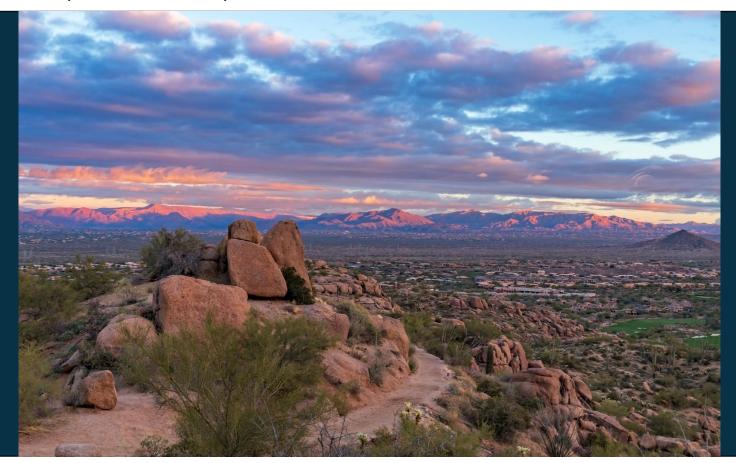
### **Partner Benefits Guide**

**PR**\CTUS

**JANUARY 1, 2025 - DECEMBER 31, 2025** 



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This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. This guide also serves as a Summary of Material Modifications. If there is any discrepancy in this guide, the Summary Plan Descriptions will prevail.

# Eligibility and Enrollment

### Welcome!

PRACTUS offers you and your family a comprehensive and valuable benefits package! To get the most out of your benefits, please review this guide and utilize other resources provided.

#### YOU ARE ELIGIBLE IF YOU ARE:

- Full-time Partner (working 30 or more hours per week)
- New hire (eligible 1st of the month following date of hire)

#### **COVERING YOUR FAMILY MEMBERS**

- You can enroll the following family members for medical, dental and vision coverage at the same time you enroll:
- Your legal spouse
- Your certified domestic partner
- Your child(ren), spouse's child(ren) or domestic partner's child(ren) to age 26

Contribution toward the cost of coverage for your domestic partner and their dependents is considered taxable income to you. Domestic partners are not generally eligible for continuation of coverage, and their expenses are not generally considered qualifying medical expenses under an FSA and/or HSA.

#### WHEN & HOW TO SIGN UP

Open enrollment is held for a limited time each year. New hires will receive notification of sign-up deadline.

#### To Enroll:

Partners must log-in to make elections.

#### Website: www.myisolved.com

Enter your email and password Click on "Open Enrollment"

### MOST COMMON QUALIFYING EVENTS TO CHANGE BENEFITS\*

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan
- Change in eligibility under Medicaid or CHIP or when first eligible for Medicare - for Partner or dependent
- Open enrollment in spouse's plan or enrollment in a Marketplace Exchange plan during the Exchange's annual enrollment period
- Family member gains access to tax subsidy and coverage on the Exchange

<sup>\*</sup>If you qualify to change benefits, you must submit your request within 30 days of the qualifying event.

Documentation (such as birth certificate or marriage license or proof (loss of coverage letter) may be required.

# Medical Options – United Healthcare Go online to find an In-Network provider: www.uhc.com/find-a-doctor

HSA-qualified plan saves money and taxes

#### **BENEFIT HIGHLIGHTS**

In-Network amounts are shown. See Summary of Benefits & Coverage (SBC) for out-of-network benefits and details.

