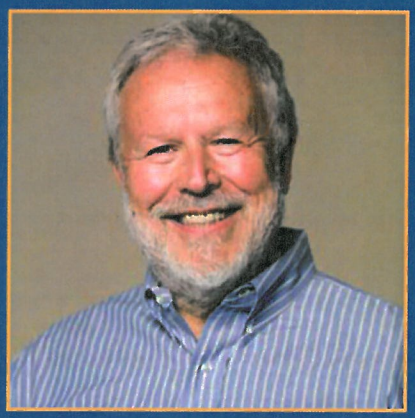
Hanford Employee Welfare Trust

HEWT

# Benefits Overview



# BENEFITS OVERVIEW

**WELCOME!** Your employer is a sponsor of the Hanford Employee Welfare Trust (HEWT) which offers you a comprehensive benefits package that meets your needs and the needs of your family.

Depending on the particular plan and/or level of coverage you elect, your employer may pay the full cost of the benefit, may share the cost with you or the total cost may be paid by you. It's an approach to benefits that supports Section 125 of the Internal Revenue Code, which allows you to get directly involved in designing your own benefits program.

We look forward to assisting you with your HEWT benefits.

## BENEFITS OVERVIEW

Included in the package are:

- *Health Care Benefits*
  Your employer pays the major share of the cost of the health plans, including medical, vision, and dental coverage for you and your family.
- *Flexible Spending Accounts (FSA)*
  Two FSA's, Health Care and Dependent Day Care, allow you to set aside money on a pre-tax basis for the purpose of paying for IRS-allowable, unreimbursed health care and/or dependent care expenses.
- *Life & Disability Plans*
  Your employer offers insurance plan options to help replace income for you and your survivors in the event of illness, injury, or death.
- *Additional Benefits*
  The company provides an Employee Assistance Program (EAP) as well as Group Universal Life (GUL) and Long-Term Care (LTC) options.

## PLAN YEAR

Each plan year begins on January 1 and ends on December 31. In the fall, you will have the opportunity to change your medical, dental, and FSA elections for the upcoming plan year.

## ELIGIBILITY

Regular full- or part-time employees of one of the HEWT sponsors who are working a minimum of 20 hours per week are eligible to participate in the HEWT benefit plans.

Eligibility begins on your first day of work or when you first become eligible and ends immediately on termination or when you are no longer eligible.

## DEPENDENT COVERAGE

In addition to electing coverage for yourself, you can elect to cover eligible dependents. For the medical and dental plans, your eligible dependents include your legal spouse or domestic partner (if certain criteria are met) and eligible children. For supplemental Life & Personal Accident Insurance, dependents include your legal spouse, domestic partner, and eligible children.

## CHANGING YOUR BENEFITS

The Internal Revenue Service (IRS) states that employees enrolled in pre-tax benefit plans may only make benefit elections once a year. As such, your medical (including vision and prescription), and dental benefit choices are binding until the next open enrollment. The following special circumstances are the ONLY reasons you may change your Healthcare benefits during the plan year:

- Marriage/domestic partner certification
- Birth, adoption or placement for adoption of an eligible child
- Divorce, legal separation or annulment
- Loss of spouse's job or change in work status where coverage is maintained through the spouse's plan
- A significant change in your or your spouse's health coverage attributable to your spouse's employment
- Death of a spouse or dependent
- Loss of dependent status
- Becoming eligible for Medicare or Medicaid during the year
- Receiving a Qualified Medical Child Support Order (QMCSO)

These special circumstances often referred to as "Qualifying Life Events" or life event changes, will allow you to make changes at any time during the year in which they occur. For any allowable change, you must notify Human Resources of the event and provide the requested documents within 31 days of the event to avoid a lapse in coverage. Changes that are requested due to a "change of mind" or financial hardship without a Qualifying Life Event, are not allowed until the next annual open enrollment period.

# Medical Benefits

Coverage choice, cost and convenience are factors each of us considers important when selecting a medical plan. You may choose between two medical plans, whichever one best meets your needs and the needs of your family. The plans cover the same types of services, but differ in how they share costs with you and how they provide access to care. Each option is summarized below and within the Medical Plan Summary on the following page.

