

# employee benefits guide



2025







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### Do you need help or have questions?

You can reach out to your insurance company or benefit provider using the contact numbers provided on page 3.

If your issues are still not resolved, please contact your IMA Employee Advocate.





## **At Friends of Switchpoint, we believe employees are the foundation of our success.**

Friends of Switchpoint is pleased to offer you a selection of comprehensive, high quality employee benefits for eligible employees and their dependents. This enrollment guide is designed to help you understand the options available.

### **Who is eligible?**

- + Full-time employees who actively work at least 30 hours per week;
- + Your legal spouse or domestic partner;
- + Your natural born children, current stepchildren, or legally adopted children up to age 26;
- + Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

### **If you're enrolling a domestic partner...**

IRS and some state regulations require that you pay your cost for domestic partner coverage with after-tax dollars. The portion of the cost that the company pays is also subject to income and Social Security taxes. This amount is referred to as imputed income. Please consult your tax advisor for details.

### **When does coverage begin for New Hires?**

Coverage begins on the first day of the month following 60 days from your date of hire. You must be actively at work for your coverage to become effective.

## What do I need to consider for Open Enrollment?

When choosing your insurance coverage for 2025, review the benefit options available to you and make the elections that are right for you and your family.

- + How much do you want to contribute to the health care account that works with your medical plan?
- + Do you need dental or vision coverage?
- + Do you need to cover eligible family members under your insurance benefits?
- + Do you want to purchase supplemental life or disability insurance?
- + Do you have upcoming life events to consider when selecting benefits, such as the birth of a new baby, a marriage, or a child going to college?
- + Who should be your beneficiary for life insurance and your Health Savings Account (HSA), if applicable?



### Important reminder

In order to enroll in, modify, or waive benefits, you **must** log into Ignite. If you do not make changes during Open Enrollment, your next opportunity to make changes will be during next year's Open Enrollment period or with an IRS qualifying life event. For more details on IRS qualifying life events, visit [healthcare.gov](https://www.healthcare.gov).



**During your benefits enrollment period, you can add an eligible dependent to your coverage.**

#### IMPORTANT NOTICE

Once you're enrolled, if you get married, have/adopt a baby, get a divorce, or another **qualified life event occurs, you must notify HR within 30 days** of the date of change. For more information about who's eligible to be on your plans, see the Notices section of this guide.



## online enrollment instructions



### You must register before you can enroll in or make changes to your Employee Benefit elections and personal information.

Please follow the steps outlined here to register in Ignite, Friends of Switchpoint's online enrollment system. Once you have registered, you will be able to enroll in benefits or make changes to your existing benefits and personal information in the Ignite system.



- Step 1** Open your internet browser and navigate to [ignitebenefits.com](https://ignitebenefits.com)
- Click on **New Registration** and enter your information.
- Step 2** If you already have a **Username** and **Password** please select **Login** and skip ahead to **Step 4**.  
Friends of Switchpoint's identifier is:  
**Switchpoint**
- Step 3** Follow the instructions to set up your **Username** and **Password**.  
Please use secure password storage practices to safeguard your personal information.
- Step 4** Now that you're registered and logged into the system, you can navigate to your **Profile, Benefits, Required Tasks** (benefits or HR related items that Friends of Switchpoint requires you to complete), and **Resources**.



## useful contact information

### Medical

MotivHealth

[www.motivhealth.com](http://www.motivhealth.com)

(844) 234-4472

### Health Savings Account

MotivHealth

[www.motivhealth.com](http://www.motivhealth.com)

(844) 234-4472

### Dental

Principal

[www.principal.com](http://www.principal.com)

Group # 1185451

(800) 843-1371

### Vision

Principal

[www.principal.com](http://www.principal.com)

Group # 1185451

(800) 843-1371

### Life & Disability Insurance

Principal

[www.principal.com](http://www.principal.com)

Group # 1185451

(800) 843-1371

### Employee Assistance Program

Blomquist Hale

<https://blomquisthale.com>

(800) 926-9619

### HR/Company Contacts

Maren Fisher

[mfisher@switchpointcrc.org](mailto:mfisher@switchpointcrc.org)

(435) 634-2608

### IMA Financial Group

Employee Advocate

[switchpoint@imaadvocate.com](mailto:switchpoint@imaadvocate.com)

(385) 341-2250

### Do you have benefit questions?

Please contact the insurance company or benefit provider using the contact information on this page.

If the provider cannot resolve your issues, please contact our IMA Employee Advocate.





## important medical insurance terms



### What comes out of my pay?

#### Annual premium

The annual cost to purchase medical coverage is spread across the year, so you pay a portion of it in each pay period on a pretax basis. Medical premiums are based on the plan you choose and the number of people you cover.



### What will I pay after I meet my deductible?

#### Coinsurance

After you meet the annual deductible, generally, you'll continue to pay the stated coinsurance percentage for in-network covered medical services until you meet the out-of-pocket maximum. The plan pays the rest.



