



2023 TEAM MEMBER OPEN ENROLLMENT GUIDE

TABLE OF CONTENTS



3	WELCOME LETTER
4	ENROLLMENT & QUALIFYING LIFE EVENTS
5	HEALTH INSURANCE MARKETPLACE PLAN
5	INSURANCE TERMS TO KNOW
6	2023 BENEFITS ENROLLMENT ELIGIBILITY
6	2023 BENEFITS COVERAGE OPTIONS
7	MEDICAL & PHARMACY INSURANCE
8	QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN
9	NURSELINE
10	LIVEHEALTH ONLINE
11	DENTAL INSURANCE
12	VISION INSURANCE
13	HEALTH SAVINGS ACCOUNT (HSA)
14	FLEXIBLE SPENDING ACCOUNT (FSA)
15	EMPLOYEE ASSISTANCE PROGRAM (EAP)
15	CAREVET TEAM MEMBER CARE PROGRAM
16	VOLUNTARY LIFE INSURANCE & AD&D
17	VOLUNTARY DISABILITY INSURANCE
20	VOLUNTARY ACCIDENT INSURANCE
21	VOLUNTARY CRITICAL ILLNESS INSURANCE
22	VOLUNTARY HOSPITAL INDEMNITY INSURANCE
23	401(K) RETIREMENT
25	THE CAREVET SUNSHINE FUND
26	CELL PHONE DISCOUNT
27	NEXT STEPS & QUESTIONS
28	EMPLOYEE BENEFITS CONTACT INFORMATION

WELCOME TO 2023 OPEN ENROLLMENT!

Inside this redesigned booklet, you will find all the details of our benefits offerings for 2023. We hope the new formatting will help all Team Members better understand the benefits and perks available to them!

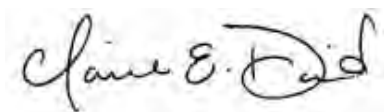
We are excited to announce there are no carrier or major plan design changes for the upcoming year. We continue to work with best-in-class carriers such as Anthem, Delta Dental, the Standard, and Voya. We are also excited to announce two new benefits to our lineup, Long-Term Disability (page 18) and the CareVet Sunshine Fund (page 29).

Our 2022 medical insurance usage far exceeded projections and has unfortunately, resulted in a 32% increase to our medical plan premiums for 2023. We know that now more than ever, every dollar counts. After extensive analysis, CareVet was able to absorb most of this increase. The Team Member medical insurance rates for 2023 will reflect a modest increase of 2.8%, with 83% of our currently enrolled Team Members experiencing a per check increase of about \$9.00.

As a reminder, each of us play a role in getting the best pricing on our health insurance for 2024. By making sure you are taking care of yourself and your family, you can help reduce costs. In addition to free preventative visits for those enrolled, such as annual physicals and annual vision testing, Team Members can take advantage of additional resources via Anthem's My Health Dashboard. Resources include Future Moms & Condition Care programs, as well as Healthier Lifestyle challenges. Our Employee Assistance Program (EAP) also offers resources to help promote healthy lifestyles, including tobacco cessation and healthy eating. As a reminder, if you enroll in any Accident, Critical Care, or Hospital Indemnity coverages, you can also get a wellness benefit, which refunds a portion of your premium when you submit a copy of your annual wellness exam!

If you have any questions, please contact peopleandculture@carevethealth.com.

In health,



CLAIRE DAVID
CHIEF OF PEOPLE & CULTURE

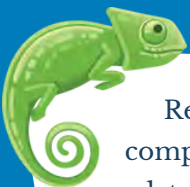


ENROLLMENT & QUALIFYING LIFE EVENTS

The elections you make during your new hire benefits eligibility period or at annual open enrollment will remain in effect for the 2023 plan year. You may only make a change to your benefit elections if you experience a qualifying life event. IRS-regulated qualifying life events include:

- Marriage/divorce
- Birth/adoption of child(ren)
- Loss of other coverage
- ...and more!

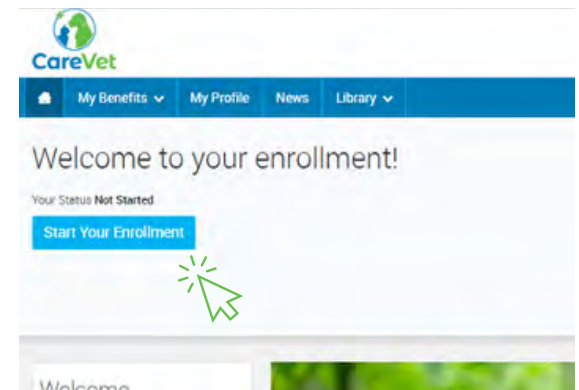
If you do not enroll in the CareVet benefit plans within 31 days of your first eligibility date, you must wait until the next open enrollment period to add or make changes to your coverages, unless you experience a qualifying life event.