## Option 1 – Group Health Options Plan

Group Health Options provides you with flexibility when seeking covered medical services by allowing you to receive care within or outside of the Group Health network. You will be required to elect a primary care physician (PCP), and you will maximize your coverage by having care provided or referred by your PCP. This plan offers members a combination of in- network managed services and out-of-network services, which can be from any qualified provider. In-network services usually require co-insurance after the deductible is met. Out-of-network services are subject to a higher annual deductible and a co-insurance payment, typically 30 percent of remaining covered expenses up to an annual out-of-pocket limit.

## Option 2– UnitedHealthcare PPO Plan

UnitedHealthcare PPO has access to a broad network of physicians and hospitals nationwide. The traditional plan design offers two levels of coverage—a higher level of benefits apply for in-network services, and a lower level of benefits is available for out-of-network services with somewhat higher deductibles, co-insurance and co-payments. The plan includes a full spectrum of covered services and direct access to specialists without the need to gain approval from a primary care doctor.

The company chosen to manage your prescription-drug benefit under the UnitedHealthcare PPO, Express Scripts, Inc., offers you a website tool with round-the-clock assistance, savings opportunities and important health information.

# Group Health Options Medical Plan
## effective 1/1/2013

| Benefits | Inside Network | Out-of-Network |
|---|---|---|
| **Plan Deductible—Per Calendar Year (PCY)** | Individual deductible: $150<br>Family deductible: $300 | Individual deductible: $250<br>Family deductible: $500 |
| **Individual Deductible Carryover** | 4th quarter carryover applies. | 4th quarter carryover applies. |
| **Plan Co-insurance** | Plan pays 80%, you pay 20%. | Plan pays 70%, you pay 30% of the Usual, Customary and Reasonable (UCR) charges. |
| **Out-Of-Pocket Limit** | Individual out-of-pocket limit: $1,150<br>Family out-of-pocket limit: $2,300 | Individual out-of-pocket limit: $2,875<br>Family out-of-pocket limit: $5,750 |
| **Pre-existing Condition (PEC) Waiting Period** | No waiting period for a PEC. | No waiting period for a PEC. |
| **Lifetime Maximum** | Unlimited. | Unlimited. |
| **Outpatient Services** (Office Visits) | No co-pay. Deductible and co-insurance apply. | No co-pay. Deductible and co-insurance apply. |
| **Hospital Services** | **Inpatient Services:** Deductible and co-insurance apply.<br>**Outpatient Surgery:** No co-pay. Deductible and co-insurance apply. | **Inpatient Services:** Deductible and co-insurance apply.<br>**Outpatient Surgery:** No co-pay. Deductible and co-insurance apply. |
| **Prescription Drugs** (Some Injectible Drugs may be Covered under Outpatient Services) | Formulary generic/formulary brand $15/$35 co-pay per 30 day supply. | Non-formulary generic/non-formulary brand $20/$45 co-pay for 30 day supply. |
| **Prescription Mail Order** | 2x prescription cost share per 90 day supply. | Not covered. |
| **Acupuncture** | Self-referred up to 8 visits per medical diagnosis per calendar year; additional visits when approved by the plan. No co-pay. Deductible and co-insurance apply. | No co-pay. Deductible and co-insurance apply. |
| **Ambulance Services** | Plan pays 80%, you pay 20%. | Same as in-network. |
| **Chemical Dependency** | **Inpatient:** Deductible and co-insurance apply.<br>**Outpatient:** No co-pay. Deductible and co-insurance apply. | **Inpatient:** Deductible and co-insurance apply.<br>**Outpatient:** No co-pay. Deductible and co-insurance apply. |
| **Devices, Equipment and Supplies**<br>Durable medical equipment, Orthopedic appliances, Post-mastectomy bras limited to two (2) every six (6) months, Ostomy supplies, Prosthetic devices | Covered at 80%. | Covered at 80%, deductible applies. |
| **Diabetic Supplies** | Insulin, needles, syringes and lancets–see Prescription drugs. External insulin pumps, blood glucose monitors and supplies–see Devices, Equipment and Supplies. Diabetic test strips related to glucose monitor are covered in full. Blood glucose monitoring reagents and urine testing reagents are covered in full. | Insulin, needles, syringes and lancets–see Prescription drugs. External insulin pumps, blood glucose monitors and supplies–see Devices, Equipment and Supplies. Diabetic test strips related to glucose monitor are covered in full. Blood glucose monitoring reagents and urine testing reagents are covered in full. |
| **Diagnostic Lab and X-ray Services** | **Inpatient:** Covered under Hospital Services.<br>**Outpatient:** Deductible and co-insurance apply.<br>High-end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require preauthorization except when associated with Emergency care or inpatient services. | **Inpatient:** Covered under Hospital Services.<br>**Outpatient:** Deductible and co-insurance apply.<br>High-end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require preauthorization except when associated with Emergency care or inpatient services. |
| **Emergency Services** (Co-pay Waived if Admitted) | $110 co-pay. Deductible and co-insurance apply. | $110 co-pay. Deductible and co-insurance apply. |
| **Hearing Exams (Routine)** | No co-pay. Deductible and co-insurance apply. | No co-pay. Deductible and co-insurance apply. |

