

West Paw[®]

2024 Benefits Guide



CONTENTS

WELCOME TO YOUR BENEFITS GUIDE

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WEST PAW believes that healthcare is a human right. This is one of the reasons why we offer company-subsidized comprehensive benefit packages so you can select the right level of coverage for you and your family. In addition, we offer flexible schedules, Paid Time Off, profit-sharing, and free physical therapy consultations - just to name a few. These are just some of the ways we can thank you for being a part of the West Paw team!

SPENCER WILLIAMS
WEST PAW'S PRESIDENT AND OWNER



ELIGIBILITY

West Paw employees become eligible for benefits when they work 30 or more hours per week and have met their 60-day probationary period. Coverage becomes effective on the first day of the month following the probationary period.

Medical, dental, vision, and life insurance offer coverage for eligible dependents, including:

- Legal spouse or domestic partner (all gender identities).
- Children under age 26 (including stepchildren, foster children and legally-adopted children).
- Your dependent children 26 years of age or over who are physically or mentally unable to care for themselves.



OTHER BENEFITS

Upon completion of designated waiting period

Life Insurance (Basic and Supplemental)

Dental Insurance

Vision Insurance

Retirement Plan with Company Match

Flexible Schedule & Compressed Work Week

Supplemental Life Insurance

Short Term Disability Coverage

Supplemental Accident Insurance

Flex Spending Account or Health Savings Account

Dependent Care Flexible Spending Account

Wellness, Weight Management, and Financial Coaching

Making a positive impact through Volunteer PTO and B Corp Super Groups

Getting to work at a special place like West Paw, where you can:

- **Create Joyful Connection** with dogs through our products, and with people as we enjoy our suppliers, teammates, and customers every day.
- Make an impact as we **Grow for Good**, creating opportunity for people and benefitting the planet.
- Feel valued while working to **Humanize Business**, building a thriving company in a people-first way.
- Enjoy what it feels like to **Be Real**, bringing our whole selves to work and embracing our diverse community.
- Embrace how we **Solve for Tomorrow**, acting like owners as we tirelessly innovate better ways to run a wildly profitable, growing business.

ENROLLMENT

YOUR OPEN ENROLLMENT PERIOD IS DECEMBER 1, 2023 THROUGH DECEMBER 14, 2023.

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

- Within 30 days of your new hire eligibility.
- During the annual benefit open enrollment period.
- Within 30 days of experiencing a qualifying life event.

PLEASE NOTE: THE CHOICES YOU MAKE AT THIS TIME WILL REMAIN THE SAME THROUGH DECEMBER 31, 2024.

If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year, unless you experience a qualifying event. West Paw, Inc. allows you to pay your portion of the medical, dental, and vision plan costs, and fund the flexible spending accounts, on a pre-tax basis. Due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period or you have a qualifying life event*.

*Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation/dissolution
- Birth or adoption of an eligible child, placement for adoption
- Change in the employment status of yourself, spouse, or dependent child that affects their benefits.
- Death of your spouse or covered child.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.



Effective 1/1/2024, West Paw, Inc. will continue our medical insurance with BlueCross BlueShield of Montana. West Paw will continue to pay 100% of the employee only premium of the BlueCross BlueShield MMBCH001 plan. If employees choose to enroll in a premium plan, they pay the price difference.

West Paw will use Mutual of Omaha Insurance Company for most other lines of coverage. This includes vision, employee paid life insurance, short-term disability & accident coverage. West Paw paid life insurance is now with Mutual of Omaha.

Met Life takes over for Dental coverages in 2024.

Employees will pay 100% of their dependent premiums as well as 100% of the premium for the voluntary benefits offered. Any premiums paid by the employee will be withheld from their paycheck on a pre-tax or post-tax basis depending on the benefit.