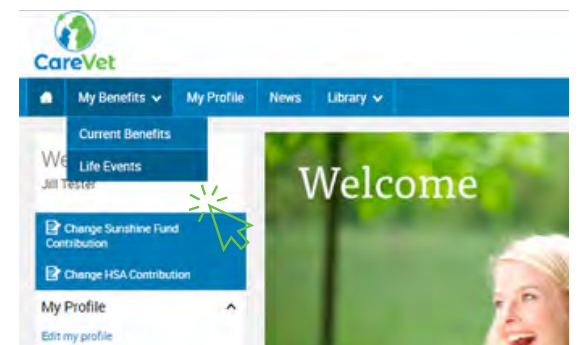
Remember, all changes must be completed within 31 days of your hire date or life event. Life events can be completed in Paycor Benefits!

GETTING STARTED

OPEN OR NEW ENROLLMENT:



LIFE CHANGES:



HEALTH INSURANCE MARKETPLACE PLAN

Important information for new Team Members currently enrolled in a Health Insurance Marketplace Plan.

The Anthem High Deductible Health Plan (HDHP) offered by CareVet Holding LLC is considered an affordable employer-sponsored health plan meeting the “minimum value standard” as set by the Affordable Care Act (ACA).

If you are currently enrolled in medical coverage through the Health Insurance Marketplace, you are not eligible to receive the ACA subsidy (premium tax credit or cost sharing reduction) once covered under CareVet’s medical plan with Anthem.

If you were to continue enrollment under your Marketplace health plan and claim a subsidy, you may be required to repay the portion of the subsidy that you received for the time you were eligible for the CareVet medical plan to the federal government at the end of the year.

TERMS TO KNOW

PREMIUM

The amount you and your employer pay for insurance coverage. Your premium contributions are deducted each pay period.

COPAYMENT (COPAY)

A fixed dollar amount you may be responsible to pay for certain services.

DEDUCTIBLE (DED.)

The amount of money you pay in a plan year for eligible healthcare expenses before the plan starts paying. The deductible does not apply to In-Network Preventive Care—this is paid at 100%. Refer to the plan documents to confirm the services in which the deductible applies.

COINSURANCE

Your share of the cost of covered healthcare services calculated as a percent of the allowed amount for the service.

OUT-OF-POCKET MAXIMUM (OOPM)

The maximum you should have to pay for your healthcare during a year. Copays, deductibles, and co-insurance all accumulate toward the OPM; however, premium contributions do not apply to the OPM.

2023 BENEFITS ENROLLMENT ELIGIBILITY

ELIGIBILITY

Insurance Benefits: You are eligible to enroll in CareVet benefits if you are an active full-time Team Member working at least 30 hours per week. Newly hired, full-time regular Team Members are eligible for all benefits on the first day of the month, following 30 days of employment, with the exception of the 401k.

Retirement Benefits: All regular full-time and part-time Team Members 21 years of age and older are eligible to contribute to the 401k on the first day of the month following 90 days of employment.

ELIGIBLE DEPENDENTS

Eligible dependents include:

- Legal spouse
- Child(ren) under age 26*
- Disabled children if their disability began before age 26

* Child(ren) includes natural children, stepchildren, newborns, legally adopted children, and children covered under a "qualified medical child support order." Eligible children may remain covered until reaching the limiting age of 26 without regard to student status, marital status, financial dependency or residency status with the Team Member or any other person.

2023 TEAM MEMBER BENEFITS COVERAGE OPTIONS

Effective January 1, 2023.

Benefit Plan	Carriers
Medical	Anthem BCBS
Voluntary Dental	Delta Dental of Missouri
Voluntary Vision	The Standard
Voluntary Short- & Long-Term Disability	The Standard
Voluntary Life and AD&D	The Standard
Voluntary Critical Care, Accident, Hospital Indemnity	The Standard
401K Retirement	EPIC RPS / Moneta

MEDICAL & PHARMACY INSURANCE | ANTHEM BCBS

MEDICAL | IN-NETWORK BENEFITS

Visit www.Anthem.com to find in-network providers.