### What will I pay when my medical coverage starts?

#### Annual deductible

You won't pay for in-network preventive care defined by the U.S. Preventive Services Task Force, such as your annual checkup. Generally, for all other covered care, you'll pay the amount of your annual deductible before the plan starts to pay.



### How much will I pay out of my own pocket?

#### Out-of-pocket maximum

This is the most you would pay for covered medical services in a calendar year. Once you meet it, the plan pays the full cost of additional covered care.



### Will my doctor be in-network?

#### Provider network

You can confirm whether your doctor is in-network by going to the Motiv website, listed on page 4 of this benefit guide.



### What is Friends of Switchpoint contributing?

#### Friends of Switchpoint contribution

Friends of Switchpoint pays a portion of your monthly premium to limit your monthly cost and provide you with affordable coverage options.





## important info about medical coverage



### Understanding your deductible

Your deductible is the amount you must pay for covered services before your insurance plan begins to pay for covered services. For example, if your plan has a \$3,000 deductible, you'll pay the first \$3,000 for covered services. You can meet the deductible with an all-at-once charge for an expensive service — such as an MRI or surgery — or with charges from several small services — such as doctor visits — where you pay a small copay. Keep in mind that copays don't usually count toward your deductible.

### Embedded Deductible

An embedded deductible is where each family member has an individual deductible in addition to the overall family deductible. When a family member meets their individual deductible before the family deductible is reached, the insurance company will begin paying according to the plan's coverage for that member. If only one family member meets an individual deductible, the rest of the family still has to pay their deductibles until the family deductible is met.

### Non-embedded Deductible

A non-embedded deductible is more straightforward than an embedded deductible. With a non-embedded deductible, there is only a family deductible. All family members' out-of-pocket expenses count toward the family deductible until it is met, and then they are all covered with the health plan's usual copays or coinsurance. It doesn't matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible. The non-embedded deductible is most common in high deductible health plans.

### Coinsurance

Once you've met your deductible, you'll pay coinsurance for covered services. Coinsurance is the percentage of costs you're responsible for paying, which counts towards your out-of-pocket maximum.

### Out-of-pocket maximum

The out-of-pocket maximum is the maximum amount that you'll pay out of pocket in a plan year. Once you've paid your deductible and paid coinsurance up to the out-of-pocket maximum — all covered services will be 100% paid for by the insurance carrier for the remainder of the plan year. When considering your medical plan options, consideration for the out-of-pocket maximum is essential.

### Premiums

Premiums are the per pay period costs you pay to use your benefits — think of this like paying for a gym membership — you pay a fee to use the equipment. For insurance, you're paying a membership fee for discounted services and access to specific providers.



# medical plan options

	MOTIVHEALTH - HSA \$2,000 MOTIV NETWORK	
	In-Network	Out-of-Network *
<b>Annual Deductible</b> Jan 1 - Dec 31	You pay up to <b>\$2,000</b> per individual <b>\$2,000</b> per member / <b>\$4,000</b> per family Embedded	You pay up to <b>\$4,000</b> per individual <b>\$4,000</b> per individual / <b>\$8,000</b> per family Embedded
<b>Coinsurance</b>	You pay <b>20%</b> AD	You pay <b>40%</b> AD
<b>Out-of-pocket Maximum</b> Jan 1 - Dec 31	No more than <b>\$5,000</b> per individual <b>\$5,000</b> per member / <b>\$10,000</b> per family Embedded	No more than <b>\$10,000</b> per individual <b>\$10,000</b> per member / <b>\$20,000</b> per family Embedded
<b>Preventive Services</b>	You pay <b>\$0</b> according to government guidelines	You pay <b>\$0</b> up to allowed amount
<b>Office Visits</b> Primary Care Specialist	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>40%</b> AD You pay <b>40%</b> ADI also found template for smary pay
<b>Mental Health Services</b> Office Visit Inpatient	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>40%</b> AD You pay <b>40%</b> AD
<b>Emergency Services</b> Urgent Care Emergency Room	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>40%</b> AD You pay <b>20%</b> AD
<b>Inpatient &amp; Outpatient</b> Inpatient Hospital Outpatient Surgery	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>40%</b> AD You pay <b>40%</b> AD
<b>Prescription Medication</b> Retail (30-day supply) Mail Order (90-day supply)	<b>Generic / Preferred / Non-preferred / Specialty</b> You pay <b>20% AD</b> You pay <b>2.5x Retail</b>	<b>Generic / Preferred / Non-preferred / Specialty</b> You pay <b>40% AD</b> You pay <b>2.5x Retail</b>

AD: After Deductible

\* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$0.00	\$129.59	\$107.97	\$183.57



## opt-out of medical coverage

**During your benefits enrollment period, you can add an eligible dependent to your coverage.**

### **Important reminder**

Once you're enrolled, if you get married, have/adopt a baby, get a divorce, or another qualified life event occurs, you **must notify HR within 30 days** of the date of the change. For more information about what is a qualifying life event, go to [www.healthcare.gov](http://www.healthcare.gov).

