

employee benefits enrollment guide

— 2026



OPEN ENROLLMENT: NOVEMBER 1, 2025 - NOVEMBER 30, 2025





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Do you need help or have questions?

You can reach out to your insurance company or benefit provider using the contact numbers provided on page 4.

If your issues are still not resolved, please contact your IMA Insurance Employee Advocate.





At Gold Cross, we believe employees are the foundation of our success.

Gold Cross is pleased to offer you a selection of comprehensive, high quality employee benefits for eligible employees and their dependents. This enrollment guide is designed to help you understand the options available.

Who is eligible?

- + Full-time employees who actively work at least 30 hours per week;
- + Your legal spouse or domestic partner;
- + Your natural born children, current stepchildren, or legally adopted children up to age 26;
- + Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

If you're enrolling a domestic partner...

IRS and some state regulations require that you pay your cost for domestic partner coverage with after-tax dollars. The portion of the cost that the company pays is also subject to income and Social Security taxes. This amount is referred to as imputed income. Please consult your tax advisor for details.

When does coverage begin for New Hires?

Coverage begins on the first day of the month following your date of hire. You must be actively at work for your coverage to become effective.

What do I need to consider for my enrollment?

When choosing your insurance coverage for 2026, review the benefit options available to you and make the elections that are right for you and your family.

- + How much do you want to contribute to the health care account that works with your medical plan?
- + Do you need dental or vision coverage?
- + Do you need to cover eligible family members under your insurance benefits?
- + Do you want to purchase supplemental life insurance?
- + Do you have upcoming life events to consider when selecting benefits, such as the birth of a new baby, a marriage, or a child going to college?
- + Who should be your beneficiary for life insurance and your Health Savings Account (HSA), if applicable?



Important reminder

Open Enrollment will be passive, meaning your benefits from December 31st will rollover to January 1st. The exception is FSA and HSA contributions, these benefits require you to take action if you want to re-enroll.

You have 30 days from your hire date to enroll in benefits. In order to enroll in, modify, or waive benefits, you must log into **ADP**. If you do not make changes during your new-hire enrollment window, your next opportunity to make changes will be during next year's Open Enrollment period or with an IRS qualifying life event. For more details on IRS qualifying life events, visit [healthcare.gov](https://www.healthcare.gov).



During your benefits enrollment period, you can add an eligible dependent to your coverage.

IMPORTANT NOTICE

Once you're enrolled, if you get married, have/adopt a baby, get a divorce, or another **qualified life event occurs, you must notify HR within 30 days** of the date of change. For more information about who's eligible to be on your plans, see the Notices section of this guide.



online enrollment instructions

You must register before you can enroll in or make changes to your Employee Benefit elections and personal information.

Please follow the steps outlined here to register in ADP, Gold Cross' online enrollment system.

Step One

You must register before you can make any changes to your information. Log in to ADP and you will receive a pop-up notification. The notification encourages you to complete the new hire or open enrollment process.

Click on the **“START THIS ENROLLMENT BUTTON”** within the pop-up notification to begin the benefit enrollment process.

Step Two

After starting the enrollment process, WFN will take you to the first step in the benefits enrollment wizard, which is to review or add your dependents or beneficiaries for benefit coverage (if applicable).

Choose how you want to proceed through the enrollment wizard from these options: **“Walk me through my benefit options”** or **“I know what I want to change”**.

Step Three

After making your choice as to how you want to proceed through the benefit enrollment wizard (after adding dependent or beneficiary information), you will see the following list of benefit plans to consider for enrollment.

Click on the first benefit plan (shown in the list on the left side of the screen) to enroll in the plan. If you do not enroll in the plan, proceed to click on the next benefit plan option (shown on the left side of the screen). After reviewing all of the benefit plan options, click on the **REVIEW & COMPLETE** button shown at the top right of the screen to complete the benefit enrollment wizard.

You can start the benefit enrollment wizard, make 2 or 3 benefit plan elections, but choose to finish the enrollment process at a later time by clicking on the **FINISH LATER** button at the top of the page.

Step Four

You must choose a **“WAIVE”** reason for not enrolling in a medical benefit plan before you can complete the new hire enrollment process.

Once you have registered, you will be able to enroll in benefits or make changes to your existing benefits and personal information in the ADP system.





useful contact information

Medical

SelectHealth

selecthealth.com

(800) 538-5038

Health Savings & Flexible Spending Accounts

HealthEquity

healthequity.com

(866) 346-5800

Dental

Cigna

mycigna.com

(800) 244-6224

Vision

Superior Vision

superiorvision.com

(800) 507-3800

Basic & Voluntary Life Insurance

The Standard

standard.com

(800) 628-8600

Accident Insurance

Guardian

guardian.com

(800) 541-7846

Employee Assistance Program

Intermountain EAP

intermountainhealthcare.org

(800) 832-7733

Human Resources

Ken Burnett

kenb@goldcrossambulance.com

(801) 975-4356

IMA Insurance Employee Advocate

goldcross@imaadvocate.com

(801) 325-5062

Do you have benefit questions?