HEALTH PLANS

MEDICAL INSURANCE

Insured by: BlueCross BlueShield of Montana | www.bcbsmt.com

| MEDICAL COVERAGE | MMBCCO06 | MMBCHOO2 (HSA) | MMBCHOO1 (HSA) |
|---|-----------------------------|--------------------|---------------------|
| Deductible – Individual | \$5,000 | \$3,500 | \$5,000 |
| Deductible – Family | \$10,000 | \$7,000 | \$10,000 |
| Out-of-Pocket Maximum– Individual | \$6,600 | \$3,500 | \$6,900 |
| Out-of-Pocket Maximum – Family | \$13,200 | \$7,000 | \$13,800 |
| Coinsurance (Plan) | 80% | 100% | 80% |
| Office Visit Copayment - Primary Care | \$30 | Deductible then 0% | Deductible then 20% |
| Office Visit Copayment - Specialist | \$60 | Deductible then 0% | Deductible then 20% |
| Chiropractic/Acupuncture | Deductible then 0% | Deductible then 0% | Deductible then 20% |
| Preventive Rx | Not Included | Included | Included |
| Lab Work / X-rays | Deductible then 20% | Deductible then 0% | Deductible then 20% |
| Urgent Care | \$30 | Deductible then 0% | Deductible then 20% |
| Emergency Room Visit* | \$250 & Deductible then 20% | Deductible then 0% | Deductible then 20% |
| Inpatient Hospital | Deductible then 20% | Deductible then 0% | Deductible then 20% |
| Outpatient Hospital | Deductible then 20% | Deductible then 0% | Deductible then 20% |
| Rx Card | See Member Guide | Deductible then 0% | Deductible then 20% |
| Preventive Benefit & Wellchild Benefits | 100% Paid | 100% Paid | 100% Paid |
| Chiropractic Visit Allowance | 10x / year | 10x / year | 10x / year |
| MONTHLY PREMIUM AFTER EMPLOYER CONTRIBUTION | | | |
| Employee Only | \$ 64.42 | \$97.96 | \$0.00 |
| Employee + Spouse | \$549.72 | \$616.81 | \$420.89 |
| Employee + Child(ren) | \$598.26 | \$668.69 | \$462.98 |
| Family | \$1083.52 | \$1187.48 | \$883.83 |



PRE-TAX SAVINGS: TAX FAVORABLE ACCOUNTS

FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by: WEX (formerly Discovery Benefits) | www.wexinc.com

West Paw is proud to offer two Flexible Spending Account (FSA) options — the **HEALTH CARE FSA** + the **DEPENDENT CARE FSA**.

HEALTH CARE FSA:

The Health Care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, co-pays, and other health-related expenses, that are not paid by the medical, dental, or vision plans. Over-the-counter (OTC) medications are not eligible for reimbursement without a prescription. Employees enrolled in an FSA can contribute up to \$3200 to their account in the plan year and must re-enroll annually.

DEPENDENT CARE FSA:

The Dependent Care FSA allows you to set aside up to \$5,000 per year from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for themselves. Examples of eligible expenses are day care facility fees, before-and after-school care, and in-home babysitting fees (income must be reported by your care provider).

The FSA plan year begins on January 1 and ends on December 31. You must re-enroll every year to participate in the Flexible Spending Account.

How Does an FSA Work?

You decide how much to contribute to each FSA on a plan year basis up to the maximum allowable amounts. Your annual election will be divided by 24 paychecks and deducted on a pre-tax basis accordingly.

For the Healthcare FSA:

Employees will receive a debit card, which can be used to pay for eligible health care expenses at the point of service. If you do not use your debit card, or if you have dependent care expenses to be reimbursed, simply submit a claim form and a bill or itemized receipt from the provider to WEX. Keep all receipts in case you need to verify the eligibility of a purchase.

Rollover included - The Flexible Spending Account allows you to roll over up to \$640 of unreimbursed FSA funds into the new plan year if they remain unspent by the end of the current plan year December 31st, 2024.



HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account allows employees to make pretax contributions via salary deferral, earn tax-free growth on contributions, and make withdrawals for qualified medical, dental and vision expenses free of federal and state taxes.

