Employee Benefits

April 1, 2024 - March 31, 2025

Provided by:
Moreton & Company

Employee Benefits: 2024-2025

Benefit Carrier Contact Information

hh2
Gabe Ferreira, *Director of People Operations*
801-661-6316 gferreira@hh2.com

Orriant - Wellness Program
888-346-0990 / 801-266-0990 www.myorriant.com

Aetna - Medical Group #: 804624
Medical Customer Service: 877-204-9186 www.aetna.com
Pharmacy Customer Service: 888-792-3862

Blomquist Hale - Employee Assistance Program
800-926-9619 / 801-262-9619 www.blomquisthale.com

National Benefit Services - Reimbursement Accounts
P.O. Box 6980, West Jordan, Utah, 84084
800-274-0503 / 801-532-4000 www.nbsbenefits.com
Fax: 800-478-1528 / 801-355-0928 Email: service@nbsbenefits.com

EMI Health - Dental Group #: 3860
800-662-5850 / 801-262-7476 www.emihealth.com

Samera Health - Vision Group: HOG01012025
435-563-0613 www.samerahealth.com

The Hartford - Life, Supplemental Life & Disability Group #: OGL864248
Life Claims: 888-563-1124 / Disability Claims: 800-549-6514
See HR for all elections and policy changes www.thehartfordatwork.com

Fidelity - 401(k)
800-835-5095 www.401k.com

Wasatch Wealth - 401(k) Broker
Marv Ellis Jr.
801-295-7373 marv.ellis.jr@raymondjames.com

Moreton & Company - Account Manager / Claims Assistance
Elyse Haberman
801-715-7189 ehaberman@moreton.com
Toll Free: 800-594-8949 www.moreton.com

Welcome!

To learn more about the benefits hh2 offers, please review the following 2024-2025 benefit materials. If you have any questions about your benefits, we are here to help!

People Operations

Please contact People Operations for any benefits related questions, including benefit coverage, contributions, enrollment, benefit change forms, notification for changes in status, provider directories, and general carrier information.

Social Security Numbers

Federal law requires you to provide a valid Social Security Number for each person to be covered by any medical plan sponsored by your employer (yourself, your spouse, and all dependent children).

Medicare Part D

If you have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See People Operations for more information.

HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. If you have any questions regarding HIPAA, please speak with your Moreton & Company representative or contact People Operations.

IRS Regulations

Failure to meet IRS deadlines will affect your insurance coverage! IRS regulations govern how and when an employee may make cafeteria plan elections and changes to those elections. These rules require that employers enforce firm deadlines with respect to employee benefit enrollment and related cafeteria plan elections. This means that we cannot accept changes after open enrollment ends unless you have a qualifying life event (QLE). Furthermore, if you experience a QLE allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, we must be timely notified of such event. The required enrollment generally must be completed within 30 days of such event, or you cannot make the change. In addition, please be aware that with the exception of the birth, adoption, or placement for adoption of a child, any cafeteria plan election changes can only be implemented prospectively, meaning on the first paycheck or period of coverage following our receipt of the form. Therefore, if you are making a change based on a QLE other than a new child, and you want changes implemented as of the date of the event, you must inform us of the change in advance. ***If you do not enroll on time, you will not receive coverage or be able to change your elections mid-year unless you have an IRS qualifying life event.***

Note: This publication is only a partial summary of benefits and is provided for informational purposes only. It does not describe all elements of the summarized programs. For complete information regarding the benefits, plan provisions, limitations and exclusions, and for a description of claims procedures, refer to the formal benefit documents that will be provided to you after enrollment. In the event of a discrepancy or conflict between the information contained in this publication and the official benefit plan provisions, the official plan documents and insurance contracts will govern. Copies of these documents are available for your review from your People Operations department. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this publication.

Enrollment Guidelines: 2024-2025

Why is open enrollment so important?

Benefits open enrollment for hh2 is held each year. Employees should understand that the pre-tax payment for applicable benefits is done through the Cafeteria plan and, as noted above, under IRS regulations elections cannot be revoked or changed during the plan year. **Once the enrollment period has ended, employees may not make or change benefit elections unless they experience a qualifying event.** Employees must notify People Operations of any change of status as soon as possible, but generally within **30 days** after the event.

Who is eligible to participate in the benefit plans?

- Employees who work 30+ hours per week;
- Employees' legally married spouse, domestic partner, and/or dependent(s), (dependents are generally children who are less than 26 years of age); see your Benefits Summary's definition of legally married spouse and/or dependent(s);
- For benefit coverage criteria and additional information on domestic partnership coverage, please see your People Operations department. Please note you may be required to provide a Domestic Partnership Affidavit to qualify for Domestic Partner Coverage. Domestic partnership coverage has certain tax implications.

When do benefits begin?

- Eligible employees can receive benefits on the first day of the month following 60 days from date of hire (provided forms are properly submitted);
- Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility. All the necessary enrollment and change forms are available through the People Operations department.

Is it possible to make changes during the year?

After the enrollment deadline, your election is generally irrevocable, meaning you cannot add, modify, or drop coverage for the plan year. You may have a special enrollment right allowing coverage changes for certain losses of coverage eligibility under another plan, or if you gain a new spouse or dependent. You also may be entitled, or required, to change your election if you, your spouse, or dependents experience one of the qualifying life events listed in the next section. However, you must contact People Operations to determine if your plan and circumstances allow such a change. If so, you must complete and submit a change form online generally within 30 days.

Qualifying Changes: (30 Days Unless Otherwise Stated Below)

- Marriage, divorce, or legal separation;
- Change in number of dependents (e.g., Birth or adoption of a child or another change in the number of dependents;);
- Change in employment status of employee, spouse, or dependent that causes loss of eligibility;
- Dependent ceases to satisfy eligibility requirements;
- Change in residence that causes loss of eligibility;
- Significant changes in company benefit plan(s), including cost change, significant coverage curtailment, additional or significant improvement of company offered benefits;
- Change in coverage under another employer plan (including mandatory or optional change initiated by your spouse's employer or a change initiated by your spouse or domestic partner);
- Loss of coverage from government plans/programs or educational institution;
- COBRA qualifying event (termination/reduction of hours, employee death, divorce/legal separation, ceasing to be a dependent);
- Other changes resulting from a judgment, decree, or order;
- Medicare or Medicaid entitlement;
- FMLA leave of absence;
- Loss or gain of CHIP or Medicaid subsidy eligibility (60 Days)

Glossary of Terms

Co-pay: **Typically refers to a fixed dollar amount a member must pay for a particular service** (such as a physician visit or ER visit).

Deductible: **Amount that must be paid by the member before an insurance carrier will pay a claim; benefits offered after deductible are indicated with AD.**

Coinsurance: **Typically refers to a member's share of covered costs after any deductible has been satisfied.**

Out of Pocket Maximum (OOPM): **The maximum amount members pay for covered network essential health benefit expenses during the benefit year, including co-pays, coinsurance, and deductibles.**

PPO (Preferred Provider Organization): **This type of plan utilizes both network and non-network benefits.**

Network (In-Network): **Providers who have agreed to accept contracted rates from an insurance carrier.**

Non-Network (Out of Network): **Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.**

Wellness Program: 2024-2025

hh2 New Hire Wellness Program - 100% Company Paid

New hire employees must complete their biometric assessment within 30 days of their insurance eligibility date.

Do the following to sign up for the wellness program:

1. Assessment

Option A:

You can schedule a biometric assessment at our main office by calling Orriant at ***888-346-0990*** or chatting live with an agent at ***www.myorriant.com***. Please arrive to your assessment hydrated.

Option B:

Visit a certified health professional to complete an "independent assessment form" (see attached). A downloadable version is available in your wellness portal under the assessment tab. Send the completed independent assessment form to Orriant within 30 days of your insurance eligibility date. You may fax, e-mail, or mail the form to Orriant. Contact Orriant at ***info@orriant.com*** or ***888-346-0990*** with any questions.