Please contact the insurance company or benefit provider using the contact information on this page.

If the provider cannot resolve your issues, please contact our IMA Insurance Employee Advocate.





important medical insurance terms



What comes out of my pay?

Annual premium

The annual cost to purchase medical coverage is spread across the year, so you pay a portion of it in each pay period on a pretax basis. Medical premiums are based on the plan you choose and the number of people you cover.



What will I pay after I meet my deductible?

Coinsurance

After you meet the annual deductible, generally, you'll continue to pay the stated coinsurance percentage for in-network covered medical services until you meet the out-of-pocket maximum. The plan pays the rest.



What will I pay when my medical coverage starts?

Annual deductible

You won't pay for in-network preventive care defined by the U.S. Preventive Services Task Force, such as your annual checkup. Generally, for all other covered care, you'll pay the amount of your annual deductible before the plan starts to pay.



How much will I pay out of my own pocket?

Out-of-pocket maximum

This is the most you would pay for covered medical services in a calendar year. Once you meet it, the plan pays the full cost of additional covered care.



Will my doctor be in-network?

Provider network

You can confirm whether your doctor is in-network by going to the SelectHealth website, listed on page 4 of this benefit guide.



What is Gold Cross contributing?

Gold Cross' contribution

Gold Cross pays more than 80% of your monthly premium to limit your monthly cost and provide you with affordable coverage options.



important info about medical coverage

Here's how deductibles and maximums work on your plan.

Employee-Only Coverage

Annual deductible/coinsurance

Coinsurance begins:

- + If an employee's medical expenses combine to meet the employee-only deductible of \$2,000 coinsurance begins for that employee.

Out-of-pocket maximum

- + If an employee's medical expenses combine to meet the employee-only out-of-pocket maximum of \$3,500, all eligible costs thereafter are covered 100% by the insurance carrier.

Family Coverage

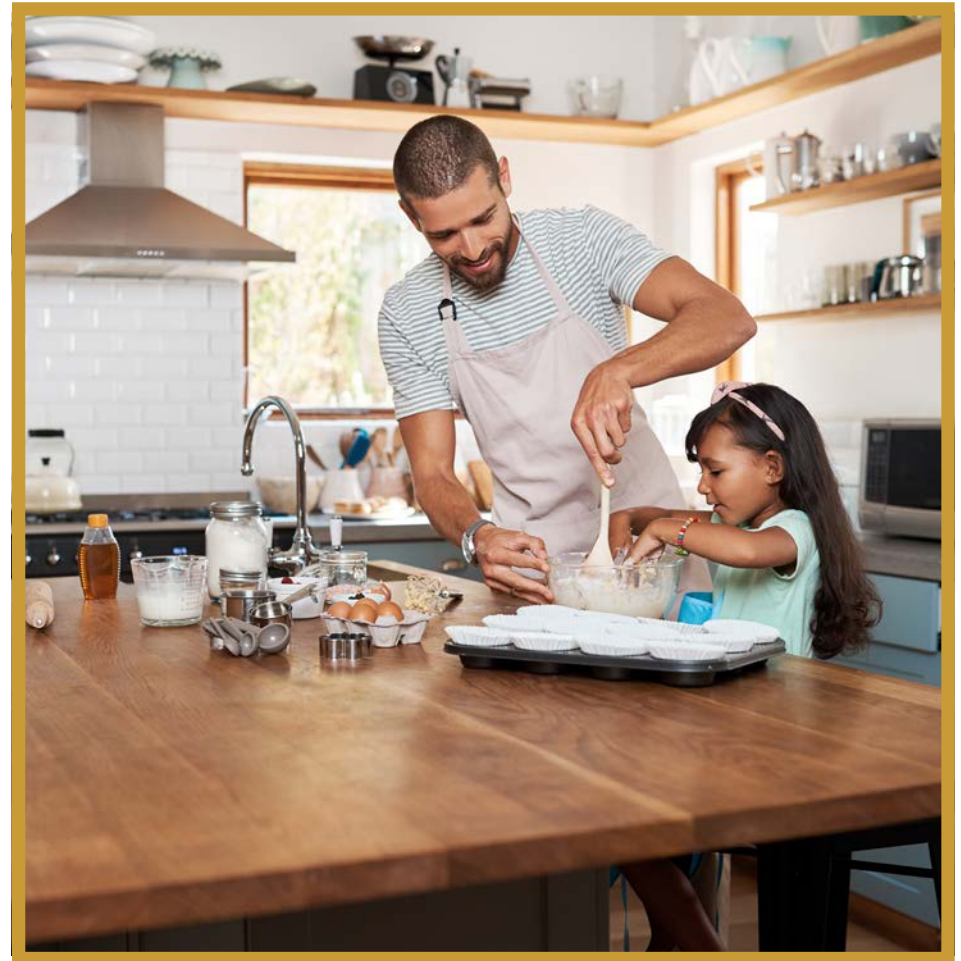
Annual deductible/coinsurance

Coinsurance begins:

- + If one or more family members combine to meet the family deductible of \$4,000 coinsurance begins for all family members.