Unlike FSA's, HSA balances carry over from one year to the next without a use-it or lose-it concern. Participants contribute to account balance to pay for future health costs. The earnings on the account can accumulate tax free and distributions for qualified expenses are not subject to taxation.

Annual contribution limits for 2023:

Individual = \$4,150 Family = \$8,300

“Catch Up Contribution” 55+ = \$1,000

The following BlueCross BlueShield

Plans are HSA qualified:

MMBCH001 MMBCH002

WHY AN HSA MIGHT BE THE RIGHT CHOICE FOR YOU:

- HSAs are basically “cash” accounts, so you may be able to negotiate pricing on certain medical services.
- It's transferable. Even if you change jobs, you get to keep your HSA.
- It's a tax saver. Contributions to your HSA are made with pretax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.
- It allows for an improved retirement account. Funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional “catch-up” contributions to your HSA until age 65.

TO SET UP AN HSA, YOU MUST MEET ALL OF THE FOLLOWING CRITERIA:

- You must be covered by a qualified high deductible health plan (HDHP).
- You must have no other health coverage, including a spouse's traditional plan that provides benefits covered by your HDHP. You can have accident, disability, dental, vision, or long-term care coverage or insurance that provides benefits for a specific disease or illness, a fixed amount for hospital stays or liability coverage, such as worker's compensation.
- You are not enrolled in Medicare.
- You do not receive health benefits under TRICARE.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You cannot be claimed as a dependent on someone else's tax return.



IMPORTANT: EMPLOYEES WILL BE LIMITED TO CHANGING HSA CONTRIBUTION AMOUNTS TO TWO TIMES A YEAR. CHANGES MUST BE MADE ON THE FIRST PAYROLL OF THE MONTH and requested via email.

VOLUNTARY BENEFITS

VOLUNTARY DENTAL INSURANCE

Insured by: [MetLife](https://www.metlife.com) | www.metlife.com

ENHANCED DENTAL COVERAGE

| | |
|--|---|
| Deductible – Individual | \$50 |
| Deductible – Family | \$150 |
| Maximum Annual Benefit | \$1,000 per person (includes \$1,000 rollover) |
| Preventive (cleanings, exams and x-rays) | Paid at 100% (Deductible waived) 2 times per year |
| Basics (fillings; endodontics and periodontal care) | Paid at 80% after deductible |
| Major (bridges, dentures and crowns) | Paid at 50% (No waiting period) |
| Orthodontia (children only) | Paid at 50% (\$1,000 per person lifetime maximum) |

ENHANCED PLAN MONTHLY PREMIUM:

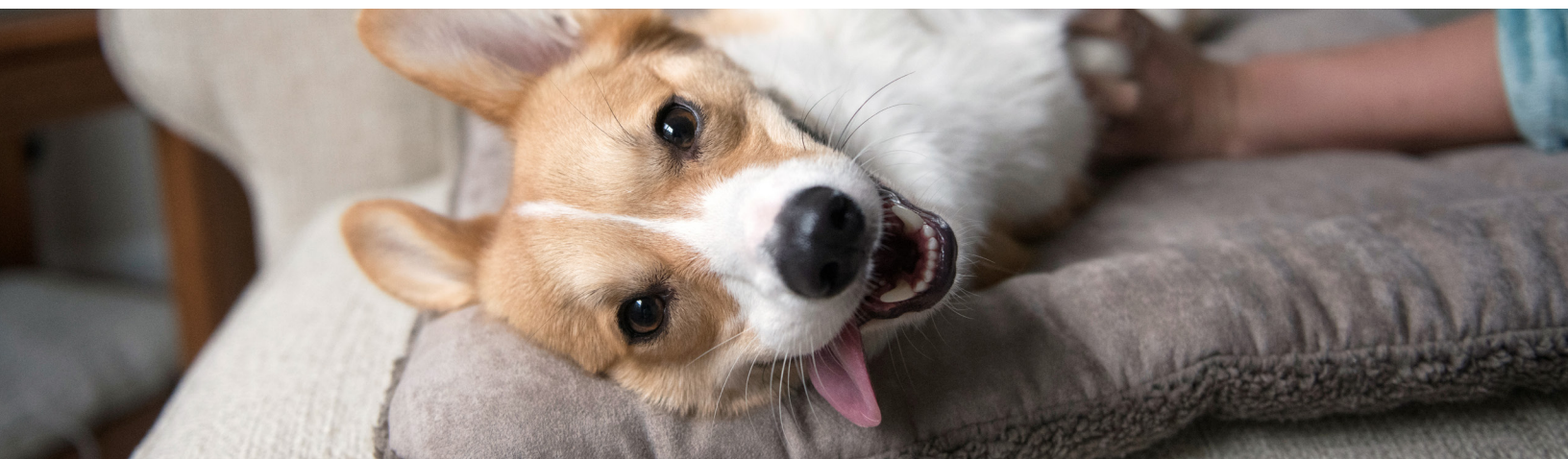
| | |
|------------------------|----------|
| Employee Only | \$35.44 |
| Employee + 1 Dependent | \$69.65 |
| Employee + Family | \$122.93 |