Option C:

Schedule and attend your biometric screening through LABCORP. Refer to carrier materials for directions.

2. Health Standard Check

For those whose Orriant Health Assessment scores *do not meet* the established Health Standard *and* have not previously worked with an Orriant Health Coach℠, the following additional enrollment requirements include *:

- At your assessment, you will be scheduled for an Orriant Health Plan - an initial phone conversation with your coach. **This must be completed within 30 days of you insurance eligibility date**.
- Compliance will be based on action plans created between the coach and the participant.
- You and your coach will schedule for follow-up contact.

* We welcome and will accommodate your doctor's input to develop goals.

3. Complete Snapshot

Access your online Orriant Wellness Portal after your Orriant Health Assessment at ***www.MyOrriant.com*** and complete the Orriant Snapshot. **Must be completed within 30 days of your insurance eligibility date**. Paper copies of the Orriant Snapshot are available upon request at your Orriant Health Assessment.

Continued Participation

Participants **who met the Health Standard** must complete a least 30 points of qualified health promotion activity per quarter. These activities include online wellness activities, participating in a challenge, and other activities to engage you in your own health and wellness.

Participants **who did not meet the Health Standard** can choose to perform the following participation requirements in order to maintain enrollment:

- Work with a coach to identify areas of wellness important to the participant to address long term goals.
- Develop a personalized plan with a coach in which the participant will complete to maintain compliance.
- Maintain ongoing contact with an assigned coach at a frequency determined between the participant and the coach.

Health Standard

Category	Standard
Tobacco	No Use
Cholesterol Ratio	< 6:1
Blood Glucose	< 140 mg/dL
Blood Pressure	
• Systolic	< 132
• Diastolic	< 84
Body Composition **BMI** *(or)* **Percent Body Fat**	< 27.5
Age 17-39	
• Male	< 21%
• Female	< 29%
Age 40-55	
• Male	< 24%
• Female	< 31%
Age 56+	
• Male	< 26%
• Female	< 32%

Wellness Program *(Continued)*: 2024-2025

hh2 **New Hire Wellness Program** - 100% Company Paid

Incentives

The greatest benefit of participating is your own personal health and well being. Benefitted employees and spouses are invited to participate. **Employees and Spouses who choose not to participate will each pay 20% more per month on their health insurance premiums.**

- The incentive takes effect assuming the participants have met the steps of "*Enrollment*" above.
- The incentive will discontinue for the remainder of the quarter for those who do not complete all "*Enrollment*" steps and/or requirements of "*Continued Participation*."
- Re-enrollment in the wellness program can only occur at the beginning of the each quarter.
- Individuals questioning their ineligibility in the wellness program are welcome to request an appeal form from Orriant.

* **Note:** Orriant allows participants who don't meet the health standard to earn the same reward as those who do meet the health standard by meeting a Reasonable Alternative Standard which consists of working on their own defined behavioral health goals and regularly contacting an Orriant health coach.

NOTICE

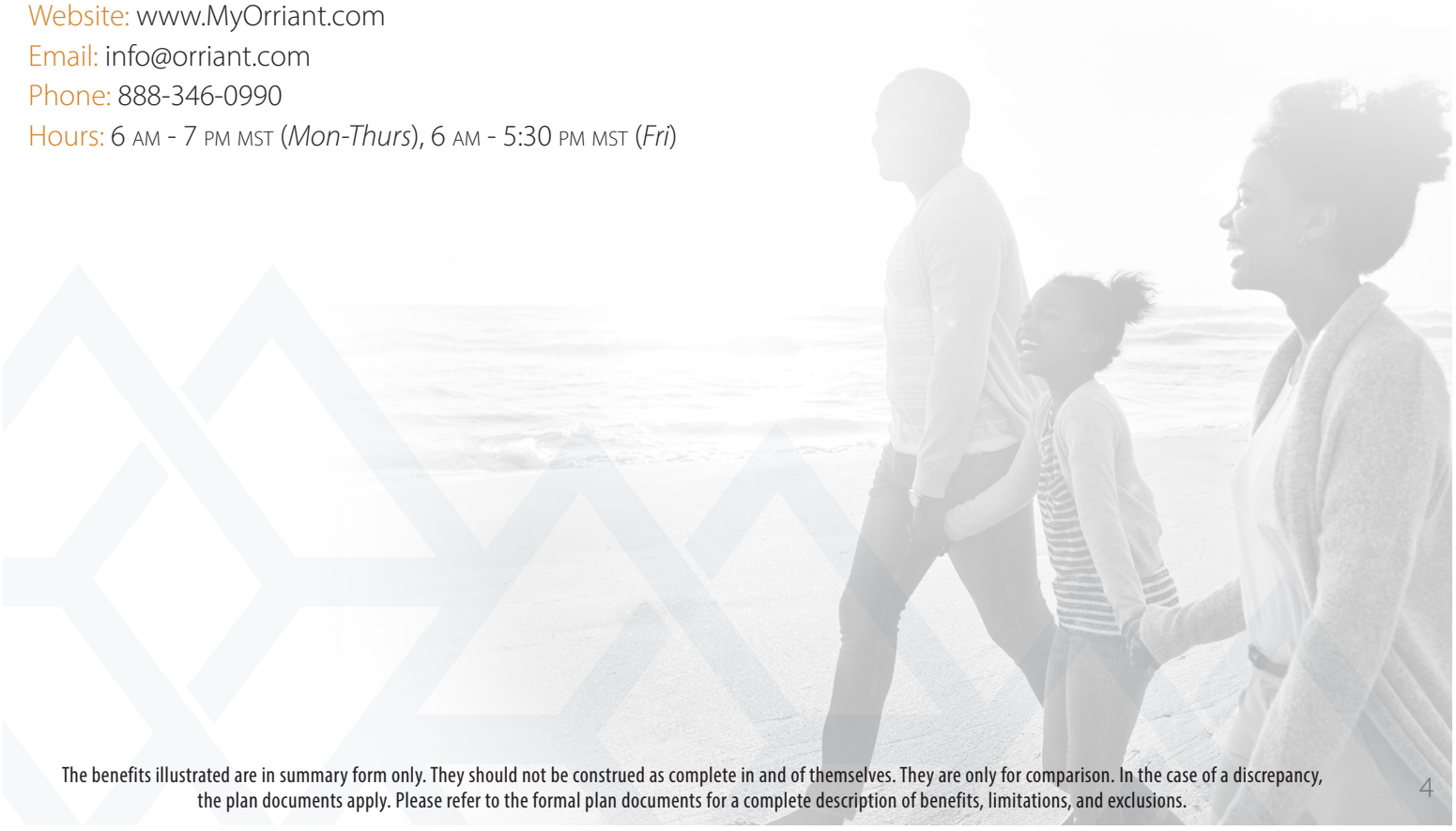
Orriant is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

The information from your Snapshot and from your Health Assessment will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as access to a health coach. You also are encouraged to share your results or concerns with your own doctor.

Orriant is required by law to maintain the privacy and security of your personally identifiable health information. However, Orriant and hh2 may use aggregate data collected to design a program based on identified health risks in the workplace. Orriant will never disclose any of your personal information either publicly or to the employer.

Please read the full notice regarding hh2 Wellness Program at ***www.MyOrriant.com***.