# HEWT Group Health Options Medical Plan (cont'd) effective 1/1/2013

| Benefits | Inside Network | Out-of-Network |
|---|---|---|
| **Hearing Hardware** | $400 per ear every 36 months. | Benefit shared with in-network. |
| **Home Health Services** | Covered in full. No visit limit. | No visit limit. Deductible and co-insurance apply. |
| **Hospice Services** | Covered in full. | Deductible and co-insurance apply. |
| **Infertility Services** | 50% diagnostic services & drugs. Deductible and co-insurance apply. | Shared with in-network. |
| **Manipulative Therapy** | Self-referred up to 20 visits per calendar year. No co-pay. Deductible and co-insurance apply. | Visit limits shared with in-network. No co-pay. Deductible and co-insurance apply. |
| **Massage Services** | See Rehabilitation services. | See Rehabilitation services. |
| **Maternity Services** | **Inpatient:** Deductible and co-insurance apply. **Outpatient:** No co-pay. Deductible and co-insurance apply. | **Inpatient:** Deductible and co-insurance apply. **Outpatient:** No co-pay. Deductible and co-insurance apply. |
| **Mental Health** | **Inpatient:** Deductible and co-insurance apply. **Outpatient:** No co-pay. Deductible and co-insurance apply. | **Inpatient:** Deductible and co-insurance apply. **Outpatient:** No co-pay. Deductible and co-insurance apply. |
| **Naturopathy Services** | Self-referred up to 3 visits per medical diagnosis per calendar year; additional visits when approved by plan. No co-pay. Deductible and co-insurance apply. | No co-pay. Deductible and co-insurance apply. |
| **Obesity-Related Surgery (Bariatric)** | Covered at cost shares when medical criteria is met. | Not covered. |
| **Organ Transplants** Donor Search & Harvest | **Inpatient:** Deductible and co-insurance apply. **Outpatient:** No co-pay. Deductible and co-insurance apply. | **Inpatient:** Deductible and co-insurance apply. **Outpatient:** No co-pay. Deductible and co-insurance apply. |
| **Preventive Care** Well-care physicals, immunizations, Pap smear exams, mammograms | Covered in full. | $150 per person; $300 per family per calendar year Routine mammograms: Deductible and co-insurance apply. |
| **Rehabilitation Services** (Occupational, Speech and Physical Including Services for Neurodevelopmentally Disabled Children Age Six and Under). Rehabilitation Visits are a Total of Combined Therapy Visits Per Calendar Year. | **Inpatient:** 60 days per condition PCY, deductible and co-insurance apply. **Outpatient:** 60 visits per condition PCY. No co-pay. Deductible and co-insurance apply. | **Inpatient:** Day limits shared with in-network. Deductible and co-insurance apply. **Outpatient:** Visit limits shared with in-network. No co-pay. Deductible and co-insurance apply. |
| **Skilled Nursing Facility** | Up to 60 days per calendar year, deductible and co-insurance apply. | Day limits shared with in-network benefit, deductible and co-insurance apply. |
| **Sterilization (Vasectomy, Tubal Ligation)** | **Inpatient:** Deductible and co-insurance apply. **Outpatient:** No co-pay. Deductible and co-insurance apply. | **Inpatient:** Deductible and co-insurance apply. **Outpatient:** No co-pay. Deductible and co-insurance apply. |
| **Temporomandibular Joint (TMJ) Services** | $1,000 per calendar year; $5,000 lifetime max. **Inpatient:** Deductible and co-insurance apply. **Outpatient:** No co-pay. Deductible and co-insurance apply. | Shared with in-network. **Inpatient:** Deductible and co-insurance apply. **Outpatient:** No co-pay. Deductible and co-insurance apply. |
| **Tobacco Cessation** See Pharmacy Benefit for Associated Drug Coverage | Free & Clear Program–covered in full. | Not covered. |
| **Routine Vision Care** (1 Visit Every 12 Months) | No co-pay. Deductible and co-insurance waived. | Covered up to $50 UCR once every 12 consecutive months. |
| **Optical Hardware** Lenses, including contact lenses and frames | $165 per 24 months. Not subject to deductible and co-insurance. | Benefit limits shared with in-network. |

