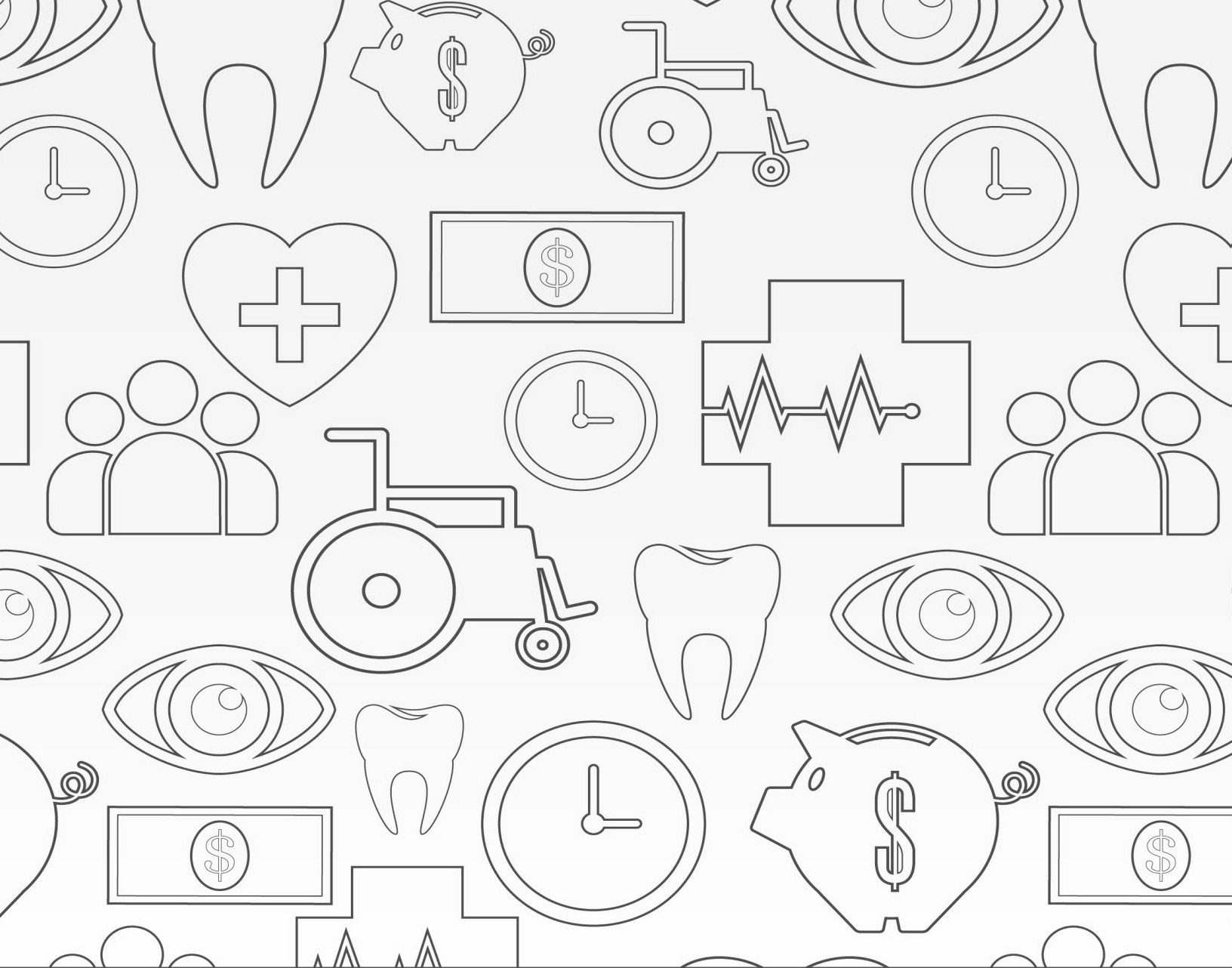




EMPLOYEE BENEFITS ENROLLMENT GUIDE

HELPSIDE

Contact Eric Baird for Details

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SELECTING THE BEST BENEFITS FOR YOU AND YOUR FAMILY

At Helpside we strive to offer a comprehensive benefits package designed to meet the needs of you and your eligible dependents. The following pages in this booklet contain plan comparisons which are overviews of the available benefits plan options. These comparisons are designed to aid you in selecting the option that you prefer. Taking time to review these materials carefully will help you make informed choices about your benefits.

Once you have made your selections, you will not be able to change your health, dental, or vision options until open enrollment.

Each benefit plan has a network of preferred providers. Using the preferred providers allows you to get the most value out of your benefits. If you do go outside of the plan's network, your benefits will be reduced or eliminated.