Website: www.MyOrriant.com
Email: info@orriant.com
Phone: 888-346-0990
Hours: 6 AM - 7 PM MST (*Mon-Thurs*), 6 AM - 5:30 PM MST (*Fri*)



Medical Plans: 2024-2025

hh2 offers the following medical plans through Aetna:

	$750 Choice Plan	
	Network	Non-Network *
Deductible PCY	$750 Individual / $1,500 Family	$750 Individual / $1,500 Family
	If any family member reaches the Individual Deductible then the deductible is satisfied for that family member. If any combination of family members reach the Family Deductible, then the deductible is satisfied for the entire family.	
Out of Pocket Maximum (Includes Most Services)	$2,500 Individual / $5,000 Family	$2,500 Individual / $5,000 Family
	If any family member reaches the Individual Out of Pocket Maximum, then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the Family Out of Pocket Maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	**80% / 20% AD**	**60% / 40% AD**
Office Visits		
Primary Care	$15	60 / 40 AD
Preventive **	Covered 100%	60 / 40 AD
Specialists or Secondary Care Provider	$30	60 / 40 AD
Chiropractic (10 Visits Per Person PCY)	$15	60 / 40 AD
Diagnostic Lab & X-Ray Services		
Minor (In Office)	Covered 100%	60 / 40 AD
Major	80 / 20 AD	60 / 40 AD
MRI (Stand-Alone Imaging Center) †	$15	60 / 40 AD
Hospital Services		
Outpatient	80 / 20 AD	60 / 40 AD
Inpatient	80 / 20 AD	60 / 40 AD
Maternity	80 / 20 AD	60 / 40 AD
Emergency Services		
Urgent Care	$35	60 / 40 AD
Emergency Room	$250 AD	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits
Mental Health Services		
Inpatient	80 / 20 AD	60 / 40 AD
Outpatient	$15	60 / 40 AD
Outpatient - *Office*	$15	60 / 40 AD
Prescriptions (Generic Required)	**Tier 1 / Tier 2 / Tier 3 / Tier 4**	
Deductible (Separate)	$100 Individual / $300 Family	
Out of Pocket Maximum (Separate)	$3,200 Individual / $9,600 Family	Not Covered
Pharmacy	$10 APD / 20% APD / 35% APD / 20% APD	
Maintenance Drugs or Mail Order	$10 APD / 20% APD / 35% APD / NA	

	$750 Choice Plan Employee Rates	
Coverage Type	Monthly	Monthly Non-Compliant
Employee	$0.00	$119.65
Two Party	$0.00	$251.28
Family	$0.00	$358.97

AD: After Deductible **APD:** After Pharmacy Deductible **PCY:** Per Calendar Year

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided Aetna materials for a full list of covered preventive services and limitations.

† Please see page 8 for details on Stand-Alone Imaging Center benefit.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided Aetna materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from People Operations or at **www.aetna.com**.

Medical Plans: 2024-2025

hh2 offers the following medical plans through Aetna:

	$3,500 High Deductible Health Plan (HDHP)	
	Network	Non-Network *
Deductible PCY	$3,500 Individual / $7,000 Family	$3,500 Individual / $7,000 Family
	If any family member reaches the Individual Deductible then the deductible is satisfied for that family member. If any combination of family members reach the Family Deductible, then the deductible is satisfied for the entire family.	
Out of Pocket Maximum (Includes Most Services)	$4,000 Individual / $8,000 Family	$4,000 Individual / $8,000 Family
	If any family member reaches the Individual Out of Pocket Maximum, then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the Family Out of Pocket Maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	**80% / 20% AD**	**60% / 40% AD**
Office Visits		
Primary Care	80 / 20 AD	60 / 40 AD
Preventive **	Covered 100%	60 / 40 AD
Specialists or Secondary Care Provider	80 / 20 AD	60 / 40 AD
Chiropractic	80 / 20 AD	60 / 40 AD
Diagnostic Lab & X-Ray Services		
Minor (In Office)	80 / 20 AD	60 / 40 AD
Major	80 / 20 AD	60 / 40 AD
MRI (Stand-Alone Imaging Center) †	Covered 100% AD	60 / 40 AD
Hospital Services		
Outpatient	80 / 20 AD	60 / 40 AD
Inpatient	80 / 20 AD	60 / 40 AD
Maternity	80 / 20 AD	60 / 40 AD
Emergency Services		
Urgent Care	80 / 20 AD	60 / 40 AD
Emergency Room	80 / 20 AD	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits
Mental Health Services		
Inpatient	80 / 20 AD	60 / 40 AD
Outpatient	80 / 20 AD	60 / 40 AD
Outpatient - *Office*	80 / 20 AD	60 / 40 AD
Prescriptions (Generic Required)		
Pharmacy	80 / 20 AD	Not Covered
Maintenance Drugs or Mail Order	80 / 20 AD	

	$3,500 High Deductible Health Plan (HDHP) Employee Rates	
Coverage Type	Monthly	Monthly Non-Compliant
Employee	$0.00	$90.94
Two Party	$0.00	$190.97
Family	$0.00	$272.81

AD: After Deductible

PCY: Per Calendar Year

***** Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

****** Please refer to your provided Aetna materials for a full list of covered preventive services and limitations.

† Please see page 9 for details on Stand-Alone Imaging Center benefit.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided Aetna materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from People Operations or at **www.aetna.com**.

Health Savings Account (HSA): 2024-2025

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax advantaged account that can be used to pay eligible medical expenses not covered by an insurance plan including deductibles and coinsurance. You can fund your HSA with pre-tax dollars. In addition, your employer makes a contribution to your HSA as shown below.

Who is eligible for a Health Savings Account?

Anyone who satisfies all of the following:

- Covered by a Qualified High Deductible Health Plan (QHDHP);
- Not covered under another health plan;
- Not enrolled in Medicare A or Medicare B benefits;
- Not eligible to be claimed on another person's tax return; and,
- Not enrolled in a Flex Spending Account (FSA) *or* Health Reimbursement Arrangements (HRA).

What is a deductible?

It is a set dollar amount, determined by your plan, that you must pay out of pocket or from your HSA account before insurance coverage for medical expenses can begin.

What is the difference between an HSA and Flexible Spending Account (FSA)?

- An HSA can rollover unused funds from year to year indefinitely.
- FSA contribution limits are lower than for HSAs. In addition, not all FSAs have a rollover feature, and those that do can only rollover a limited amount.
- An HSA is employee-owned vs. company owned, which means it will follow you wherever you go.

When do I use my HSA?

After visiting a physician, facility, or pharmacy, request that they submit your claim to your Medical Carrier for payment. You should make sure that your provider has your most up-to-date insurance information. Once the claim has been processed, any out of pocket expenses will be billed. At this time you may choose the following options:

- Use your HSA debit card or HSA check to pay for any out of pocket expenses.
- Write a personal check, receiving reimbursement at a later date.
- Save your HSA dollars for future medical expenses.

You should always ask that your claim be submitted to the health plan before you seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. Also, remember to keep all medical receipts and Explanation of Benefits (EOBs) to support your personal tax record. You should keep these records for at least four years.

How does a Health Savings Account Work?

Part 1: Qualified High Deductible Health Insurance Plan	Part 2: Health Savings Account
Intended to cover serious illness or injury after the deductible is met	Pays for out of pocket qualifying medical expenses incurred before the deductible is met

How is an HSA used to pay for medical care?

1. Employee and/or employer funds an HSA account.
2. Employee seeks medical services.
3. A bill for medical services is submitted as a claim to your insurance carrier and paid in part according to your HDHP, subject to a deductible and coinsurance.*
4. Employee can pay the remaining amount with a debit card or check from their HSA account.
5. This process is repeated until the out of pocket maximum is reached, after which the employee generally should be covered for almost all network eligible expenses.

* Subject to plan design, check your Benefits Summary. Preventive care may be covered at 100%.

How much can be contributed to an HSA?

As mandated by federal law, the Annual Contribution limits are:

Type of Coverage	2024 Maximum Annual Contribution
Individual	$4,150
Two Party	$8,300
Family	$8,300

Individuals age 55 or older may be eligible to make a catch up contribution of $1,000 in 2024.

Does my employer contribute to my HSA?

hh2 has elected to contribute the following amounts. These amounts apply towards your Annual Maximum Contribution:

Type of Coverage	2024 Employer Annual Contribution
Individual	$1,500
Two Party	$2,250
Family	$3,000

Can I contribute to both an HSA and FSA in the same year?