	\$5,000 PPO HSA In-Network	\$3,500 PPO In-Network
Calendar Year Deductible		
Individual	\$5,000	\$3,500
Family	\$10,000	\$7,000
Out-of-Pocket Maximum		
Individual	\$7,000	\$6,000
Family	\$14,000	\$12,000
Coinsurance	30%	20%
Office Visits		
Wellness/Preventative	Covered in full	Covered in full
Primary Care	\$35 copay after deductible is met	\$25 copay
Specialist	\$70 copay after deductible is met	\$50 copay
LiveHealth Online (Virtual Visit)	\$10 copay after deductible is met	\$25 copay
Urgent Care	\$100 copay per visit after deductible is met	\$75 copay
Emergency Room	\$300 copay per visit after deductible is met	20% after \$200 copay, after deductible
X-Ray & Labs (Office)	0% after deductible	Deductible then 20%
Hospital Services		
Inpatient	30% after deductible	Deductible then 20%
Outpatient	30% after deductible	Deductible then 20%
Prescriptions		
Retail Prescription Drug (30-Day Supply)		
Tier 1	\$15 copay per prescription after deductible	\$10 copay
Tier 2	\$50 copay per prescription after deductible	\$35 copay
Tier 3	\$90 copay per prescription after deductible	\$60 copay
Tier 4	25% coinsurance up to \$350 per prescription after deductible is met	20% up to \$250 maximum
Mail Order Prescription Drug (90-Day Supply)		
Tier 1	\$30 copay per prescription after deductible	\$25 copay
Tier 2	\$150 copay per prescription after deductible	\$88 copay
Tier 3	\$270 copay per prescription after deductible	\$150 copay
Tier 4	25% coinsurance up to \$350 per prescription after deductible is met	20% coinsurance up to \$250 per prescription

QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN

HOW THE QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN (QHDHP) WORKS

You pay for all physicians' visits, medical services, and prescriptions until you meet your annual deductible. There will be no copays or coinsurance until you meet the deductible.

If you stay in-network, you pay the negotiated rate on these expenses. A negotiated rate is the amount an insurer and provider (doctor, medical facility, lab, or pharmacy) contracts to pay for all procedures and services. This can also be called a "discounted" or "adjusted" rate.

Once you meet the appropriate in-network or out-of-network deductible, coverage is shared with the insurance provider in a coinsurance/copay arrangement until an out-of-pocket maximum is met. Under the QHDHP plan, if you stay in-network, the most you will pay for claims in a year is \$7,000 as an individual or \$14,000 for all other coverage levels. Additionally, preventive care is covered at 100% when care is received through an in-network physician or facility.

Once you meet the out-of-pocket maximum, the insurance provider will pay 100% of the cost for the rest of the year for all in-network charges. If you go out-of-network, the plan will cover the reasonable and customary rate. You will be responsible for the deductible, coinsurance, and any amounts over the reasonable and customary rate on all out-of-network services.

IN-NETWORK AND OUT-OF-NETWORK

All our plans allow you to access in-network and out-of-network providers and facilities. There is no change in the physician and provider network between our plans. You will receive better discounts and pay less out-of-pocket by remaining in-network.

PHYSICIANS' OFFICE VISITS

Show your Anthem member ID card at your physician's office. When your provider bills Anthem, you will get the discounted rate which will apply towards your deductible. Most healthcare providers are very familiar with QHDHP plans and will submit the claim to Anthem and bill you.

MEDICAL | BI-WEEKLY DEDUCTIONS (26 DEDUCTIONS)

	PPO HSA	\$3,500 PPO
Team Member	\$59.10	\$144.53
Team Member + Spouse	\$393.15	\$529.91
Team Member + Child(ren)	\$303.00	\$382.82
Family	\$593.45	\$714.72

NURSELINE

TALK TO A REGISTERED NURSE ANYTIME

With Anthem's 24/7 NurseLine, you can speak to a registered nurse about health issues whenever you need to.

- NurseLine is toll-free
- You can call as many times as you need — at no extra cost
- Covered family members can use it, too!

MORE REASONS TO USE THE 24/7 NURSELINE

- Get information on a wide range of health and wellness topics
- Make better healthcare decisions
- Find out more about a medical test or procedure
- Get help preparing for a doctor visit
- Receive emails with links to videos that relate to your question or topic

PREFER TO GO ONLINE FOR HEALTH INFORMATION?

Check out the 24/7 NurseLine page on your member website. Here's what you can do:

- Send an email
- Use the symptom checker
- Learn about treatment options and health risks
- Research medication



Get health information, when and where you need it! Simply call 833.578.4436 (TTY: 711) or log in at www.Anthem.com.



LIVEHEALTH ONLINE

VIRTUAL VISITS

Can't get into your doctor? On vacation and need care? With LiveHealth Online, Have a video visit in minutes with a board-certified doctor 24/7 on your mobile device or computer. No appointment is needed. Go to **www.LiveHealthOnline.com** or download the no-cost app to register.

**Free to
sign up**



**Sign up or
log in**

Using your
smartphone, tablet
or computer.

**No
monthly
fees**



**Choose a
doctor**

Review their profile
and qualifications to
select a doctor that
fits your needs.

**\$59 or less
per visit**



**Feel better
faster**

Get advice,
treatment options
and a prescription if
needed.

More care options from LiveHealth Online



Psychology

Talk with a therapist from the privacy of
your home in 4 days or less.



Psychiatry

See a psychiatrist and discuss possible
medication management needs.