TABLE OF CONTENTS

Medical Plan Comparison	3
Tax-Favored Benefits Spending Account (FSA and HSA) Comparison	5
Dental Plan Comparison	6
Vision Plan Comparison	7
Supplemental Group Life Insurance	8
Critical Illness	9
Hospital Indemnity	9
Short-Term Disability	10
Long-Term Disability	10
Accident Insurance	11
Identity Theft Protection	12
Glossary of Common Benefits Terms	13
Frequently Asked Questions	14
Privacy Notice	15

WHO IS ELIGIBLE

Employees who work 30 hours or more per week are eligible to participate in health, dental, vision, flexible spending account, and disability. Employees who work 20 hours or more per week are eligible to participate in life insurance, hospital indemnity, accident and critical illness plans. Your employer selects which benefits they choose to offer to employees. If you have questions about your available benefits options, please contact Helpside at 1-800-748-5102 or service@helpside.com

WHEN TO ENROLL

Please submit enrollment elections online at least one month in advance of your coverage start date to avoid back premium deductions.

If you choose to participate in these benefits, you must complete and submit enrollment online as soon as possible, and no later than your coverage start date. You are eligible to enroll in benefits on the first day of the month after your waiting period. Your coverage start date can be found on your Employee Rate Sheet.

EMPLOYEE RATE SHEET

Your Employee Rate Sheet provides you with the monthly costs of the medical, dental, and vision plans. These are your total monthly costs and already account for any applicable employer contributions.

Please keep in mind that the deductions from your paycheck for medical, dental, and vision are taken on a “pre-tax” basis. These deductions occur prior to any tax calculations on your paycheck therefore, you will not be responsible for paying taxes on the premiums you pay for these benefit plans. Premiums are collected from your paycheck one month in advance. Monthly premium deductions are spread over two checks for semi-monthly and bi-weekly payrolls and over four checks for weekly payrolls.

SUMMARY OF BENEFITS COVERAGE

This booklet contains summary information only. For more information regarding the benefits options presented in this booklet, please visit www.helpside.com/mdv-plan-info.

WHO TO CONTACT WITH QUESTIONS

As a new employee, your enrollment questions should be directed to Helpside. You may reach us by calling 1-800-748-5102 or by email at service@helpside.com.



Helpside Employee Health Plan Comparison

This chart is designed to allow you to compare some basic information about the medical plan options. Once you have narrowed down your choices, please review the medical plan summaries for those plans for a more detailed list of coverage and exclusions.

	Essential		Value		Select	Preferred		MedSave 4500		MedSave 7000	
	Network Providers	Network Providers	Network Providers	Network Providers	Network Providers	Network Providers	Network Providers	Network Providers	Network Providers	Network Providers	Network Providers
Annual Deductible	Individual \$4,500 Family \$11,250	Individual \$2,000 Family \$5,000	Individual \$1,000 Family \$2,500	Individual \$500 Family \$1,500	Individual \$4,500 Family \$11,250	Individual \$2,000 Family \$5,000	Individual \$1,000 Family \$2,500	Individual \$4,500 Family \$11,250	Individual \$2,000 Family \$5,000	Individual \$1,000 Family \$2,500	Individual \$500 Family \$1,500
Annual Out-of-Pocket Maximum	Individual \$8,000 Family \$16,000	Individual \$7,000 Family \$14,000	Individual \$6,000 Family \$12,000	Individual \$4,000 Family \$8,000	Individual \$8,000 Family \$16,000	Individual \$7,000 Family \$14,000	Individual \$6,000 Family \$12,000	Individual \$4,500 Family \$9,000	Individual \$2,000 Family \$5,000	Individual \$1,000 Family \$2,500	Individual \$500 Family \$1,500
Office Visits - Primary Care	30% after deductible	\$35 co-pay	\$25 co-pay	\$25 co-pay	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Office Visits - Specialist	30% after deductible	\$50 co-pay	\$40 co-pay	\$40 co-pay	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Urgent Care & After Hours		\$50 co-pay	\$40 co-pay	\$40 co-pay	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Emergency Room Services	30% after deductible	\$200 co-pay, then 20%	\$150 co-pay, then 20%	\$100 co-pay, then 20%	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Co-Insurance		20% after deductible	20% after deductible	20% after deductible							
Retail Prescription Drugs If generic is available, preferred drugs will have a 50% co-pay.	Rx Deductible Per person \$1,000 Per family \$3,000 After Rx Deductible Generic 50% Preferred 50% Non-Preferred 50% Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50% Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50% Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50% Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50% Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50% Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50% Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50% Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50% Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50% Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50% Specialty Not Covered

Detailed plan summaries can be found at the links below.