## **What if I waive insurance?**

- + For employees that have insurance through a parent or spouse, or a qualifying Medicare plan may be eligible for **Switchpoint's Opt-Out Contribution of \$175/paycheck**. This is for Full Time eligible employees that complete our Opt-Out form and provide proof of qualifying coverage.





## save big with telemedicine

### Introducing our Premier Telehealth platform, a free enhancement to your current MotivHealth medical benefit.

#### Benefits include:

- + List of high-value providers
- + Virtual prescriptions
- + Fixed appointment times (no more waiting around for a call)
- + Referrals to any in-network provider for in-person appointments

#### Services are available from:

8am to 8pm, 7 days per week.

MotivHealth is pleased to provide Utah-based members with free access to convenient virtual health. By utilizing this feature, you'll be able to connect with a licensed medical professional who can treat, diagnose, and prescribe for most non-emergent situations — all at no cost to you.

#### How to access telemedicine:

1. Login to your MotivHealth **member portal** at [member.motivhealth.com](https://member.motivhealth.com)
2. Click on **Telemedicine Visits**
3. **Schedule** desired time for free telehealth visit

#### Common ways to save:

Allergies		Bronchitis		Sinusitis	
Emergency Room	\$345	Emergency Room	\$795	Emergency Room	\$617
Urgent Care	\$97	Urgent Care	\$123	Urgent Care	\$105
Telemedicine	\$0	Telemedicine	\$0	Telemedicine	\$0

  

Ear Ache		UTI	
Emergency Room	\$345	Emergency Room	\$795
Urgent Care	\$97	Urgent Care	\$123
Telemedicine	\$0	Telemedicine	\$0

#### Contact MotivHealth

1 (844) 234-4472 | [MotivHealth.com](https://MotivHealth.com)





## SmartPay discount program

### Save significantly on planned procedures when you call us in advance.

#### Pay less

Lower your out-of-pocket expense.

#### Get Rewarded

Save extra for being a savvy healthcare consumer.

#### Get Excellent Care

Receive treatment from high value providers.

**motivhealth**<sup>®</sup>

Contact a MotivHealth

Personal Health Assistant

[motivhealth.com](https://motivhealth.com) | (844) 234-4472



### SmartPay discount program

When MotivHealth members choose to have certain planned medical procedures performed by our high-value providers, MotivHealth can reduce member out-of-pocket expenses between \$100-\$3,000.

### How to participate

- 1. Call MotivHealth:**  
Contact a MotivHealth Personal Health Assistant (844) 234-4472 prior to scheduling a planned medical procedure.
- 2. Choose care:**  
Choose a preferred high value provider.
- 3. Pay a reduced fee:**  
Pay your reduced cost in advance, if necessary.
- 4. Get care:**  
Receive the medical care you need.



## prescription assistance program

### Are prescription costs breaking the bank? Take advantage of the MotivHealth Prescription Assistance Program.

If you or a covered dependent is taking a medication, including insulin, that costs you more than \$200 a month, MotivHealth may be able to help lower or eliminate your out-of-pocket prescription costs.

# motivhealth®

Contact a MotivHealth

Prescription Benefit Analyst

[motivhealth.com](https://www.motivhealth.com) | (385) 247-1030



#### How to participate

+ **Call MotivHealth**

Call and speak with a Prescription Benefit Analyst:  
385-247-1030

+ **Stay in touch:**

When you are prescribed new medication, let us know.

#### Member Examples

1. **\$25,251 saved monthly**  
MEMBER 1
2. **\$5,197 saved monthly**  
MEMBER 2
3. **\$720 saved monthly**  
MEMBER 3

**To see if your medication qualifies, contact MotivHealth for a free prescription analysis.**



## steps program



**Earn \$1 for every day you and your covered spouse walk 8,000 or more steps, up to 20 days per month. Earnings are deposited into your HSA.**

### Steps incentive program by MotivHealth

**Earn money:** Earn up to \$250 a year (\$500 with enrolled spouse) in HSA contributions.

**Free stuff:** Get a free MotivTrax device.

**Be healthier:** Improved health and cardiovascular capacity.

### How to participate

1. **Create a member account:**

Go to [member.motivhealth.com](https://member.motivhealth.com)

2. **Choose a steps device:**

Fitbit/Garmin/GoogleFit/MotivTrax(free). Download app, create account, sync device.

3. **Connect with your member account:**

Allow your app to sync with your member account.

4. **Start earning by walking:**

Earn cash for cardio!

**Contact MotivHealth**

[motivhealth.com](https://motivhealth.com) | (844) 234-4472





## health care account options



### Offset your out-of-pocket health care expenses by contributing pre-tax dollars to a health care account.

The Health Savings Account is administered by MotivHealth.