You **may not** contribute to or use a general purpose health FSA and an HSA. However, contributions to a Limited Purpose FSA, which only allows reimbursement of certain expenses that are not eligible for payment under the High Deductible Health Plan (HDHP), are permissible. The Limited Purpose FSA allows HSA-covered employees to pay for dental and vision expenses that are not covered by insurance. However, it **does not** allow you to pay for other medical expenses, until you have reached your HDHP medical deductible. Your employer **HAS NOT** established a limited FSA to allow employees to contribute pre-tax dollars to an account.

What if I am a new hire or have a special enrollment and enroll in an HSA in the middle of a year?

If you enroll in an HSA and corresponding HDHP at any time other than the start of the calendar year, so long as you enroll by December 1, you may still contribute the maximum amount allowed for the calendar year (see the chart on the previous page). However, the IRS requires you to participate in the HDHP during a subsequent testing period (generally through the end of the following year). Failure to do so will result in adverse tax consequences.

Why should I elect an HSA?

- Cost Savings
- Tax Benefits:
  - HSA contributions are excluded from federal income tax.
  - Interest earnings may be tax free.
  - Withdrawals for eligible expenses are exempt from federal income tax.
- You generally pay a lower plan premium for a HDHP than a traditional indemnity plan.
- Unused money is held in interest-bearing savings or investment accounts from year to year.

Note: Many states have passed legislation to provide favorable state tax treatment for HSAs. However, in a small number of states, amounts contributed to HSAs and interest earned on HSA accounts could be included in the employee's compensation for state income tax purposes.

Long-Term Financial Benefits

- Save for future medical expenses, including retiree medical
- Funds roll over year to year
- This is your account - you take it with you. If you leave your employer you can do the following:
  - Leave your funds in your current HSA account;
  - Transfer your funds to an HSA with your new employer; or
  - Transfer your funds to another qualifying account within 60 days.

Choice

- You control and manage your health care expenses.
- You choose when to use your HSA dollars to pay your health care expenses.
- You choose when to save your HSA dollars and pay health care expenses out of pocket.
- You can choose to increase or decrease your election during the year.

Can I use my HSA dollars for non-eligible expenses?

Money withdrawn from an HSA account to reimburse non-eligible expenses is taxable income to the account holder and is subject to a tax penalty. If the account holder is over age 65 OR disabled, the distribution amount (if for a non-eligible expense) Is still considered taxable income; however, the tax penalty IS waived.

When can I start using my HSA dollars?

You can use your HSA dollars for any qualifying expense incurred after your HSA account activation and once contributions have been made.

Can my HSA dollars be used for retirement health care costs?

Yes, for expenses eligible for reimbursement, and Medicare and other health coverage premiums after age 65.

Can I use the money in my account to pay for my dependents' medical expenses?

Yes, you can use the money in the account to pay for medical expenses of yourself, your spouse, or your dependent children. You can pay for expenses of your spouse and dependent children even if they are not covered by your HDHP.

For questions on your HSA:

National Benefit Services *(NBS)*
800-274-0503; 6 AM - 6 PM MST *(Mon-Fri)*
Fax: 844-438-1496
Email: service@nbsbenefits.com

Employee Self-Service:

www.my.nbsbenefits.com
- Download the NBS Mobile App via App Store or Google Play
- View account balances
- Submit and view claims
- View reimbursement history
- Pay Providers
- *And more!*

Pharmacy Savings: 2024-2025

Aetna **Member Rx Plan**

Generic drugs are as safe as the brand name versions & will save you money

While you may pay less with generics, you won't lose out on quality. U.S. Food and Drug Administration (FDA)-approved generic drugs must be equivalent to the brand-name drug in:

- Dosage
- Safety
- Strength
- Quality
- The way it works
- The way it is taken
- The way it should be used

- **Most times, your doctor will let you take a generic version of a drug.**
  Your pharmacy will also usually fill your prescription with a generic if one is available. This means you can save money with every refill.
- **Check what you'll pay with a few clicks.**
  Log in to your member website at ***www.aetna.com*** to compare the costs of generic and brand name drugs, to estimate the cost of a drug from your local pharmacy versus the cost of the same drug from our mail-order pharmacy, and see how much you can *SAVE!*
- **Choosing a generic drug.**
  If a generic is available and you choose to get the brand instead, ***you'll pay the difference*** in cost between the brand and the generic and the applicable plan co-pay. This could result in a significant increase in your out-of-pocket expenses. If you want to try a generic version, talk to your doctor about changing your prescription. If you can't tolerate the generic or have had an adverse reaction, talk to your doctor about requesting an exception.

How your specialty medicine is covered

Your pharmacy plan covers some drugs, and your medical plan covers others. Depending on your plan, you may need to pay a co-payment or co-insurance. And certain drugs require pre-certification. This just means you need approval from the plan before they'll be covered. Talk with your provider or call us at ***1-888-792-3862*** (number on back of your ID card) with any questions about your prescriptions or medications.

- **Your care team**

The nurses and pharmacists who are specially trained in your condition will help you understand how to use your medicine. They'll also remind you when it's time to refill, help you stay on track with your treatment, and help manage any symptoms and side effects.

CVS Specialty provides delivery to your home, doctor's office, a CVS Pharmacy® or any place you choose, at no added cost.† They'll provide package tracking for prompt delivery and offer flexible payment options.

Here's what's new

Aetna®, a CVS Health® company, has collaborated with PrudentRx exclusively for a program that may help save you money on your specialty prescription. This innovative plan design includes all specialty medications on your plan's specialty drug list, as well as select high-cost specialty limited distribution drugs (LDDs) – outlined in your plan's PrudentRx program drug list.

- **How it works.**
  A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive engagement process to facilitate enrollment and help you obtain non-need based manufacturer assistance where applicable. * Participating members will have a ***$0 out-of-pocket*** cost on eligible specialty medications!
- **How to get started.**
  Your enrollment in the program will begin automatically, but additional steps may be needed. ** You can choose to opt-out at any time. ‡

Pharmacy Customer Service
Visit: www.aetna.com Or Call: 888-792-3862

† Where allowed by law.

* Not all specialty prescriptions offer manufacturer assistance. Eligibility for third-party Co-pay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Co-pay assistance program may not be used with any Federal health care program.

** Some manufacturers require you to sign up to obtain co-pay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the co-pay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the co-pay assistance for any medication that you take.

‡ If you choose to opt out of the program or if you do not affirmatively enroll in any Co-pay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications.

Imaging Center MRIs: 2024-2025

Aetna - Updated Benefit

Save Money on Your Next MRI!

When you visit your provider and it's determined that you may need an MRI, many times the provider will hand you an order and point you in the direction of where to go to get the MRI. In many cases, it's at a hospital.

Did you know you can elect where to have your MRI from multiple in-network facilities? You have a choice – and your choice can save you money!

Effective 4/1/2024 there has been a change to your Hogan & Associates Construction medical plan benefit that will dramatically help with the cost of an MRI provided the following conditions are met:

Receive a doctor's order for an MRI (and a pre-authorization, if applicable) and complete the MRI at an **in-network stand-alone Imaging Center** (vs. a hospital or impatient facility) and your cost will be:

- **$500 Base Medical Plan** - $15 Co-pay
- **$250 Buy Up Medical Plan** - $15 Co-pay
- **$3500 HDHP Medical Plan** - Covered 100% after deductible

Again, standard Doctor's Order and pre-authorizations through Aetna will apply. It is important to note **if you get your MRI completed at a hospital or other facility not considered a stand-alone Imaging Center, your cost will be 20% after deductible has been met.**

Additional imaging reading costs may apply through the Stand-alone Imaging Center or through your Primary Care Physician.

For your convenience, below you will find a list of in-network, stand-alone Imaging Centers in your area.

