

Remarkable CAREGIVERS



2023 BENEFITS GUIDE
EFFECTIVE MAY 1, 2023 – DECEMBER 31, 2023

INTRODUCTION

Welcome!

Remarkable Caregivers recognizes the importance of having a comprehensive benefits program. Our program is designed to provide you and your family a variety of plans with tools that promote health and wellness. We are committed to making every effort to provide benefits that support the lifestyles and needs of our employees.

Below is a summary of the generous package available to you for 2023:

- Medical coverage through Kaiser - **CA only!**
- Medical coverage through United Healthcare - **Enhanced HSA plan option!**
- Dental coverage through Cigna
- Vision coverage through Mutual of Omaha
- Basic Life and AD&D coverage through Mutual of Omaha
- Voluntary Life and AD&D coverage through Mutual of Omaha
- Voluntary Short-Term and Long-Term Disability through Mutual of Omaha
- Voluntary Accident and Critical Illness coverage through Mutual of Omaha
- Long-Term Care Insurance coverage through LifeSecure
- Employee Assistance Program (EAP) through BHS
- Commuter Benefits through Clipper Direct
- AbsencePro FMLA Management through Mutual of Omaha
- 401(k) Retirement Plan through Newport
- Pet Insurance through Spot - **New offering!**
- MetLife Upwise Mobile App - **New offering!**

Individual Mandate

- Effective January 1, 2020 California has an individual healthcare mandate in effect.
- This mandate will tax CA residents (including dependents) who do not have health insurance.
- This state mandate serves to ensure stability in California's individual healthcare market by increasing participation of those who are "young and healthy".
- Tax penalties are determined by the California Franchise Tax Board (FTB) and may be a flat dollar amount per person, or a percentage of the gross annual income. Penalty amounts may change annually.
- For more information and guidance on your personal situation and potential exemption options, please consult with a tax professional.

When To Enroll

You can only sign up for benefits or change your benefits at the following times:

- When you are newly hired as an employee, your benefit coverage begins on the first of the month coinciding with 30 days after your hire date.
- During the annual benefits open enrollment period. See page 3.
- Within 30 days of a qualifying life event. See page 3 and contact the Human Resource Department for more information.

The choices you make at this time will remain in place until the end of your plan year, unless you experience a qualifying life event. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.



ELIGIBILITY

Open Enrollment

This year, there will be two open enrollment periods since we will be changing to calendar year benefit plans on January 1, 2024. Benefits you elect now will be effective May 1, 2023 and end on December 31, 2023, unless you experience a documented qualifying life event and submit plan changes. During open enrollment, you may add or remove dependents from your coverage, change your coverage level, or change your benefit elections without experiencing a qualifying event.



Eligibility

Employees:

- Part-time employees working 20-29 hours per week are eligible to participate in the Remarkable Caregivers Dental, Vision, Voluntary Life and AD&D, Accident Insurance and Critical Illness benefits on a Voluntary basis.
- Full-time employees working 30+ hours per week are eligible to participate in the Remarkable Caregivers benefit plan.

Dependents:

- As an eligible employee, you may cover your legal spouse or registered domestic partner, dependent child(ren) up to the age of 26 (regardless of their student status) and unmarried dependent child(ren) over the carrier age limits who are physically or mentally incapable of self-support.
- **Nebraska:** Dependent children 26 years of age or older, but less than 30 years of age, are eligible to participate in the UnitedHealthcare medical plan if they are unmarried, not eligible for coverage through another health plan, and reside in Nebraska (or are a full-time student attending school out-of-state with parents residing in Nebraska). If your dependent meets these criteria, and you would like to enroll them in the UHC health plan, please contact Human Resources.

Please Note: A spousal surcharge form is required for medical benefits and a domestic partner affidavit is also required to enroll these dependents.

Qualifying Events for Changing Benefits

If you waive coverage at this time, you cannot enroll in Remarkable Caregivers' Health Plan until the next open enrollment period, unless you have a qualifying event. You have 30 days from the effective date of the qualifying event to notify Human Resources to change your benefits. Examples of qualifying events include:

- Change in marital status
- Birth or adoption of a child
- Death of a covered dependent
- Loss of eligibility status by a covered dependent
- Change in employment status that affects eligibility for coverage
- Losing or gaining healthcare coverage eligibility under Medicare or Medicaid

FREQUENTLY ASKED QUESTIONS

What is a Deductible?

A deductible is the amount of money you or your dependents must pay toward a health claim before your organization's health plan makes any payments for health care services rendered.

What is Coinsurance?

Coinsurance is a provision in your health plan that describes the percentage of a medical bill that you must pay and that which the health plan must pay.

What is the Out-of-Pocket Maximum?

The maximum amount (includes deductible, coinsurance, copays, and prescription drug cost) that an insured will have to pay for covered expenses under a plan. Once the out-of-pocket maximum is reached, the plan will cover eligible expenses at 100%.

What is a Copay?

A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

What is a Health Maintenance Organization (HMO)?

An HMO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. But unlike PPO plans, care under an HMO plan is covered only if you see a provider within that HMO's network.

What is a Preferred Provider Organization (PPO)?

A PPO is a group of hospitals and physicians that contract on a fee-for-service basis with insurance companies to provide comprehensive medical service.

What is In-Network?

Typically refers to physicians, hospitals, or other health care providers who contract with the insurance plan to provide services to its members at a set rate. Health care providers are not able to charge insureds more than the negotiated fee set by the insurance provider.

What is Out-of-Network?

Typically refers to physicians, hospitals, or other health care providers who do not contract with the insurance plan to provide services to its members. Depending upon the insurance plan, expenses incurred for services provided by out-of-network providers might not be covered, or coverage may be less than for in-network providers, which usually results in a greater out-of-pocket expense to the patient.

What is an Explanation of Benefits (EOB)?

An EOB is a description your insurance carrier sends to you explaining the health care benefits that you received and the services for which your health care provider has requested payment.



MEDICAL COVERAGE: HMO OPTIONS - CA ONLY

Important Note: The Kaiser medical plans will not be offered at the January 1, 2024 benefit plan renewal. Please consider this when deciding between the Kaiser and UHC medical plan options. The following chart summarizes the benefits for the medical plans offered to all California eligible employees of Remarkable Caregivers. As an eligible employee, you may choose from one of the following plans.

	Kaiser	Kaiser
	Deductible HMO	HSA HMO
Annual Deductible Calendar year	\$2,000 Individual \$4,000 Family	\$3,500 Individual \$7,000 Family
Annual Out-of-Pocket Max Calendar year	\$5,000 Individual \$10,000 Family	\$6,000 Individual \$12,000 Family
Physicians Services		
Primary Care	\$30 Copay**	\$30 Copay*
Specialist Visits	\$30 Copay*	\$50 Copay*
Preventive Care	No Charge	No Charge
Hospital Services		
Inpatient Hospitalization	20%*	30%*
Outpatient Surgery	20%*	30%*
Tests		
Advanced Imaging	20%*	30%*
Diagnostic X-ray/Lab	20%*/ \$15 Copay	\$10 Copay*
Urgent / Emergency Care Visits		
Urgent Care	\$30 Copay**	\$30 Copay*
Emergency Room (Waived if admitted)	20%*	30%*
Prescriptions (Retail 30-day supply)		
Brand Name Rx Deductible	None	Combined with Medical
Tier 1: Generic	\$15 Copay	\$15 Copay*
Tier 2: Preferred Brand Name	\$30 Copay	\$35 Copay*
Tier 3: Non-Preferred Brand Name	\$30 Copay	\$35 Copay*
Tier 4: Specialty/Specialty Drugs	20% up to \$250 per prescription	30% up to \$250 per prescription*

Prescriptions available through mail order. See your summary of benefits for full details.