	\$4,000 HSA Plan	\$2,000 Copay Plan	\$1,000 Copay Plan
<b>Deductible</b>	\$4,000 Individual	\$2,000 Individual	\$1,000 Individual
(Calendar Year)	\$8,000 Family	\$4,000 Family	\$2,000 Family
Coinsurance (after deductible is reached)	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%
Out-of-Pocket Maximum Includes deductible, coinsurance and copays	\$7,000 Individual	\$5,000 Individual	\$3,000 Individual
	\$14,000 Family	\$10,000 Family	\$6,000 Family
Physician Office Visit Primary Care or Specialist	After Deductible: PCP- \$25 copay Specialist- \$75 copay	<b>No Deductible:</b> PCP- \$25 copay Specialist- \$75 copay	<b>No Deductible:</b> PCP- \$25 copay Specialist- \$75 copay
Preventive Care	<b>No Deductible:</b>	No Deductible:	<b>No Deductible:</b>
	Covered at 100%	Covered at 100%	Covered at 100%
Inpatient	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Outpatient Services	You pay 20% after	No Deductible:	No Deductible:
	deductible	\$75 Copay	\$75 Copay
Emergency Room Care & Urgent Care Facility	After Deductible:	ER- \$300 copay + you pay	ER- \$300 copay + you pay
	ER-\$300 copay then 20%	20% after deductible	20% after deductible
	Urgent Care- \$50 copay	Urgent Care- \$50 copay	Urgent Care - \$50 copay
Prescription Drugs Retail: 30-day supply	After Deductible: Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$70 copay Tier 4: \$150 copay	No Deductible: Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$75 copay Tier 4: \$250 copay	No Deductible: Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$75 copay Tier 4: \$250 copay

Monthly Premiums	\$4000 HSA Plan	\$2000 Copay Plan	\$1000 Copay Plan		HOW TO FIND A MEDICAL PROVIDER
Partner Only	\$728.23	\$911.76	\$1,045.79	1	Go to - www.uhc.com/find-a-doctor
Partner + Spouse	\$1,496.30	\$1,881.68	\$2,163.18	2	Sign in to search by your network or search by guest.
Partner + Child(ren)	\$1, 391.56	\$1,749.41	\$2,010.80	3	Search by provider and type of provider you are searching for.
Partner + Family	\$2,159.62	\$2,719.35	\$3,128.18	4	Search by location and find your doctor.

# Health Savings Account

Only available for those enrolled in the HSA Medical Option

Save: Take advantage of tax savings.

**Spend:** Pay medical, dental and vision expenses.

**Invest:** Your HSA may have investment options to grow your account tax-free. Contact your HSA administrator for more information.

A Health Savings Account (HSA) is a tax advantaged savings account available to individuals covered by a High Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental and vision expenses. An HSA is a great way to save money on taxes and to budget for medical expenses.

Since your HSA belongs to you, funds you don't use will remain in your account.

### **Important things to know about your HSA**

- ◆ Triple Tax Savings! You do not pay federal tax\* on:
  - 1. Contributions to the  ${\sf account}$
  - 2. Spending on qualified expenses
  - 3. Interest or investment earnings on your account
- ◆You must be enrolled in an HSA-qualified health plan. You also cannot be covered by other health insurance, including through your spouse, Health Care FSA, or Medicare
- ◆To pay for qualified expenses, your HSA must be opened prior to incurring those expenses. For a full list of qualified expenses, go to <a href="https://www.irs.gov/publications">https://www.irs.gov/publications</a>
- ◆If your child is under the age of 26, but does not qualify as a dependent on your tax return, they may be covered under your medical plan, but your HSA funds cannot be used for expenses for that child.
- ◆Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking Social Security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.

### **Funding Your HSA**

- You can make deposits directly to your HSA bank up until the deadline for filing your tax return for the prior year, as long as you do not exceed the IRS limit.
- You can also choose to roll over HSA funds from a previous employer into your HSA
- You can make changes to your HSA contributions throughout the year. Note: all contributions cannot exceed IRS maximums.

### 2025 IRS MAXIMUM CONTRIBUTION

**Individual:** \$4,300 **Family:** \$8,550

Additional \$1,000 catch up contribution for anyone 55 or older.

You must set up your own Health Savings
Account. It cannot be a regular savings account or a checking account. Check with your local bank or contact HR.

<sup>\*</sup>Tax treatment of HSAs for state tax purposes may vary by state.

### Telemedicine-Healthiest You

PRACTUS provides a telemedicine benefit to you and your family members that are enrolled in a United Healthcare plan.

