



# YOUR 2024 BENEFITS

January 1 - December 31, 2024



# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2024.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP, or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

Go to <https://access.paylocity.com/>. There, you will find detailed information about the plans available to you and instructions for enrolling.

# Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Aetna PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

## Aetna HDHP HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.**
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. **NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.**



## The HSA

The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

### Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ In addition, we will contribute \$780 annually to your HSA if you enroll in employee-only coverage and \$1,560 annually if you enroll yourself and one or more family members.
- ▶ Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2024
Employee Only	\$4,150
Family (employee + 1 or more)	\$8,300
Catch-up (age 55+)	\$1,000

- ▶ You can withdraw HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

### Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- ▶ For a complete list of qualified health care expenses, refer to IRS Publication 502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

# Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Aetna PPO		Aetna HDHP HSA	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	\$750 / \$1,500	\$1,700 / \$3,400	\$2,000 / \$4,000	\$3,200 / \$6,400
<b>Out-of-Pocket Maximum</b> (per calendar year)				
Individual / Family	\$4,000 / \$8,000	\$12,000 / \$24,000	\$3,500 / \$7,000	Unlimited / Unlimited
<b>Company Contribution to Your Health Savings Account (HSA)</b> (per calendar year; prorated for new hires/newly eligible)				
Individual / Family	N/A		\$780 annually / \$1,560 annually	
<b>Covered Services</b>				
Office Visits (physician/specialist)	\$20 copay	50%*	20%*	50%*
Routine Preventive Care	No charge	50%*	No charge	50%*
Outpatient Diagnostic (lab/X-ray)	20%*	50%*	20%*	50%*
Complex Imaging	20%*	50%*	20%*	50%*
Chiropractic	\$20 copay	50%*	20%*	50%*
Ambulance	20%*	20%*	20%*	20%*
Emergency Room	\$250 copay, then 20%*	\$250 copay, then 20%*	20%*	20%*
Urgent Care Facility	\$40 copay	50%*	20%*	50%*
Inpatient Hospital Stay	20%*	50%*	20%*	50%*
Outpatient Surgery	20%*	50%*	20%*	50%*
<b>Prescription Drugs</b> (Generic / Brand / Non-Formulary / Preferred Specialty / Non-Preferred Specialty)				
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$60 / 30% up to \$150 / 30% up to \$150	In-Network copay, then 40%*	\$10* / \$35* / \$60* / 30%* up to \$150 / 30%* up to \$150	In Network copay, then 40%*
Mail Order (90-day supply)	\$20 / \$70 / \$120	N/A	\$20* / \$70* / \$120*	N/A

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Dental

We are proud to offer you a choice of dental plans.

## Willamette Dental Group DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

## Delta Dental of Washington DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental of Washington network.

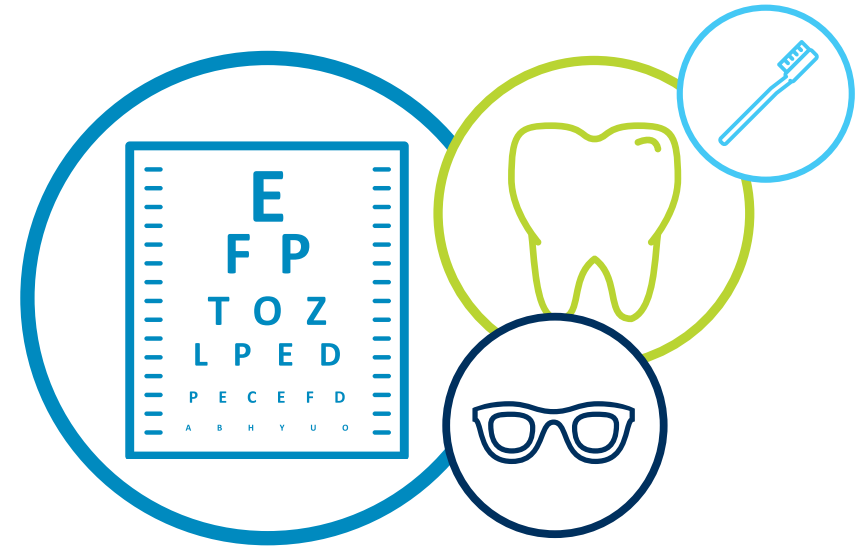
Following is a high-level overview of the coverage available.

Key Dental Benefits	Willamette Dental Group DHMO	Delta Dental of Washington DPPO	
	In-Network Only	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)			
Individual / Family	None / None	\$50 / \$150	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)			
Per Individual	None	\$1,500	\$1,000
<b>Covered Services</b>			
<b>Preventive Services</b>	\$15	No charge	20%
<b>Basic Services</b>	See Schedule	20%*	30%*
<b>Major Services</b>	See Schedule	50%*	60%*
<b>Orthodontia</b> (Child & Adult)	See Schedule	50%	50%

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



# Vision

We are proud to offer you a vision plan.

