

2024 Benefits Summary

Health Insurance

Enclosed is the summary from United Healthcare for 2024. Enrollment is the 1st of the following month after your start date. For example, if your start date is Tuesday, July 16, health benefits start on August 1.

WCG will pay for Choice Plus HDHP for employee-only, plus the same for dental and vision. Please see page 4 of the enclosed summary for the additional out of pocket costs for different health insurance plans and / or eligible dependents. Dental costs are on page 8 and vision costs are on page 9.

Health Savings Account

WCG offers an HSA through Optum Bank. Currently, WCG does not contribute employer contributions to your HSA, however, that is presently being discussed. Two of our medical health insurance plans (Choice Plus HPV635021 and HPV350022) allow for HSA contributions.

Disability, Life Insurance

Through Unum, WCG offers short-term and long-term disability, plus \$25,000 in life insurance, at no cost to the employee. Additional or supplemental coverage is available should you need it.

Enrollment is immediate.

In 2024, Colorado's FAMLI program will start offering disability benefits. However, we are unclear how this affects are remote team members. Additionally, we cannot bifurcate the disability benefits between Colorado and non-Colorado. In other words, either we offer disability through Unum for all eligible employees, or we don't (which is not ideal). As such, there might be "double coverage" for our Colorado team.

401k

Our 401k plan is administered by Sure401k, and has both Roth and pre-tax contribution choices. WCG matches 1% on the first 1%, and then 0.5% on the next 5% for a maximum employer contribution of 3.5% with a 5-year vesting schedule. Investment choices are common including target retirement date funds and index funds.

Please seek the advice of a qualified financial planner.

Enrollment is after 90 days.

Stock Grant

From time to time, WCG will offer non-voting stock to certain employees based on team success and individual contribution. Vesting is usually two years. Per the current Shareholder Agreement, share value is based on WCG revenue.

Employee Handbook

Other benefits are provided within WCG's Employee Handbook including parental leave, jury pay, bereavement pay, unlimited paid time off, etc. It is available with this link-

<https://wcginc.com/wp-content/documents/hr/EmployeeHandbook.pdf>

In Closing

WCG understands and appreciates the importance of offered benefits including coverage. Should you have a concern, question or suggestion, please direct all benefits inquiries to Emily Marcol.



WCG, Inc.

A Guide To Your Benefits

Effective January 1, 2024 – December 31, 2024

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Eligibility & Open Enrollment

Full-time employees are eligible to participate in the benefits program. Benefits begin the first of the month following your date of employment. Your eligible family members may also participate. Eligible dependents may include:

- Your legally married spouse
- Your same or opposite gender domestic partner
- Your dependent children to age 26. Coverage will end the last day of the month in which your dependent reaches age 26.

During open enrollment each year, eligible employees may enroll, drop or make changes to their benefit elections during the annual open enrollment period. Once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. Qualified changes in status may include, but are not limited to:

- ❖ Changes in employment status
- ❖ Changes in legal marital status
- ❖ Changes in number of dependents
- ❖ Taking an unpaid leave of absence
- ❖ Dependent satisfies or ceases to satisfy eligibility requirement
- ❖ A COBRA-qualifying event
- ❖ Entitlement to Medicare or Medicaid
- ❖ A change in the place of residence of the employee, resulting in the current carrier not being available.

Any changes you make to your benefit elections must be consistent with your status change, as defined by the IRS, and must be approved by the plan administrator or Human Resources.