BASIC DENTAL COVERAGE:

| | |
|--|---|
| Deductible – Individual | \$50 |
| Deductible – Family | \$150 |
| Maximum Annual Benefit | \$500 per person |
| Preventive (cleanings, exams and x-rays) | Paid at 100% (Deductible waived) 2 times per year |
| Basics (fillings; endodontics and periodontal care) | Paid at 80% after deductible |

BASIC COVERAGE MONTHLY PREMIUM:

| | |
|-----------------------|---------|
| Employee Only | \$24.86 |
| Employee +1 Dependent | \$48.83 |
| Employee + Family | \$91.45 |



VOLUNTARY BENEFITS (CONTINUED)

VOLUNTARY VISION INSURANCE (Eye Med Network)

Insured by: [Mutual of Omaha](http://www.MutualofOmaha.com) | www.MutualofOmaha.com

| BENEFIT | COVERAGE | FREQUENCY |
|---------------------------|---|------------------------|
| Eye Exam | \$10 copay | Every 12 months |
| Lenses | \$25 copay | Lenses every 12 months |
| Frames | \$150 max <small>with 20% discount on any amount exceeding allowance.</small> | Frames every 24 months |
| Contact Lenses (elective) | \$150 max | Lenses every 12 months |

NOTE: the plan will pay for EITHER lenses or contacts every 12 months, NOT both. For the highest level of benefits employees should choose an optometrist within the Eye Med network.

MONTHLY PREMIUM

| | | | |
|-------------------|---------|-----------------------|---------|
| Employee Only | \$6.27 | Employee + Child(ren) | \$15.97 |
| Employee + Spouse | \$14.41 | Employee + Family | \$24.38 |

VOLUNTARY ACCIDENT INSURANCE

At West Paw, we know life happens, and so can accidents. Our Voluntary Accident Coverage through Mutual of Omaha can help pay for out of pocket medical expenses, such as hospital admission, ambulance rides, broken bones, etc. incurred as a result of an accident. More information about accident coverage, and covered injuries, can be found in Mutual of Omaha's plan documents.

ACCIDENT PREMIUM

| | | | |
|-------------------|---------|-----------------------|---------|
| Employee Only | \$9.90 | Employee + Child(ren) | \$15.99 |
| Employee + Spouse | \$14.54 | Employee + Family | \$25.15 |

The Mutual of Omaha Accident plan features the following highlights:

- Benefits are paid directly to you
- Benefits are paid regardless of any other insurance you may have with other insurance companies
- Most individual coverage is guaranteed renewable if premiums are paid on time

Life and Accidental Death and Dismemberment Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, West Paw, Inc. provides \$25,000 coverage in both basic and AD&D insurance to all benefit-eligible employees at no cost. You have the option to purchase optional life and AD&D insurance.