Out-of-pocket maximum

- + If one or more family members combine to meet the family out-of-pocket maximum of \$7,000, all eligible costs thereafter are covered 100% by the insurance carrier for all family members.





medical plan

SELECT HEALTH - HIGH DEDUCTIBLE HEALTH PLAN SELECT MED PLUS NETWORK



Annual Deductible
Jan 1 - Dec 31

In-Network
You pay up to
Employee only coverage: **\$2,000** per individual
Family coverage: **\$4,000** per family
Non-Embedded

Out-of-Network *
You pay up to
Employee only coverage: **\$2,000** per individual
Family coverage: **\$4,000** per family
Non-Embedded



Coinsurance

You pay **20%** AD

You pay **40%** AD



Out-of-pocket Maximum
Jan 1 - Dec 31

No more than
Employee only coverage: **\$3,500** per individual
Family coverage: **\$7,000** per family
Non-Embedded

No more than
Employee only coverage: **\$4,500** per individual
Family coverage: **\$9,000** per family
Non-Embedded



Preventive Services

You pay **\$0** according to government guidelines

Not Covered



Office Visits
Primary Care
Specialist

You pay **\$15** AD
You pay **\$25** AD

You pay **40%** AD
You pay **40%** AD



Mental Health Services
Office Visit
Inpatient

You pay **\$15** AD
You pay **20%** AD

You pay **40%** AD
You pay **40%** AD



Emergency Services
Urgent Care
Emergency Room

You pay **\$35** AD
You pay **\$75** AD

You pay **40%** AD
Covered as **In-Network**



Inpatient & Outpatient
Inpatient Hospital
Outpatient Surgery

You pay **20%** AD
You pay **20%** AD

You pay **40%** AD
You pay **40%** AD



Prescription Medication
Retail (30-day supply)
Mail Order (90-day supply)

Generic / Preferred / Non-preferred / Specialty

You pay **\$7** AD / **\$21** AD / **\$42** AD / **\$100** AD
You pay up to **3x** Retail

AD: After Deductible

* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$52.69	\$129.10	\$118.56	\$177.58



simplify your wallet with the select health mobile app

Get the tools you need at the tips of your fingers in the Select Health app.

Get access to all of the information you need about your health plan.

ID cards: View, email, and fax images of your ID card

Provider search: Search for providers

Claims: Access your explanations of benefits and amounts owed

Benefits & coverage: Find out who and what is covered on your plan

DOWNLOAD ON THE APP STORE



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Contact Select Health

selecthealth.org | (800) 538-5038



Connect Care - 24/7 Virtual Urgent Care

Convenient, high-quality virtual care - whenever and wherever you need it. A skilled clinician is just a swipe or a click away with Intermountain Connect Care.

- + **Mobile App:** With a smartphone or tablet, you can get access through the Connect Care app.
- + **Web:** You can also access Connect Care computer at your home or office using a webcam.
- + **Your Visit:** Most visits take less than ten minutes. Your clinician will review your history, answer questions, diagnose, treat, and even prescribe medications.
- + **Coverage:** Contact Select Health for coverage details.
- + **Get Started:** Download the app or visit intermountainconnectcare.org to register.



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Know Before You Go

Don't guess how much your upcoming surgery or maternity stay will cost.

Log into your selecthealth.org and visit the **MyHealth** link. From there you can utilize the **Cost Estimator** which pulls claims data from the Select Health networks using that data to provide estimates that represent the cost of care. This tool will help you avoid surprise medical bills.



DOWNLOAD ON THE APP STORE

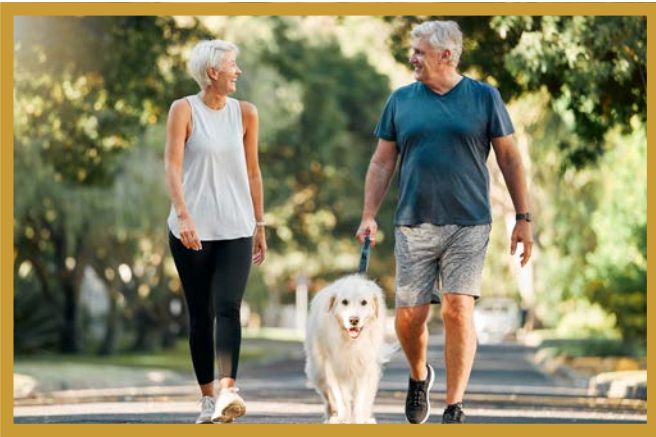


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health and dependent care account options



Health care accounts can be used to help offset your out-of-pocket health care expenses, including co-pays, prescriptions, glasses, and lab work.

The amount Gold Cross will contribute to your health care account is based on the family members you cover. Depending on the type of health care account that is paired with your medical plan, you and Gold Cross may be able to contribute to the account.