* After Deductible

**The Plan Deductible doesn't apply to your first three visits combined for primary care, urgent care, mental health, and substance use disorder treatment services.

LEARN MORE: Please note that the chart above is intended for comparison purposes only. For a comprehensive listing of what is covered and not covered under each plan, please refer to the Evidence of Coverage booklet.

MEDICAL COVERAGE: PPO OPTIONS

The following chart summarizes the benefits for the medical plans offered to all eligible employees of Remarkable Caregivers. As an eligible employee, you may choose from one of the following plans.

	UHC PPO		UHC HSA PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Calendar year	\$3,500 Individual \$7,000 Family	\$7,500 Individual \$15,000 Family	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
Annual Out-of-Pocket Max Calendar year	\$7,150 Individual \$14,300 Family	\$15,000 Individual \$30,000 Family	\$6,350 Individual \$12,700 Family	\$10,000 Individual \$20,000 Family
Physicians Services				
Primary Care	\$15 Copay	50%*	20%*	50%*
Specialist Visits	Designated Network Provider: \$50 Copay Network Provider: \$100 Copay	50%*	20%*	50%*
Preventive Care	No Charge	50%*	No Charge	50%*
Hospital Services				
Inpatient Hospitalization	No Charge*	50%*	20%*	50%*
Outpatient Surgery	No Charge*	50%*	20%*	50%*
Tests				
Advanced Imaging	No Charge*	50%*	20%*	50%*
Diagnostic X-ray/Lab	Designated Network Provider: No Charge* Network Provider: 50%* / 50%*	50%*	Designated Network Provider: 20%* Network Provider: 50%* / 50%*	50%*
Urgent / Emergency Care Visits				
Urgent Care	\$25 Copay	50%*	20%*	50%*
Emergency Room (Waived if admitted)	\$300 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible*	\$300 per occurrence deductible per visit prior to and in addition to paying any Annual Deductible*	20%*	20%*
Prescriptions (Retail 31-day supply)				
Brand Name Rx Deductible	None	None	Combined with Medical	Combined with Medical
Tier 1: Generic	\$15 Copay	\$15 Copay	\$10 Copay*	\$10 Copay*
Tier 2: Preferred Brand Name	\$45 Copay	\$45 Copay	\$35 Copay*	\$35 Copay*
Tier 3: Non-Preferred Brand Name	\$80 Copay	\$80 Copay	\$70 Copay*	\$70 Copay*
Tier 4: Specialty/ Specialty Drugs	Covered in Tier 1-3	Covered in Tier 1-3	Covered in Tier 1-3	Covered in Tier 1-3

Prescriptions available through mail order. See your summary of benefits for full details.

* After Deductible

LEARN MORE: Please note that the chart above is intended for comparison purposes only. For a comprehensive listing of what is covered and not covered under each plan, please refer to the Evidence of Coverage booklet.



Say hello to Sanvello

Access on-demand self-help for stress, anxiety and depression



Sanvello™ is an app that offers clinical techniques to help dial down the symptoms of stress, anxiety and depression—anytime. Connect with tools that are there for you right as symptoms come up, each designed to help you stay engaged every day for benefits you can feel. The Sanvello app is available to you and covered family members age 13 and over at no extra cost as part of your plan's behavioral health benefits.



Daily mood tracking

Answer questions each day to help capture your current mood, identify patterns and self-assess your progress.



Meditation tools

Explore classic methods of relaxation—like deep breathing and positive visualization—in the moment when you need them.



Guided journeys

Use clinical techniques for a range of needs to help you feel more in control and build long-term life skills.



Personalized progress

Track where you are, set goals and make strides through weekly check-ins—Sanvello creates a roadmap to help you with self-improvement.



Community support

Connect with peer communities in the field and share advice, stories and insights—anononymously, anytime.

Upgrade to Premium at no extra cost

- Download and open the app
- Create an account and choose "Upgrade through insurance"
- Search for and select UnitedHealthcare, then enter the information available on your health plan ID card

Learn more

sanvello.com or info@sanvello.com | Download the app



United Healthcare

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Behavioral health resources and care, in one place



Connecting to care is easier than ever on myuhc.com[®], your personalized member website.

Behavioral health support services are available for you and your family to access anytime, anywhere. You'll find 24/7 confidential access to professional care, self-help programs and resources to help you manage stress and mental health challenges, including depression and anxiety.

Finding the right support just got easier.

Simply answer a few questions and we'll show you the top benefits and resources available for you, based on your needs and goals.

Get clear information about your benefits.

Learn what's covered and available to you to match your needs.

Set goals and improve your mental health.

Want to feel less stressed? Want to improve relationships at home or work? Want to better manage workplace burnout? Whatever your goals, getting connected to resources just got easier.

Connect with care quickly, on your own terms.

Learn about your options and choose what fits your lifestyle and needs. Therapists are available virtually or in-person.

Tools and resources at your fingertips

Learn about a variety of behavioral health solutions and well-being topics at myuhc.com/mental-health.

Get started

To find personalized behavioral health care recommendations, sign in or register on myuhc.com/mh-recommendations

United
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This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Consult with your doctor for specific health care needs, treatment or medication. Due to the potential for a conflict of interest, age verification will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the care is being provided, directly or indirectly, including employer or health plan. This program and its components may not be available in all states or local jurisdictions and is subject to change. Coverage exclusions and limitations may apply.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates provided will be a guarantee of actual costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Third-Party Services section.

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Stressed? Anxious? With virtual therapy, getting help may now be easier than ever.



Reaching out may be hard — especially if you might not want anyone to know you're hurting. From the privacy of home and the convenience of your mobile device* or computer, you can receive caring support from a licensed therapist.

Virtual therapy offers confidential counseling and includes:

Private video sessions

Get 1-on-1 support — in your home and at a time that's convenient for you.

Help with coping — for children, teens and adults

Your licensed therapist may provide a diagnosis, treatment and medication if needed.

Similar standard of care as in-person visits

You can see the same therapist with each appointment and establish an ongoing relationship.

Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Anxiety
- Mental health disorders
- Addiction
- Depression



A quicker way for the whole family to get care

A virtual visit for mental health care may be a great way for children and teens to get an appointment.

To find a provider and schedule a visit

Sign in or register on myuhc.com[®]. Then, go to **Find Care & Costs > Virtual Care > Behavioral Health Care > Get Started** and call the provider to set up an appointment. Or call the telephone number on your health plan ID card.