Any contributions to this account that are made by Switchpoint for newly eligible employees are pro-rated based on your eligibility date.

#### Health Savings Account (HSA)

You **must** be enrolled in a High Deductible Health Plan in order to be considered eligible for this account.

Switchpoint offers the following **High Deductible Health Plans:**

MotivHealth HSA 2000

**Who is eligible for this account?**

**What would I use this account for?**

To save for future health care expenses, but also to pay for eligible health care expenses, including dental, vision and prescription medication, now.

**What is the maximum amount that Switchpoint and I combined can put in this account?**

**\$4,300** Employee-only coverage

**\$8,550** Family coverage

If you'll be at least 55 years old in 2025, you can make an additional **\$1,000** catch-up contribution.

**What does the company contribute?**

Employee (EE)	\$50.00 per pay period
EE + Spouse	\$50.00 per pay period
EE + Child(ren)	\$50.00 per pay period
Family	\$50.00 per pay period

**Are there investment options?**

Yes, if you have more than **\$2,000** in your HSA, you can invest it, and any growth is generally tax free.

**When are the funds available?**

Your contribution amount is available as it comes out of your paycheck **each pay period**.

The entire Switchpoint contribution is available at the beginning of the year.

**What happens if I don't use the money during the year?**

All unused funds will roll over to the next year.

You can take HSA funds with you when you leave company or retire.





# dental plan options

## Principal is the carrier for our dental plan.

Visit [www.principal.com](http://www.principal.com) to find a provider in the network.

### Out-of-network coverage

A dentist who is “out-of-network” means the provider hasn’t agreed to negotiated rates. The plan pays benefits based on the reasonable & customary charge for a particular service. If the out-of-network provider charges more, you’ll be responsible for paying the amount that exceeds the reasonable & customary charge plus the applicable coinsurance and deductible.



**Annual Deductible**  
January 1- December 31



**Annual Maximum**  
January 1- December 31



**Waiting Period**



**Preventive Services**  
Cleanings, exams, fluoride, and bite wing x-rays



**Basic Services**  
Bridge & crown maintenance, sealants, space maintainers, and full mouth x-rays



**Major Services**  
Bridges, crowns, fillings, extractions, dentures, endodontics, scaling and root planing, simple and complex oral surgery, implants, inlays, onlays, and periodontics.

**AD:** After Deductible

**R&C:** Reasonable & Customary

\* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

VOLUNTARY DENTAL - PRINCIPAL DENTAL NETWORK		
	In-Network	Out-of-Network *
<b>Annual Deductible</b> January 1- December 31	\$50 per individual \$150 per family	\$50 per individual \$150 per family
<b>Annual Maximum</b> January 1- December 31	\$1,500 per individual	\$1,500 per individual
<b>Waiting Period</b>	<b>None</b> for Preventive Services <b>None</b> for Basic, Major, & Orthodontic Services	
<b>Preventive Services</b> Cleanings, exams, fluoride, and bite wing x-rays	Plan pays <b>100%</b> of covered services, No deductible	Plan pays <b>100%</b> of <b>R&amp;C</b> No deductible
<b>Basic Services</b> Bridge & crown maintenance, sealants, space maintainers, and full mouth x-rays	You pay <b>20%</b> AD	You pay <b>20%</b> of <b>R&amp;C</b> , AD
<b>Major Services</b> Bridges, crowns, fillings, extractions, dentures, endodontics, scaling and root planing, simple and complex oral surgery, implants, inlays, onlays, and periodontics.	You pay <b>50%</b> AD	You pay <b>50%</b> of <b>R&amp;C</b> , AD

### EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + 1 Dependent	EE + 2 or more Dependents
\$15.22	\$28.12	\$50.40



# vision plan options



## Principal is our vision carrier.

Visit [www.vsp.com](http://www.vsp.com) to find a provider in the network.

		VOLUNTARY VISION - VSP CHOICE NETWORK	
		In-Network	Out-of-Network
	<b>Routine Vision Exams</b>	<b>\$10</b> copay	Plan reimburses up to <b>\$45</b>
	<b>Contacts Fitting &amp; Evaluation</b>	<b>Up to \$60</b> copay	Covered under out-of-network allowance
<b>Frequency</b>			
	Exams		<b>Once</b> per calendar year
	Contact Lenses		<b>Once</b> per calendar year
	Frames		<b>Once</b> per calendar year
	Lenses		<b>Once</b> per calendar year
<b>Eyeglasses</b>			
	Single Vision Lenses <sup>1</sup>	<b>\$10</b> Copay	Plan reimburses up to <b>\$30</b>
	Lined Bifocal Lenses <sup>1</sup>	<b>\$10</b> Copay	Plan reimburses up to <b>\$50</b>
	Lined Trifocal Lenses <sup>1</sup>	<b>\$10</b> Copay	Plan reimburses up to <b>\$65</b>
	Frame Allowance	Plan provides a <b>\$150</b> allowance <sup>2</sup>	Plan reimburses up to <b>\$70</b>
<b>Contact Lenses</b>			
	Prescription Medically Necessary	Plan pays <b>100%</b> of covered services	Plan reimburses up to <b>\$210</b>
	Prescription Elective (in lieu of eyeglasses)	Plan provides a <b>\$150</b> allowance	Plan provides a <b>\$105</b> allowance
<b>EMPLOYEE COST PER PAY PERIOD</b>			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$3.93	\$7.16	\$8.09	\$12.15

<sup>1</sup> Limited to standard, uncoated plastic lenses.