EMPLOYER PAID LIFE & AD&D INSURANCE

Insured by: [Mutual of Omaha](http://www.MutualofOmaha.com) | www.MutualofOmaha.com

West Paw, Inc. automatically provides basic life and AD&D insurance through Mutual of Omaha to all benefit-eligible employees at no cost. If you die or become dismembered because of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. This benefit is portable and convertible, meaning coverage may be able to continue if you leave employment.

Employee
AD&D
Insurance:
Flat \$25,000

Employee
Life Insurance:
Flat \$25,000

VOLUNTARY LIFE & AD&D INSURANCE

Insured by: [Mutual of Omaha | www.MutualofOmaha.com](http://www.MutualofOmaha.com)

West Paw, Inc. provides you the opportunity to purchase Voluntary Life and AD&D Insurance for yourself, your spouse, and your dependent children through Mutual of Omaha. Voluntary Life rates for employees are based on amounts selected, age & tobacco status. Your rate will calculate automatically in the benefits enrollment system.

If you elect coverage when first eligible, you may purchase up to the guarantee issue amount(s) without completing evidence of insurability (statement of health). Employees under 65 who enrolled under the guaranteed issue when first eligible are able to increase in-force coverages up to an additional \$20,000 (not to exceed \$100,000) during open enrollment without needing to complete evidence of insurability forms. If you do not enroll when first eligible, and choose to obtain coverage, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Mutual of Omaha.



Employee

Increments of \$10,000 (up to the lesser of \$300,000 or 5x annual income) Guarantee issue: Up to \$100,000

Spouse

Increments of \$5,000 not exceed 100% of employee's voluntary life (max of \$100,000). Guarantee issue: \$25,000.

Dependent children

(6 months to age 19, 26 if student): \$2,000 to \$10,000 in \$2,000 increments.

BENEFITS FOR BASIC AND VOLUNTARY COVERAGES WILL REDUCE TO 65% AT AGE 65 AND TO 50% AT AGE 70.

PARTICIPATION AND COST SUMMARY (CONT'D)

VOLUNTARY TERM LIFE

| AGE BAND | EMPLOYEE & SPOUSE RATE PER \$1,000 | ALL CHILDREN RATE PER \$1,000 |
|----------|------------------------------------|-------------------------------|
| <25 | \$0.110 | \$0.204 |
| 25 - 29 | \$0.110 | |
| 30 - 34 | \$0.110 | |
| 35 - 39 | \$0.140 | |
| 40 - 44 | \$0.200 | |
| 45 - 49 | \$0.324 | |
| 50 - 54 | \$0.472 | |
| 55 - 59 | \$0.748 | |
| 60 - 64 | \$1.148 | |
| 65 - 69 | \$1.724 | |
| 70 - 74 | \$3.462 | |
| 75 - 79 | \$7.500 | |
| 80 - 84 | \$14.974 | |
| 85 - 89 | \$29.664 | |
| 90 - 100 | \$29.664 | |

*This plan is rated using the same rates for the employee and spouse. Employee and spouse rates are calculated based on the employee's current age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band. Spouse coverage terminates when the employee attains age 85 (regardless of the spouse's actual age).

VOLUNTARY AD&D

| AGE BAND | EMPLOYEE & SPOUSE RATE PER \$1,000 | ALL CHILDREN RATE PER \$1,000 |
|----------|------------------------------------|-------------------------------|
| | \$0.030 | \$0.030 |

VOLUNTARY SHORT TERM DISABILITY

Insured by: [Mutual of Omaha | www.MutualofOmaha.com](https://www.MutualofOmaha.com)

Disability insurance covers your income. If you are unable to work due to an illness or injury. Short Term Disability (STD) insurance gives you the peace of mind that you can still pay your monthly bills while you are unable to work. On the 8th day you cannot work this plan will pay you 60% of your pre-disability earnings (\$1,000 max) for up to 12 weeks.