In-Network Imaging Centers:

First Choice Imaging (Wasatch Imaging & Tooele Valley Imaging) **– Sandy & Tooele, UT**
(801) 572-7629 | 9844 S 1300 E, #175, Sandy, UT 84094
www.wasatchimaging.net
(435) 882-7674 | 2356 N 400 E, Bldg B, Suite 103, Tooele, UT 84074
www.firstchoice-imaging.com/locations/tooele

Coral Desert Imaging Center – St. George, UT
(435) 986-2238 | 1490 East Foremaster Drive, Building C, St. George, UT 84790
www.coraldesertsurgery.com/

Valley Imaging / Mountain Medical – Ogden & Murray, UT
(801) 475-4552 | 1486 E Skyline Drive, Suite 100, So. Ogden, UT 84405
(801) 713-0600 | 5323 S Woodrow Street, Suite 100, Murray, UT 84107
www.mtnmedical.com

Blue Rock Medical / Alpharad – Provo, UT
(801) 229-2002 | 3152 N. University Ave, Provo, UT 84604
www.bluerockmedical.com

Radiology Center of Revere Health – Provo & American Fork, UT
(801) 812-4624 | 1055 N 500 W, Building C #112, Provo, UT 84604
(801) 492-5993 | 1175 E 50 S, #141, American Fork, UT 84003
www.reverehealth.com/specialty/imaging

Note: Provider list subject to change; please confirm in-network status of provider with Aetna prior to visiting a facility/provider. Standard pre-authorizations will apply. Refer to your medical plan documents for details or call Aetna at 877-204-9186.

Telemedicine Services: 2024-2025

Aetna Teladoc Telephone Doctor Access

*Benefit available to employees and dependents enrolled in **Medical coverage***

Affordable!

Less than an urgent care or ER visit, your cost is never more than a doctor visit!

	Aetna Medical Plan:	
Service:	$750 Choice Plan	$3500 HDHP Plan
General Teladoc visit:	$15 Co-pay	80 / 20 AD
Specialist Teladoc visit:	$30 Co-pay	80 / 20 AD

AD: After Deductible

Depending on the of nature of your Teladoc visit, the provider will submit billing codes to Aetna for processing.

Available 24 Hours a Day / 7 Days a Week!

Talk to a doctor anytime, anywhere by phone or by video. Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flue, sinus infections, bronchitis and much more.

1. **Create an Account –** use your phone, the app or the website to create an account and complete your medical history.
2. **Talk to a doctor –** request a time and a Teladoc doctor will contact you.
3. **Feel better –** the doctor will diagnose symptoms and send a prescription if necessary.

How to talk to a doctor:

1. **Visit Teladoc.com/Aetna**
2. **Call 1-855-TELADOC** (835-2362)
3. **Download the app from the Apple App Store or Google Play**

For a complete description of the Teladoc program
and the limitations of Teladoc services, visit: **Teladoc.com/Aetna.**

Employee Assistance Program: 2024-2025

Blomquist Hale - 100% Company Paid

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program provides short-term, confidential counseling for you and anyone living in your household regardless of whether you and/or they are covered under your health insurance plan at no out of pocket expense to you.

Is it Confidential?

Yes, all discussions between you and the EAP counselor are confidential. Personal information is never shared with anyone (including hh2) at any time without your direct knowledge and approval. Exceptions are made only in cases governed by law to protect individuals threatened by violence.

Employee Assistance Program counselors are experienced, caring professionals who hold a Master's degree in counseling or a related field. They are certified or licensed by the appropriate state agency.

Counselors use a solution-focused therapy model and teach you how to resolve your unique problem while providing caring support along the way.

The entire cost of EAP services is covered in a monthly fee paid by hh2. All EAP services are free to you with no co-pay or deductible required.

There is no specific limit to the number of sessions available; Blomquist Hale uses a solution focused approach. Should you elect to receive mental health services through your medical benefit, Blomquist Hale will not absorb the cost.

How do I make an Appointment?

Setting up an appointment is as simple as calling the office. **Crisis cases are seen the same day, generally within a few hours.** No paperwork or approval is needed and there is no charge. Counselors are available around the clock for emergency and crisis situations.

Seeking help early minimizes the chances of problems escalating and requiring more extensive services. Often, a few visits with a counselor are all you need to gain perspective and regain a sense of control over your life.

Download the Blomquist Hale app to your smart phone!

The Blomquist Hale app gives you direct access to mental health resources such as webinars, informational handouts, articles and more! Simply search Blomquist Hale on the Apple App Store or Google Play.

To reach an EAP Representative
Call 1-800-926-9619 or
801-262-9619

All services are free and accessible
24 hours a day, 365 days a year.

The EAP is your resource for everything from the everyday to the unexpected.

At times, we can all use help with a personal problem or issue that is interfering with our life or work. Most people experience personal or family challenges in the course of their lives. Our professional counselors are available to discuss the issues you face in your life, including:

Life Changes	Legal Advice
Birth/Adoption	Finances
Child Care	Elder Care
Parenting	Relationships
Family Conflicts	Grief /Loss
Stress	Aging
Depression	Drugs/Alcohol
Job Pressures	Eating Disorders

Call 1-800-926-9619 or 801-262-9619
Visit www.blomquisthale.com

Health Reimbursement Arrangements (HRA): 2024-2025

hh2

The Health Reimbursement Arrangement (HRA)

hh2 employees who are enrolled in the $750 Choice plan offered by the company, can get reimbursed up to $50 per family per year toward amounts that you have paid toward your prescription drug deductible.

Employees who elect the High Deductible Health Plan (HDHP) medical plan and Health Savings Account (HSA) option will not be eligible to submit for reimbursement through the HRA.

To receive reimbursement: Verify your expenses by saving your receipts and submit them together with the Rx voucher to:

Please refer to voucher on page 22

hh2

Attn: **Laurie Orchard**
Email: **lorchard@hoganconstruction.com**
Fax: **801-951-7100**
Mailing address: **940 N 1250 W Centerville, UT 84014**
For questions, contact Laurie at: **801-951-7000**

Reimbursement Accounts: 2024

National Benefit Services **January 1, 2024 through December 31, 2024**

Reimbursement accounts enable you to pay certain qualified expenses using tax-free dollars. Depending on your personal tax rate, this can save you 10-30% or more on medical, dental, vision, and/or dependent care out of pocket costs.

The following accounts may be available to you:

Flexible Spending Account (FSA)

This account allows you to set aside up to $3,200 in pretax dollars to pay most out of pocket medical, dental, or vision care expenses, including: medical and dental deductibles and co-payments, eye glasses, dental, and orthodontic work not covered by insurance.

Dependent Care Assistance Plan (DCAP)

This account lets you set aside up to $5,000 in pre-tax dollars to pay for eligible dependent care expenses so you (and, if married, your spouse) can work.

The Advantages

There are some significant advantages to using the above reimbursement type accounts. Income directed to a reimbursement account is tax free. When you pay less in taxes, you receive more spendable income. These accounts can save you 10-30% or more, depending on your personal tax rate. Convenient payroll deductions help assure that you will have money available for out of pocket health and/or dependent care expenses.

How It Works

During annual enrollment, you decide how much you want to deposit into your reimbursement account(s). That amount is deducted evenly during the calendar year from your paycheck before taxes are taken out. When you have an expense that qualifies, you pay the bill, submit a claim, and you are reimbursed with tax-free dollars from your account.

Eligibility

You will be eligible to participate in the account(s) on the first day of the month following your date of hire. The following are additional guidelines for determining eligible expenses:

- Expenses are for services received during the calendar year (Jan. 1 to Dec. 31).
- Expenses are not covered by any health care plan in which you are enrolled.
- The IRS would otherwise let you deduct the expenses from your income taxes.