Quality medical care is available **24/7**, **365 days a year** throughout the U.S., while at home, at work or traveling. Telemedicine provides fast, convenient, and economical access to non-emergency care with board certified physicians that can diagnose illness, recommend treatment, and prescribe medications **over the telephone or through video chat**.

Telemedicine is not intended to replace your primary care provider, but it provides you access to healthcare when reaching your doctor is difficult or inconvenient.

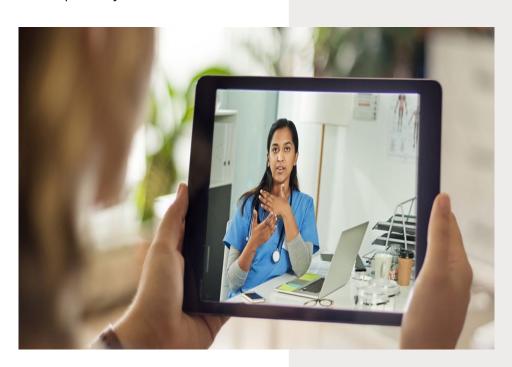
### IN MOST CASES, TELEMEDICINE IS APPROPRIATE FOR TREATMENT OF:

- Moderate fever
- Colds, cough, flu, or COVID
- Minor cuts, scrapes, or burns
- Skin rashes, irritations, or infections
- Ear or eye infections
- Sinus infections or strep throat
- Sprains and strains
- · Urinary tract infections
- Respiratory infections

### **How It Works**

- Register you and your family online; provide medical history: www.healthiestyou.com
- 2. Schedule a physician consultation via phone, online, or mobile app from anywhere.
- 3. Call to talk to a doctor: 866.703.1259
  - Physician consultations generally take about 15 minutes.
  - If a prescription is required, it is sent electronically to your pharmacy of choice.





# How To Save Money

### **Preventive Care**

Did you know that if you are covered under ANY of our medical plans, your in-network preventive care is covered at 100%? That's right! \$0 cost for your annual physicals and preventive exams and screenings.

These exams and screenings help identify health risks early on, and help you keep out-of-pocket expenses in-check. When was the last time you had your total cholesterol and glucose levels checked? Knowing these critical numbers is one of the most important parts of the visit.





### **Test**

Blood pressure, diabetes, cholesterol



### **Screenings**

Mammograms, colonoscopies, sexually transmitted infections



#### **Interventions**

Quit smoking, lose weight, eat healthy, identify depression, reduce alcohol use



### **Vaccinations**

Flu, pneumonia, measles, polio, meningitis, and other diseases



### **Regular Visits**

Well-woman, well-baby, well-child



#### Care

For healthy pregnancies

### **Shopping for Healthcare**

- **Use in-network providers** Use your online provider locator or call the phone number on the back of your health plan ID card.
- Compare costs of in-network providers Costs can vary greatly among in-network providers.
- Use appropriate medical facilities for care needed Use a hospital emergency room only for real emergencies/critical care. Otherwise, use urgent care, convenience care facilities or telehealth.
- Use generic prescription medications when possible and check prices at pharmacies before you buy
- Check your bills & insurance explanation of benefits (EOB) Always check:
  - You are billed for actual services received
  - No errors in type of care or amount of care received
  - In-network discounts are applied
  - Deductible and any copays or coinsurance are applied correctly

# Emergency vs Urgent Care

When you need medical attention in a hurry, you have choices. Of course, when it's a life-threatening problem, you should call 911 or go straight to the nearest emergency room (ER).

True emergencies are treated first in the ER, so unless your life is in danger, you could wait hours to be seen by a physician. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, use telemedicine, call your nurse line, or go to an urgent care center.