DENTAL INSURANCE | DELTA DENTAL OF MISSOURI

DENTAL | IN-NETWORK BENEFITS

Click on the links below to view each plan summary.

	Low Plan		High Plan	
	PPO	Premier	PPO	Premier
Calendar Year Deductible (waived for preventive)				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Calendar Year Maximum Benefit				
	\$1,000	\$1,000	\$2,000	\$2,000
Coinsurance				
Preventative	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Basic	80% after deductible	80% after deductible	90% after deductible	80% after deductible
Major	50% after deductible	50% after deductible	60% after deductible	50% after deductible
Orthodontia				
Coinsurance	50%	50%	50%	50%
Lifetime Maximum	\$1,000	\$1,000	\$2,000	\$2,000
Benefit applies to	Children to age 19		Adults and Children	

Percentages listed in the table represent the amount paid by Delta Dental.

DENTAL | BI-WEEKLY DEDUCTIONS (26 DEDUCTIONS)

	Low Plan	High Plan
Team Member	\$13.64	\$19.86
Team Member + Spouse	\$27.90	\$40.61
Team Member + Child(ren)	\$31.23	\$46.46
Family	\$48.94	\$72.50

Visit www.DeltaDentalMO.com to check if your dental provider is in-network.

VISION INSURANCE | THE STANDARD

VISION | IN-NETWORK BENEFITS

In-Network	
Copay	
Exam	\$10 copay
Lenses	
Single	\$25 copay
Bifocal	\$25 copay
Trifocal	\$25 copay
Lens Options	
Scratch Resistance	\$15
Polycarbonate	\$40
Frames	\$130 allowance
Contacts	\$25 copay; \$130 allowance
Contacts Fit and Follow-up	
Standard	Up to \$40
Premium	10% off retail
Frequency	
Exam	12 months
Lenses	12 months
Contacts (in lieu of glasses)	12 months
Frames	24 months

VISION | BI-WEEKLY DEDUCTIONS (26 DEDUCTIONS)

In-Network Cost	
Team Member	\$2.15
Team Member + Spouse	\$4.29
Team Member + Child(ren)	\$4.77
Family	\$7.46

Our vision plan utilizes the Eyemed Insight network. You will have access to a large network of private practice doctors, local stores, and national retail stores including LensCrafters®, Target Optical® and most Pearl Vision® locations. View the plan summary for detailed policy information. Visit www.Standard.com to check if your vision provider is in-network.

HEALTH SAVINGS ACCOUNT (HSA)

A health savings account (HSA) is a tax-favored personal savings account which works with your high deductible health plan. HSA dollars can be used to pay for qualified medical expenses such as deductibles, copays, dental, and vision care. For a complete list of qualified medical expenses, visit **www.IRS.gov** in **IRS Publication 502**.

HSA MAJOR BENEFITS

- Funds always belong to you
- Funds always roll over from year to year
- Lowers your taxable income
- Helps you build a healthcare nest egg for emergencies or retirement

MANAGING YOUR HSA

Online services available to you:

- View online account balance and transaction information
- Track expenses for tax reporting purposes
- Print forms and documents relating to your accounts
- Find educational materials to help you understand your HSA
- Call customer support any time with questions or issues

2023 HSA FUNDING LIMITS

In-Network Cost	
Coverage	Limit
Individual	\$3,850.00
Family	\$7,750.00
Ages 55+	Individuals ages 55 and older may contribute an additional \$1,000 to the healthcare bank account under the "catch-up" provision.

HSA TRIPLE TAX SAVINGS

- Tax deduction when you contribute to your account
- Tax-free earnings through investment
- Tax-free withdrawal for qualified medical expenses

HSA ELIGIBILITY

You may open and contribute pre-tax to an HSA under the following circumstances:

- Enrolled in an IRS-qualified high deductible health plan (QHDHP)
- Not enrolled in a traditional PPO plan through your spouse or other employer-sponsored plan options
- Not enrolled in a government-sponsored program (Medicare, Medicaid, Tricare, etc.)
- Have not received VA benefits within the last three months (unless receiving benefits for a service-related disability)
- Not claimed as a dependent on someone else's tax return
- Do not have a healthcare FSA; your spouse also cannot have a healthcare FSA through his/her own employer

For more detailed information, visit www.flores247.com or 800.532.3327.



FLEXIBLE SPENDING ACCOUNT (FSA)

A flexible spending account (FSA) allows you to set aside pre-tax dollars from your paycheck to cover qualified expenses you would normally pay out of your pocket. We offer TWO FSA programs.

1 | HEALTHCARE FSA

The healthcare FSA helps you pay for certain IRS approved medical expenses not covered by your insurance plan with pre-tax dollars. The maximum contribution to the Healthcare FSA is \$3,050 per plan year.