	Flexible Spending Account (FSA)	Health Savings Account (HSA)	Dependent Care Flexible Spending Account
Who is the vendor?	HealthEquity	HealthEquity	HealthEquity
Who is eligible for this account?	While you are not required to be enrolled in a medical plan in order to be eligible for this account, the account can be paired with a Traditional PPO Plan. Gold Cross only offers a High Deductible Health Plan.	You must be enrolled in a High Deductible Health Plan in order to be considered eligible for this account. Gold Cross offers the following High Deductible Health Plans: Select Health Med HDHP \$2,000	In order to be eligible for this account, you must meet one of the qualifying criteria: + You and your spouse both work + You are a single head of household + Your spouse is disabled or a full-time student + Employees with children under age 13 and anyone who is a dependent under IRS rules, or who is mentally or physically incapable of taking care of himself or herself + Employees scheduled to work more than 20 hours per week.
What would I use this account for?	Eligible health care expenses, including dental, vision and prescription medication.	Eligible health care expenses, including dental, vision and prescription medication, now.	Eligible dependent care expenses, including adult day care centers, babysitters or nannies, summer day camp, before & after school programs, and child day care.
What is the maximum amount that Gold Cross and I combined can put in this account?	\$3,400 is the 2026 IRS pretax contribution limit.	\$4,400 Employee-only coverage \$8,750 Family coverage If you'll be at least 55 years old in 2026, you can make an additional \$1,000 catch-up contribution.	\$7,500 If you are single \$7,500 If you are married & filing jointly \$3,750 If you are married & filing separate tax returns
What does the company contribute?	Gold Cross does not contribute to this account.	Gold Cross will match \$2 for every \$1 that an employee contributes annually up to the following: Employee (EE) \$1,100 Family \$2,200	Gold Cross does not contribute to this account.
When are the funds available?	Your entire contribution amount is available at the beginning of the year.	Your contribution amount is available as it comes out of your paycheck each pay period.	Your contribution amount is available as it comes out of your paycheck each pay period.
What happens if I don't use the money during the year?	You have until December 31, 2026 to incur expenses against your 2026 funds. You have until March 15, 2027 to submit claims for eligible expenses from the 2026 plan year. All unused funds available after March 15, 2027 will be forfeited.	All unused funds will roll over to the next year. You can take HSA funds with you when you leave the company or retire. If you have more than \$2,000 in your HSA, you can invest it, and any growth is generally tax free.	You have until December 31, 2026 to incur expenses against your 2026 funds. You have until March 15, 2027 to submit claims for eligible expenses from the 2026 plan year. All unused funds available after March 15, 2027 will be forfeited.



preventive care guidelines

Preventing and disease early, are important to living a healthy life.

Talk to your doctor about your specific health questions and concerns, and follow his or her recommendations. Preventive care visits are now 100% covered without a co-pay, or having to meet your deductible*. For more information on preventive care, visit [healthcare.gov](https://www.healthcare.gov).

Services for Adults

Abdominal Aortic Aneurysm: one-time screening for men of specified ages who have ever smoked

Alcohol Misuse: screening and counseling

Aspirin: use for men and women of certain ages

Blood Pressure: screening for all adults

Cholesterol: screening for adults of certain ages or at higher risk

Colorectal Cancer: screening for adults over 50

Depression: screening for adults

Type 2 Diabetes: screening for adults with high blood pressure

Diet: counseling for adults at higher risk for chronic disease

Falls prevention: for adults 65 and over, in community setting

Hepatitis: screening for B and C depending on risk

HIV: screening and prevention medication for all adults at higher risk

Immunization: vaccines for adults-doses, recommended ages, and recommended populations vary: Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza, Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella

Lung Cancer: screening for adults over 50 at high risk

Obesity: screening and counseling for all adults

Sexually Transmitted Infection: prevention counseling for adults at higher risk

Statin Medication: for adults 40-70 at high risk

Tobacco Use: screening for all adults and cessation interventions for tobacco users

Syphilis: screening for all adults at higher risk

Tuberculosis: screening for adults at higher risk

Services for Children

Alcohol and Drug Use: assessments for adolescents

Autism: screening for children at 18 and 24 months

Behavioral: screening for children of all ages

Bilirubin Concentration: screening for newborns

Blood Pressure: screening for children of all ages

Blood Screening: screening for newborns

Depression: screening for adolescents at age 12

Developmental: screening for children under age 3

Dyslipidemia: screening for children between 9 to 11 years, once between 17 and 21 years, and for those at higher risk of lipid disorders

Fluoride: supplements for children without fluoride in their water source, varnish for children with teeth

Gonorrhea: preventive medication for the eyes of all newborns

Hearing: screening for all newborns, and regular screenings for all children as recommended

Height, Weight, and Body Mass Index: measurements for all children

Hematocrit or Hemoglobin: screening for children Hemoglobinopathies or sickle cell screening for newborns

Hepatitis B: screening for adolescents at higher risk

HIV: screening for adolescents at higher risk

Hypothyroidism: screening for newborns

Immunization: vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus Influenza Type B, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza, Measles, Meningococcal, Mumps, Rubella, Pneumococcal, Rotavirus, Varicella