*Data rates may apply.

Costs and coverage may vary. Check your plan for details.

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United
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When life gets challenging, you've got caring, confidential help

Your Employee Assistance Program (EAP) provides 24/7 direct access to personalized support, resources and no-cost referrals to help you, and your family, with a range of issues, including:

- Managing stress, anxiety and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Coping with occupational stress and burnout support
- Addressing substance use issues

You have unlimited access to a telephonic EAP specialist who can help in the moments that matter, at no additional cost.

\$0

Call today for access to master's-level EAP specialists at no additional cost

EAP provides coverage for 3 free counseling sessions per incident, per year.

Services are completely confidential and will not be shared with your employer.

Get started

Call EAP 24/7 at **1-888-887-4114**

**United
Healthcare**

The material provided through this program is for informational purposes only. EAP staff cannot diagnose, prescribe or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultations will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates.

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Stronger with the Peloton App



Your health plan benefits include a 1-year Peloton App Membership—available to you at no additional cost. Start your Membership today for access to thousands of live and on-demand fitness classes—from cardio and HIIT to strength training and yoga. Ready for a Peloton Bike, Bike+ or Tread? Get special pricing just for being a member.

Your fitness, your way



Access thousands of fitness classes

There's something for nearly every fitness interest, ability and schedule — from 5-minute meditation to 80-minute outdoor running classes.



Get active anytime, anywhere

The App is available on any iOS or Android device, Apple TV, Fire TV, Roku TVs, and Chromecast and Android TV—and no fitness equipment is required.



Save on Peloton equipment

Eligible UnitedHealthcare members can purchase the Peloton Bike, Bike+ and Tread at \$100 off retail price. View details on myuhc.com®.

Get in on the App — a value of \$155

You and each covered family member can enjoy this benefit at no additional cost—just for being a UnitedHealthcare member.*

Get started

Sign in to myuhc.com/peloton then go to **Coverage & Benefits** to get your access code



Make your move with Apple Fitness+

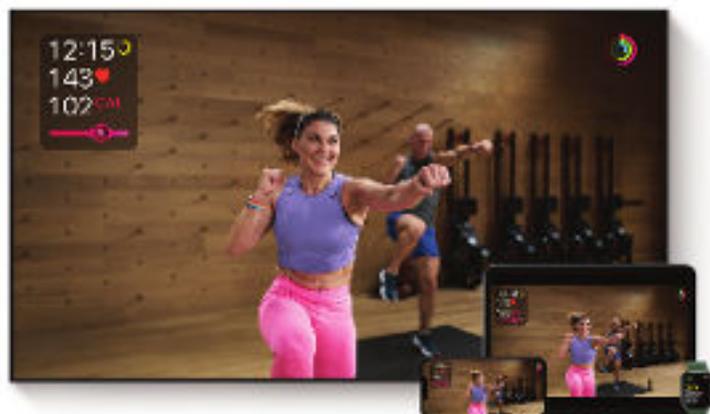
Now included in your health plan

UnitedHealthcare is committed to providing a variety of health and wellness options, which is why we've added 12 months of Apple Fitness+ to your health plan—at no additional cost. Get ready for a different type of fitness experience with welcoming trainers who work hard to help bring out the best in you.

The first fitness service powered by Apple Watch

Your journey to a healthier body and mind starts here. Apple Fitness+ brings to life real-time fitness metrics from Apple Watch to your iPhone, iPad and Apple TV—and helps keep you motivated with:

- 11 workout types, ranging from HIIT to core to yoga
- New workouts added every week, lasting from 5 to 45 minutes
- Handpicked music from your favorite artists to help keep you going
- A subscription that can be shared with up to 5 family members



No additional cost

A \$79.99 value*

(Apple Watch required)

Let's do this

Get started at uhc.com/apple-fitness-plus

**United
Healthcare**

Apple Fitness+

*\$9.99 per month for 12 months. Must be 18+ years of age and covered under applicable health plan.

Apple Fitness+ requires Apple Watch Series 3 or later with watchOS 7.2 or later and one of the following Apple devices (iPhone or later with iOS 14.3 or later, iPad with iPadOS 14.3 or later, or Apple TV with tvOS 14.3 or later). Available to applicable UnitedHealthcare plans for fully insured customers who register for coverage with Apple Fitness+. Subject to state legal and regulatory review.

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The information provided under this program is for general informational purposes only and is not intended to be relied upon to constitute a medical opinion. You should consult with an appropriate health care professional before beginning any exercise program and/or to determine what may be best for you. The value of the app is not necessarily payable. You should consult with an appropriate tax professional to determine if you have any tax obligations from having access to this application at no additional cost. All trademarks are the property of their respective owners.

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HEALTH SAVINGS ACCOUNT



If you enroll in the Remarkable Caregivers' High Deductible Health Plan (HDHP) you are eligible to open and contribute to an individual Health Savings Account. Remarkable Caregivers will annually contribute up to \$750 for individual and \$1,200 for family. To take advantage of the tax benefits of an HSA, you can report contributions or have payroll deductions taken out of your paycheck. Please talk to Human Resources if you have questions regarding deductions. Your Health Savings Account (HSA) will be administered by Optum.

2023 IRS defined Health Savings Account maximum contributions:

- Maximum annual contribution for individual is \$3,850
- Maximum annual contribution for family is \$7,750
- Individuals age 55 and over are allowed an additional \$1,000 "catch-up" contribution annually

Please note the maximum contribution amounts above are inclusive of the company contribution, so your maximum annual contribution is limited to the difference between the IRS limit and the company contribution.

What is a Health Savings Account (H.S.A.) Plan?

- Combines a Qualified High Deductible Health Plan (HDHP) compatible with a Health Savings Account
- Members can deposit money into a Health Savings Account, pre-taxed
- The funds may be used for qualified medical expenses (IRS rules apply)
- Withdrawals for qualified medical expenses are tax-free
- The funds not used roll over year-to-year ("use it or lose it" rule does not apply)
- The account is portable and yours to keep
- Individuals/H.S.A. Account Holders have the option to invest the money into interest-bearing investment options. Interest on these investments is also not taxable.

Who is Eligible to Participate in an H.S.A. Plan?

- Must be enrolled in a qualified High Deductible medical plan
- Cannot have any other health coverage
- Not covered by a spouse, Medicare, Veterans Administration plan, Healthcare Flexible Spending Account
- Cannot be claimed as a dependent on another person's tax return

What is considered an H.S.A. eligible expense?

Some examples of eligible expenses:

- Health plan deductibles and copays
- Prescription drugs and medications
- Dental, orthodontia, vision care, corrective lenses, and chiropractic services
- Other typical out-of-pocket health care expenses
- Health care continuation (COBRA premiums)

Refer to IRS Publication 969 for more details.

Please Note: Employees must sign the Optum Bank Authorization Agreement, which allows the company to open the account on your behalf. You must establish a bank account in order to receive employer contributions. If the HSA account isn't established within 60 days, the employee forfeits any potential HSA contributions from the employer and any employee contributions collected will be returned as taxable income.