The maternity benefit is 6 weeks for a vaginal delivery and 8 weeks for a C-section. If you are enrolling in voluntary STD and previously declined when you were initially eligible, you will need evidence of insurability and underwriting approval in order to enroll at open enrollment. If you are newly eligible, you will not have to have evidence of insurability before enrolling. Monthly premiums are based on income and age. Your rate will calculate automatically when you enroll.



**PREFERRED
CHOICE
VOLUNTARY STD**

| AGE BAND | EMPLOYEE RATE PER \$10 |
|----------|------------------------|
| <20 | \$0.67 |
| 20 - 24 | \$0.67 |
| 25 - 29 | \$0.41 |
| 30 - 34 | \$1.18 |
| 35 - 39 | \$0.57 |
| 40 - 44 | \$0.51 |
| 45 - 49 | \$0.46 |
| 50 - 54 | \$0.54 |
| 55 - 59 | \$0.63 |
| 60 - 64 | \$0.68 |
| 65 - 69 | \$0.68 |
| 70 - 99 | \$0.68 |

*Rates are calculated based on the employee's current age on the effective date of the plan. Rates are adjusted once each year on the plan anniversary date for employees advancing to the next stage band.

EMPLOYEE ASSISTANCE PROGRAM

West Paw offers a comprehensive Employee Assistance Program (EAP), available through Mutual of Omaha to provide you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics —such as stress management, dependent/elder care, nutrition, fitness, legal and financial issues.



SUMMARY OF BENEFIT PLAN (AS OF 01/01/2024)

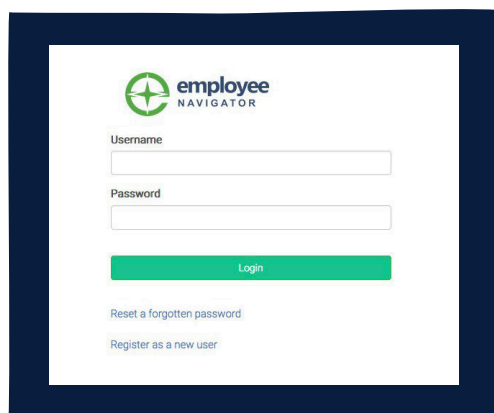
| | PART-TIME (20+) | FULL TIME (40 HOURS) | ELIGIBLE AFTER * |
|--|--|---|---|
| MEDICAL | Company Contributes \$420.89 towards employee cost - Dependent & Spouse 100% Employee Contribution (30+hours) | Company Contributes \$420.89 towards employee cost - Dependent & Spouse 100% Employee Contribution | 60 days and 1st day of next month (Dependents are covered 100% by employee) |
| LIFE & AD&D INSURANCE OF \$25,000 | 100% Employer Contribution at 30+ hours/week | 100% Employer Contribution at 30+ hours/week | 60 days and 1st day of next month (100% by employee) |
| VOLUNTARY DENTAL | 100% Employee Contribution (30+ hours) | 100% Employee Contribution (30+ hours) | 60 days and 1st day of next month (100% by employee) |
| VOLUNTARY VISION | 100% Employee Contribution (30+hours) | 100% Employee Contribution | 60 days and 1st day of next month (100% by employee) |
| VOLUNTARY SHORT-TERM DISABILITY | 100% Employee Contribution (30+hours) | 100% Employee Contribution | 60 days and 1st day of next month (100% by employee) |
| VOLUNTARY ACCIDENT | 100% Employee Contribution (30+hours) | 100% Employee Contribution | 60 days and 1st day of next month (100% by employee) |
| FLEXIBLE SPENDING ACCOUNT (MEDICAL & DEPENDENT CARE) IF PARTICIPATING IN A MEDICAL INSURANCE OPTION THAT ALLOWS FOR FSA - AND IF ELECTED BY EMPLOYEE | Employee contributes funding | Employee contributes funding | 60 days and 1st day of next month (100% by employee) |
| HEALTH SAVINGS ACCOUNT (IF PARTICIPATING IN A MEDICAL INSURANCE OPTION THAT ALLOWS FOR HSA - AND IF ELECTED BY EMPLOYEE) | Employee contributes funding | Employee contributes funding | 60 days and 1st day of next month (100% by employee) |