Lead: screening for children at risk of exposure

Obesity: screening and counseling

Oral Health: risk assessment for young children 6 months to 6 years

Phenylketonuria: PKU: screening for newborns

Sexually Transmitted Infection: screening and counseling for adolescents at higher risk

Tuberculin: testing for children at higher risk of tuberculosis

Vision: screening for all children

Well-baby and Well-child Visits

Services for Women

Bone Density: screening for all women over 65 or women under 64 who have gone through menopause

Bacteriuria: urinary tract or other infection screening for pregnant women

Birth Control: FDA approved contraceptive and counseling as prescribed by a health care provider

BRCA: counseling for women at higher risk

Breast Cancer Mammography: screenings every 1 to 2 years for women over 40

Breast Cancer Chemoprevention: counseling for women at higher risk

Breast Feeding: interventions to support and promote breast feeding

Cervical Cancer: pap test for women age 21 to 65

Chlamydia Infection: screening for younger women and other women at higher risk

Folic Acid: supplements for women who may become pregnant

Gonorrhea: screening for all women at higher risk

Hepatitis B: screening for pregnant woman at their first prenatal visit

Maternal Depression: screening for mothers at wellbaby visits

Rh Incompatibility: screening for all pregnant women and follow-up testing for women at higher risk

Tobacco Use: screening and interventions

Syphilis: screening for all pregnant women or other women at increased risk

Urinary Incontinence: screening for women yearly

**If diagnostic services are performed during your preventive checkup, co-pays and deductibles may apply.*











dental plan options

Cigna is the carrier for our dental plan.

Visit mycigna.com to find a provider in the network.

Out-of-network coverage

A dentist who is “out-of-network” means the provider hasn’t agreed to negotiated rates. The plan pays benefits based on the reasonable & customary charge for a particular service. If the out-of-network provider charges more, you’ll be responsible for paying the amount that exceeds the reasonable & customary limit plus the applicable coinsurance and deductible.

	PPO LOW PLAN		PPO HIGH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
 Annual Deductible January 1 - December 31	\$50 per individual \$150 per family		\$50 per individual \$150 per family	
 Annual Maximum January 1 - December 31	\$1,000 per individual		\$1,500 per individual	
 Waiting Period	None		None	
 Preventive Services Cleanings, exams, fluoride, and x-rays	You pay 0% of covered services, deductible waived	You pay 20% of R&C, deductible waived	You pay 0% of covered services, deductible waived	You pay 20% of R&C, deductible waived
 Basic Services endodontics, periodontics, extractions, fillings, sealants, scaling & root planing, and space maintainers	You pay 20% AD	You pay 30% of R&C, AD	You pay 20% AD	You pay 30% of R&C, AD
 Major Services Bridges, crowns, bridge & crown maintenance, dentures, general anesthesia, implants, inlays, onlays, and veneers	You pay 60% AD	You pay 60% of R&C, AD	You pay 50% AD	You pay 50% of R&C, AD
 Orthodontic Services Children under age 19	Not Covered		Plan pays up to 50%	Plan pays up to 50% of R&C
 Orthodontic Lifetime Maximum	Not Covered		\$1,500 per individual	

AD: After Deductible

R&C: Reasonable & Customary

EMPLOYEE COST PER PAY PERIOD				EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family	Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$15.18	\$24.72	\$30.96	\$47.31	\$24.92	\$47.23	\$59.16	\$90.41



get on-the-go access with the mycigna mobile app

Get the myCigna Mobile App to access your health plan anytime and anywhere you go.

Cigna realizes the only way to meet and exceed customers' needs is to be there for them - whenever and however they are needed. That's why they're continually enhancing communication with customers, including by mobile devices.



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Life can be busy and complicated.

Cigna has created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The myCigna Mobile App helps you personalize, organize and access your important plan information on your phone or tablet. The app has a new look and feel and it's available in Spanish too!

Customers can access their personal health information from their device, anytime, anywhere.

Use the myCigna Mobile App, to log in anytime, anywhere to:

- + **Manage** and track claims
- + **View**, fax or email ID card information
- + **Find** doctors and compare cost and quality information
- + **Review** your coverage
- + **Track** your account balances and deductibles

Contact Cigna

mycigna.com | (800) 362-4462





vision plan options



Superior Vision is our vision carrier.

Visit superiorvision.com to find a provider in the network.