Use an HSA to pay for hundreds of health and wellness essentials

A health savings account (HSA) can be used to pay for many covered health care services and products for yourself, your spouse and even tax dependents. It can also be used to pay for many other health care services and items that may not be covered by your health plan.

Qualified HSA expenses include:

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limbs
- Artificial teeth
- Blood sugar test kits for diabetics
- Breast pumps and lactation aids
- Certain over-the-counter drugs and medications
- Chiropractor
- Contact lenses and solutions
- Crutches
- Dental treatments including X-rays, cleanings, fillings, braces and tooth removals
- Doctor's office visits and procedures
- Drug addiction treatment
- Drug prescriptions
- Eyeglasses and vision exams
- Fertility treatment
- Health plan deductibles and copayments
- Health plan premiums for COBRA plans, long-term care insurance and health continuation insurance while receiving unemployment benefits
- Hearing aids and batteries
- Hospital services
- Insulin
- Laboratory fees
- Laser eye surgery
- Long-term care services (limited)
- Menstrual care products
- Physical therapy
- Psychiatric care if the expense is for mental health care provided by a psychiatrist, psychologist or other licensed professional
- Special education for learning disabilities
- Speech therapy
- Stop-smoking programs including nicotine gum or patches
- Surgery, excluding cosmetic surgery
- Tampons and pads
- Vasectomy
- Walker
- Weight-loss program if it is a treatment for a specific disease diagnosed by a physician
- Wheelchair

This is not a complete list

The Internal Revenue Service (IRS) decides which expenses can be paid from an HSA and can change the list at any time.



HSA's can't be used to purchase the following health care services and items:

- Costs or expenses reimbursed from another source, such as health coverage or a flexible spending account
- Cosmetic surgery
- Diaper service
- Electrolysis or hair removal
- Health club dues
- Household help
- Maternity clothes
- Nutritional supplements, such as multi-vitamins, for general good health
- Personal use items, such as toothbrush, toothpaste, etc.
- Swimming lessons
- Teeth whitening



Know the penalty

If an HSA is used to pay for care or services that is not a "qualified medical expense," you will have to pay a 20% penalty, plus taxes on the money spent. For example, if the expense was \$100, the penalty would be another \$20, plus taxes. This penalty does not apply if you are 65 or older.



Keep your receipts

Keep all records of your medical expenses in case of an IRS audit. That way, you can prove that your HSA was used for qualified expenses.



See your coverage details

If you have a health plan with an HSA, visit myuhc.com[®] to see your coverage details or call the phone number listed on your health plan ID card.

What does that mean?

Search the Just Plain Clear[®] Glossary for thousands of health care terms defined in plain, clear language. Visit justplainclear.com.

Learn more

Visit IRS.gov for more information on HSAs and qualified expenses



The UnitedHealthcare plan with Health Savings Account (HSA) through UnitedHealthcare Health Plan (UHP) is designed to comply with IRS rules for plans so eligible employees may open a Health Savings Account through Capital Bank, Member FDIC. The HSAF refers generally to the UnitedHealthcare HSA product, which includes a HDHP, UHP, group term life insurance, and a tax-deferred IRA. Coverage is provided in conjunction with Optum Plans and may be subject to the applicable HDHP.

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Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates.

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TELEMEDICINE



Kaiser Telehealth Option

Life moves pretty fast. When you're not feeling well, you want to feel better fast. With Kaiser, you will be connected to a doctor using two-way video on a smartphone, tablet or computer. All with no appointments or long wait times. Just sign up at <https://healthy.kaiserpermanente.org/> or use the app, and see a board-certified doctor in a few minutes. When your own doctor isn't available, use Kaiser Online if you have:

- Pinkeye
- A fever
- A cold
- Allergies
- The flu
- A sinus infection, and more!

Sign up for Kaiser Online today - it's quick and easy

Go to <https://healthy.kaiserpermanente.org/> or download the app and register on your phone or tablet. Call 24/7 at (833) 574-2273.

United Healthcare Telehealth Option

Do you have a minor health condition? If it doesn't require an in-person medical exam, you may be able to address it with a doctor by phone. You'll get great care, and you'll save time.

When you call, they will:

- Make sure you're 18 and older
 - Confirm you've had at least 1 face-to-face visit with them
 - Schedule a 1-hour window for the doctor to call you
- Please visit www.myuhc.com to learn more about setting up a telephonic appointment through UHC.

You have access to UHC via phone or online at all times of the day. Please visit www.myuhc.com or download the application for your mobile device. Through United Healthcare's App feature, you are able:

- Email your doctor's office, view test results, schedule appointments
- Refill prescriptions, view past visits, search for near by facilities



DENTAL COVERAGE

The following chart summarizes the benefits for the dental plan offered to all eligible employees of Remarkable Caregivers. As an eligible employee, you may choose to enroll in the following plan.

	Cigna DPPO Base Plan		Cigna DPPO Buy-Up Plan	
	In-Network	Out-of-Network**	In-Network	Out-of-Network**
Benefit Description				
Annual Deductible Individual/Family	\$50 / \$150	\$100 / \$300	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit Calendar Year	Year 1: \$1,000, Year 2: \$1,100, Year 3: \$1,200, Year 4: \$1,300	Year 1: \$1,000, Year 2: \$1,100, Year 3: \$1,200, Year 4: \$1,300	Year 1: \$1,500, Year 2: \$1,650, Year 3: \$1,800, Year 4: \$1,950	Year 1: \$1,500, Year 2: \$1,650, Year 3: \$1,800, Year 4: \$1,950
Preventive & Diagnostic Services				
Periodic Oral Evaluation	Plan pays 100%; You pay 0%	Plan pays 80%; You pay 20%	Plan pays 100%; You pay 0%	Plan pays 100%; You pay 0%
Prophylaxis (Cleaning)	Plan pays 100%; You pay 0%	Plan pays 80%; You pay 20%	Plan pays 100%; You pay 0%	Plan pays 100%; You pay 0%
Bitewing X-rays	Plan pays 100%; You pay 0%	Plan pays 80%; You pay 20%	Plan pays 100%; You pay 0%	Plan pays 100%; You pay 0%
Basic Services				
Amalgam Restoration (Filling) one surface	Plan pays 80%; You pay 20%*	Plan pays 60%; You pay 40%*	Plan pays 90%; You pay 10%*	Plan pays 80%; You pay 20%*
Gingivectomy per quad (1 to 3 teeth)	Plan pays 80%; You pay 20%*	Plan pays 60%; You pay 40%*	Plan pays 90%; You pay 10%*	Plan pays 80%; You pay 20%*
Major Services				
Porcelain Crown	Plan pays 50%; You pay 50%*	Plan pays 40%; You pay 60%*	Plan pays 60%; You pay 40%*	Plan pays 50%; You pay 50%*
Orthodontic Benefits				
Orthodontic Benefits: Child and Adult	Plan pays 50%; You pay 50%			
Orthodontic Lifetime Maximum Benefit	\$1,000 per member	\$1,000 per member	\$1,500 per member	\$1,500 per member

Only partial coverage details provided above. For full in-network and out-of-network plan details, please review the benefit summaries and Evidence of Coverage booklets.