The **Aetna** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Aetna network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 24 months)	No charge	Not covered
<b>Materials Copay</b>	No charge	No charge
<b>Lenses</b> (once every 24 months)	No charge	No charge
Single Vision		No charge
Bifocal		No charge
Trifocal		No charge
<b>Frames</b> (once every 24 months)	Up to \$200 allowance	Up to \$200 allowance
<b>Contact Lenses</b> (once every 24 months; in lieu of glasses)	Up to \$200 allowance	Up to \$200 allowance

**Note:** Routine vision coverage is included with your medical plan election.

# Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Rehn & Associates. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2024, you may contribute up to \$3,200 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

**NOTE:** If you enroll in the HSA medical plan, you may not participate in a Health Care FSA.

## Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through March 15, 2025, and must file claims by March 31, 2025.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Aetna Resources For Living.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to six (6) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

## Aetna Resources for Living

Access the EAP information by calling 888-238-6232 or visiting [resourcesforliving.com](http://resourcesforliving.com) to login.

Username: zakdesigns | Password: eap



# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Voluntary Short-Term Disability

Provided at an affordable group rate through Principal.

<b>Benefit Percentage</b>	60%
<b>Weekly Benefit Maximum</b>	\$2,500
<b>When Benefits Begin</b>	After 7th day of disability
<b>Maximum Benefit Duration</b>	12 weeks

## Voluntary Long-Term Disability

Provided at an affordable group rate through Principal.

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$6,000
<b>When Benefits Begin</b>	After 90th day of disability
<b>Maximum Benefit Duration</b>	To age 65 or Social Security Retirement Age



# Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Principal.

<b>Benefit Amount</b>	All full-time employees: \$50,000 Executives & full-time managers: 2 times annual salary to a \$200,000 max
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## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Lincoln Financial for yourself and your eligible family members.

	<b>Benefit Option</b>	<b>Guaranteed Issue<sup>1</sup></b>
<b>Employee</b>	Up to 5 times annual salary in \$10,000 increments to a maximum of \$500,000	\$150,000
<b>Spouse/RDP</b>	Maximum of \$250,000 not to exceed 2.5 times the employee's annual salary or 50% of the employee's benefit amount	\$30,000
<b>Child(ren)</b>	\$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Valuable Extras

**We also offer the following additional benefits:**

- ▶ Pet Insurance through Pets Best
- ▶ Business Travel Accident through Geo Blue

# Cost of Benefits

January 1 - December 31, 2024

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

## Medical

Coverage Tier	Bi-Weekly Employee Contribution	
	Aetna PPO	Aetna HDHP HSA
Employee Only	\$30.00	\$0.00
Employee + Spouse/RDP	\$250.00	\$150.00
Employee + Child(ren)	\$145.00	\$82.50
Family	\$365.00	\$225.00

## Dental

Coverage Tier	Bi-Weekly Employee Contribution	
	Willamette Dental Group DHMO	Delta Dental of Washington DPPO
Employee Only	\$0.00	\$0.00
Employee + Spouse/RDP	\$18.50	\$20.50
Employee + Child(ren)	\$18.50	\$23.50
Family	\$35.00	\$41.00

## Voluntary Disability

Benefit	Monthly Employee Contribution
Short-Term Disability	\$0.13 per \$10 of benefit
Long-term Disability	\$0.42 per % of covered monthly earnings

## Voluntary Life

Age	Employee Rate per \$1,000	Spouse Rate per \$1,000
< 20	\$0.112	\$0.216
21-24	\$0.112	\$0.216
25-29	\$0.126	\$0.243
30-34	\$0.154	\$0.295
35-39	\$0.168	\$0.321
40-44	\$0.181	\$0.346
45-49	\$0.251	\$0.477
50-54	\$0.363	\$0.687
55-59	\$0.642	\$1.211
60-64	\$0.962	\$1.811
65-69	\$1.813	\$3.408
70+	\$2.915	\$5.476

Child coverage is \$0.213 per \$1,000

**Registered Domestic Partner (RDP) Contributions:** Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.



# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Aetna	(888) 982-3862	<a href="http://www.Aetna.com">www.Aetna.com</a>
Dental	Delta Dental of WA	(800) 554-1907	<a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>
	Willamette Dental	(855) 433-6825	<a href="http://www.willamettedental.com">www.willamettedental.com</a>
Vision	Aetna	(888) 982-3862	<a href="http://www.Aetna.com">www.Aetna.com</a>
Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)	Rehn & Associates	(800) 872-8979	<a href="http://www.rehnonline.com">www.rehnonline.com</a>
Life/AD&D	Lincoln Financial	(877) 275-5462	<a href="http://www.lfg.com">www.lfg.com</a>
Disability	Principal	(800) 247-4695	<a href="http://www.principal.com">www.principal.com</a>
Employee Assistance Program (EAP)	Aetna Resources For Living	(888) 238-6232	<a href="http://resourcesforliving.com">resourcesforliving.com</a> Username: zakdesigns Password: eap
Pet Insurance	Pets Best	(888) 984.8700	<a href="http://www.petsbest.com/zakpet">www.petsbest.com/zakpet</a>
Business Travel Accident	Geo Blue	(800) 257-4823	<a href="http://www.geo-blue.com">www.geo-blue.com</a>



## Benefits Website

Our benefits website <https://access.paylocity.com/> can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

### Human Resources

Melissa Kuntzmann at (509) 244-1248  
[kuntzmann@zak.com](mailto:kuntzmann@zak.com)

### Plan Advocate

Megan Henry at (509) 543-6472  
[megan.henry@hubinternational.com](mailto:megan.henry@hubinternational.com)

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.  
**Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