### **Go To Urgent Care**

- High fever
- Colds, cough, flu, or COVID
- Minor cuts, scrapes, or burns
- Skin rashes, irritations, or infections
- Ear or eye infections
- Sinus infections or strep throat
- Sprains, strains, or fractures
- Urinary tract infections
- Respiratory infections

### **Go To Emergency Room Or Call 911**

- Heart attack or stroke
- Chest pain or other intense pain
- Shortness of breath
- Head injury or other major trauma
- Loss of consciousness
- Major burns or severe bleeding
- One-sided weakness or numbness
- Open fractures
- Poisoning or suspected overdoses
- Difficulty swallowing, closing of throat (anaphylactic shock)



# Dental Options & Vision-UnitedHealthcare

Finding an in-network provider is very important and can end up saving you a lot of money out-of-pocket. You can download a member ID card by logging onto <a href="https://www.uhc.com">www.uhc.com</a> and creating a member account.

DENTAL HIGHLIGHT	S				
IN-NETWOR BENEFITS	K	BASE DPPO	PLAN	BUY-U	P DPPO PLAN
Annual Maximum		\$1,000 per pe	erson	\$2,00	00 per person
Calendar Year Deductik	ole	\$25 Individual/\$7	75 Family	\$50 Indiv	idual/\$150 Family
Preventive Services		You Pay 0% - no d	eductible	You Pay 0	% - no deductible
Basic Services		You Pay 20% after	deductible	You Pay 10	% after deductible
Major Services		You Pay 50% after	deductible	You Pay 40	% after deductible
Orthodontia - (to age 2	0)	Not Cover	ed	You pay 50	0% - no deductible
Orthodontia Lifetime M	laximum	N/A		\$1,50	00 per person
VISION HIGHLIGHTS	;				
IN-NETWOR BENEFITS	K	FREQUEN	CY	В	ENEFITS
Eye Exam		Once every 12	months	\$	10 сорау
Prescription Glasses		Once every 12	months	\$25 copay	
Lens		Once every 12	months	Included in Prescription Glasses copay	
Frames		Once every 24	months	\$130 allowance then 30% of Balance	
Contacts (instead of gla	(instead of glasses) Once every 12		months		5 allowance Contact Fitting Fee
Monthly Premiums	BASE DPPO	BUY-UP DPPO	Monthly Pren	niums	UHC VISION
Partner Only	\$32.31	\$41.60	Partner Only		\$5.52
Partner + Spouse	\$64.61	\$83.20	Partner + Spo	use	\$10.47
Partner + Child(ren)	\$66.00	\$86.61	Partner + Chil	ld(ren)	\$12.29
Partner + Family	\$102.79	\$134.21	Partner + Fan	nily	\$17.30
HOW TO FIND A DENTAL PROVIDER			HOW TO FI A VISION PRO		
1 Login to <u>www.uhc.com/find-a-doctor</u>			<b>1</b> Log	gin to <u>www.uhc.co</u>	om/find-a-doctor
2 Select "Find a dentist"			<b>2</b> Sel	lect " find a vision	care provider"
3 Select "Employer and Individual plans"		<b>3</b> Sel	lect " Employer ar	nd Individual plans"	
4 Then enter your location and search			<b>4</b> The	en enter your loca	ation and search

# Life / AD&D - New York Life

### **BASIC LIFE / AD&D - COST IS PAID IN FULL BY PARTNERS**

All eligible partners receive guaranteed coverage in the amount of \$25,000. Benefit amount will begin reducing at age 65. This coverage is not transferable upon termination of employment.

Important Note: Be sure your beneficiary information is up to date in iSolved.

#### **VOLUNTARY LIFE INSURANCE - COST IS PAID IN FULL BY PARTNERS**

You can purchase life insurance to provide more financial protection for your family.

You must purchase coverage on yourself to be eligible to purchase spouse and/or child(ren) coverage.

# Partner Benefit (Life / AD&D)

\$10,000 increments up to \$500,000, up to 5x salary.

No medical questions for coverage up to \$100,000 at initial enrollment.

# Spouse Benefit (Life / AD&D):

\$5,000 increments up to \$250,000; not to exceed 50% of Partner elected amount.

No medical questions for coverage up to \$25,000 at initial enrollment.