* After Deductible

**Members are subject to charges above the allowed out-of-network (OON) reimbursable charge since services are rendered by non-contracted providers. This is called balance billing.

LEARN MORE: Please note that the chart above is intended for comparison purposes only. For a comprehensive listing of what is covered and not covered under each plan, please refer to the Evidence of Coverage booklet.

PLEASE NOTE: The Dental PPO (DPPO) plan provides you with the flexibility to receive services with a dental professionals In-Network or Out-of-Network. As a suggestion, prior to receiving services outside of preventive care, ask your dentist to request a predetermination or estimate on the planned services with Cigna. This will allow you to see what services will be preformed, what will be covered by your plan and what amount you will be responsible for.

VISION COVERAGE

The following chart summarizes the benefits for the vision plan offered to all eligible employees of Remarkable Caregivers.

	Mutual of Omaha Vision	
	In-Network	Out-of-Network
Basic Eye Exam	\$10 Copay	Plan pays up to \$37
Frames	\$130 Allowance + 20% off balance over allowance	Plan pays up to \$58
Single Vision Lenses	\$25 Copay	Plan pays up to \$20
Bifocal Lenses	\$25 Copay	Plan pays up to \$36
Trifocal Lenses	\$25 Copay	Plan pays up to \$64
Medically Necessary Contacts (in lieu of frames)	\$0 Copay	Plan pays up to \$210
Elective Disposable Contact Lenses (in lieu of frames)	\$130 Allowance	Plan pays up to \$104
Eye Exam Benefit Frequency	Once every 12 months	Same as In-Network
Frame Benefit Frequency	Once every 24 months	Same as In-Network
Lenses Benefit Frequency	Once every 12 months	Same as In-Network

LEARN MORE: Please note that the chart above is intended for comparison purposes only and provides only a brief overview of the most common benefits covered under your plan. For a comprehensive listing of what is covered and not covered (limitations and exclusions) under each plan, please refer to the Evidence of Coverage booklet.



HOW TO FIND A PROVIDER

How To Find a Kaiser Medical Provider:

- Visit <https://healthy.kaiserpermanente.org/>
- Click on "Doctors and Locations" and then select "California - Northern"
- Scroll down and enter your zip code
- Click the drop-down menu under Health Plan and select "HMO"
- Enter your search preference and click "Search" to see a list of network providers in your area

Finding a United Healthcare Medical Provider:

- Visit <https://www.myuhc.com/member/prewelcome.do?currentLanguageFromPreCheck=en>
- Click on "Find a Provider"
- Click on "Medical Directory"
- Click on "Employer and Individual Plans"
- To view your UHC plan options, click on "Shopping Around"
- Scroll down and click "Choice Plus" to view providers in the health plan's network

Important Information about electing a PCP in Network (HMO) plans

- All HMO enrollees must select a PCP and designate their PCP #. If you enter an invalid PCP # or leave this blank, you will be auto assigned to a provider based on your home zip code. If you receive an ID with an incorrect PCP listed, please contact your carrier member services to correct.
- If you decide to change your PCP at any time, you can do this by phone or online.

Information about the PPO plan

- You have the option of choosing a primary care provider (PCP) to guide your care (it is recommended but not required). You can see a specialist without a referral.
- Using in-network doctors and health care facilities may keep your costs lower.
- You can choose out-of-network doctors or facilities, but your costs may be higher.
- Once you meet an annual limit on your payments called an out-of-pocket maximum, your plan pays 100% of covered costs.

Finding a Dentist:

You can register online at mycigna.com to see the doctors and hospitals that accept your selected plan, or you can perform a general search:

- Visit www.cigna.com
- Start by clicking on "Find a Doctor"
- Under "How are you Covered" select "Employer or School"
- Enter your zipcode
- Select your search preference: Doctor by Type, Doctor by Name, or Health Facilities
- Click "Search"
- Click "Continue as Guest"
- To select a plan, click "Continue"
- Click "Total Cigna DPPO (Cigna DPPO Advantage and Cigna DPPO)" to see a list of network providers in your area

Finding an Eye Doctor:

- Visit <https://eyedoclocator.eyemedvisioncare.com/mutual/en>
- You can search by location or by doctor last name or office name
- Click "Search" to see a list of network providers in your area

LIFE & AD&D COVERAGE

Basic Life and AD&D Coverage

Remarkable Caregivers provides all active employees with basic life insurance and accidental death and dismemberment (AD&D) coverage through Mutual of Omaha. This benefit provides valuable income protection in the event that you suffer a severe accident or loss of life. An accelerated death benefit is also included in this policy. You must name a beneficiary for your Life and AD&D benefits. Beneficiary changes can be done at any time during the plan year.

EMPLOYER PROVIDED LIFE INSURANCE	EMPLOYER PROVIDED ACCIDENTAL DEATH & DISMEMBERMENT
\$25,000	\$25,000

This benefit will reduce to 65% at age 65 and 50% at age 70.

Voluntary Life and AD&D Coverage

As an employee of Remarkable Caregivers, you have the option of purchasing additional life and AD&D coverage through Mutual of Omaha. This voluntary policy enables you to purchase coverage for yourself and qualified dependents. When you enroll yourself and your dependents in this benefit, you pay the full cost through post-tax payroll deductions. Please note that elections made for Life coverage must match AD&D elections.

New Hires: If you apply for coverage that is above the Guaranteed Issue Amount, or if you are applying for coverage after 31 days after you become eligible, you must fill out a Medical Evidence of Insurability (EOI) form.

Current Employees: If you previously waived coverage, all benefit amounts are subject to full medical underwriting/EOI to determine benefit eligibility. All dependent child benefits are guaranteed issue. You have the ability to request additional coverage by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount. Amounts over the Guaranteed Issue amount will also require an EOI.

	Employee	Spouse/Domestic Partner	Child(ren)
Coverage Option	5 times your annual salary, up to a maximum of \$250,000; in increments of \$10,000	Increments of \$5,000, up to 50% of the Employee's Voluntary Life Amount, not to exceed \$100,000	\$2,000 to \$10,000 in increments of \$1,000
Guarantee Issue Amount	5 times your annual earnings, up to \$100,000	100% of employee's benefit, up to \$35,000	100% of employee's benefit, up to 10,000
Maximum Amount	\$250,000	\$100,000	\$10,000

This benefit will reduce by 50% at age 65 and will reduce to 25% at age 70. Spouse/Domestic Partner benefit terminates at age 70.



VOLUNTARY DISABILITY BENEFITS

Remarkable Caregivers offers Short Term Disability (STD) and Long Term Disability (LTD) through Mutual of Omaha. These coverages provide financial assistance if you are unable to work for an extended period of time due to an illness or injury. Below are key highlights of the plans.