Funds you elect to contribute to the healthcare FSA are available in full on the first day of the plan year. For example, if you elect to contribute \$1,000, the full election is available to you on day one. You'll continue to pay for the election pre-tax from your paycheck throughout the plan year.

HEALTHCARE FSA CARRYOVER

Participants have the ability to carry over up to \$610 of unused healthcare FSA funds at the end of the plan year. The amount you carryover is in addition to your regular annual election.

2 | DEPENDENT CARE FSA

The dependent care FSA lets you set aside pretax dollars to use toward qualified dependent care. The maximum amount you may contribute to the dependent care FSA is \$5,000 (or \$2,500 if married and filing separately) per plan year. Funds you contribute to the dependent care FSA function like a debit card; you need to accumulate the funds before you can use them. For additional information and eligibility requirements, visit www.IRS.gov in **IRS Publication 503**.

DEPENDENT CARE FSA CARRYOVER

There is no carryover allowed for unused funds in the dependent care FSA. Unused funds in this account are forfeited at the end of the plan year (12/31).

ELIGIBLE EXPENSES

HEALTHCARE FSA

- Doctor's visit copays
- Prescription drug copays
- Medical and dental deductibles
- Over-the-counter medications (with written prescription)
- Hearing aids
- Eyeglasses
- ...and more!

DEPENDENT CARE FSA

- Cost of child or adult daycare*
- Nursery school
- Preschool (excluding kindergarten)

** An eligible dependent is a tax dependent child under age 13 or a tax dependent spouse, parent, or child unable to care for themselves.*

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Offered through Personal Assistance Services (PAS), the EAP is a pre-paid benefit funded completely by CareVet and free to you and your dependents. The EAP is confidential—PAS does not disclose information to anyone about your participation unless you give your consent to do so (except as required by law).

There are up to 6 face-to-face sessions with a licensed counselor available per event.

PAS providers and services include:

- Certified financial counselors
- Attorneys
- Mental Health
- Elder care managers
- Childcare specialists
- Retirement coaches
- Career and Life coaches
- Tobacco cessation coaches
- Health coaching from registered and licensed dietitians
- ...and more!

To access resources, call PAS at 800.356.0845 or visit **www.PASeap.com** and use password CareVet.

CAREVET TEAM MEMBER CARE PROGRAM (TMCC) – NEW!



As an addition to our EAP program, CareVet has a licensed social worker on staff who is available assist our Team Members with personal and/or work-related issues through the Team Member Care Program. This program's mission is to develop and implement mental health initiatives, programs, and strategies to support the mental and emotional health of all CareVet Team Members. This can include initial intake assessments, case management, referrals to outside therapists and other resources. This benefit is free and 100% confidential to our hospital teams.

If a Team Member has concerns about themselves or another Team Member, they can **submit a referral via a HIPAA-protected JotForm**.

VOLUNTARY LIFE INSURANCE & AD&D | THE STANDARD

LIFE | VOLUNTARY BENEFITS

Life and AD&D insurance cost amounts are based on the benefit amount elected and your age. Spouse rates are based on the Team Member's age. If you do not enroll in coverage when initially eligible, evidence of insurability will be required for any amount elected during Open Enrollment. **View the plan summary for detailed policy information.**

	Increments	Maximum	Guaranteed
Team Member	\$10,000	The lesser of \$500,000 or 5x Team Member annual salary	\$200,000
Spouse Coverage	\$5,000	\$250,000	\$50,000
Child Coverage	\$10,000	\$10,000	\$10,000

LIFE | BI-WEEKLY DEDUCTIONS (26 DEDUCTIONS)

Team Member Rate		Spouse Rate	
Age Bands	Per \$1,000 of Coverage	Age Bands	Per \$1,000 of Coverage
<25	\$00.03	<25	\$00.03
25-29	\$00.03	25-29	\$00.03
30-34	\$00.05	30-34	\$00.05
35-39	\$00.06	35-39	\$00.06
40-44	\$00.10	40-44	\$00.10
45-49	\$00.17	45-49	\$00.17
50-54	\$00.24	50-54	\$00.24
55-59	\$00.29	55-59	\$00.29
60-64	\$00.39	60-64	\$00.39
65-69	\$00.48	65-69	\$00.48
70+	\$00.71	70+	\$00.71

Child Life and AD&D bi-weekly rate is \$0.37 for a \$10,000 policy. One life premium covers all children to age 26.

