Opt-Out Contribution.
** This contribution will begin no sooner than the month the employee is eligible for benefits, and not until the
Opt-Out Contribution form + Proof of insurance is received by HR/Payroll.



Scan Here or Go to: https://findprovider.motivhealth.com/?networkId=TAC

EXCLUSIVE COST SAVING PROGRAMS THROUGH MOTIV HEALTH

Telemedicine:

- What? Telemedicine is a quick and easy way to get connected to a licensed medical professional who can treat, diagnose, and prescribe for most non-emergent situations (ear ache, allergies, bronchitis, UTI, etc.) at no cost to you. 8am-8pm 7 days a week.
- How? Visit your member portal (member.motivhealth.com). Click on "Virtual Doctor Visits". You will be taken to a form titled "Appointment Scheduling". Fill in the requested patient information. You will be able to select a time for your appointment. Call anytime with questions 844-234-4472 or use the link to this video <u>https://vimeo.com/859832005?share=copy</u>

Smart Pay:

- What? Utilize Smart Pay before your next planned procedure to save on average \$2,500 and earn an incentive ranging on \$100-\$3,000. By choosing a Smart Pay eligible provider/location you can significantly reduce your out-of-pocket expenses.
- How? Call Motiv's Personal Health Assistants at 844-234-4472 prior to scheduling a planned medical procedure. Choose a preferred high-quality provider (high cost ≠ high quality). Receive the medical care you need. Call the number above with any questions or use the link to this video <a href="https://www.https://www.ntman.com/receive-https://www.ntman.com/recei

RX / Diabetes Assistance:

- What? If you or a covered dependent needs a prescription that costs \$200 or more a month, including insulin or any diabetes testing supplies, the RX program may be able to lower or eliminate your out-of-pocket prescription costs.
- How? Call the Pharmacy Team at 385-247-1030 to see if you qualify. You can also use this link to learn more https://vimeo.com/765541122

Steps Program:

- What? Earn \$1 for every day you walk 8,000 or more steps, up to 20 days per month. Earnings are deposited into your HSA directly. Plus an extra \$10 bonus if you participate in the month of December for a total of \$250/year. If you get your spouse to participate, you can double your money to total up to \$500/year!
- How? Go to member.motiv.com and log in or create an account if it's your first time. Choose a steps device. If you don't already own a device that tracks your steps, Motiv can provide you with one. You will be prompted to download the steps app, allow your device to sync with the app. Log your steps and start earning some money. Call 844-234-4472 for any questions or use the video link to learn more https://vimeo.com/340708953

Motiv University:

- What? Earn up to \$50 in your HSA for attending MotivU, Motiv's online "university" and learning more about how your Motiv health plan works. Have your spouse complete the course for them to earn \$50 as well.
- How? Simply go to motivhealth.com/motivu and click the "Get Started" button. Log in to your member account, complete the courses, and earn money. You can call 844-234-4472 with any questions or visit this link for more information <u>https://vimeo.com/765540937</u>

HEALTH SAVINGS ACCOUNTS

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).

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.

The maximum amount that you can contribute to an HSA in 2024 is **\$4,150** for individual coverage and **\$8,300** for family coverage.

Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of **\$1,000**. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

"Switchpoint will contribute \$50 per paycheck to the HSA of Full-Time employees" that elect Motivhealth HSA \$2000 plan

Access/Create Account: <u>www.motivhealth.com</u>

Member Services: Provider Search: www.motivhealth.com

Member Services: 844-234-4472

Principal®

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

We're happy to say that there was a cost reduction to your dental benefits for 2024. The following chart outlines the dental benefits we offer.

TYPE OF SERVICE	AMOUNT YOU PAY
Preventive Services	Exams, cleanings, X-rays Preventive: Covered 100%
Deductible	Annual Deductible: \$50/\$150
Basic Services	Fillings, simple extractions 20% AD
Major Services	Oral surgery, root canal, crowns 50% AD
Annual Maximum	Calendar Year Maximum: \$1,500



Scan Here or Go to: https://www.principal.com/find-dentist

VISION INSURANCE

Switchpoint vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:

Services	In Network	Out of Network
Exams	\$10 Co-Pay	\$45 Allowance
Lenses: Single Bifocal Trifocal	\$10 Co-Pay \$30 Allowance \$10 Co-Pay \$50 Allowance \$10 Co-Pay \$65 Allowance	
Frames	\$150 Allowance \$70 Allowance	
Contact Lenses	\$150 Allowance	\$105 Allowance



Scan Here or Go to: https://www.vsp.com/eye-doctor

Voluntary Life and AD&D

	Employee	Spouse
Life benefit	Employees choose to purchase benefits in \$10,000 increments. Minimum amount: \$10,000	Eligible spouses choose an amount in \$5,000 increments. Minimum amount: \$5,000
	Maximum amount: \$500,000	Maximum amount: Up to \$100,000. Employee coverage is required for spouse to elect coverage. Spouse benefits cannot exceed 100% of the employee's coverage.
Accidental Death and Dismemberment	Included. Benefit equal to the base voluntary term coverage. This is automatically included for employees electing voluntary term life insurance.	Included. Benefit equal to the base voluntary term coverage. This is automatically included for employees electing spouse voluntary term life insurance.
Benefit age reduction	35% reduction of benefits at age 65 and an additional 15% reduction at age 70 Age reductions apply to the benefit amount after proof of good health.	35% reduction of benefits at age 65 and an additional 15% reduction at age 70 Age reductions apply to the benefit amount after proof of good health.
Proof of good health	than: Under age 70: \$150,000 Age 70 and over: \$10,000	Required for life insurance amounts greater than: Under age 70: \$30,000 Age 70 and over: \$10,000 Guaranteed coverage may be limited to the amount insured under the prior carrier based upon the method of enrollment.

For eligible children 14 days of age or older, employees may elect coverage in the amount of:

- \$2,000, or
- \$4,000, or
- \$5,000, or
- \$10,000

For eligible children under 14 days of age, employees who elect child coverage receive \$1,000 of coverage.

Child benefits cannot exceed 100% of the employee's coverage.

Voluntary term life monthly rate ¹ per \$1,000 all members			
Age	Employee	Spouse	
29 & under	\$.066	\$.066	
30 - 34	\$.076	\$.076	
35 - <u>3</u> 9	\$.119	\$.119	
40 - 44	\$.181	\$.181	
45 - 49	\$.279	\$.279	
50 - <mark>5</mark> 4	\$.453	\$.453	
55 - 59	\$.717	\$.717	
60 - 64	\$1.091	\$1.091	
65 - 69	\$1.833	\$1.833	
70 & over	\$3.241	\$3.241	

Rate guarantee: two years, unless volume increases or decreases by more than 25%

¹Voluntary term life rates do not include the AD&D rate. The spouse is charged based upon his/her individual age.

Child(ren) monthly rate:

\$2,000 of coverage for \$0.40 per family

\$4,000 of coverage for \$0.80 per family

\$5,000 of coverage for \$1.00 per family

\$10,000 of coverage for \$2.00 per family

Voluntary Accidental Death and monthly rate per \$1,000 all members	Dismemberment (AD&D)	
Employee and spouse	\$.031	

AD&D is automatically added to any voluntary term life benefit elected. Employee and spouse are charged separately.

Voluntary long-term disability % of CME ¹		
Age	Monthly rate	
24 & under	\$.10	
25 - 29	\$.12	
30 - 34	\$.18	
35 - 39	\$.16	
40 - 44	\$.24	
45 - 49	\$.29	
50 - 54	\$.40	
55 - 59	\$.51	
60 - 64	\$.48	
65 - 69	\$.98	

Voluntary Short-Term Disability

Eligibility	All Full-time
Weekly Benefit Amount	60% of Salary up to \$750per week
When do Benefits begin?	Benefits begin on the 15 th day after loss of work and earnings due to an accident or illness
Benefit Duration	Coverage lasts for 11 weeks
Rates	\$.34/\$10 covered benefit

Voluntary Long-Term Disability

Eligibility	All Full-time
Weekly Benefit Amount	60% of Salary up to \$4,000 per month
Elimination Period	90 days
Benefit Duration	Coverage lasts for 24 weeks
Rates	See Page 14

Your cost will be calculated for you in Employee Navigator

Access/Create Account: <u>www.principal.com</u>

Provider Search: <u>https://www.principal.com/find-dentist</u> or <u>https://www.vsp.com/eye-doctor</u>

Member Services: 800-843-1371

Notes