<sup>2</sup> A 20% discount is applied to frames over the **\$150** allowance



## voluntary life insurance

### Protect the life you are building.

Voluntary Life insurance gives you the opportunity to purchase the amount of life insurance you will need to protect your family's financial future — at affordable group rates. This is not a pre-tax benefit and the coverage is completely voluntary.



#### Voluntary Life and AD&D Insurance

Switchpoint offers Voluntary Life and AD&D for you and your dependents, which can be purchased through Principal.

You may purchase additional life insurance coverage in increments of \$10,000, not to exceed \$500,000. During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount up to \$150,000 without providing proof of good health — if you wish to elect an amount that is above \$150,000, you will need to download and complete the Evidence of Insurability (EOI) form.

At Annual Open Enrollment, you may increase your coverage amount by either \$10,000 or \$20,000 without providing proof of good health.

If you leave the company, you can take this policy with you — portability information is available from human resources. Benefits reduce beginning at age 65 — please refer to your plan documents for the full benefit reduction schedule.



#### Voluntary Dependent Life and AD&D Insurance

You may purchase spouse coverage in increments of \$5,000, not to exceed 100% of the employee elected amount, or \$100,000. During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount for your spouse up to \$30,000 without providing proof of good health — if you wish to elect an amount that is above \$30,000, you will need download and complete the Evidence of Insurability (EOI) form.

At Annual Open Enrollment, you may increase your spouse coverage amount by either \$5,000 or \$10,000 without providing proof of good health.

Benefits reduce beginning at age 65 — please refer to your plan documents for the full benefit reduction schedule.

Children's insurance coverage is for unmarried dependent children from live birth to age 26, subject to eligibility requirements.

Infants ages live birth to 14 days has a flat benefit of \$1,000. You may choose between four options for children's coverage, \$2,000, \$4,000, \$5,000 or \$10,000. Coverage is inclusive for all children. This means that if you have one child or many children, you pay one flat amount; however, each child is covered individually for the coverage amount.



## disability insurance options

### Disability insurance can help to replace a portion of your income when you are unable to work.

For many people, unplanned time away from work can make it difficult to manage household costs. If you are unable to work due to a covered injury, illness, or even childbirth, Disability Insurance can provide an ongoing benefit to help keep your finances stable.



#### Voluntary Short-term Disability (STD) Insurance

**Benefits Begin:** There is a waiting period before benefits are payable.

Benefits begin on the 15th day of injury or illness.

**Weekly Benefit:** 60% of weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.

**Maximum Benefit Period:** Benefits are available for up to 11 weeks.

**Maximum Weekly Benefit:** \$750

**Pre-existing Condition Limits\*:** Coverage is excluded for disabilities that occurred during the 3 months prior to coverage beginning throughout the first 12 months of coverage.

This benefit is provided through Principal and you pay 100% of the premium.



#### Voluntary Long-term Disability (LTD) Insurance

**Benefits Begin:** There is a waiting period (elimination period) before benefits are payable. Benefits begin on the 91st day of disability.

**Monthly Benefit:** 60% of monthly earnings, not to exceed the plan's maximum monthly benefit amount, less other income sources.

**Maximum Benefit Period:** 2 years

**Maximum Monthly Benefit:** \$4,000

**Pre-existing Condition Limits\*:** Coverage is excluded for disabilities that occurred during the 3 months prior to coverage beginning throughout the first 12 months of coverage.

This benefit is provided through Principal and you pay 100% of the premium.

\* **Pre-existing Condition Limits:** Pre-existing conditions include bodily injury, sickness, mental illness, pregnancy, and substance abuse. Principal reserves the right to review medical records up to 3 months prior to your effective date to evaluate pre-existing conditions upon filing a claim.

This information is designed to help you choose a benefit plan for 2025 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.



## retirement plan

### A 401(k) is a savings and investing plan that gives you a tax break on money you set aside for retirement.

Contributing to a 401(k) plan may be one of the most important things you can do to prepare for your long-term financial needs. Being on track to meet your financial goals will provide you and your loved ones peace of mind. A 401(k) plan allows you to contribute a portion of your compensation per pay period in order to prepare for retirement. If you are already contributing to the 401(k) plan, now may be a good time to increase your contributions.