Voluntary Short Term Disability

	Voluntary STD Plan Highlights
Coverage Option	CA: Up to 25% of weekly covered earnings Non-CA: Up to 60% of weekly covered earnings
Elimination Period	7 Days
Maximum Benefit	CA: \$1,000 Weekly Non-CA: \$1,500 Weekly
Maximum Benefit Duration	CA: 52 Weeks Non-CA: 26 Weeks
Pre-existing Conditions	3 month look back; 6 month exclusion of pre-existing condition



Voluntary Long Term Disability

PLEASE NOTE: If you previously waived coverage, all benefit amounts are subject to full medical underwriting/EOI to determine benefit eligibility.

	Voluntary LTD Plan Highlights
Coverage Option	Up to 60% of monthly covered earnings
Elimination Period	CA: 364 Days Non-CA: 180 Days
Maximum Benefit	\$6,000 Monthly
Maximum Benefit Duration	Reducing Benefit Duration w/ Social Security Normal Retirement Age
Pre-existing Conditions	12 month look back; 12 month exclusion of pre-existing condition

ADDITIONAL BENEFITS

Employee Assistance Program (EAP)

Just when you think you have it figured out, along comes a challenge! Whether those challenges are big or small, your EAP Support Program is available to help you and your family find a solution and restore peace of mind.

Call BHS any day, any time. Support is just a phone call away whenever you need support- at no additional cost to you. An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. Advocates can also direct you to an array of resources in your community and online tools. Call for a referral to a service in your community, or advice on topics such as:

- **Parenting:** Receive guidance on child development, sibling rivalry, separation anxiety and much more.
- **Senior care:** Learn about challenges and solutions associated with caring for an aging loved one.
- **Child care:** Whether you need care all day or just after school, find a place that's right for your family.
- **Pet care:** From grooming to boarding and veterinary services, find what you need to care for your pet.
- **Temporary back-up care:** Don't let an unplanned event get the best of you - find back-up child care.

For more information and to reach out for support, please call 800-327-2251, or visit portal.bhsonline.com

Worldwide Travel Assistance

Experiencing an emergency while traveling can be especially difficult. Knowing who to call for medical problems, currency exchange issues or lost luggage is critical. Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home. This benefit offers you access to professionals who can help with:

- Pre-Trip assistance
- Immediate Attention for emergencies while traveling
- Emergency travel support services
- Medical assistance
- Identity theft
- Education and prevention

For more information on services regarding worldwide travel assistance:

- If within the U.S. call toll free at: (800) 856-9947 or
- If outside of the U.S. call collect at (312) 935-3658

Commuter Benefit Program

The Clipper Direct Commuter Benefits Program allows Bay Area employees who commute to and from work to set aside pre-tax funds to pay for their work-related mass transit expenses. Eligible expenses for the transit benefit include transit passes, fare cards and vanpool expenses. You may deduct pre-tax money from your paycheck to pay for commute-related expenses which reduces your taxable income. This program is available in Antioch, Concord and Orinda.

Long-Term Care Insurance

Remarkable Caregivers is proud to offer you the option to plan ahead with Long-Term Care (LTC) insurance through LifeSecure to help pay for long-term care services due to a chronic illness, disability, or symptoms of old age. You can buy long-term care coverage for yourself, your spouse or domestic partner, your parents and grandparents, and your spouse or domestic partner's parents and grandparents.

What LTC Covers:

Long-Term Care insurance pays a benefit when you and/or a family member need assistance with two or more of the six activities of daily living, including bathing, eating, walking, toileting, transferring, and dressing, or if you have a cognitive impairment.

Paying for services can be expensive. Long-term care policies may help pay for care in:

- Your Home (home health care, personal care, and homemakers' services)
- Skilled nursing facilities
- Assisted living facilities
- Hospice facilities
- Respite facilities
- Adult day care, adult day health care, or Alzheimer's day health care facilities

Please Note: this plan is not currently available in the following states; California, Florida, Indiana, New York and Vermont. For more information and to reach out for support, please email: LTCiBenefitsTeam@ltc-solutions.com, call: (877) 286-2852, or visit your online LTC enrollment guide at www.mylytguide.com/Agemark

VOLUNTARY BENEFITS

At Remarkable Caregivers eligible employees are offered the option to enroll in two additional benefits; Critical Illness coverage and Accidental Injury coverage. Both benefits offer portability options. In the event of serious illness or accident, Mutual of Omaha gives you more ways to protect yourself, your family, and your assets. Below is a brief summary of the plans. Please review the full benefit summaries and plan documents for more detailed information.

- ▶ The Critical Illness plan pays a flat, annual benefit of \$75 for a health screening test.
- ▶ The Accident plan pays a \$75 Express Benefit that can be paid in a short time frame with minimal information (compared to a typical claim).



Critical Illness Coverage

Critical Illness Insurance is a way to bridge the gap between traditional medical and disability coverage. While critical illness insurance does not replace medical coverage, you may use the money to help pay out-of-pocket medical expenses or to assist with basic living expenses, giving you the peace of mind to focus on recovery. In order to enroll in the Critical Illness program, you must have a major medical health policy in force, either through Remarkable Caregivers's program or through another source. Covered critical illness diagnoses include cancer, heart attack, stroke, advanced Alzheimer's, loss of hearing and speech, advanced Parkinson's, or end stage renal disease. More covered incidents are detailed in the plan's summary.

The guaranteed issue coverage is available to you (and automatically includes your dependent children to age 26 at 50% of your election) and your spouse. You may elect from \$10,000 to \$40,000 of coverage for yourself and \$10,000 to \$40,000 for your spouse, in \$10,000 increments. Premiums for both employees and spouses are based on the age of the employee. No Evidence of Insurability is required up to the guaranteed issue amount of \$40,000 if enrolling when first eligible. This plan has a 12 month look back; 12 month exclusion of pre-existing condition limitation.

PLEASE NOTE: Guarantee Issue is available to new hires. For late entrants, all amounts will require an EOI.

How to file a Critical Illness Claim

- To access forms visit: MutualofOmaha.com/support/forms or contact your Human Resources department.
- Fax: 402-997-1835
- Email: submitgrpci@mutualofomaha.com
- Mail: United of Omaha Life Insurance Company
Group Critical Illness Claims
3300 Mutual of Omaha Plaza
Omaha, NE 68175-0001

Accident Coverage

Designed to supplement your health coverage, Accident Insurance covers you and your family for off the job related accidents. Coverage provided while engaged in sports, school and home and pays specific benefit amounts for expenses resulting from covered, non-work-related injuries or accidents. Benefits are paid lump sum, tax-free and generally increase with the severity of the accident. Coverage is available for you, your spouse and/or your children.