Voluntary Life Insurance Cost Calculation			
\$ _____	÷ \$1,000 x \$ _____	= \$ _____	
Election	Rate	Bi-Weekly Deduction	

VOLUNTARY DISABILITY INSURANCE | THE STANDARD

SHORT-TERM DISABILITY | VOLUNTARY BENEFITS

When you cannot work for a period of time due to an accident, pregnancy, or illness related disability, short-term disability coverage can help cover a portion of your salary. If you do not enroll in coverage when initially eligible, extended waiting periods could apply to the first 12 months of coverage. **View the plan summary for detailed policy information.**

	14-Day	7-Day
Elimination Period	14 days due to accident or illness	7 days due to accident or illness
Maximum Payment Duration	11 weeks	12 weeks
Maximum Benefit	60% of weekly earnings to a maximum of \$1,000 per week	60% of weekly earnings to a maximum of \$1,000 per week



VOLUNTARY DISABILITY INSURANCE | THE STANDARD

SHORT-TERM DISABILITY | BI-WEEKLY DEDUCTIONS (26 DEDUCTIONS)

Rates per \$10 of weekly benefit.

	14-Day	7-Day
Age Bands	Per \$1,000 of Coverage	Per \$1,000 of Coverage
<25	\$00.115	\$00.162
25-29	\$00.323	\$00.346
30-34	\$00.531	\$00.554
35-39	\$00.369	\$00.392
40-44	\$00.231	\$00.254
45-49	\$00.208	\$00.231
50-54	\$00.277	\$00.300
55-59	\$00.392	\$00.415
60-64	\$00.508	\$00.531
65+	\$00.623	\$00.00

Elimination Period: 14/14
Benefit Duration: 11 weeks

Elimination Period: 7/7
Benefit Duration: 12 weeks

Voluntary Short-Term Disability Cost Calculation				
1) Calculate your weekly disability benefit				
\$ _____	÷ 52 = \$ _____	x .60 = \$ _____		
Annual earnings	Weekly earnings	Weekly benefit amt; not to exceed \$1,000		
2) Calculate your cost per paycheck				
\$ _____	÷ 10 = \$ _____	x \$ _____	= \$ _____	x 12 = \$ _____
Weekly benefit amount	Your rate	Monthly cost	Annual cost	Cost per paycheck

VOLUNTARY DISABILITY INSURANCE | THE STANDARD

LONG-TERM DISABILITY | VOLUNTARY BENEFITS

In the event that you experience an illness or injury that keeps you away from work for an extended period of time, CareVet offers Long-Term Disability coverage that can replace a portion of your income after a 90-day waiting period. If you are enrolled in the Voluntary Short-Term Disability policy, you may utilize that benefit during the Long-Term Disability waiting period; however, you are not required to enroll in the Short-Term Disability coverage to elect the Long-Term Disability benefit. **View the plan summary for detailed policy information.**

LONG-TERM DISABILITY | BI-WEEKLY DEDUCTIONS (26 DEDUCTIONS)

Rates per \$100 of monthly salary.

Age Bands	Rates
<25	\$00.104
25-29	\$00.181
30-34	\$00.350
35-39	\$00.504
40-44	\$00.693
45-49	\$00.909
50-54	\$01.191
55-59	\$01.336
60-64	\$01.551
65-69	\$01.657
70+	\$01.879

Voluntary Long-Term Disability Cost Calculation				
1) Calculate your monthly disability benefit				
$\$ \underline{\hspace{2cm}} \div 12 = \$ \underline{\hspace{2cm}} \times .60 = \$ \underline{\hspace{2cm}}$				
Annual earnings	Monthly earnings	Monthly benefit amt.; not to exceed \$15,000		
2) Calculate your cost per paycheck				
$\$ \underline{\hspace{2cm}} \div 10 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \times 12 = \$ \underline{\hspace{2cm}} \div 26 = \$ \underline{\hspace{2cm}}$				
Monthly earnings.	Your rate	Monthly cost	Annual cost	Cost per paycheck

VOLUNTARY ACCIDENT INSURANCE | VOYA

ACCIDENT | VOLUNTARY BENEFITS

Injuries occurring on or off the job can be protected with Voya Accident Insurance. Benefit payments are sent directly to you, tax free and can be used however you like, such as medical or household expenses, or even a vacation to Disney Land once you are recovered! **View the plan summary for detailed policy information.**

ACCIDENT | BI-WEEKLY DEDUCTIONS (26 DEDUCTIONS)

	Cost
Team Member	\$4.88
Team Member + Spouse	\$9.77
Team Member + Child(ren)	\$9.65
Family	\$14.53

Wellness Benefit	
Team Member/ Spouse	\$50
Child(ren)	\$25 per child up to \$100 max for all children

Common treatments and conditions payable under this policy include Emergency Room, x-rays, stitches, and physical therapy.



VOLUNTARY CRITICAL ILLNESS INSURANCE | VOYA

CRITICAL ILLNESS | VOLUNTARY BENEFITS

There can be a lot of expenses associated with a critical illness and a major medical plan may not cover them all. Critical Illness coverage with Voya pays cash directly to you, the Team Member, upon a diagnosis. You choose how to spend the lump sum payment received under this benefit. **View the plan summary for detailed policy information.**


You have the option to select the tiered coverage amount of your choice with no pre-existing condition limitations. Team Members can elect up to \$20,000 in guaranteed issue coverage. Spouses/Children can elect up to 50% of the Team Member coverage amount. A Team Member must elect coverage for themselves in order to elect dependent coverage as well.