#### What is a 401(k) plan?

401(k) refers to a section of the IRS Code that allows you to save part of your compensation on a **Traditional PRE-TAX Basis**. This lowers your current taxable income and helps your long-term saving grow faster. You may also choose to save part of your compensation on an **AFTER-TAX Roth Basis**. Roth contributions are taxed before they are contributed to the Plan. This allows tax-free growth and distribution contributions and the earnings on those contributions (assuming the contributions have been invested for at least 5 years and you have reached age 59 1/2).

#### Investment changes

You can switch between investment alternatives as often as permitted under the chosen investment.

#### Employee contributions

Employee contributions on a pre-tax basis up to 100% of income, to a maximum of **\$23,500** in the **2025** calendar year (adjusted annually). If you are 50 by the end

of the **2025** calendar year, you may make additional pre-tax contributions up to **\$7,500** (adjusted annually).

#### Company contributions

The company may elect to match a portion of your contribution, make a profit-sharing contribution, or both. Current company contributions are 100% of the employee deferral up to 3% and then 50% of employee deferrals above 3% not to exceed 5%.

#### Contribution changes

You may change the amount of your contribution whenever you like.

#### Investment choices

Contributions to the Plan are held in a trust account. The plan trustees regularly review the investment options offered. You can: 1) build a customized investment portfolio, 2) select an investment option based on your investment style, or 3) select an investment option designed by experts based on your age and projected retirement date.

#### Enrollment

You are automatically enrolled once you have completed 90 days with a 3% deferral rate. You will enter the Plan on the first day of the calendar month coincident with or next following the time you meet the eligibility criteria. A notice will be provided with details prior to the beginning of each plan year. The first time you go online, you will need to establish your account. Call 1-801-505-0548 for assistance. You can also email your Advisor Team at [Advisorteam@cuiwealth.com](mailto:Advisorteam@cuiwealth.com). You can also contact Maren Fisher in Human Resources [mfisher@switchpointcrc.org](mailto:mfisher@switchpointcrc.org).

### Contact CUI Wealth

[cuiwealth.com](http://cuiwealth.com) | (801) 505-0548





## get support from the employee assistance program

### The Blomquist Hale Employee Assistance Program provides direct, face-to-face guidance to address any problem.

#### Get help with:

- + Stress, anxiety, depression, grief, and loss
- + Personal and emotional challenges
- + Marital, relationship, and family counseling
- + Financial or legal difficulties
- + Substance abuse and other addictions
- + Senior care planning

**Blomquist Hale**  
SOLUTIONS

Need help? Want to set up an appointment?

Contact Blomquist Hale today

(801) 262-9619



#### **Brief, Solution-Focused Therapy**

Licensed clinicians use a brief, solution-focused therapy model to resolve problems quickly. Using this approach, you learn to identify core issues and how to create and participate in a long-term solution.

#### **Guaranteed Confidentiality**

Blomquist Hale practices strict adherence to all professional, state and federal privacy guidelines. Confidentiality is guaranteed to all participants.

#### **Direct Care - No Set Session Limits**

There is no set limit on the number of sessions provided. However, cases which require care beyond the scope of the EAP are referred to appropriate community providers.

#### **Simple 24/7 Accessibility**

EAP Counselors are available during regular and extended hours, and Crisis Line support is available 24/7. Simply call the office nearest you to set up an appointment, no paperwork or approval is needed.

#### **No Copay Required**

Services are offered to all associates and their eligible dependents. The cost of EAP services provided by Blomquist Hale are free, with no copayment, deductible, or insurance approval required.



## your employee advocate is here for you



**IMA has a dedicated employee advocacy team to help resolve claims problems, enrollment complications, and other service related issues.**

Our Employee Advocates will work with you and your providers to ensure that each party gets their questions answered and problems resolved.

### Contact your Employee Advocate

(385) 341-2250 | (888) 244-1212 ext. 2250

[switchpoint@imaadvocate.com](mailto:switchpoint@imaadvocate.com)



### Our Employee Advocates can:

- + Work with carriers on billing and claim payment issues for employee medical, dental, vision, and life insurance
- + Coordinate between the pharmacy and the health plan for escalated pharmacy issues
- + Explain network access and payment process for in and out-of-network providers
- + Work with providers to file paperwork if claims have been denied due to lack of required authorization
- + Clarify the total and out-of-pocket cost for services provided
- + Assist with referrals and prior authorizations
- + Help with all levels of appeals
- + Ensure services are being coordinated when multiple doctors or coverages are involved
- + Help gain access to care and services
- + Define preventive care and associated guidelines
- + Assist in finding a specialist for a condition or diagnosis
- + Explain benefit plan details and coverage provisions



## general participation guidelines and notices

Switchpoint recognizes the importance of a benefit program that provides high-level protection to employees and their families. Our comprehensive benefits program has been created to fulfill a wide range of needs and to provide an effective security net for both you and your family.