Essential: www.helpside.com/essential-plan-info

Value: www.helpside.com/value-plan-info

Select: www.helpside.com/select-plan-info

Preferred: www.helpside.com/preferred-plan-info

MedSave 4500: www.helpside.com/medsave4500-plan-info

MedSave 7000: www.helpside.com/medsave7000-plan-info

These benefits are illustrated in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and, in the case of discrepancy, the plan documents apply. Please refer to the Master Plan Description booklet for a complete description of benefits, limitations, and exclusions at www.helpside.com/mdv-plan-info



Benefit Spending Accounts

Flexible Spending Accounts (FSA)

An FSA is a tax advantaged benefit account, which allows you to pay for out-of-pocket medical, dental, and vision expenses with pre-tax dollars from your paycheck. Your contributions (premiums) to an FSA are deducted from your gross pay. Since your tax liability is then calculated on your remaining pay, you pay less in taxes.

When used properly, an FSA can help you reduce your tax liability. However, there is also a risk of losing unclaimed contributions. Claims must be incurred in the plan year, after your effective date, and during your duration as an employee of Helpside. Claims must also be received no later than 30 days after termination of employment or 60 days after the plan year ends. If you do not have enough claims to fully reimburse your elected amount for the year, you will forfeit unclaimed contributions. Careful planning is essential to maximizing the use of an FSA. Employees who work at least 30 hours per week are eligible to participate in the FSA.

FSA limits may change and are subject to IRS regulations.

Dependent Care FSA

A Dependent Care FSA is a tax advantaged benefit account, which allows you to pay for daycare expenses with pre-tax dollars from your paycheck. Eligible dependents include children under age 13, or a spouse, children of any age, or elderly parents residing in your home, who are physically or mentally unable to care for themselves.

You and your spouse must be employed, or your spouse must be a full-time student, to be eligible to participate in the Dependent Care FSA. Payment for care cannot be made to anyone you claim as a dependent on your tax return, to your spouse, or to your children under age 19. You will only be reimbursed up to the amount you have contributed to date. Employees who work at least 30 hours per week are eligible to participate in the Dependent Care FSA.

Health Savings Accounts (HSA)

HSAs allow employees to save pre-tax dollars for qualified medical expenses. Income you deposit (through payroll deduction) goes into your own personal account and will not be taxed, if used for qualifying expenses.

In order to establish and contribute to an HSA you must be enrolled in a High Deductible Medical Plan (HDHP). Our MedSave 4500 and MedSave 7000 options (described on page 3) are both HDHP options which conform to US Treasury Department guidelines for HDHPs.

In order to facilitate the opening of an HSA, Helpside has established a relationship with Optum Bank.

Since HSA participants are not eligible to participate in a full service FSA, Helpside has established a Limited Use FSA that may be used in conjunction with an HSA. Eligible expenses in a Limited Use FSA include dental, vision and post-deductible medical expenses only.

Additional Resources

- You can find a representative list of eligible medical expenses in IRS Publication 502 at www.irs.gov/pub/irs-pdf/p502.pdf
- National Benefit Services website (www.nbsbenefits.com) provides information about checking flex spending account balances, submitting claims, eligible expenses, and how to set up an online account.
- By visiting www.optumhealthfinancial.com you can check your health savings account balance, pay bills online, or transfer funds.