The Dependent Care Assistance Plan

With the Dependent Care Account you can set aside tax-free income to pay for qualified dependent care expenses, such as day care, that you normally pay with after-tax dollars. You must meet the following criteria in order to set up this account:

- The DCAP expense is incurred to allow both you and your spouse work;
- You are a single head of household; or
- Your spouse is disabled or a full-time student

Qualified dependents include children under 13 and/or dependents who are physically or mentally handicapped and the expense must be incurred to allow you to work. If your spouse is unemployed or doing volunteer work you cannot set up a reimbursement account. Each calendar year the IRS allows you to contribute the following amounts, depending on your family status:

- If you are single, the lesser of your earned income or $5,000
- If you are married, you can contribute the lowest of:
  - Your (or your spouse's) earned income
  - $5,000 if filing jointly, or $2,500 if filing separately

Rollover Option

If you don't use all the pre-tax dollars you deposited in your FSA account during the plan year, you may roll over up to $640 into the next plan year. (The rollover amount does not count toward the $3,200 yearly maximum FSA contribution limit.) Any remaining unused balance at the end of the plan year will be forfeited. If you do not use all of the pre-tax dollars you deposited in your DCAP account, you will forfeit any balance in the account at the end of the plan year. You have 90 days after the plan year ends to submit claims for expenses incurred during that plan year.

Once Enrolled, You May Not Change

Once you have designated how much you want to contribute on an annual basis to one or both of your reimbursement accounts, you cannot stop or change your contributions unless you have a Qualifying Change Event as defined and limited by the IRS. See Qualifying Change rules earlier in this guide.

Reimbursements

To claim reimbursements, fill out a claim form and attach any supporting information. For healthcare, this will include receipts showing the amount you paid and the date(s) on which you or a dependent received services. For dependent care, this may include any contracts, letters, or receipts. You may send this information to National Benefit Services via email, fax, or standard mail.

Website: **www.nbsbenefits.com**
Email: **service@nbsbenefits.com**
Fax: **800-478-1528 / 801-355-0928**
Mailing Address: **P.O. Box 6980, West Jordan, Utah, 84084**

Dental Plan: 2024-2025

hh2 offers the following dental plan through EMI Health:

	Choice Indemnity		
	Advantage Plus Network	Premier Network	Non Network *
Deductible	$50 Single / $150 Family		
Maximum Annual Benefit - *Dental*	$1,000 Per Individual		
Coinsurance	Carrier Pays / Member Pays - See Amounts Below		
Preventive & Diagnostic Services	No Waiting Period		
Exams, Cleanings, Fluoride, X-Rays	Covered 100%	Covered 100%	100% of R&C Covered
Basic Services	No Waiting Period		
Fillings, Non-Surgical Extractions	80 / 20 AD	80 / 20 AD	80 / 20 of R&C - AD
Major Services	No Waiting Period		
Bridges, Crowns, Oral Surgery, Implants	50 / 50 AD	50 / 50 AD	50 / 50 of R&C - AD
Endodontic & Periodontic Services	Covered under Basic Services		
Maximum Lifetime Benefit - *Orthodontia*	$1,000 Per Individual		
Orthodontic Services	No Waiting Period		
All Members	50 / 50	50 / 50	50 / 50
Specialists	Pays the same as a General Dentist		

Coverage Type	Choice Indemnity Employee Monthly Rates
Employee	$0.00
Two Party	$40.50
Family	$70.00

AD: After Deductible

R&C: Reasonable & Customary Fees

* Member will be responsible for amounts billed by non-participating providers in excess of eligible dental expense amount.

For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from People Operations or at **www.emihealth.com**.

Vision Plans: 2024-2025

hh2 offers the following vision plan through Samera Health:

	E100 Basic Plan Reimbursement	E120 Premier Plan Reimbursement
Eye Exam	**Once Every 12 Months**	
Eyeglass or Contact Exam	Up to $40 Allowance	Up to $45 Allowance
Frames	**Once Every 12 Months**	
Allowance Based on Retail Pricing	Up to $100 Allowance	Up to $120 Allowance
Lenses	**Once Every 12 Months**	
Single Vision, Bifocal, Trifocal, Standard Progressive, Premium Progressive	Up to $60 Allowance *(For One Pair of Lens)*	Up to $70 Allowance *(For One Pair of Lens)*
Lens Options		
Tint (Solid or Gradient), UV Coating, Standard Scratch Resistance, Standard Polycarbonate, Standard Anti-Reflective, Other Add-ons and Services	Up to $50 Allowance *(Combined Lens Option Benefit)*	Up to $100 Allowance *(Combined Lens Option Benefit)*
Contacts (In Lieu of Glasses)	**Once Every 12 Months**	
Conventional, Disposable, Medically Necessary	Up to $100 Allowance	Up to $120 Allowance
LASIK or PRK		
Retail Pricing & Promotional Pricing (On Lasik Procedures at Hoopes Vision)	Up to $1,200 Discount	Up to $1,200 Discount

Coverage Type	Employee Monthly Rates E100 Basic Plan	E120 Premier Plan
Employee	$6.06	$6.67
Two Party	$11.47	$12.62
Family	$16.86	$18.55

This is a reimbursement plan. Use any provider.

For a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources.

For Reimbursement
Locate a reimbursement form at **www.samerahealth.com/claim-reimbursement**,
complete and send in along with your itemized receipt to:
Samera Health
PO Box 126, Smithfield, UT 84335

Fax: 435-563-4035

Or scan and e-mail the claim to: vision@samerahealth.com

Or submit reimbursement through the Samera Health App.

Download via the App Store or Google Play.

Members may use ANY provider and receive the benefits stated above by submitting an itemized receipt.
Members may also access Cache Premier Vision to find providers who will offer a discount and submit a claim on the member's behalf.
You may locate Cache Premier Vision providers at **www.samerahealth.com/find-care**

Life Insurance Plans: 2024-2025

The Hartford **Basic Life, AD&D** - 100% Company Paid

Each eligible employee can receive basic life insurance for themselves. Benefits reduce to 65% at the insured's age 65, to 50% at age 70, and to 35% at age 75. AD&D benefits match this reduction schedule. Life and AD&D benefits terminate upon retirement. Basic Term Life insurance includes waiver of premium coverage. The waiver of premium does not apply to any AD&D benefits.

Benefits	
Employee Life Insurance	$10,000
Accidental Death & Dismemberment (AD&D) - **Employee Only**	$10,000
Seatbelt Benefit - **Employee Only** (Paid for a death resulting from an auto accident while properly wearing a seatbelt.)	10% of Principal Sum, up to $10,000
Airbag Benefit - **Employee Only**	5% of Principal Sum, up to $5,000

Please see Certificate of Coverage summary for more detailed benefit information.

Voluntary Supplemental Life - 100% Employee Paid

Supplemental group term life insurance is available on a voluntary basis. This coverage is in addition to the company provided amounts and the premiums are 100% employee paid through payroll deduction.

Coverage	Benefits	Increments	Guaranteed Issue
Employee Voluntary Life Insurance	5× salary to maximum of $500,000 of coverage	$10,000	$150,000
Spouse Voluntary Life Insurance	Coverage cannot exceed 50% of the Employee's Supplemental Coverage amount up to $100,000	$5,000	$50,000
Unmarried Dependent Child(ren) Life Insurance From 15 Days to 19 Years	$10,000 of coverage	—	$10,000

All supplemental insurance amounts can be purchased at any time and are subject to evidence of insurability. Each applicant must complete a Group Life Health Form. Insurance will become effective on the first of the month following underwriting approval by The Hartford. Supplemental life benefits will reduce to 65% at the insured's age 65, to 50% at age 70, and to 35% at age 75. Benefits terminate upon retirement. Supplemental life offers a right of conversion. Enrollment forms are available from People Operations.

Please see Certificate of Coverage summary for more detailed benefit information.

Monthly Rates Per $1,000 of Coverage

Age	Employee & Spouse*
29 & Under	$0.08
30 to 34	$0.08
35 to 39	$0.12
40 to 44	$0.20
45 to 49	$0.33
50 to 54	$0.59
55 to 59	$0.98
60 to 64	$1.30
65 to 69	$2.04
70 to 74	$3.59
75 to 79	$5.90
Monthly Dependent Life	$2.00 per $10,000 of coverage (Rate is fixed - Regardless of number of children)

* Spouse rates are based on employee's age.