# UnitedHealthcare PPO Medical Plan
## effective 1/1/2013

| Benefits | Inside Network | Out-of-Network |
|---|---|---|
| **Plan Deductible—Per Calendar Year (PCY)** | Individual deductible: $325<br>Family deductible: $650 | Individual deductible: $425<br>Family deductible: $850 |
| **Plan Co-insurance** | Plan pays 80%, you pay 20% | Plan pays 60%, you pay 40% |
| **Out-Of-Pocket Limit** | Individual out-of-pocket limit: $1,350<br>Family out-of-pocket limit: $2,700 | Individual out-of-pocket limit: $3,500<br>Family out-of-pocket limit: $7,000 |
| **Lifetime Maximum** | No lifetime maximum effective 1/1/2011 | No lifetime maximum effective 1/1/2011 |
| **Office Visit/Urgent Care** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 60%, you pay 40%, deductible applies. |
| **Outpatient Services** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 60%, you pay 40%, deductible applies. |
| **Hospital Services Inpatient And Outpatient** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 60%, you pay 40%, deductible applies. |
| **Prescription Drugs** | Covered through Express Scripts, Inc<br>**Retail: (for a 30-day supply)**<br>Generic: $7<br>Brand name preferred: $30<br>Brand name non-preferred: $45<br>**Mail Order: (for a 90-day supply)**<br>Generic: $14<br>Brand name preferred: $60<br>Brand name non-preferred: $90<br>**Out-of-Pocket Max:** $1,500 | Contact Express Scripts, Inc. for reimbursement details |
| **Acupuncture** | Plan pays 80%, you pay 20%, deductible applies. Limited to 20 visits per calendar year. | Plan pays 60%, you pay 40%, deductible applies. Limited to 20 visits per calendar year. |
| **Ambulance (True Emergency)** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 80%, you pay 20%, deductible applies. |
| **Chemical Dependency** | **Inpatient:** Plan pays 80%, you pay 20%, deductible applies.<br>**Outpatient:** Plan pays 80%, you pay 20%, deductible applies. | **Inpatient:** Plan pays 60%, you pay 40%, deductible applies.<br>**Outpatient:** Plan pays 60%, you pay 40%, deductible applies. |
| **Chiropractic Services** | Plan pays 80%, you pay 20%, deductible applies. Limited to 20 visits every calendar year. | Plan pays 60%, you pay 40%, deductible applies. Limited to 20 visits every calendar year. |
| **Devices, Medical Equipment DME), and Supplies (Prosthetics)** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 60%, you pay 40%, deductible applies. |
| **Diagnostic Laboratory and X-Ray Services (Outpatient)** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 60%, you pay 40%, deductible applies. |
| **Emergency Services** | $110 co-pay per visit, then Plan pays 80%, you pay 20%, and deductible applies. | $110 co-pay per visit, then Plan pays 80%, you pay 20%, and deductible applies. |