Routine Vision Exams

- Ophthalmologist
- Optometrist

SUPERIOR VISION - SUPERIOR NATIONAL NETWORK	
In-Network	Out-of-Network

\$10 copay	Plan reimburses up to \$45
\$10 copay	Plan reimburses up to \$39



Frequency

- Vision Exams
- Frames
- Lenses
- Contact Lens Fitting Exam
- Contact Lenses

Once per calendar year
 Once per calendar year
 Once per calendar year
 Once per calendar year
 Once per calendar year

Eye Glasses

- Frames ¹

\$175 allowance based on retail pricing

Plan reimburses up to \$74



Standard Plastic Lenses

- Single Vision
- Bifocal
- Trifocal

\$10 copay
 \$10 copay
 \$10 copay

Plan reimburses up to \$32
 Plan reimburses up to \$46
 Plan reimburses up to \$60

Contact Lenses ²



- Medically Necessary Prescription
- Elective Prescription ³

Covered in full
 \$200 allowance based on retail pricing

Plan reimburses up to \$210
 Plan reimburses up to \$100

- Contact Lens Fitting Exam

\$30 copay

Not Covered

¹ Additional 20% discount applied to amount over \$175 allowance
² Contact benefits is in lieu of lens and frame benefits — the plan only covers glasses OR contacts in a single plan year.
³ Additional 20% discount on conventional contacts, 10% on disposable contacts applied to amount over \$200

EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$3.50	\$8.67	\$8.06	\$13.22



utilize superior vision's broad provider network

Vision care is a very impactful investment in overall wellness

Superior Vision offers a broad provider network. With Superior Vision, you'll enjoy:

- + Benefit allowances that remain the same across the full provider network so you receive the same level of benefits regardless of the in-network provider chosen.
- + More one-hour and same-day service options providing members with swift solutions to vision care.
- + Freedom to choose the same or different providers for exam & materials.



Superior National Network

Superior Vision's nationwide network of refractive surgeons offers Superior National Network members a discount on services. These discounts may vary by provider and should be verified prior to service. Some providers in the network include:

- + America's Best
- + Costco Optical
- + Eyeglass World
- + LensCrafters
- + Pearle Vision
- + Sam's Club Optical
- + Shopko Optical
- + Target Optical
- + Visionworks
- + Walmart Vision Centers

Create an Online Account

Log in with the user name and password you use to access your Member account on [SuperiorVision.com](https://www.superiorvision.com), or you can download the Superior Vision app from the Apple Store or Google Play. In the app or online, you can:

View your vision benefits

- + Review your vision benefits and the benefits for any dependents
- + See when you are eligible for services

Locate a Provider

- + Find a provider in your network
- + Get directions
- + Call the Provider

Get your Member ID Card

- + View your ID card full screen
- + Print or email your ID card



basic life insurance



Life insurance can provide income protection for you and your family.

Basic Life and Accidental Death & Dismemberment Insurance is provided through The Standard to help you protect yourself and your family against worst-case scenarios.



Basic Life Insurance

Gold Cross provides each employee with **\$50,000** of Life and AD&D insurance as part of your core benefits. This benefit reduces to 65% at age 65, and to 50% at age 70.

The company also provides **\$20,000** of Basic Life for your spouse and **\$10,000** of Basic Life for your children from live birth up to age 26. There is no age reduction for these benefits.

These coverages are completely free to employees — Gold Cross pays the premiums. Additionally, you have the option to convert your coverage if you retire, lose eligibility or terminate your employment. This benefit is provided through **The Standard**.



voluntary life insurance

Protect the life you are building.

Voluntary Life insurance gives you the opportunity to purchase the amount of life insurance you will need to protect your family's financial future — at affordable group rates. This is not a pre-tax benefit and the coverage is completely voluntary.



Voluntary Life Insurance

Gold Cross offers Voluntary Life for you and your dependents, which can be purchased through **The Standard**.

You may purchase additional life insurance coverage in increments of \$10,000, to a maximum of \$500,000. During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount up to \$200,000 without providing proof of good health — if you wish to elect an amount that is above \$200,000, you will need download and complete the Evidence of Insurability (EOI) form.

If you leave the company, you can take this policy with you — portability information is available from human resources. Benefits reduce beginning at age 65 — please refer to your plan documents for the full benefit reduction schedule.



Voluntary Dependent Life Insurance

You may purchase spouse coverage in increments of \$5,000, not to exceed 100% of the employee elected amount, or \$200,000. During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount for your spouse up to \$30,000 without providing proof of good health — if you wish to elect an amount that is above \$30,000, you will need download and complete the Evidence of Insurability (EOI) form.

Benefits reduce beginning at age 65 — please refer to your plan documents for the full benefit reduction schedule.

Children's insurance coverage is for unmarried dependent children from live birth to age 26, subject to eligibility requirements. Coverage is for \$2,000, \$4,000, or \$10,000 and is inclusive for all children. This means that if you have one child or many children, you pay one flat amount; however, each child is covered individually up to the coverage amount.

Please refer to ADP for rates.

Are you a new hire?

When you first become eligible for our benefit programs, you must either enroll in or waive coverage for Voluntary Life Insurance. If you do not enroll yourself and your dependents for coverage the first time you are eligible, and you wish to enroll during a subsequent enrollment period, you will have to provide proof of good health by filling out an Evidence of Insurability (EOI) form, which may include taking a physical examination, and you may be declined coverage. Future exams will be at your cost.





accident insurance



Gold Cross offers these additional voluntary benefits through Guardian to help you navigate life's challenges.