Supplemental Accidental Death and Dismemberment (AD&D) - 100% Employee Paid

A Supplemental AD&D Policy is available to you through The Hartford. All amounts are Guarantee Issue, and are not medically underwritten. You are eligible for a minimum of $10,000, in $10,000 increments, to a maximum of $500,000 (Benefit amounts limited to 10 × annual salary). Employee cost is $0.06 per $1,000. Supplemental Life benefits will reduce to 65% at the insured's age 65, to 50% at age 70, and to 35% at age 75.

Disability Insurance Plans: 2024-2025

The Hartford **Voluntary Short-Term Disability** - 100% Employee Paid

Short Term Disability (STD) insurance replaces a percentage of your income on a weekly basis in the event that you are unable to work due to an accident or illness. Please see Certificate of Coverage summary, provided by The Hartford, for more detailed benefit information.

Benefits

Weekly Benefit	60% of your Weekly Salary up to $2,000
Maximum Benefit Period	11 Weeks
Elimination Period - *Injury*	15 Days
Elimination Period - *Sickness*	15 Days
Maternity	Covered as any other Sickness (See Certificate for more Details)
Definition of Earnings	Base Salary Only (Overtime, Bonuses and Commissions are excluded)
Pre-Existing Condition Restrictions	None

Rates Per $10 of Coverage

Age	Monthly Rate
23 & Under	$0.23
24 to 29	$0.24
30 to 34	$0.23
35 to 39	$0.27
40 to 44	$0.27
45 to 49	$0.33
50 to 54	$0.43
55 to 59	$0.52
60 to 64	$0.63
65 & Over	$0.70

The Hartford **Voluntary Long-Term Disability** - 100% Employee Paid

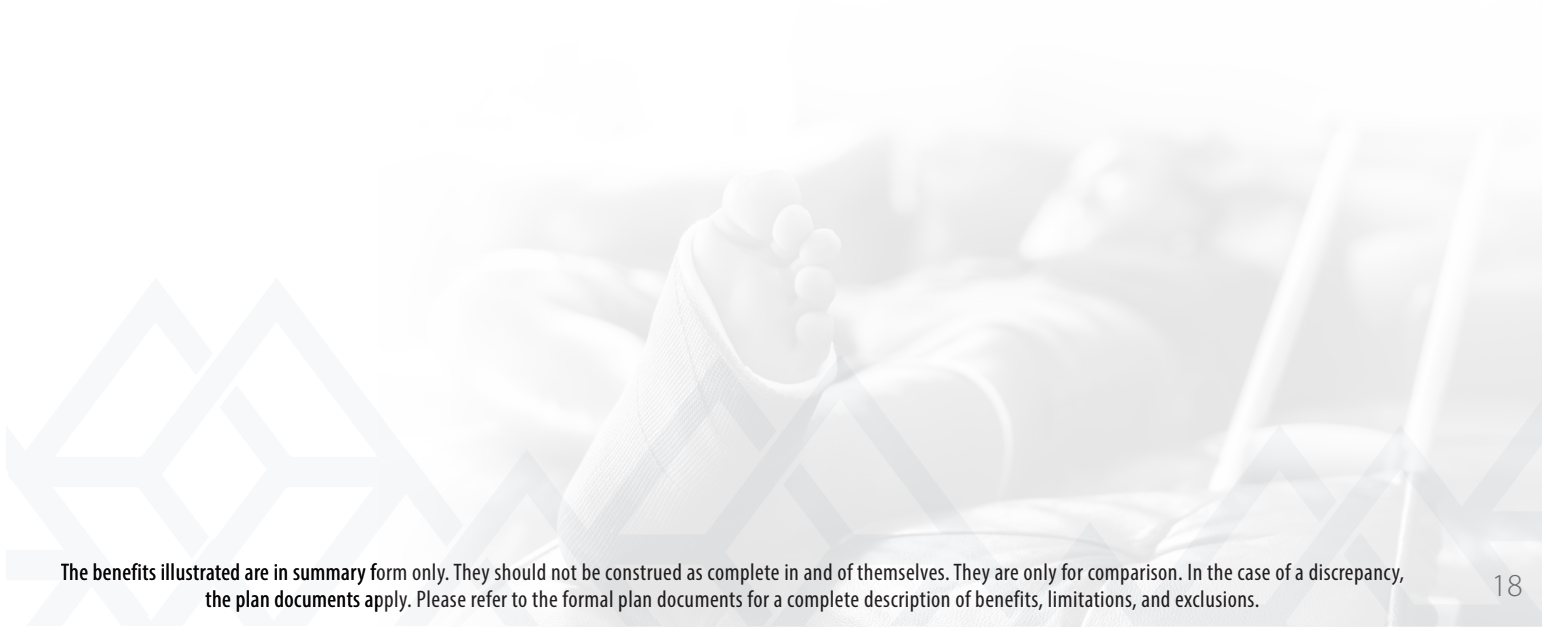
Long Term Disability (LTD) insurance replaces a percentage of your income on a monthly basis in the event that you are unable to work due to an accident or illness. Please see Certificate of Coverage summary, provided by The Hartford, for more detailed benefit information.

Benefits

Monthly Benefit	60% of your Monthly Salary up to $8,000
Maximum Benefit Period	Social Security Normal Retirement Age (SSNRA)
Elimination Period	90 Days
Definition of Disability	Unable to Perform one or more of the Main Duties of his or her Own Occupation.
Mental & Nervous / Substance Abuse	24 Months
Definition of Earnings	Base Salary Only (Overtime, bonuses, and commissions are excluded.)
Pre-Existing Condition Restrictions	6 Months on Plan / 12 Months Look-back

Rates Per $100 of Coverage

Age	Monthly Rate
23 & Under	$0.26
24 to 29	$0.32
30 to 34	$0.38
35 to 39	$0.57
40 to 44	$0.91
45 to 49	$1.55
50 to 54	$2.38
55 to 59	$2.91
60 to 64	$3.01
65 & Over	$2.79



Additional Benefits: 2024-2025

These benefits generally are NOT sponsored or endorsed by your employer, including for purposes of federal and state law, so federal ERISA law is inapplicable.

The Hartford **Travel Assistance, Estate Guidance & Will Services, and Funeral Concierge Services** - 100% Company Paid

*Benefits available to employees enrolled in **Basic Life.***

Benefits are provided to the employee, their spouse/domestic partner, and their dependent children to the age of 26.

Travel Assistance with ID Theft Protection

This benefit includes pre-trip information to help you feel more secure while traveling. It can also help you access professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less. ID Theft services are available to you and your family at home or when traveling. In case of a serious medical emergency while traveling, please obtain emergency medical services first (contact the local "*911*"), and then contact Travel Assistance to alert them.

Call toll-free: 1-800-243-6408

– *From other locations call collect:* **202-828-5885**

What to have ready:

1. Your employer's name
2. Your phone number
3. Nature of the problem
4. Policy number (0FL864248)
5. Your Travel Assist ID number (FLD-09012)

Estate Guidance & Will Services

Create a simple will from the convenience of your home. Whether your assets are few or many, it's important to have a will. Through The Hartford you have access to EstateGuidance®. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys.

Visit: www.estateguidance.com

– *Use code:* **WILLHLF**

Funeral Concierge Services

The Hartford's Funeral Concierge offers a suite of online tools and live support to help guide you through key decisions. It allows for pre-planning, documentation of wishes, and even offers cost comparisons of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings.

Call toll-free: 1-866-854-5429

Visit: www.everestfuneral.com/hartford

– *Use code:* **HFEVLC**

The Hartford **EAP** - 100% Company Paid

*Benefit available to employees enrolled in **Long Term Disability.***

Benefits are provided to the employee, their spouse/domestic partner, and their dependent children to the age of 26.

Limited Employee Assistance Program (EAP)

Ability Assist® Counseling Services with HealthChampion℠ Health Care Support

Ability Assist Counseling Services offers 24 hour, 7 day a week access to master's and Ph.D. level clinicians. Includes three face-to-face visits per occurrence per year for emotional concerns such as relationship/marital conflicts, stress, anxiety or depression, substance abuse, child and elder care referral services – and unlimited phone consultations for financial, legal and work-life concerns. Health Champion offers support if you've become disabled or are diagnosed with a critical illness. You'll receive guidance on care options, helpful resources and help with timely and fair resolution of issues.