Tax-Favored Benefit Spending Accounts Comparison

**Flexible Spending Account
(FSA)**

**Health Saving Account
(HSA)**

Limited Use FSA

Dependent Care FSA

Pre-Tax Salary Reduction	Yes	Yes	Yes	Yes
Maximum Yearly Contribution*	\$3,300* \$2,000 limit for orthodontia yearly	\$4,300 Single Coverage* \$8,550 Two-Party or Family Coverage*	\$3,200* \$2,000 limit for orthodontia yearly	\$5,000 or \$2,500 if married and filing taxes separately*
Type of Medical Plan Required	Any	Helpside MedSave 4500 or MedSave 7000	Helpside MedSave 4500 or MedSave 7000, or other HDHP	
Additional Catch-Up Contribution Permitted for those 55 and over	\$0	\$1,000 per year	\$0	
Contribution Source	Employee only	Employee and employer permitted	Employee only	Employee only
Eligible Expenses	Qualified medical, dental and vision expenses incurred during the coverage period (see IRS Publication 502)	Qualified medical, dental and vision expenses incurred after the coverage period begins (see IRS Publication 969)	Qualified dental, vision and post-medical plan deductible expenses incurred during the coverage period	Child care expenses that permit you or your spouse to work or look for work (see IRS Publication 503 as a guide)
Common Ineligible Expenses	Cosmetic procedures, vitamins and supplements and beauty products	Cosmetic procedures, vitamins and supplements and beauty products	Cosmetic procedures, vitamins and supplements and beauty products	Payment for care cannot be made to anyone you claim as a dependent on your tax return, to your spouse, or to your children under age 19.
Eligible Dependents	Legal spouse and any dependents that you claim for tax purposes	Legal spouse and any dependents that you claim for tax purposes	Legal spouse and any dependents that you claim for tax purposes	Dependents under age 13, or dependents with qualifying restrictions
Claim Substantiation	Required, administered by National Benefit Services	Employee responsibility	Required, administered by National Benefit Services	Required, administered by National Benefit Services
Reimbursement/Payment	Claim reimbursement for expenses incurred	Debit card provided	Claim reimbursement for expenses incurred	Claim reimbursement for payments
Carryover at Year End	No	Yes	No	No
Account Administrator	National Benefit Services	Optum Bank	National Benefit Services	National Benefit Services
Cashing Out Unused Amounts	No	Yes. Non-medical withdrawals are taxable and a 20% tax penalty applies	No	No
Associated Fees	\$18.00 annual fee for debit card	\$3.00 per month fee for HSA balances of less than \$5,000	\$18.00 annual fee for debit card	None
Portability	Employee forfeits balance at the end of the year or upon termination	HSA owned by employee and portable year to year and between jobs	Employee forfeits balance at the end of the year or upon termination	Employee forfeits balance at the end of the year or upon termination
Interest Bearing	No	Yes	No	No
Medicare Enrolled Employees	No participation restrictions	No contributions may be made	No contributions may be made	
Online Access	www.nbsbenefits.com	www.optumhealthfinancial.com	www.nbsbenefits.com	www.nbsbenefits.com
Combination of Plans Permitted	☒ FSA ☒ Day Care	☐ FSA ☒ Day Care	☐ FSA ☒ Day Care	Alone or with any combination to the left

These benefits are illustrated in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and, in the case of discrepancy, the plan documents apply. Please refer to the individual Plan Descriptions for a complete description of benefits, limitations, and exclusions.

*HSA and FSA limits are accurate as of print date and subject to IRS regulations. Employees must work at least 30 hours per week to participate in the FSA, limited use FSA, and dependent care FSA.

Dental Plan Comparison

EMI Value

EMI Advantage

MetLife PDP Plus Value 80

MetLife PDP Plus Value 90

	Network Providers	Network Providers	Non-Network Providers	Network Providers	Non-Network Providers	Network Providers	Non-Network Providers
Deductible	Individual \$0 Family \$0	Individual \$0 Family \$0	Individual \$0 Family \$0	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150
Maximum Benefit	No maximum	No maximum	No maximum	\$2,000 per person per year	\$1,500 per person per year*	\$2,000 per person per year	\$2,000 per person per year

Type of Network	In Network Only	In Network Only	Out of Network	In Network Only	Out of Network	In Network Only	Out of Network
Preventative Oral exams, cleanings (2x per year), fluoride (up to age 16), and x-rays	Up to 70% Savings - Refer to Co-Pay Schedule	Covered 100% Refer to Co-Pay Schedule	Refer to Claim Payment Schedule	Covered 100%	Covered 100% of Reasonable & Customary (R&C)*	Covered 100%	Covered 100% of Reasonable & Customary (R&C)*
Basic Fillings and oral surgery	Up to 60% Savings - Refer to Co-Pay Schedule	Refer to Co-Pay Schedule	Refer to Claim Payment Schedule	You pay 20% after deductible	Covered 80% of R&C after deductible*	You pay 10% after deductible	Covered 90% of R&C after deductible*
Major Crowns, bridges, and prosthodontics	Refer to Co-Pay Schedule	Refer to Co-Pay Schedule	Refer to Claim Payment Schedule	You pay 50% after deductible	Covered 50% of R&C after deductible*	You pay 40% after deductible	Covered 40% of R&C after deductible*
Orthodontics	25% Discount Only	25% Discount Only	None	Covered 50% up to \$1,000 lifetime maximum	Covered 50% up to \$1,000 lifetime maximum	Covered 50% up to \$1,000 lifetime maximum	Covered 50% up to \$1,000 lifetime maximum

These benefits are illustrated in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and, in the case of discrepancy, the plan documents apply. Please refer to the summary plan description or co-pay schedule for a complete description of benefits, limitations and exclusion at www.helpside.com/mdv-plan-info.

To identify In-Network Providers, for EMI Value and EMI Advantage visit: www.emihealth.com. **Plan name for Value is Value, Advantage is Advantage/Advantage Plus (Choice)** Orthodontic discount shown applies to participating orthodontists in Utah. Discounts may vary outside of Utah.