### Who is eligible?

- + Full-time employees who actively work at least 30 hours per week;
- + Your legal spouse or domestic partner;
- + Your natural born children, current stepchildren, or legally adopted children up to age 26;
- + Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

### General definitions

#### Special enrollment rights (other than open enrollment)

There will be an Open Enrollment period each year. During this Open Enrollment period you will have the opportunity to renew coverage or make changes as appropriate. Changes under most plans can only be made during Open Enrollment. This is a requirement of our benefit providers and IRS regulations. However, certain qualifying status changes are allowed during the plan year (see below). If you have a qualifying change of status, the change must be submitted to your local HR/Payroll Representative within 30 days of the event, with supporting documentation. The coverage effective date will be retroactive to the qualifying change of status event date.

#### A qualifying change of status occurs for the following:

- + You get married, legally separated, or divorced;
- + You add a dependent child through birth, adoption, or change in custody;
- + Your parent/spouse or child dies which affects your coverage;

- + Your work schedule permanently changes i.e., permanent reduction of hours;
- + You or a dependent enroll in the Exchange during the Exchange Open Enrollment;
- + Your parent/spouse begins or terminates employment which affects benefit coverage;
- + Your parent/spouse loses health coverage through his/her employer, which affects your coverage;
- + You receive a qualified medical child support order (QMCSO);
- + Your parent/spouse's Open Enrollment may be considered a qualifying change of status.

#### Or

You have a 60-day special election period for the following:

- + You and/or your spouse and dependents gain or lose Medicaid and/or state CHIP coverage;
- + You and/or your spouse and dependents gain or lose eligibility for the state sponsored Utah Premium Partnership Program (UPP).

#### When does coverage begin for new hires?

Coverage begins on the 1st day of the month after 60 days from date of hire. You must be actively at work for your coverage to become effective.

You must complete your online enrollment within 31 days from your date of hire. If the online enrollment and appropriate forms are not completed within the stated deadline, coverage does not become effective, and you may not be eligible to enroll until the next Open Enrollment period or until you have a qualifying change of status event. Refer to the terms, conditions, and limitations defined by the carrier plan documents.

#### When coverage ends

Medical, dental, and vision terminates on the last day of the month that you are employed with Switchpoint. Refer to

carrier literature, summary plan descriptions, and master plan documents for specific plan provisions, limitations, and exclusions.

Coverage ends at the earliest time when any of the following changes occur:

- + Your employment with Switchpoint ends;
- + The group policy ends;
- + You are no longer eligible under the plan;
- + Your death;
- + You retire;
- + You enter the armed forces of any country on a full-time basis.

#### Dependent eligibility verification notice

Switchpoint reserves the right to audit dependency status. The goal is to ensure that benefits are provided only to those who are eligible. This process may include a complete eligibility verification of all enrolled dependents or verifying relationship and status of new dependents registered during Open Enrollment, new hires and a qualifying change of status. You must only cover eligible dependents when you enroll in the plan offerings. For a detailed definition of an eligible dependent, refer to the **"Who is eligible"** section.





## general participation guidelines and notices

### Important notice

The benefit summaries contained in this guide are for ease of comparison. This guide provides only a summary of benefits available to eligible employees and their dependents. The information in this guide supersedes all prior guides. However, since this guide is only a summary, it does not describe every detail of the benefit programs outlined. If there are inconsistencies or discrepancies between this guide and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will control. The governing plan documents and benefit contracts are available for your review in the Human Resources Department.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this comparison. Reasonable efforts are made to keep employees apprised of any changes in benefit plans including medical, dental, vision, voluntary life, voluntary short-term disability (STD), voluntary long-term disability (LTD), and Health Savings Account (HSA).

**Friends of Switchpoint** may choose to communicate certain plan documents and benefits information electronically to participants. You may obtain copies of these documents, upon written request, from Human Resources.

### Summary of benefits coverage

As a result of the Affordable Care Act (the health care reform law) all health insurance issuers are required to provide a Summary of Benefits Coverage (SBC). The SBC has a uniform glossary of terms commonly used in health insurance coverage and also uses a new, standardized plan comparison tool called "coverage examples," similar to the Nutrition Facts label required for packaged foods.

The coverage examples will illustrate sample medical situations

and describe how much coverage the plan would provide. The SBC will be posted on the employee website. If you would like a paper copy of this summary, please contact HR.

### Waiving coverage

If you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive coverage.

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other coverage, you may be able to enroll yourself and/or your dependents in this plan in the future, providing that you request enrollment within 30 days after your other coverage ends and can provide supporting documentation.

### Medical coverage assistance options

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](https://www.healthcare.gov).

If you or dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or [insurekidsnow.gov](https://www.insurekidsnow.gov) to find out how to apply.

If you qualify, ask your state if it has a program that might

help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled.