Call toll-free: 800-964-3577

Worksite Products: 2024-2025

Fidelity **401(k) Profit Sharing Plan** - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer, including for purposes of federal and state law, so federal ERISA law is inapplicable.

We strongly encourage all eligible employees to take this opportunity to plan for their retirement. You will be eligible to participate in the Plan when you have satisfied the following eligibility condition(s). However, you will actually become a participant in the plan once you reach the entry date as described below.

- Attainment of age 18.
- Completion of 3 consecutive month(s) from your date of employment during which you must complete 250 hours of service.
- The entry dates are below:

January 1st | **April 1st** | **July 1st** | **October 1st**

By enrolling in the hh2 401(K) plan, you become eligible to put aside a certain percentage of your income each pay period and invest it on a tax deferred status (this means that you do not pay taxes on that income until you draw from the plan at or after the age of 59 ½ or until you terminate the plan). ***** There is a penalty for early termination. *****

In addition to the income you set aside, hh2 will match a portion of your contributions. hh2 will match dollar for dollar up to 3% of your plan compensation deferred for the year; plus 50% of the next 1% of your plan compensation deferred for the year; plus 50% of the next 1% of your plan compensation deferred for the year. This means that if you defer 5% of your income for the year, hh2 will match up to 4%.

To enroll in the hh2 401(k) Profit Sharing Plan you will need to do the following:

To Create Your Fidelity Account

1. Go to www.401k.com
2. Click on "Get Started."
3. Click on "Enroll Now" and add your name, DOB, and the last four of your SSN.

Add Your Contributions

1. In netbenefits.com, click on "View Summary."
2. In netbenefits.com, click on "Contributions."
3. In netbenefits.com, click on "Contribution Amount."
   a. Where it says, "Employee deferral," add your desired election. Or you can add a flat dollar amount. In addition, there is an option for a Roth Deferral.

Add Your Investment Options

Contact Marv Ellis Jr. who can help you with your investment options. Marv is hh2's 401(k) broker. Marv's contact information is below.

Company Name: **Wasatch Health**
Address: **533 West 2600 South Suite 210 Bountiful, UT 84010**
Office Phone: **801-295-7373**
Cell Phone: **801-698-6540**
Email: **marv.ellis.jr@raymondjames.com**

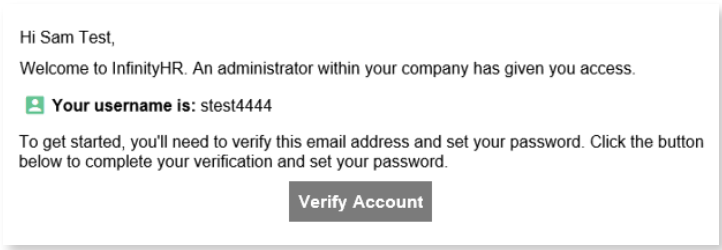
Online Enrollment: 2024-2025

InfinityHR **Enrollment System** - Instructions for enrolling in your benefits online

If you have previously logged into the system
you can start this process on step 3
in order to log in for open enrollment.

1 - You will receive two emails from the system:

The first email is an account verification email that will provide a Username and include a link to verify your account. You can set up your password by clicking the "**Verify Account**" button:



Hi Sam Test,

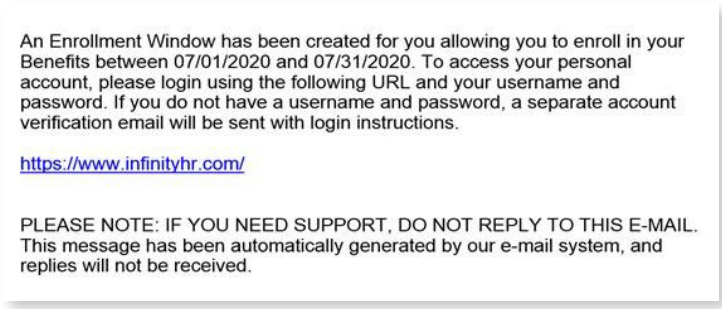
Welcome to InfinityHR. An administrator within your company has given you access.

Your username is: stest4444

To get started, you'll need to verify this email address and set your password. Click the button below to complete your verification and set your password.

Verify Account

The second email will outline the enrollment window dates and provide the URL for the Arcoro site. (See example email below).



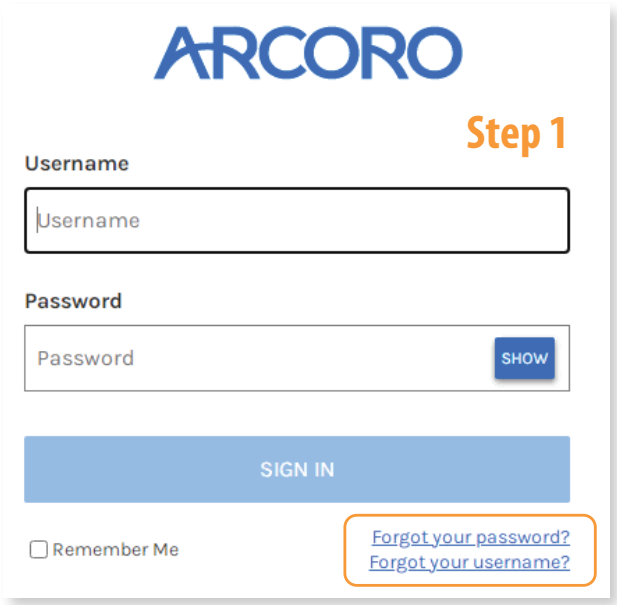
An Enrollment Window has been created for you allowing you to enroll in your Benefits between 07/01/2020 and 07/31/2020. To access your personal account, please login using the following URL and your username and password. If you do not have a username and password, a separate account verification email will be sent with login instructions.

https://www.infinityhr.com/

PLEASE NOTE: IF YOU NEED SUPPORT, DO NOT REPLY TO THIS E-MAIL. This message has been automatically generated by our e-mail system, and replies will not be received.

2- Once you have created a new password, you can use the URL below to access the site: www.infinityhr.com

3- Once you are in the site you will see the following box. You will use the username that was emailed to you and the password that you just created to log in. Once you enter your username and password and click "**Sign In**", you will be logged into the site.



- If you have forgotten your password you can click on "**Forgot your password**", which will email you a link to reset your password.
- If you have forgotten your username you can click on "**Forgot your username**", which will email you a link that will allow you to follow a process to get your username.

4- Once you have logged into the Arcoro system, you will be taken to the your company's home page. From here you will see "New Hire Event or Open Enrollment Event" in the drop down box, click on "**Begin Event**" to make your elections.

Rx Voucher

This Voucher good for a one-time reimbursement for deductible amounts required in connection with your Prescription Drug Card benefit.

hh2 Construction Connected

MAXIMUM VALUE

$50.00

Qualification

To receive your reimbursement, you must be an employee of **hh2** and enrolled in the $750 Choice Health Insurance plan offered by the company at the time you were required to pay amounts toward a prescription drug card deductible. Employees who elect the High Deductible Health Plan (HDHP) medical plan and Health Savings Account (HSA) option will not be eligible to submit for reimbursement through the HRA.

Instructions:

Verify your expenses by saving your receipts and submit them together with this voucher to:

hh2
Attn: Laurie Orchard
940 N 1250 W
Centerville, UT 84014
Fax: 801-951-7100 | Email: lorchard@hoganconstruction.com

Please complete the following information to process your reimbursement:

Employee Name: _____

Phone Number: _____

Mailing Address: _____

_____

_____

To the best of my knowledge, these expenses are not eligible for reimbursement from any other source.

Signature: _____ Date: _____


MORETON & COMPANY