SUMMARY OF Perks and Programs (AS OF 01/01/2024)

| | PART-TIME (20+) | FULL TIME (40 HOURS) | ELIGIBLE AFTER * | |
|---|--|--|---|---|
| GAINSHARING - STAKE IN THE OUTCOME | All employees paid through West Paw employee payroll | All employees paid through West Paw employee payroll | Day 1, if employed on the last business day of a payout quarter and on the date of payout | Opportunity for sharing of gains is only after our Financial Security Threshold is met. Payout levels vary by financial security and company performance. |
| RETIREMENT - 401K | Employee may contribute up to 100% of their total compensation (maxing out at \$20.5k) | Employee may contribute up to 100% of their total compensation (maxing out at \$20.5K) | Day 1 | |
| RETIREMENT - SAFE HARBOR 401K COMPANY MATCH | Entire Organization | Entire Organization | 6 months and 1st day of next month. Matching up to a maximum 4% of an employee's 5% contribution & 18 yrs old | |
| HOLIDAY PTO (8 DAYS) | 20+ (4.5 hr) and 32+ (6.75 hr) | 40 (9 hr) | Day 1 | 6 Standard holidays and 2 "floating" holidays |
| Wellness Day (1) | 20+ (4.5 hr) and 32+ (6.75 hr) | 40 (9 hr) | Day 1 | Renews January 1 each year for use on any wellness-related activity |
| GIVING BACK VOLUNTEER PTO | 9 hours | 9 hours | Day 1 | Used in 1/2 or full day blocks |
| GIVING BACK EMPLOYEE CASH MATCHING | Entire Organization | Entire Organization | Day 1 | Up to \$30 annually |
| PARENTAL PTO (12 Weeks) | 20+ (4 hr) and 32+ (6 hr) | 40 (8 hr) | Day 1 | Received upon return to work after event |
| FLEXIBLE WORK SCHEDULES & Compressed Work Week | Entire Organization | Entire Organization | As requested and approved | Half days before each holiday and each Friday! |
| EMPLOYEE PRODUCT DISCOUNTS - 30% OFF WHOLESALE | Entire Organization | Entire Organization | Day 1 | Please pay with cash or check |
| EMPLOYEE SHIPPING DISCOUNTS | Entire Organization | Entire Organization | Day 1 | Please pay with cash or check |
| FITNESS Program DISCOUNTS with BCBS | Must be enrolled on BCBS Medical Plan | Must be enrolled on BCBS Medical Plan | Immediate after enrolling | The Ridge registration fee is paid up front and the monthly fee is a payroll deduction. |
| FINANCIAL COACHING AND SHORT-TERM LOANS | Entire Organization | Entire Organization | Day 1 (Coaching) 6 months (Loans) | Visit MeetHoneybee.com or see HR for details |

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

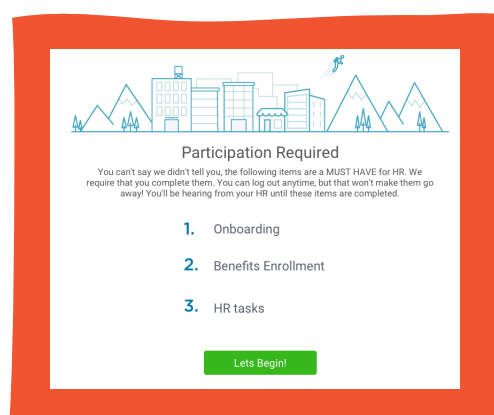


STEP 1: LOG IN

Go to www.employeenavigator.com and click Login

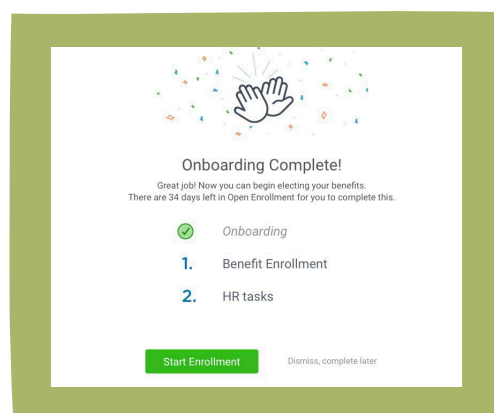
- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

Company ID: WestPaw



STEP 2: WELCOME!