### Child Benefit (Life / AD&D):

(6 months to age 26) Up to 10,000 in \$1,000 increments.

Benefit amount will begin reducing at age 65. Please refer to Certificate of Coverage or HR for questions.

Costs and benefit amounts depend on (your age and/or your spouse's age). You can find cost information in your iSolved portal.

- After initial enrollment during onboarding, you may purchase Voluntary Life with no minimum, guaranteed amount and with Evidence of Insurability.
- Voluntary Life amounts may be increased during Open Enrollment with Evidence of Insurability.



# Accident - UnitedHealthcare

You can purchase voluntary Accident insurance to cover you and your family for a wide variety of accidental injuries, including broken bones, concussions, dislocations, and severe burns. This plan provides a lump-sum payment when a covered person has medical services and treatments related to accidental injuries, such as certain doctor visits, ambulance transportation, medical testing and physical therapy. It is a valuable complement to your medical insurance. To learn more about the benefit, see details in the plan summary.

#### Accidents are unpredictable.

They can happen to anyone, anytime, anywhere.

#### Accident insurance can pay you

based on the treatment you or a covered dependent receive for injuries sustained in a covered accident.

#### **Features**

- Guarantee Issue
- Portable
- Benefits paid directly to you
- No lifetime maximum
- Telephonic Claim Submission

To see all covered benefits for this plan please see the benefit summary in iSolved.

### **Wellness Benefit**

The Accident and Critical Illness plans both have a wellness exam benefit. Here are the covered exams you can claim:

- Blood Test
- Bone Marrow Testing
- Breast Ultrasound
- Chest X-Ray
- Colonoscopy
- Mammogram
- Pap Smear
- PSA, CA 15-3, CA 125, CEA -Cancer Blood Test
- Stress Test
- Virtual Colonoscopy
- Thermography
- HDL/LDL Serum Test
- Flexible Sigmoidoscopy

Accident Plan Benefit Description			
Physician Office Visit	PCP or Urgent Care - \$150		
Diagnostic Exam	X-Ray - \$75 CT/MRI - \$250		
<b>Emergency Treatment</b>	\$150		
Ambulance (ground/air)	\$300/\$1800		
Emergency Dental Work (Examples shown; see plan summary for full details.)	Crown: \$200 Extraction: \$60		
Hospital Admission	\$1,000		
Hospital Confinement	\$250 up to 365 days per year		
ICU Admission	\$3,000 one per covered accident		
ICU Confinement	\$750 up to 30 days per year		
Appliance Benefit	\$75-\$225		
Burns	\$740 - \$12,000		
Dislocation	\$180-\$3,200		
Coma	\$15,000		
Lacerations	Up to \$600		
Wellness Benefit	\$50 up to two times per insured		

	Monthly Rates
Partner Only	\$6.42
Partner + Spouse	\$10.24
Partner + Child(ren)	\$14.10
Partner + Family	\$21.35

# Hospital Indemnity-UnitedHealthcare

You can purchase voluntary Hospital Indemnity insurance to provide you and your family with a per day benefit for hospital admission, confinement or inpatient rehab. To learn more, see details in the plan summary.

### Hospital admissions are costly.

They can happen to anyone, anytime, anywhere. See the table here illustrating benefits provided in the event of hospital admission.

#### **Features**

- Guarantee Issue
- Portable
- Benefits paid directly to you
- 12 Mo Pre-Existing Condition Restriction
- Maternity included (without waiting period)

To see all covered benefits for this plan please see the benefit summary in iSolved.

Hospital Indemnity Plan Benefit Description			
Hospital Admission	\$1,000		
Hospital Confinement	\$150 per day of confinement begins on day 2, up to 364 days per plan year.		
ICU Confinement	\$150 per day of confinement begins on day 2, up to 364 days per plan year. This is in addition to your general Hospital Confinement benefit.		
ICU Admission (Limit on per plan year)	\$1,000		

	Monthly Rates
Partner Only	\$19.61
Partner + Spouse	\$40.71
Partner + Child(ren)	\$30.67
Partner + Family	\$55.63

# Critical Illness - UnitedHealthcare

You can purchase voluntary Critical Illness insurance coverage to receive a lump-sum payment upon diagnosis of a critical illness like a heart attack, stroke or cancer. To learn more, see the plan summary.