CRITICAL ILLNESS | BI-WEEKLY DEDUCTIONS (26 DEDUCTIONS)

Attained Age	Uni-Tobacco			
	Team Member		Spouse	
	\$10,000	\$20,000	\$5,000	\$10,000
<29	\$1.89	\$3.78	\$0.95	\$1.89
30-39	\$2.31	\$4.62	\$1.15	\$2.31
40-49	\$5.12	\$10.25	\$2.56	\$5.12
50-59	\$9.78	\$19.57	\$4.89	\$9.78
60-69	\$13.48	\$26.95	\$6.74	\$13.48
70+	\$22.75	\$45.51	\$11.38	\$22.75

Children: Uni-Tobacco	
\$5,000	\$1.06
\$10,000	\$2.12

Wellness Benefit	
Team Member/ Spouse	\$50
Child(ren)	\$25 per child up to \$100 max for all children



Get a cash benefit just for completing your annual physical or other routine exam!

VOLUNTARY HOSPITAL INDEMNITY INSURANCE | VOYA

HOSPITAL INDEMNITY | VOLUNTARY BENEFITS

Hospital Indemnity insurance is designed to provide financial assistance for an event that results in a hospital confinement, to supplement your current coverage. Team Members can use the benefit shown below, to meet any out-of-pocket expenses and extra bills that can occur. Benefits are paid directly to you, regardless of the actual cost of treatment. **View the plan summary for additional policy information.**

First Day Hospital Admission	\$1,500/max 1 per insured per year
Daily Hospital Confinement	\$100 max 15 days per confinement
Daily ICU Confinement	\$500 max 15 days per confinement
Underwriting Considerations	
Pregnancy Coverage	Included
Pre-Existing Condition Limitation	None
Portable	Included

Wellness Benefit	
Team Member/ Spouse	\$50
Child(ren)	\$25 per child up to \$100 max for all children

If you enroll in more than one of the Voya policies, you can claim the Wellness Benefit on each plan with which you and/or your family are enrolled. For example: If you go for your annual physical, you can claim the wellness benefit on all plans that you are enrolled in.

HOSPITAL INDEMNITY | BI-WEEKLY DEDUCTIONS (26 DEDUCTIONS)

	Cost
Team Member	\$12.00
Team Member + Spouse	\$23.08
Team Member + Child(ren)	\$16.62
Family	\$27.69

401(K) RETIREMENT | EPIC

No matter where you are in your career, it's important to invest in your financial future. CareVet offers our teams the opportunity to invest through our 401(k) plan. CareVet works with EPIC to administer our 401(k) program and with Moneta, a top investment advisor, to select top investment options.

ELIGIBILITY

Eligible team members can contribute up to 100% of their base pay, to a maximum of \$22,500 per year. Team members over 50 can also make "catch-up" contributions up to an additional \$7,500 per year for a total of \$30,000 annually!

Full and part-time Team Members ages 21 and over can begin contributing on the first of the month following 90 days of employment. You are eligible to sign up within 2-3 business days of receiving your first paycheck from CareVet.

MATCHING

CareVet provides a company match of 25% up to a maximum of 6% of your wages.

VESTING

You are always 100% vested in the money that you contribute into the plan via salary deferral and rollover contributions. You are entitled to 100% of the funds in your account that you have contributed upon retirement or separation from the company. Your "vested percentage" for the employer match is based on vesting years of service.

Years of Service*	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6+	100%

*To earn a year of service, you must work at least 1,000 hours during a plan year.



401(K) RETIREMENT | EPIC

ENROLLING

To sign up or make changes to your contributions or investments, go to **www.go-retire.com**. For initial registration, see below.

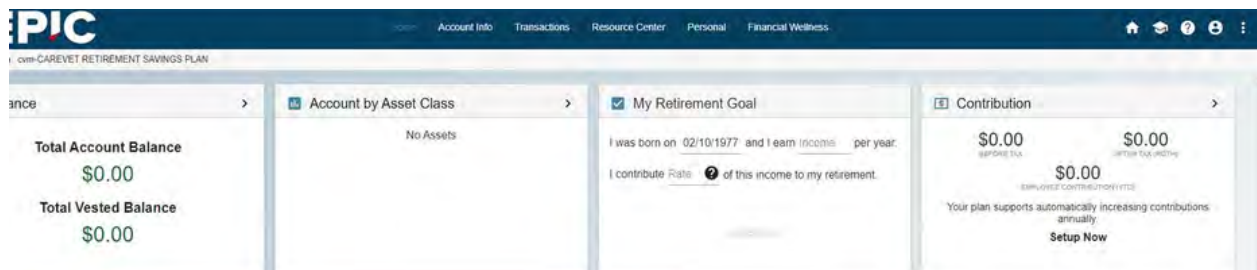


CONTRIBUTION OPTIONS

CareVet offers both traditional pre-tax deferrals as well as Roth post-tax deferrals. Team Members can choose either option or a combination of both!