Guardian's goal is to help you and your family cope with and recover from the financial stress of a serious accident or illness. These plans are not major medical insurance; they are insurance for daily living expenses and pay cash directly to you.



Accident Insurance

This plan pays toward injury related ER visits, hospitalizations, follow up visits, physical therapy, and coverage for off-the-job accidents*.

Refer to ADP for a complete list.

- + Concussion: up to \$150
- + Chiropractic: \$50 per day up to 6 days
- + Knee cartilage repair: up to \$750
- + Hospital admission: up to \$1,000
- + Fractures: up to \$8,000 (depending on non-surgical/surgical)
- + Accidental death: \$50,000 (employee), \$25,000 (spouse), \$12,500 (child)
- + Pays 25% more on youth organized sports accidents and injuries.
- + No medical questions required and no policy termination age for employees or spouses.
- + **\$75 annual Health Maintenance Screening benefit** when completing an approved test.
 - + Routine/Annual physical
 - + Colonoscopy
 - + Mammography
 - + See flyer in ADP for full list of covered exams

EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$4.34	\$6.90	\$8.21	\$10.76



get support from the employee assistance program

An employee assistance program to help you navigate life's challenges.

Intermountain Employee Assistance Program is a staff of licensed mental health professionals to **help you and your family members resolve problems.**

Free, confidential help when you need it

- Telephone consultation available 24/7 with licensed mental health professionals
- In-person appointments, with counselors, available 8-5 MST.
- Online chat information and services
- Referrals to supportive resources



Contact Intermountain EAP

intermountainhealthcare.org/eap

(800) 832-7733



Using Intermountain EAP services

You will meet with a licensed, experienced counselor. Your situation will be assessed and together you will develop a plan for improvement. **Intermountain EAP will provide up to 4 counseling sessions per incident, per family (children ages 6 to 26)** If the assessment indicates a specialist is needed, the EAP counselor will refer you outside the EAP and help coordinate with your insurance requirements. Counselors can help with:

- + Managing stress and wellness
- + Handling relationship issues
- + Balancing work and life
- + Quitting tobacco, alcohol or drug use
- + Caring for children or aging parents
- + Dealing with conflict or violence
- + Working through grief and loss issues
- + Controlling depression and anxiety

Intermountain EAP Financial Assist

If you have questions about a financial issue, speaking with an expert can help. The Intermountain Employee Assistance Program provides you with access to professionals who provide, one free 30 minute consultation, on everything from credit and debt, to purchasing a home, or saving for retirement. Services include:

- + Bankruptcy counseling
- + Budgeting and Credit card debt
- + Buying a home for the first time
- + College fund planning
- + Foreclosure prevention
- + Identity theft prevention
- + Major life event planning
- + Retirement planning

Intermountain EAP Legal Assist

If your life, or the life of a family member has been impacted by a legal issue, you may need the expert counsel of an attorney. The Intermountain Employee Assistance Program can help connect you with a participating attorney for one free 30 minute consultation, either on the phone or in person. Typical inquiries include:

- + Adoption
- + Bankruptcy
- + Criminal issues
- + Debtor / Creditor issues
- + Divorce / Custody issues
- + Estate planning / wills / trusts
- + Landlord / tenant disagreements
- + Personal injuries
- + Probate
- + Real estate



your employee advocate is here for you



IMA has a dedicated employee advocacy team to help resolve claims problems, enrollment complications, and other service related issues.

Contact your Employee Advocate

(801) 325-5062 | goldcross@imaadvocate.com

Schedule a meeting using the following QR code:



Our Employee Advocates will work with you and your providers to ensure that each party gets their questions answered and problems resolved.

Our Employee Advocates can:

- + Work with carriers on billing and claim payment issues for employee medical, dental, vision, and life insurance
- + Coordinate between the pharmacy and the health plan for escalated pharmacy issues
- + Explain network access and payment process for in and out-of-network providers
- + Work with providers to file paperwork if claims have been denied due to lack of required authorization
- + Clarify the total and out-of-pocket cost for services provided
- + Assist with referrals and prior authorizations
- + Help with all levels of appeals
- + Ensure services are being coordinated when multiple doctors or coverages are involved
- + Help gain access to care and services
- + Define preventive care and associated guidelines
- + Assist in finding a specialist for a condition or diagnosis
- + Explain benefit plan details and coverage provisions



general participation guidelines and notices

Gold Cross recognizes the importance of a benefit program that provides high-level protection to employees and their families. Our comprehensive benefits program has been created to fulfill a wide range of needs and to provide an effective security net for both you and your family.

Who is eligible?

- + Full-time employees who actively work at least 30 hours per week;
- + Your legal spouse or domestic partner;
- + Your natural born children, current stepchildren, or legally adopted children up to age 26;
- + Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

General definitions

Special enrollment rights (other than open enrollment)

There will be an Open Enrollment period each year. During this Open Enrollment period you will have the opportunity to renew coverage or make changes as appropriate. Changes under most plans can only be made during Open Enrollment. This is a requirement of our benefit providers and IRS regulations. However, certain qualifying status changes are allowed during the plan year (see below). If you have a qualifying change of status, the change must be submitted to your local HR/Payroll Representative within 30 days of the event, with supporting documentation. The coverage effective date will be retroactive to the qualifying change of status event date.