This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [askebsa.dol.gov](https://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

### Health Insurance Marketplace

[healthcare.gov](https://www.healthcare.gov)

1 (800) 318-2596



## general participation guidelines and notices

### ACA notices about eligibility and coverage periods

- + Friends of Switchpoint has adopted a 12 month “initial measurement period” and 12 month stability period for all new part-time, variable hour, and seasonal employees which begins as of the date of employment/start date for each new employee in these categories. The administrative period for such new part-time, variable hour, or seasonal employees who measure full-time in their initial measurement period is approximately 30 days depending on whether you started your job on the 1st of the month or in the middle of the month.
- + You are being offered the opportunity to enroll yourself and your dependents (if any) in Friends of Switchpoint’s health plan because you were either hired as a full-time employee or you have measured as full-time during a given, applicable measurement period.
- + If you “waive” or “decline” coverage then you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.
- + If you choose to enroll in coverage, the coverage period is 12 months. Federal law and Friends of Switchpoint’s cafeteria plan provide very limited situations in which you will be allowed to dis-enroll in healthcare coverage during your 12-month coverage period. Therefore, if you change your mind after your coverage begins, you will not be allowed to cancel your coverage unless you meet one of the situations allowed by law or in our plan.

### Women’s health and cancer rights act enrollment notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- + All stages of reconstruction of the breast on which the mastectomy was performed;
- + Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- + Prostheses; and
- + Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurances applicable to other medical and surgical benefits provided under this plan.

### Newborns’ and Mothers’ Health Protection Act

The Newborns’ and Mothers’ Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, health insurers and Health Maintenance Organizations (HMOs) may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery.

If you deliver somewhere other than the hospital and you are later admitted to the hospital in connection with the childbirth, the period begins at the time of admission.

Also, a health insurer or HMO cannot require you or your attending provider to obtain prior authorization for your delivery or show that the 48-hour (or 96-hour) stay is medically necessary. However, a health insurer or HMO may require you to get prior authorization for any portion of stay after the 48 hours (or 96 hours).

### Privacy policy

#### Summary of privacy practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed in the administration of your claims, and of certain rights you have.

#### Our pledge regarding medical information

The company is committed to protecting your personal health information. As required by law, we:

1. make sure that any medical information that identifies you is kept private;
2. provide you with rights with respect to your medical information;
3. give you a notice of our legal duties and privacy practices; and
4. follow all privacy practices and procedures currently in effect.

#### How the company may use and disclose medical information about you

Any use and disclosure of your medical information requires your written authorization. Your personal health information may be used and disclosed without your permission to facilitate your medical treatment, for payment of any medical treatments, and for any other health care operation. Your personal health information may be disclosed without your permission as allowed or required by law. You cannot be retaliated against if you refuse to sign an authorization or revoke an authorization you had previously given.



# general participation guidelines and notices

## Your rights regarding your medical information

You have the right to inspect and copy your medical information, request corrections of your medical information and to obtain an accounting of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communication about your medical information be made in different ways or at different locations.

## Michelle's Law

A new federal law allows continued coverage for seriously ill college students. A college student will be able to maintain health care eligibility for up to one year after full-time student status is lost due to medically necessary leave of absence from school.

## Genetic Information Nondiscrimination Act (GINA)

Under this federal law, group health plans are prohibited from adjusting premiums or contribution amounts for a group based on genetic information. A health plan is also prohibited from requiring an individual or his/her family member to undergo a genetic test, although the plan may require that a voluntary test be taken for research purposes.

## Mandatory insurer reporting law

This law took effect 1/1/2009 and is part of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). Under this federal law, providers of group health plans are required to report certain information to the Secretary of Health and Human Services to determine Medicare entitlement. As such, employees are required to provide social security numbers for all dependents enrolled in the medical plan. You will be asked to enter social security numbers for all dependents you cover on your medical plan.

## Patient Protection and Affordable Care Act (ACA)

Pursuant to the Patient Protection and Affordable Care Act (ACA) and its applicable regulations, Friends of Switchpoint offers eligible employees affordable, minimum essential health care coverage that meets minimum value. This guide and the enrollment forms are your offer of coverage. If you decline or waive this coverage, you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.

## CMS Part D Notice of Creditable or Non-Creditable Coverage

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

### Below are highlights to note:

- + A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- + The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- +

- + When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- + The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

### Switchpoint has determined all available plan options to be, considered Creditable Coverage.

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

**Remember:** If you have creditable coverage through our plan, keep this Notice as proof. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

### These are only summaries. Full statements are available from Human Resources.



# notes

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## MORE THAN JUST **INSURANCE**

Based in North America, IMA Financial Group, Inc. is an integrated financial services company focused on protecting the assets of its widely varied client base through insurance, risk management, employee benefits and wealth management solutions. As an employee-owned company, IMA's 2,000-plus associates are empowered to provide customized solutions for their clients' unique needs.