ROLLOVERS

If you have funds from a previous employer that you would like to roll into the CareVet 401(k) plan, you can complete the Rollover Form and return it to People & Culture.



ASSISTANCE

For assistance with the EPIC website, enrollment, password resets, transfers, distributions, or loans, please contact Participant Services at **800.716.3742**. For assistance with investment options, please contact our Moneta Advisor Team at **855.666.3828** or **401k@monetagroup.com**.

THE CAREVET SUNSHINE FUND – NEW!



Are you wanting to help your fellow CareVet Team Members? Are you currently seeking financial support? We're excited to introduce our new charitable fund, The Sunshine Fund!

The Sunshine Fund was established to assist Team Members facing hardship situations who are experiencing financial difficulty due to a nationally declared disaster or other extreme situation. CareVet Team Members are invited to donate to the fund via paycheck or other means. Learn more below!

ELIGIBILITY

All full-time and part-time Team Members are able to receive a grant through The Sunshine Fund. At this time, 1099 contractors, temporary and or seasonal team members are not eligible to apply.

APPLICATIONS

Team Members requesting assistance will be directed to **submit an application** through the St. Louis Community Foundation. Team Members can apply for assistance up to \$1,000 annually.

QUALIFYING EVENTS

Qualifying events include declared natural disasters, serious illness or injury, catastrophic or extreme circumstances and death. For more, see **The Sunshine Fund Overview**.

CONTRIBUTIONS

Contributions can be made through payroll deduction and are tax deductible. For more ways to contribute, see **The Sunshine Fund Overview**.



CELL PHONE DISCOUNT | AT&T

CareVet offers a discount on your cell phone service through AT&T! Save up to \$10 per phone line each month on AT&T's Unlimited Elite plan.

Visit **ATT.com** to link your current account or to shop. When prompted for company name under "Where do you work?", use CareVet Texas PC.



IMPORTANT ENROLLMENT REMINDERS



You will receive a new ID card if the following applies.

- **Medical** — you made a new or updated enrollment
- **Vision** — you made a new enrollment
- **Dental** — you made a new enrollment
- **FSA card** — you made a new enrollment
- **HSA debit card** — you made a new enrollment



NEXT STEPS

To make benefit elections, login to Paycor and navigate to the Benefits page, located under the ME menu.

If you are enrolling for the first time, you will receive your ID cards in the mail.

If you are electing a voluntary life amount over \$200,000 for Team Member and over \$50,000 for an eligible spouse, you **MUST** complete The Standard Evidence of Insurability Form and the form can be sent directly to The Standard for review. This form can be found on the Paycor website under documents. You will be charged the guarantee issued Vol. Life and AD&D amount until The Standard approves the higher amount.

Make sure to enter a beneficiary for your Voluntary Life and AD&D.

QUESTIONS?

For questions regarding Enrollment website, contact Jen Neal at **314.960.7426** or email at **CareVetPeopleandCulture@carevethealth.com**.

EMPLOYEE BENEFITS CONTACT INFORMATION

CareVet offers all Team Members EAP coverage and insurance benefits to Team Members who work 30+ hours per week. **You can find additional benefit information, including benefit summaries, by logging into Benefits Advisor via Paycor under the Library tab.**



Medical & Prescription |
Anthem BCBS
833.578.4436
www.Anthem.com



Employee Assistance
Program | PAS
800.356.0845 (code 0556)
www.PASeap.com



Dental | Delta Dental
800.335.8266
www.DeltaDentalMO.com



LiveHealth Online
800.334.4770
www.LiveHealthOnline.com



Vision | The Standard
800.547.9515
www.Standard.com



Life, Short- & Long-Term
Disability | The Standard
800.628.8600
www.Standard.com



Health Savings Account
(HSA) | Flores
800.532.3327
www.Flores247.com



Accident, Critical Illness
Insurance & Hospital
Indemnity | Voya
877.236.7564
**[www.Presents.voya.com/EBRC/
CareVetHoldingsLLC](http://www.Presents.voya.com/EBRC/CareVetHoldingsLLC)**



Flexible Spending Account
(FSA) | Flores
800.532.3327
www.Flores247.com



401(k) Retirement Plan |
EPIC/Moneta Group
800.716.3742 (EPIC—Plan Questions)
www.Go-Retire.com
855.666.3828 (Moneta—Investment
Questions)