**Critical Illnesses are also** unpredictable. They can be devasting and very costly.

Critical Illness Insurance can pay you a lump sum benefit in the event you or a covered dependent are diagnosed with a covered critical illness.

#### Features:

- Guarantee Issue
- Portable
- Benefits paid directly to you
- 12 Mo Pre-Existing Condition

Restriction • 50% age reduction at age 70	Blindness, Complete loss of Hearing and More	100% 01 Prii
To see all covered benefits for this plan please see the benefit summary in iSolved.	Child Only Conditions, Cerebral Palsy, Cleft Lip, Down Syndrome, Spina Bifida and More	25% of Partn
	Wellness Benefit	\$50 per cover

Critical Illness Benefit Description		
Benefit Amount Partner Spouse Child(ren)	\$10,000 \$5,000 \$2,500	
Brain Tumor, Cancer, Renal Failure, Heart Attack, Heart Failure, Stroke, Permeant Paralysis, and More	100% of Principal Sum	
Alzheimer's, MS, Parkinson's Complete Blindness, Complete loss of Hearing and More	100% of Principal Sum	
Child Only Conditions, Cerebral Palsy, Cleft Lip, Down Syndrome, Spina Bifida and More	25% of Partners Amount	
Wellness Benefit	\$50 per covered member	

### **Wellness Benefit**

**The Accident and Critical Illness** plans both have a wellness exam benefit. Here are the covered exams you can claim:

- Blood Test
- Bone Marrow Testing
- Breast Ultrasound
- Chest X-Ray
- Colonoscopy
- Mammogram
- Pap Smear
- PSA, CA 15-3, CA 125, CEA -Cancer Blood Test
- Stress Test
- Virtual Colonoscopy
- Thermography
- HDL/LDL Serum Test
- Flexible Sigmoidoscopy

	Age Range	Monthly Rate	
Partner	Under 25	0.23	
	25-29/30-34	0.37/0.47	
	35-39/40-44	0.58/0.95	
	45-49/50-54	1.44/2.06	
	55-59/60-64	3.01/4.53	
	65-69/70-74	5.51/8.95	
	75+	11.33	
Spouse	Under 25	0.26	
	25-29/30-34	0.32/0.42	
	35-39/40-44	0.64/.094	
	45-49/50-54	1.52/2.12	
	55-59/60-64	2.59/3.51	
	65-69/70-74	5.51/5.71	
	75+	7.66	
Child(ren)	Any Age	0.18	

# Partner Perks - BenefitHub

Enjoy discounts, rewards, and perks on thousands of brands you love in a variety of categories.

#### Sign up for BenefitHub and Start Saving Today!

- 1. Go to: <a href="https://practus.benefithub.com">https://practus.benefithub.com</a>
- 2. Not registered? Click on the link for "Don't have an account? Signup"
- 3. Complete your registration using Referral Code: MGW98W
- 4. Or scan the QR Code

Questions about BenefitHub? Call: 866-664-4621

Email: customercare@benefithub.com



# **Contact Information**

	VENDOR NAME	GROUP NUMBER	CONTACT INFORMATION
Human Resources	Practus HR	N/A	Sean McKillop 347.588.1864 Sean.mckillop@practus.com
Medical, Dental, Vision, Accident, Critical Illness & Hospital	United Healthcare	5400-035679	800.291.2634 www.uhc.com
Life & AD&D	New York Life	SGM613956	800.225.5695 www.newyorklife.com
Client Manager	Benefit Commerce Group	N/A	Stephanie Pollinger 480-565-8432 Stephanie.Pollinger@benefitcommerce.com
Assistant Client Manager	Benefit Commerce Group	N/A	Mandra McCombs 480-779-6284 <u>Mandra.mccombs@benefitcommerce.com</u>