To identify In-Network Providers, for MetLife PDP Plus Value 80 and MetLife PDP Plus Value 90 visit: www.metlife.com. **Plan name is PDP Plus.**

*Unless state law requires match of out of network and in network benefit

Vision Plan Comparison

VSP 10/100

VSP 10/160

VSP 10/210

Plan Year	January 1 through December 31			January 1 through December 31			January 1 through December 31		
Benefit Resources	Exam, Lenses, and Contact Lenses: Every 12 months Frames: Every 24 months			Exam, Lenses, and Contact Lenses: Every 12 months Frames: Every 24 months			Exam, Lenses, and Contact Lenses: Every 12 months Frames: Every 24 months		
Network Providers	www.emihealth.com			www.emihealth.com			www.emihealth.com		
	In Network VSP Choice Plus	Out of Network Any Optometrist Co-pays apply		In Network VSP Choice Plus	Out of Network Any Optometrist Co-pays apply		In Network VSP Choice Plus	Out of Network Any Optometrist Co-pays apply	
Exam	\$10 co-pay	Up to \$45 allowance		\$10 co-pay	Up to \$45		\$10 co-pay	Up to \$65	
Lenses (Glass or Plastic)									
Single Vision Lenses	\$25 co-pay	Up to \$30		\$25 co-pay	Up to \$30		\$25 co-pay	Up to \$30	
Lined Bifocal Lenses	\$25 co-pay	Up to \$50		\$25 co-pay	Up to \$50		\$25 co-pay	Up to \$50	
Lined Trifocal Lenses	\$25 co-pay	Up to \$65		\$25 co-pay	Up to \$65		\$25 co-pay	Up to \$65	
Progressive Lenses (Standard no-line)	\$0 co-pay	Up to \$50 (in lieu of lined bifocal reimbursement)		\$0 co-pay	Up to \$50 (in lieu of lined bifocal reimbursement)		\$0 co-pay	Up to \$50 (in lieu of lined bifocal reimbursement)	
Coatings									
Scratch-Resistant Coating	\$17 co-pay	N/A		\$17 co-pay	N/A		\$17 co-pay	N/A	
Anti-Reflective Coating	\$41 co-pay			\$41 co-pay			\$41 co-pay		
UV Protection	\$16 co-pay			\$16 co-pay			\$16 co-pay		
Frames									
Allowance Based on Retail Pricing	\$100 allowance for any VSP doctor or \$55 at Costco, Sam's Club or Walmart	Up to \$70		\$160 allowance for any VSP doctor or \$90 at Costco, Sam's Club or Walmart	Up to \$70		\$210 allowance for any VSP doctor or \$110 at Costco, Sam's Club or Walmart	Up to \$90	
Elective Contact Lenses in lieu of Frame and Lenses									
Contact Lens Fitting and Evaluation	\$60 co-pay	Up to \$80 for contact fitting, evaluation, and contact lens material		\$60 co-pay	Up to \$105 for contact fitting, evaluation, and contact lens material		\$60 co-pay	Up to \$135 for contact fitting, evaluation, and contact lens material	
Prescription Contact Lens Allowance	\$100 Allowance			\$160 Allowance			\$210 Allowance		
Refractive Surgery (LASIK)	Up to \$500 in savings, discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and Intralase3	Not covered		Up to \$500 in savings, discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and Intralase3	Not covered		Up to \$500 in savings, discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and Intralase3	Not covered	

*Contact lenses are in lieu of spectacle lenses and frames once every 12 months.

This document is to serve as a quick reference aid only. Master plan description available at www.helpside.com/mdv-plan-info

To identify In-Network Providers, go to www.emihealth.com

Group Supplemental Life

As a new employee that works 20+ hours per week at participating worksites, you have the option to elect Supplemental Life Insurance Coverage. Within the first 60 days of employment, you are eligible to enroll for up to \$300,000 of coverage on a Guaranteed Issue basis. You will not need to submit any personal medical information.

Summary of Plan Provisions

- Guaranteed Issue coverage is available when enrolling the first of the month following 60 days of employment or if you enroll during open enrollment.
- Employee is required to enroll for spouse or dependent children to enroll.
- Coverage may continue after termination of employment. To elect portability, you must apply.

Supplemental Life Benefit Highlights	
Eligibility	All active employees working 20+ hours per week, and their dependents. Maximum age of employee or spouse to be approved for coverage is 69.
Additional Coverage	Additional coverage can be purchased in increments of \$50,000 during each open enrollment period up to a maximum of \$300,000 total coverage as an employee and \$10,000 during each open enrollment period up to a maximum of \$50,000 total coverage on a spouse.
Benefit Reductions	At age 70 there is a 50% reduction of available or in force amount at age 69.
Dependent Supplemental Life Coverage	Spouse maximum benefit: \$50,000 Note: Spouse premium rates are based on spouse's age. Unmarried dependent children covered from birth to age 26. Maximum benefit: \$10,000.
Portability	Coverage may continue after termination of employment. To elect Portability, you must apply and make payment within 31 days of termination.