# UnitedHealthcare PPO Medical Plan (cont'd)
## effective 1/1/2013

| Benefits | Inside Network | Out-of-Network |
|---|---|---|
| **Hearing Exam** | Plan pays 80%, you pay 20%, deductible applies. Limited to one exam every 12 months. | Plan pays 60%, you pay 40%, deductible applies. Limited to one exam every 12 months. |
| **Hearing Aids** | Plan pays 80%, you pay 20%, deductible applies. Limited to $300 every 36 months. | Plan pays 60%, you pay 40%, deductible applies. Limited to $300 every 36 months. |
| **Home Health** | Plan pays 80%, you pay 20%, deductible applies. Limited to 40 visits per calendar year. | Plan pays 60%, you pay 40%, deductible applies. Limited to 40 visits per calendar year. |
| **Infertility Services** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 60%, you pay 40%, deductible applies. |
| **Maternity Services** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 60%, you pay 40%, deductible applies. |
| **Mental Health** | **Inpatient:** Plan pays 80%, you pay 20%, deductible applies.<br>**Outpatient:** Plan pays 80%, you pay 20%, deductible applies. | **Inpatient:** Plan pays 60%, you pay 40%, deductible applies.<br>**Outpatient:** Plan pays 60%, you pay 40%, deductible applies. |
| **Naturopathy Services** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 60%, you pay 40%, deductible applies. |
| **Obesity Surgery** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 60%, you pay 40%, deductible applies. |
| **Organ Transplants** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 60%, you pay 40%, deductible applies. |
| **Preventive Care** | Covered at 100%. | Plan pays 60%, you pay 40%, deductible applies. |
| **Rehabilitation Services (Occupational, Speech and Physical Therapies)** | Plan pays 80%, you pay 20%, deductible applies.<br>Limited to 30 visits per calendar year, 20 visits for Cardiac and Pulmonary. | Plan pays 60%, you pay 40%, deductible applies.<br>Limited to 30 visits per calendar year, 20 visits for Cardiac and Pulmonary. |
| **Skilled Nursing** | Plan pays 80%, you pay 20%, deductible applies. Limited to 60 days per calendar year. | Plan pays 60%, you pay 40%, deductible applies. Limited to 60 days per calendar year. |
| **Sterilization (Vasectomy, Tubal Ligation)** | Plan pays 80%, you pay 20%, deductible applies. | Plan pays 60%, you pay 40%, deductible applies. |
| **Vision Care** | **Annual Exam:** $10 co-pay<br>**Optical Hardware:** Lenses covered every 12 months: $10 co-pay. Frames every 24 months. | **Annual Exam:** 85% of contracted charges. Maximum reimbursement in a calendar year is $165 for exam and hardware combined.<br>**Optical Hardware:** Frames and lenses every other year up to $165 total, including exam. |

# Dental Benefits

The HEWT offers two dental providers for dental coverage, Delta Dental/Washington Dental Service and Willamette Dental. Your dental coverage costs are shared with the company. The level of coverage you select will depend on the level of treatment you and your family require.

Delta Dental/Washington Dental Service provides the freedom to receive care from a participating Delta PPO Network dentist or from a dentist of your choosing. Services provided by Delta Dental are based upon a negotiated fee schedule and not the dentist's actual fee.

## HEWT–Buy-Up Plan

Delta Dental PPO
Program: #00522

| Delta Dental/ Washington Dental Plan Summary | Payment Levels | | |
|---|---|---|---|
| | Delta Dental PPO Dentist | Non-PPO Dentist | Out-of-State Dentist |
| **Class I - Diagnostic & Preventive**<br>Exams, prophylaxis, fluoride, x-rays, sealants | 80% | 60% | 60% |
| **Class II - Restorative**<br>Restorations, endodontics, periodontics, oral surgery | 70% | 60% | 60% |
| **Class III – Major**<br>Crowns, dentures, partials, bridges, and implants | 50% | 40% | 40% |
| **Annual Maximum Per Person**<br>Benefit period: (Jan 1 - Dec 31) | $1,500 | $1,500 | $1,500 |
| **Deductible (Waived on Class I)**<br>Per person/per benefit period<br>Annual family maximum | $50<br>$100 | $50<br>$100 | $50<br>$100 |
| **Orthodontia**<br>Adults & dependent children<br>Lifetime maximum per enrollee | 50%<br>$1,200 | 50%<br>$1,200 | 50%<br>$1,200 |

*MySmile® personal benefits center is a unique online tool that provides personalized strategies for employees to use to improve their oral health. It is accessed through the Washington Dental Service Web site www.DeltaDentalWA.com*