How to file an Accident Claim

- To access forms visit: MutualofOmaha.com/support/forms or contact your Human Resources department.
- Fax: 402-997-1835
- Email: submitgrpacc@mutualofomaha.com
- Mail: United of Omaha Life Insurance Company
Group Accident Claims
3300 Mutual of Omaha Plaza
Omaha, NE 68175-0001

LEAVE OF ABSENCE AND FMLA

AbsencePro Leave Management and FMLA

Remarkable Caregivers partners with AbsencePro for the leave management process. Anytime you need time off work for your own serious health condition that requires an overnight stay in the hospital, you to be off work for three (3) or more days for your own serious health condition or to care for a family member with a serious health condition, you **must**:

- **Notify your Manager and/or Human resources at least 30 days in advance of the need for leave, if the need is foreseeable (example: birth of a child) and if the need is not foreseeable (example: emergency surgery), give as much notice as is practicable.**
- **Call AbsencePro - contact information is on the next page of this guide.**
- **Provide any certification forms requested by AbsencePro.**
- **Keep AbsencePro and your Manager/Human Resources informed on the status of your leave.**

The Family and Medical Leave Act (FMLA) entitles eligible employees to take unpaid, job-protected leave for specified family and medical reasons, with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. You must pay your share of your insurance premiums during any unpaid portion of your leave of absence.

Family Medical Leave Act Reasons:

- **The birth of a child and to bond with the newborn child within one year of birth.**
- **The placement with the employee of a child for adoption or foster care and to bond with the newly placed child within one year of placement.**
- **A serious health condition that makes the employee unable to perform the functions of his or her job.**
- **To care for the employee's spouse, son, daughter, or parent who has a serious health condition.**
- **Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on covered active duty.**
- **To care for a covered servicemember with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the servicemember (military caregiver leave).**



Mutual Solutions

AbsenceProSM

FMLA-Related Leave of
Absence Solution



Are you facing one of the following?

- Birth of a child
- Your own serious health condition
- Care for an injured service member
- Care for a child, spouse or parent with serious health conditions
- Adoption or foster care

AbsenceProSM provides employees with quick access to experts who will answer questions, review guidelines and provide information regarding a job protected medical or family leave of absence. Please contact AbsencePro for information and forms required for your leave.

FMLA or Short-Term Disability Claims:

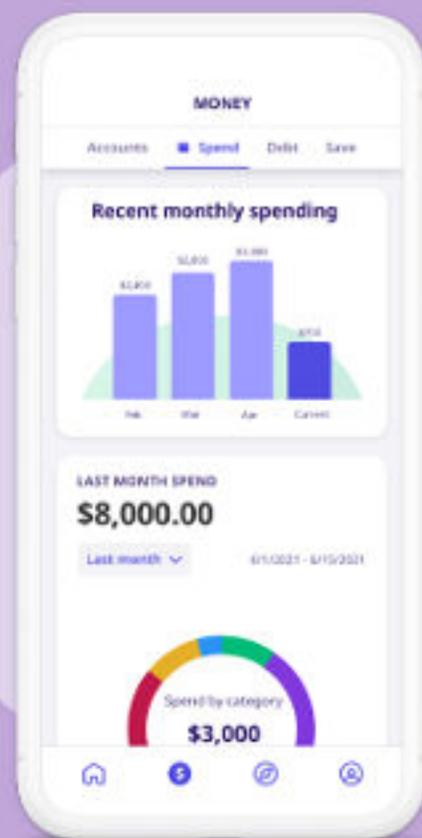
Call: 877-365-2666
Online: AbsencePro.absencemgmt.com
TDD: 800-697-0353
Fax: 877-309-0218



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*Facilitated by our trusted third-party partner, Bills Shark. If Bills Shark is successful in negotiating your bill, you'll pay Bills Shark a one-time upfront fee of 35% of any negotiated savings (which is any bill reduction amount capped at 24 months of savings plus any one-time savings, refund or credit obtained by Bills Shark). Note that Upwise may receive a referral fee which does not impact your savings or Bills Shark fee.

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5 ways Upwise can help you achieve your financial goals

- 1 Reduce bills with expert bill negotiation services*
- 2 Get a handle on student debt
- 3 Cancel unwanted subscriptions
- 4 Set-up an emergency fund
- 5 Get a free credit report

And much more!



Welcome to Spot Pet Insurance

Fetch A Quote:
<https://spotpet.link/remarkablecaregivers>

Why Pet Insurance

- 1 As a pet parent, you know how expensive vet visits can be.
- 2 Pet insurance is a financial safety net in case of accidents, injuries, illnesses and chronic conditions.
- 3 Spot pet insurance plans reimburse up to 90% of eligible vet bills.
- 4 Spot insurance plans offer thousands in coverage with options starting at less than a cup of coffee per day.

Top Rated Pet Insurance

Ranked #1 Best Pet Insurance Company by US News

Spot coverage helps you protect your pet in case of accidents, illnesses, and emergencies. With pet insurance from Spot, you can get coverage for surgery, cancer treatment, prescription medications, microchip implantation, X-rays, behavioral issues, dental disease as well as other conditions.

Up to 20% Discount

As a valued employee, you can get up to 20% off your policy (a 10% employee discount on your first pet, plus another 10% off any additional pets!)

Custom Plans for Any Budget

Avoid overpaying for coverage you don't need. Customize the plan that is best for your pet and it could save you thousands on covered conditions. Spot offers up to 90% reimbursement and a range of annual limits to fit your budget.

24/7 Pet Tele-health Helpline

As a thank you for enrolling in Spot Pet Insurance, we provide you with immediate access to a 24/7 helpline to ask vets questions about pet health, behavior, and wellness. Get answers and reduce unnecessary vet visits during uncertain times.

30-Day Money Back Guarantee

We want you to be sure this is the right product for you and your furry friend! Give it a try, and if you change your mind within 30 days, get your money back.*

Fetch Your Free Quote Today!

*10% group employee discount on every pet, plus a 10% multi-pet discount on each additional pet. 30-day money-back guarantee is not available if claims have been covered. Not available in HI. Pre-existing conditions are not covered. Waiting periods are not applicable. Co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit spotpet.com/compare-to-ky. Preventive Care reimbursements are based on a schedule. Spot On Coverage reimbursements are based on the policy. Products, schedules, discounts, and rates may vary and are subject to change. More information available at checkout. Insurance plans are underwritten by United States Fire Insurance Company. Insurance plans are marketed and produced by Spot Pet Insurance Services, L.C. (NPN # 16643385) © 2021 United States Fire Insurance Company. Copyright 2021 Spot Pet Insurance Services, L.C. All Rights Reserved. U08107-8417. Fold Enclosure.

How It Works



No Networks!

Visit Any Licensed Vet, Emergency Clinic or Specialist.



Submit Your Claim.

Send it in through our app, online, by mail, or by fax.



Get Reimbursed.

We can send a direct deposit or mail a check.

Remarkable
CAREGIVERS

spot
pet insurance

RETIREMENT SAVINGS

Eligibility

- You must be age 21+, 1 year and 1,000 hours of service
- On the first day of the calendar month coincident with or next following the time you meet the eligibility criteria.

Investment Selection

- Target date funds provide a one-choice option for diversified investing based on expected year of retirement.
- Model portfolios provide a one-choice option for diversified investing based on your risk tolerance and investment timeframe.