Group Supplemental Life Insurance Rates (Age Band rate changes take effect June 1)										
Supplemental Life Insurance Monthly Rate Chart Worksheet – Employee and Spouse										
Age	Under Age 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Cost per \$1,000 of coverage	\$0.045	\$0.045	\$0.054	\$0.092	\$0.15	\$0.23	\$0.349	\$0.589	\$1.149	\$2.06

Child Life Amount	\$5,000	\$10,000
Monthly Cost Per Unit	\$0.50	\$1.08



Supplemental Insurance Options

The MetLife Supplemental Insurance products through Helpside allow you to diversify your benefits package and add benefits where your family needs it most. Each of the options pay a cash benefit to you, rather than paying a medical provider directly, so you can use the money for whatever you need.

Critical Illness

As a new employee that works 20+ hours per week at a participating worksite, you have the option to elect Critical Illness Insurance Coverage. Within the first 60 days of employment, you are eligible to enroll in coverage that pays you cash should you be diagnosed with a critical illness, such as cancer, heart attack or stroke. Annual wellness benefits are also included, paying you a cash benefit of \$50 just for receiving an annual check-up.

Benefit Amount:

Employee: Option of \$10,000 to \$20,000 in increments of \$10,000

Spouse: Option of \$10,000 to \$20,000 in increments of \$10,000

Dependent child(ren): Coverage limited to 25% of employee approved Amount of Insurance to a maximum of \$5,000

Covered Conditions

Condition	Initial Benefit
Benign Brain Tumor	100%
Invasive Cancer	100%
Non-Invasive Cancer	5%
Coronary Artery Bypass Graft	25%
Coma	100%
Loss of Ability to Speak, Hearing, or Sight	100%
Paralysis of 2 of More Limbs	100%
Heart Attack	100%
Kidney Failure	100%
Severe Burn	100%
Aneurysm	100%

Hospital Indemnity

As a new employee that works 20+ hours per week at a participating worksite, you have the option to elect Hospital Indemnity Insurance Coverage. Within the first 60 days of employment, you are eligible to enroll in coverage that pays you cash should you admitted to the hospital. 10 month waiting period applies to maternity claims.

Benefit Amount:

Hospital Admission Benefit (1 time per calendar year)	\$2,000
Hospital Confinement Benefit (180 days per confinement)	\$200
Health Screening Benefit (1 time per calendar year per covered person)	\$100

This information is in summary form only. More details can be found at <https://www.metlife.com/info/HelpsideLLC/>

Short Term Disability

As a new employee that works 20+ hours per week at a participating worksite, you have the option to elect Short Term Disability Coverage. The Short Term Disability benefit may help replace a portion of your predisability earnings, less the income that was actually paid to you during the same disability from other sources¹ (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.).

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit.

The elimination periods are/is as follows:

For Injury: 14 days.

For Sickness (includes pregnancy): 14 days.

Benefits continue for as long as you are disabled up to a maximum duration of 11 weeks of disability.

The benefit amount is 60% of your predisability weekly earnings; subject to the plan's maximum weekly benefit of \$1,500.

Long Term Disability

As a new employee that works 30+ hours per week at a participating worksite, you have the option to elect Long Term Disability within the first 60 days of employment on a guaranteed issue basis. Disability income protection insurance provides a benefit for "long term" disability resulting from a covered injury or sickness.

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 90 days.

The benefit amount is 60% of your predisability weekly earnings; subject to the plan's maximum weekly benefit of \$1,500.

This information is in summary form only. More details can be found at <https://www.metlife.com/info/HelpsideLLC/>



Accident Insurance

As a new employee that works 20+ hours per week at a participating worksite, you have the option to elect Accident Insurance Coverage. Within the first 60 days of employment, you are eligible to enroll in coverage that pays you cash if you have injuries due to an accident. The coverage pays a specific amount for a variety of covered occurrences such as dislocations, fractures, hospital confinement, ambulance rides, physical therapy and many more.