A qualifying change of status occurs for the following:

- + You get married, legally separated, or divorced;
- + You add a dependent child through birth, adoption, or change in custody;
- + Your parent/spouse or child dies which affects your coverage;

- + Your work schedule permanently changes i.e., permanent reduction of hours;
- + You or a dependent enroll in the Exchange during the Exchange Open Enrollment;
- + Your parent/spouse begins or terminates employment which affects benefit coverage;
- + Your parent/spouse loses health coverage through his/her employer, which affects your coverage;
- + You receive a qualified medical child support order (QMCSO);
- + Your parent/spouse's Open Enrollment may be considered a qualifying change of status.

Or

You have a 60-day special election period for the following:

- + You and/or your spouse and dependents gain or lose Medicaid and/or state CHIP coverage;
- + You and/or your spouse and dependents gain or lose eligibility for the state sponsored Utah Premium Partnership Program (UPP).

When does coverage begin for new hires?

Coverage begins on the 1st day of the month after your date of hire. You must be actively at work for your coverage to become effective.

You must complete your online enrollment within 14 days from your date of hire. If the online enrollment and appropriate forms are not completed within the stated deadline, coverage does not become effective, and you may not be eligible to enroll until the next Open Enrollment period or until you have a qualifying change of status event. Refer to the terms, conditions, and limitations defined by the carrier plan documents.

When coverage ends

Medical, dental, and vision terminates on the last day of the month that you are employed with Gold Cross. Refer to carrier literature, summary plan descriptions, and master plan documents for specific plan provisions, limitations, and exclusions.

Coverage ends at the earliest time when any of the following changes occur:

- + Your employment with Gold Cross ends;
- + The group policy ends;
- + You are no longer eligible under the plan;
- + Your death;
- + You retire;
- + You enter the armed forces of any country on a full-time basis.

Dependent eligibility verification notice

Gold Cross reserves the right to audit dependency status. The goal is to ensure that benefits are provided only to those who are eligible. This process may include a complete eligibility verification of all enrolled dependents or verifying relationship and status of new dependents registered during Open Enrollment, new hires and a qualifying change of status. You must only cover eligible dependents when you enroll in the plan offerings. For a detailed definition of an eligible dependent, refer to the **"Who is eligible"** section.



general participation guidelines and notices

Important notice

The benefit summaries contained in this guide are for ease of comparison. This guide provides only a summary of benefits available to eligible employees and their dependents. The information in this guide supersedes all prior guides. However, since this guide is only a summary, it does not describe every detail of the benefit programs outlined. If there are inconsistencies or discrepancies between this guide and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will control. The governing plan documents and benefit contracts are available for your review in the Human Resources Department.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this comparison. Reasonable efforts are made to keep employees apprised of any changes in benefit plans including medical, dental, vision, life and AD&D, voluntary life, and Flexible Spending Accounts (FSA).

Gold Cross may choose to communicate certain plan documents and benefits information electronically to participants. You may obtain copies of these documents, upon written request, from Human Resources.

Summary of benefits coverage

As a result of the Affordable Care Act (the health care reform law) all health insurance issuers are required to provide a Summary of Benefits Coverage (SBC). The SBC has a uniform glossary of terms commonly used in health insurance coverage and also uses a new, standardized plan comparison tool called "coverage examples," similar to the Nutrition Facts label required for packaged foods.

The coverage examples will illustrate sample medical situations and describe how much coverage the plan would provide. The SBC will be posted on the employee website. If you would like a paper copy of this summary, please contact HR.

Waiving coverage

If you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive coverage.

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other coverage, you may be able to enroll yourself and/or your dependents in this plan in the future, providing that you request enrollment within 30 days after your other coverage ends and can provide supporting documentation.

ACA notices about eligibility and coverage periods

- + Gold Cross has adopted a 12 month "initial measurement period" and 12 month stability period for all new part-time, variable hour, and seasonal employees which begins as of the date of employment/ start date for each new employee in these categories. The administrative period for such new part-time, variable hour, or seasonal employees who measure full-time in their initial measurement period is approximately 30 days depending on whether you started your job on the 1st of the month or in the middle of the month.
- + You are being offered the opportunity to enroll yourself and your dependents (if any) in Gold Cross's health plan because you were either hired as a full-time employee or you have measured as full-time during a given, applicable measurement period.
- + If you "waive" or "decline" coverage then you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.
- + If you choose to enroll in coverage, the coverage period is 12 months. Federal law and Gold Cross's cafeteria plan provide very limited situations in which you will be allowed to dis-enroll in healthcare coverage during your 12-month coverage period. Therefore, if you change your mind after your coverage begins, you will not be allowed to cancel your coverage unless you meet one of the situations allowed by law or in our plan.