If you are expecting to retire	Consider this BlackRock LifePath target date fund
2022 and before	Target Retirement K
2023 - 2027	Target Retirement 2025
2028 - 2032	Target Retirement 2030
2033 - 2037	Target Retirement 2035
2038 - 2042	Target Retirement 2040
2043 - 2047	Target Retirement 2045
2048 - 2052	Target Retirement 2050
2053 - 2057	Target Retirement 2055
2058 - 2062	Target Retirement 2060
2063 and later	Target Retirement 2065

Model Portfolios - Select Your Investment Style
Lutz Aggressive Growth
Lutz Growth
Lutz Moderate
Lutz Moderately Conservative
Lutz Conservative
Lutz Ultra Conservative

Enrollment Steps

- Go to newportgroup.com. Select "Log In" to navigate to the login page.
 - Under the "Log In" enter your social security number as the Username (no dashes)
 - For your password, enter your date of birth (MMDDYYYY format) and click "SIGN IN"
 - Once you have gained access to the system, you will be prompted to change your Username and Password
- **My Forecast:** This step allows you to input specific information about your retirement goals for the retirement income projects. This step is optional.
- **My Contributions:** Choose amount to contribute to your account and what type of contributions (Pre-Tax, Roth or Both).
- **Investment Choices:** Choose where your contributions will be invested. Lutz Financial has simplified this for you by offering Risk Based Portfolios and Target Date Funds.
- Confirm Your Personal Information, Beneficiaries and Complete

Company Match

- Remarkable Caregivers will make a matching contribution of 50% up to 6% of compensation.
- For example, if you contribute 6%, Remarkable Caregivers will match 3%.
- You can save up to \$22,500 in 2023, plus an extra \$7,500 if you're age 50 or older.

Important Decisions

Pre-Tax or Post-Tax (Roth)

There is not a one-size fits all answer to which is preferable, it depends on your tax bracket today and when making distributions.

- For help determining if Pre-tax or Roth contributions is best for your situation, please reach out to Chris Wagner or Austin Wells at Lutz Financial.
- There are no income exclusions for Roth 401(k), unlike Roth IRA.
- All employer contributions will be classified Pre-Tax.

A Benefit That Will Save You Money!

Sign up for
the Remarkable Caregivers BenefitHub Employee Perk Program

You now have exclusive access to amazing discounts and Cash Back offers on thousands of the brands you love.

Save Big. Every Day.

Take advantage of savings in a variety of categories, including:



- Travel
- Auto
- Electronics
- Apparel
- Education
- Entertainment
- Restaurants
- Health & Wellness
- Beauty & Spa
- Sports & Outdoors

Keep More Of What You Earn.

The average employee can save \$4,900* a year.

Maybe you can beat that.



**It's easy to sign up
and save.**

Log in at: agemark.benefithub.com

Need to Register?

1. Go to: agemark.benefithub.com
2. Click on any deal
3. Complete Registration

Questions?

Call us: 1-866-664-4621

Or email us: customercare@benefithub.com

*Based on a normal household annual expenditure of \$26,680 on health, finance, and consumer purchases.

Access Your Employee Perks Program Today!



More perks. More savings. More of what makes you happy.

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need and love.



START SAVING ON

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2

Click *Become a Member*

3

Enter your company code or work email to create an account

**YOUR COMPANY CODE
REMARKABLE**

NEED HELP? EMAIL US: CUSTOMERSERVICE@TICKETSATWORK.COM

EMPLOYEE CONTRIBUTIONS

Next Steps

- Gather Social Security numbers and dates of birth for you and your qualified dependents whom you want to enroll, as these are required.** Choose the plans and coverage levels that best meet your needs. Take time to review the benefit outlines provided in this guide. This will help you understand the plans that are offered and how they may fit your lifestyle and budget.
- Make sure that your family doctor(s) and dentist(s) are covered by the plans you have chosen.
- You can enroll using the ADP Self-Service Portal at <https://workforcenow.adp.com>. This may be completed on a laptop or desktop computer. Do not use the mobile app for this process since the enrollments do not finalize on the app.

2023 Semi-Monthly Payroll Deductions

PLEASE NOTE: Contributions are based on 24 pay schedule option.

Part-Time Employee Contributions - Voluntary Benefits				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Voluntary Dental				
Cigna DPPO - Base Plan	\$11.07	\$22.15	\$23.66	\$36.40
Cigna DPPO - Buy-Up Plan	\$18.08	\$36.18	\$34.54	\$54.82
Voluntary Vision				
Mutual of Omaha Vision	\$2.60	\$4.83	\$5.06	\$8.06

Full-Time Employee Contributions				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical				
Kaiser HMO - CA Only	\$203.54	\$591.78	\$527.08	\$850.61
Kaiser HSA - CA Only	\$105.07	\$426.16	\$272.65	\$640.22
UHC PPO	\$196.38	\$678.03	\$517.47	\$1,039.27
UHC HSA	\$48.82	\$476.40	\$163.88	\$298.34
Dental				
Cigna DPPO - Base Plan	\$3.06	\$14.13	\$15.65	\$28.39
Cigna DPPO - Buy-Up Plan	\$10.07	\$28.16	\$26.52	\$46.80
Vision				
Mutual of Omaha Vision	\$1.22	\$1.95	\$2.69	\$4.18



CARRIER CONTACT INFORMATION

Administrator	Benefit	Phone	Website
Kaiser Permanente	Medical HMO	(800) 464-4000	www.kp.org
UnitedHealthcare	Medical PPO	(866) 633-2446	www.myuhc.com
UnitedHealthcare	Medical HSA	(866) 314-0335	www.myuhc.com
Cigna	Dental	(800) 244-6224	www.cigna.com
Mutual of Omaha	Vision	(833) 279-4358	www.mutualofomaha.com/vision
Mutual of Omaha	Basic Life/AD&D	(800) 775-8805	www.mutualofomaha.com
Mutual of Omaha	Voluntary Life/AD&D	(800) 775-8805	www.mutualofomaha.com
Mutual of Omaha	Voluntary Short Term Disability (STD)	(800) 775-8805	www.mutualofomaha.com
Mutual of Omaha	Voluntary Long Term Disability (LTD)	(800) 655-5142	www.mutualofomaha.com
Mutual of Omaha	Voluntary Accident and Critical Illness	(800) 775-8805	www.mutualofomaha.com
Optum Bank	HSA	(844) 326-7967	www.optumbank.com
BHS	Employee Assistance Program (EAP)	(800) 327-2251	portal.bhsonline.com
Newport Group	Retirement	(844) 749-9981	www.newportgroup.com
LifeSecure	Long-Term Care	(877) 286-2852	www.myלטcguide.com/Agemark
AbsencePro	FMLA	(877) 365-2666	absencepro.absencemgmt.com
BHS	Employee Assistance Program	(800) 327-2251	portal.bhsonline.com
Spot	Pet Insurance	(800) 905-1595	https://spotpet.link/remarkablecaregivers



This newsletter highlights the main features of the Remarkable Caregivers' benefit plan. It is intended to help you choose the benefits that are best for you. This newsletter does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this newsletter and the legal plan documents, the plan documents are the final authority. Remarkable Caregivers reserves the right to change or discontinue its benefit plans at any time.