*Please Note: This is a brief summary of benefits only and does not constitute a contract. You will receive a benefits booklet that completely details your Delta Dental PPO dental benefits. Please feel free to call Delta Dental's Customer Service Department if you have any questions.*

Delta Dental/Washington Dental Service
PO Box 75983
Seattle, WA 98175-0983

Customer Service Toll-free (800) 554-1907
Monday – Friday 8 a.m. to 5 p.m., Pacific Standard Time

Willamette Dental is a multi-specialty group practice that practices evidence based dentistry. Members receive their care at a Willamette Dental office with highly credentialed dentists, hygienists and dental assistants. Local offices are located in Richland, Kennewick and Yakima.

This plan offers no annual maximums, no deductibles, no waiting periods and extensive coverage on preventative services. For more information on your plan, please contact Willamette Dental's Customer Service department at 1-855-4DENTAL (1-855-433-6825).

Group Number: Z148; Plan ID: HEWT

## Willamette Dental

| Benefit | Co-Payment |
|---|---|
| **Annual Maximum** | No annual maximum* |
| **Deductible** | No deductible |
| **General Office Visit** | $15 per visit |
| **Diagnostic and Preventative Services** | |
| **Routine and Emergency Exams** | Covered at 100% |
| **All X-rays** | Covered at 100% |
| **Teeth Cleaning** | Covered at 100% |
| **Fluoride Treatment** | Covered at 100% |
| **Sealants** | Covered at 100% |
| **Head and Neck Cancer Screening** | Covered at 100% |
| **Oral Hygiene Instruction** | Covered at 100% |
| **Periodontal Charting** | Covered at 100% |
| **Periodontal Evaluation** | Covered at 100% |
| **Restorative Dentistry** | |
| **Fillings (Amalgram)** | Covered at 100% |
| **Stainless Steel Crown** | Covered at 100% |
| **Porcelain-Metal Crown** | $120 |
| **Prosthetics** | |
| **Complete Upper or Lower Denture** | $170 |
| **Bridge (per Tooth)** | $120 |

| Benefit | Co-Payment |
|---|---|
| **Endodontics and Periodontics** | |
| **Root Canal Therapy – Anterior** | $50 |
| **Root Canal Therapy – Bicuspid** | $75 |
| **Root Canal Therapy – Molar** | $100 |
| **Ossious Surgery (per Quadrant)** | $140 |
| **Root Planing (per Quadrant)** | Covered at 100% |
| **Oral Surgery** | |
| **Routine Extraction (Single Tooth)** | Covered at 100% |
| **Surgical Extraction** | $50 |
| **Orthodontia** | |
| **Pre-Orthodontic Service** | $150** |
| **Comprehensive Orthodontia** | $1,500 |
| **Miscellaneous** | |
| **Local Anesthesia (Novocain)** | Covered at 100% |
| **Dental Lab Fees** | Covered at 100% |
| **Nitrous Oxide** | $20 per Visit |
| **Specialty Office Visit** | $30 per Visit |
| **Emergency Office Visit** | $50 per Visit |

**Out of Area Emergency Care Reimbursement up to $100**

*TMJ has a $1000 annual maximum/$5000 lifetime maximum

** **Fee credited towards comprehensive orthodontic co-payment if patient accepts treatment plan.**

Willamette Dental of Washington, Inc.

This plan provides extensive coverage of services and supplies to prevent, diagnose and treat diseases or conditions of the teeth and supporting tissues. Presented are just some of the most common procedures in your plan. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.

## Flexible Spending Accounts—FSAs

Your employer allows you to direct a portion of your pay through payroll deduction to a Health Care and/or Dependent Care FSA. The FSAs are managed by United-Healthcare. The money is deducted from your pay on a pre-tax basis, which means it is deducted from your pay before Federal and Social Security taxes are calculated. Because you do not pay taxes on the money that goes into your FSA(s), you decrease your taxable income and potentially increase your spendable income.