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

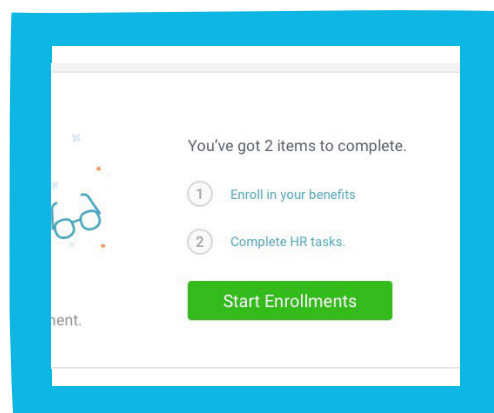


STEP 3: ONBOARDING (FOR FIRST TIME USERS, IF APPLICABLE)

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

TIP

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



STEP 4: START ENROLLMENTS

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

TIP

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

Who am I enrolling?

Myself

Elizabeth Reynolds (Spouse)

Gwen Reynolds (Child)

STEP 5: BENEFIT ELECTIONS

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

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

Click **Save & Continue** at the bottom of each screen to save your elections. If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

\$138.46
Cost per pay period

Effective on 08/01/18
Employee

Compare Details Selected

How much will it cost?

| Plan Cost | Employer Contribution | My Cost |
|-----------|-----------------------|---------|
| \$138.46 | \$ 138.46 | \$0.00 |

View employer contributions summary

Save & Continue

Don't want this benefit?

STEP 6: FORMS

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

Enrollment Summary

Review this summary of your elections and costs for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete!
Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical Key Care HSA PPO2017 404E2433 Long Plan Name

Progress 6 of 8

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Enrollment
- 5. Vision
- 6. HSA
- 7. FSA
- 8. Enrollment Summary

STEP 7: REVIEW & CONFIRM ELECTIONS

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

TIP

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

High Five! Enrollment Complete!

You've only got one more item to complete.

Enroll in your benefits

1. HR Tasks

Start Tasks Dismiss, complete later

STEP 8: People & Culture TASKS (IF APPLICABLE)

To complete any required tasks, click **Start Tasks**. If our People & Culture department has not assigned any tasks, you're finished!

You can login to review your benefits 24/7!

TERMS TO KNOW

Coinsurance – The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

Copayment – A flat fee that you pay toward the cost of covered medical services.

Covered Expenses – Health care expenses that are covered under your health plan.

Deductible – A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Flexible Spending Account (FSA) – An account that allows you to save tax-free dollars for qualified medical and/ or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Health Savings Account (HSA) – An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

High Deductible Health Plan (HDHP) – A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

In-network – Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Medically Necessary (or medical necessity) – Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

Member – You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Out-of-network – Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and co-payments.

Out-of-pocket Expense – Amount that you must pay toward the cost of health care services. This includes your deductibles, copays, and coinsurance.

Preferred Provider Organization (PPO) – A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Usual, Customary and Reasonable (UCR) Allowance – The fee paid for covered services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure; (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances.



CONTACT INFORMATION

MEDICAL & RX

BlueCross BlueShield MT
800 447-7828 | www.bcbsmt.com

GROUP LIFE, VOL LIFE, VOL STD, Accident

Mutual of Omaha
800-377-9000 | www.MutualofOmaha.com

VOLUNTARY VISION

Mutual of Omaha
800-769-7159 | www.MutualofOmaha.com

VOLUNTARY Dental

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866-451-3399
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People & Culture

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