Accident Insurance Benefits	
Fracture Benefit*	\$75 – \$7,500 depending on the fracture and type of repair
Dislocation Benefit*	\$150 – \$4,800 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$200 – \$12,800 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$150
Coma Benefit	\$7,500
Laceration Benefit	\$38 – \$600 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$300 Extraction: \$100
Eye Injury Benefit	\$300
Ambulance Benefit	Ground: \$150 Air: \$750
Emergency Care Benefit	\$75 – \$200 depending on location of care
Physician Follow-Up Visit Benefit	\$75
Therapy Services Benefit	\$35-\$35 depending on the type of service (including physical therapy)
Medical Testing Benefit	X-rays: \$75
Medical Appliance Benefit	\$150 – \$150 depending on the appliance
Transportation Benefit	\$450
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Blood/Plasma/Platelets Benefit	\$300
Surgical Repair Benefit	\$150 - \$1,500
Exploratory Surgery Benefit	\$150
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,500 for the day of admission
Confinement Benefit	\$250 per day (paid for up to 365 days per accident)
ICU Supplemental Confinement Benefit	\$250 per day (paid for up to 31 days per accident)
Inpatient Rehabilitation Benefit	\$100 per day (paid for up to 15 days per accident)
Accidental Death Benefit*	\$50,000
Dismemberment/Functional Loss	\$2,500 – \$50,000 depending on the injury
Paralysis	\$7,500 – \$15,000 depending on the number of limbs
Health Screening Benefit*	\$75 (benefit provided for certain screening/prevention tests paid 1 time per calendar year)
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$150 per day

*Notes Regarding Certain Benefits

Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.

Accidental Death Benefit – Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.

In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed.

Lodging Benefit - The lodging must be at least 50 miles from the insured's primary residence.

This information is in summary form only. More details can be found at <https://www.metlife.com/info/HelpsideLLC/>

Norton LifeLock Indentity Theft Protection



LifeLock™ with Norton™ Benefit Plans provides peace of mind with comprehensive all-in-one protection for your identity, personal information and connected devices.

Everyday things like online shopping, banking and even browsing can expose personal information and make you vulnerable to cybercriminals and identity theft. Norton LifeLock helps monitor your personal accounts and sends you alerts if they detect potential threats to your identity. If you should become a victim of identity theft, we'll work to resolve it. Norton's multi-layered, advanced security helps protect against existing and emerging malware threats to your devices and helps protect your private and financial information when you go online.

Plan Options:

Plan name	Benefit Essential	Benefit Premier
Monthly premium	\$7.99 per employee \$15.98 per family	\$11.49 per employee \$21.98 per family
Credit Application Alerts	1 Bureau	1 Bureau
Credit Monitoring	1 Bureau	3 Bureau
Credit Reports and Scores	1 Bureau Monthly	1 Bureau Daily 3 Bureau Monthly
Credit Score Tracking		1 Bureau Monthly
Norton Device Protection	3 Employee / 6 Family	5 Employee / 10 Family
Online Backup	10 GB	50 GB
Home Title Monitoring		Included
New Account Alerts		Checking and Savings

Both Plans Include:

- LifeLock Identity Alert System
- Prior ID Theft Remediation
- Privacy Monitor
- Dark Web Monitoring
- Social Media Monitoring
- ID Verification Monitoring
- \$1M Protection Package

*This information is in summary form only. Employees should refer to www.helpside.com/mdv-plan-info all plan details, limitations and exclusions.



Glossary of Common Benefits Terms

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 (Co-pay)

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

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 and instead a co-pay is assessed.

Dependent

Dependents of the covered employee who are eligible for coverage include the employee's spouse and dependent children from birth to their 26th birthday. Children may include stepchildren, children legally placed for adoption, and legally adopted children. More details can be found at www.helpside.com/mdv-plan-info

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 year. Funds must be used by the end of the calendar year.

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 a qualified high-deductible health plan (HDHP).

High Deductible Health Plan (HDHP)

A qualified health plan that combines low monthly premiums in exchange for higher deductibles and out-of-pocket limits. The MedSave 1 and MedSave 2 plans offered by Helpside are qualified High Deductible Health Plans. 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. In-network providers can be found at www.emihealth.com.

Premium

The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums. Premiums are deducted from your paycheck.

Frequently Asked Questions

When do employees need to enroll in benefits?

New employees or employees who move from part-time to full-time status should complete their online benefits enrollment as soon as possible after their hire date or full-time status date. Employees who do not enroll at least one month prior to their effective date could end up with back collections. If an employee chooses not to enroll, they will have to wait until open enrollment to enroll in coverage unless they have a qualifying event.

When can employees expect to receive their benefit cards?

Employee should receive their benefits cards from EMI Heath about 12-18 business days after submitting their completed enrollment form to Helpside. Employees who have requested a debit card for the flexible spending account can expect to receive their debit card about 10-13 business days after submitting their request to Helpside.

How are insurance premiums deducted?

Premiums are deducted a month in advance of coverage. Monthly premiums are divided over two checks if paid bi-weekly or semi-monthly and four checks if paid weekly. Premiums are deducted on a pre-tax basis for most benefits.