Each pay period money accumulates in an FSA based on the elections you have made. If you have not used all of the money in your FSA by the end of the plan year, federal law requires that you forfeit the balance. With a Health Care FSA, you can begin to use all or some of the total amount elected as soon as the plan year begins. With a Dependent Care FSA, you will be reimbursed only for dependent care services that you have already funded in your account. If you submit a claim for an amount that exceeds your account balance, you will be reimbursed on a pay period basis until you have made enough additional contributions to cover the expenses.

- *Health Care FSA*
  You may deposit up to $5,000 per plan year into a Health Care FSA. These pre-tax funds may be used to pay for IRS-allowed health care expenses not covered by your medical and/or dental plans. These expenses include deductibles, co-payments, co-insurance, and vision and hearing care expenses.
- *Dependent Care FSA*
  You may deposit up to $5,000 per plan year ($2,500 if you are married and both you and your spouse elect the benefit) into a Dependent Care FSA. Eligible expenses include, but are not limited to, payments to daycare centers, preschool costs (up to, but not including, kindergarten), after school care and elderly care.

## Life and Disability Plans (provided by CIGNA)

Life and Disability plans are an important part of your financial security and that of your family's.

- *Basic Life and Accidental Death and Dismemberment Insurance (for you)*
  Your employer provides employees under age 65 with basic life insurance equal to *two* times annual base salary plus an additional AD&D coverage of one times base annual salary. Upon reaching age 65, the benefit reduces annually by 8% until it reaches one-half of your age 65 annual salary. (Note: non-bargaining employees may elect basic life insurance equal to *one* times annual base salary plus an additional AD&D coverage of *one* times base annual salary at no cost to the employee.)
- *Dependent Life Insurance (for your family)*
  This optional plan offers life insurance for eligible dependents. Employee premium rates are based on the coverage elected and can change periodically based on plan experience.
- *Personal Accident Insurance (for you and your family)*
  Your employer offers accidental death coverage for employee or family, up to $750,000 (up to a maximum of 10x base annual salary). The cost of this coverage is fully paid by you.
- *Business Travel Insurance (for you)*
  Your employer provides benefits for death or certain injuries which occur while traveling on Company approved business. There is currently no employee cost for this coverage.
- *Short-Term Disability (for you)*
  Short-Term Disability benefits replace a portion of your income when you are unable to work due to a non-work related injury or illness. Your employer will pay for a weekly benefit of 65% of basic earnings up to a maximum of $4,000 per week for a maximum of 180 days. There is currently no employee cost for this coverage.
- *Long-Term Disability (for you)*
  If you remain disabled for 180 consecutive calendar days due to any one disability, injury, or illness, you will be eligible to apply for Long-Term Disability benefits. Your employer will pay for a monthly benefit of 50% of basic earnings. The maximum monthly benefit is $4,000 reduced by all applicable reductions. There is currently no employee cost for this coverage.

# Additional Benefits

### Employee Assistance Program (EAP)

The EAP is available to all employees and their dependents. The program is provided at no cost to you, is available 24 hours a day, and offers confidential counseling and other tools and resources to help manage the stress and strain of balancing personal needs with work responsibilities. The EAP can provide assistance with relationship problems, substance abuse, stress, grief, emotional difficulties and much more. You may contact United Behavioral Health on 1-800-788-5614 and provide the HEWT access code: 702633 if you are interested in the EAP program.

### Group Universal Life

Group Universal Life is an optional, employee paid insurance. It provides portable coverage for employees and families at group rates. Additionally, this program offers a Cash Accumulation Fund. This program is currently underwritten by CIGNA and administered by Marsh. The cost for Group Universal Life is based on the amount of coverage and the covered individual's age. Your employer provides the option of an automatic payroll deduction.

### Long-Term Care

Long-Term Care is an optional, employee paid insurance. Long-Term Care services may include assistance with home health care, community-based care, and nursing home care. Coverage can be purchased for the employee, spouse, parents or grandparents. Premiums are based upon entry age. Your employer provides the option of an automatic payroll deduction.

Hanford Employee Welfare Trust HEWT

# About this Benefits Overview Document

Benefits Overview describes the highlights of the HEWT benefits in non-technical language. Your specific rights to benefits under the plan are governed solely and in every respect by the official plan documents and not the information contained in the Benefits Overview.

If there is any discrepancy between the description of the program as contained within Benefits Overview and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for more detailed plan information. Any of these benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by the HEWT.