What is a back premium (adjustment) and when does it occur?

Because premiums are deducted a month in advance, employees can get behind on premium when they first enroll. This occurs when premium is missed due to the employee enrolling within 30 days of their effective date. To avoid a back premium, employees should submit an enrollment form to Helpside at least one month prior to their benefits effective date.

When can employees make changes to their health, dental, or vision coverage?

Helpside conducts an annual open enrollment that allows individuals to add, drop, or change coverage options. Outside of open enrollment, individuals are not able to add, drop, or change coverage. However, individuals can drop coverage, add dependents, or drop dependents outside of open enrollment if they have a qualifying life event. Examples of qualifying events include: gain or loss of other group coverage, birth of a dependent, death of a dependent, adoption of a dependent, and divorce.

When will an employee's benefits be terminated?

Employees will lose coverage for most benefits the end of the month in which they last met the eligibility requirements. If an employee works a day in a month, they will have coverage until the end of that month. If an employee has a qualifying event, such as obtaining new group coverage through spouse's employer, their final day of coverage will be the day before the new coverage begins.



Helpside Benefits Privacy Notice

This describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Notice of Health Information Practices

The Helpside Employee Medical Plan, Dental Plan and Cafeteria Plan collect the following types of information in order to provide benefits:

- Information that you provide to the plan to enroll in the plan, including personal information such as your address, telephone number, date of birth, and Social Security Number.
- Plan contributions and account balance information.
- The fact that you are or have been enrolled in the plans.
- Health-related information received from any of your physicians or other healthcare providers.
- Change in plan enrollment (i.e. adding or dropping a participant or adding or dropping a benefit).
- Payment of plan benefits.
- Claims adjudication.
- Case or medical management.
- Other information about you that is necessary for us to provide you with health benefits.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, services as a:

- Basis for planning your care treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool with which the plan sponsor can assess and continually work to improve the benefits offered by the group healthcare plan.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the plan, the healthcare practitioner, or the facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on otherwise permitted uses and disclosures of your information for treatment, payment and healthcare operations purposes, and disclosures to family members for care purposes.
- Obtain a paper copy of this notice of information practices upon request, even if you agreed to receive the notice electronically.
- Inspect and obtain a copy of your health records by making a written request to the plan privacy officer.
- Amend your health record by making a written request to the plan privacy officer that includes a reason to support the request.
- Obtain an accounting disclosure of your health information made during the previous six years by making a written request to the plan privacy officer.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Plan Responsibilities

The Helpside Medical Plan, Dental Plan, and Cafeteria Plan are required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to the plan's legal duties and privacy practices with respect to information that is collected and maintained about you.
- Abide by the terms of this notice.
- Notify you if the plan is unable to agree to a request restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

The plan will restrict access to personal information about you only to those individuals who need to know that information to manage the plan and its benefits. The plan will maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information. Under the privacy standards, individuals with access to plan information are required to:

- Safeguard and secure the confidential personal financial information and health information as required by law. The plan will only use or disclose your confidential health information without your authorization for purpose of treatment, payment or healthcare operations. The plan will only disclose your confidential health information to the plan sponsor for plan administration purposes.
- Limit the collection, disclosure, and use of participant's healthcare information to the minimum necessary to administer the plan.
- Permit only trained, authorized individuals to have access to confidential information.

Individuals who violate this policy will be subject to the company's established disciplinary process.

Business associates: There are some services provided to the plan through business associates. Examples include accountants, attorneys, actuaries, medical consultants, and financial consultants, as well as those who provide managed care, quality assurance, claims processing, claims auditing, claims monitoring rehabilitation, and copy services. When these services are contracted, it may be necessary to disclose your health information our business associates in order for them to perform the job we have asked them to do. To protect employees' health information, however, the company will require the business associates to appropriately safeguard this information.

Benefit coordination: The plan may disclose health information to the extent authorized by and to the extent necessary to comply with plan benefit coordination.

Workers' compensation: The plan may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Law enforcement: The plan may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

The plan reserves the right to change its practices and to make the new provisions effective for all protected health information it maintains. Should the company's information practices change, it will mail a revised notice to the address supplied by each employee.

The plan will not use or disclose employees' health information without their authorization, except as described in this notice.

For More Information or to Report a Problem

If you would like additional information, or believe your privacy rights have been violated, contact:

Helpside
Attn: Helpside Privacy Officer
PO Box 849
Pleasant Grove, UT 84062

There will be no retaliation for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

The plan reserves the right to change the terms of this notice and no make the new notice provisions effective for all protected health information that it maintains. A new notice will be sent to you by first-class mail.

The effective date of this notice is April 14, 2004.