Medical

| UnitedHealthcare | Choice Plus HDHP HPVV635021 | | Choice EPO PROE300015i8021 | | Choice Plus HDHP HPVV350022 | |
|--|--------------------------------|---------------------|-------------------------------|-----------------|--------------------------------|---------------------|
| | In-Network | *Out-of-Network | In-Network | *Out-of-Network | In-Network | *Out-of-Network |
| Deductible (Individual / Family) | \$6,350 / \$12,700 | \$12,700 / \$25,400 | \$3,000 / \$6,000 | N/A | \$3,500 / \$7,000 | \$7,000 / \$14,000 |
| Calendar Year / Plan Year? | Calendar | | Calendar | | Calendar | |
| Type of Deductible | Embedded | | Embedded | | Embedded | |
| Coinsurance (What Plan Pays) | 100% | N/A | 80% | N/A | 100% | N/A |
| Out of Pocket Maximum (Individual / Family) | \$6,350 / \$12,700 | \$25,400 / \$50,800 | \$8,150 / \$16,300 | N/A | \$3,500 / \$7,000 | \$16,000 / \$32,000 |
| Preventative Care | No Charge | 50% | No Charge | N/A | No Charge | 50% |
| Primary Care Office Visit | 100% | 50% | \$15 | N/A | 100% | 50% |
| Specialist Visit (Designated Network / Network) | 100% | 50% | \$50 / \$100 | N/A | 100% | 50% |
| Telehealth (HealthiestYou) | No Charge | N/A | No Charge | N/A | No Charge | N/A |
| Lab / x-ray | 100% | 50% | 80% | N/A | 100% | 50% |
| Complex Imaging (outpatient) | 100% | 50% | 80% | N/A | 100% | 50% |
| Outpatient Surgery | 100% | 50% | 80% | N/A | 100% | 50% |
| Inpatient Hospital | 100% | 50% | 80% | N/A | 100% | 50% |
| Emergency Room | 100% | 100% | 80% | 80% | 100% | 100% |
| Urgent care | 100% | 50% | \$25 | N/A | 100% | 50% |
| Rx Formulary | Advantage | | Advantage | | Advantage | |
| Tier 1 - Generic Drugs | 100% | 100% | \$10 | N/A | 100% | 100% |
| Tier 2 - Preferred Brand Drugs | 100% | 100% | \$35 | N/A | 100% | 100% |
| Tier 3 - Non-Preferred Brand Drugs | 100% | 100% | \$75 | N/A | 100% | 100% |
| Specialty Drugs | 100% | 100% | \$250 | N/A | 100% | 100% |
| Employee Contributions | Bi-Weekly | | Bi-Weekly | | Bi-Weekly | |
| Employee | \$0.00 | | \$30.32 | | \$76.45 | |
| Employee + Spouse | \$170.74 | | \$234.41 | | \$331.28 | |
| Employee + Child(ren) | \$131.94 | | \$188.03 | | \$273.377 | |
| Employee + Family | \$310.43 | | \$401.40 | | \$539.79 | |

*Out of network benefits are available per the medical plans. Reimbursement is at the in-network contracted rate. You are responsible for any cost over and above that, plus any applicable cost sharing.

Wellness

Through the medical plans offered by WCG, Inc., participating members are eligible to receive routine wellness services at no cost.

Which Preventive Care Services Are Covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e., Health Care Reform) compliant insurance plans cover at 100% when utilizing in-network providers. Below is a list of common services that are included in the plans offered this year:

- ❖ Routine Physical Exam
- ❖ Well Baby and Child Care
- ❖ Well Woman Visits
- ❖ Immunizations
- ❖ Routine Bone Density Test
- ❖ Routine Breast Exam
- ❖ Routine Gynecological Exam
- ❖ Screening for Gestational Diabetes
- ❖ Obesity Screening and Counseling
- ❖ Routine Digital Rectal Exam
- ❖ Routine Colonoscopy
- ❖ Routine Colorectal Cancer Screening
- ❖ Routine Prostate Test
- ❖ Routine Lab Procedures
- ❖ Routine Mammograms
- ❖ Routine Pap Smear
- ❖ Smoking Cessation
- ❖ Health Education/Counseling Services
- ❖ Health Counseling for STDs and HIV
- ❖ Testing for HPV and HIV
- ❖ Screening and Counseling for Domestic Violence

Health Spending Account (HSA) and High Deductible Health Plans (HDHP)

An HSA is a tax advantaged account. The money you contribute is not subject to federal income tax (may be subject to state tax), interest and investment earning are not taxed, and withdrawals used for eligible healthcare expenses are not taxed.

Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take home pay. HSA's are portable meaning that they are not tied to an employer, and you own 100% of the funds. There is no 'use it or lose it' rule. HSA's can be used for eligible expenses for you and your tax dependents now, in the future or during retirement.

| HDHP <i>Your group medical insurance plan</i> | HSA <i>Your individual health spending account at a financial institution</i> |
|--|---|
| Health insurance that protects you against catastrophic claims | Your personal account |
| Lower premiums allow for saving deferral into HSA | Allows for triple tax savings; contributions, interest on deposit and investments and qualified reimbursements are tax free |
| Involves employee engagement | Use \$ for qualified medical, dental and vision expenses for you, your spouse and tax dependents or grow the balance |
| Offered through your employer | You keep your account and funds if you leave employment |
| Consumerism | Can start and stop contributions at any time |

Health Spending Account (HSA)

| Eligibility Requirements | |
|--|--|
| To be eligible to set up and contribute to an HSA, you must: | |
| Participate in a HDHP | Not be enrolled in Medicare or Tricare (& some VA benefits) |
| Not be claimed as dependent on someone else's tax return | Not have a HRA or Standard FSA (including through your spouse) or be covered under another health plan that is not a HDHP. |

| Other Considerations |
|--|
| <ul style="list-style-type: none">➤ HSAs are self accountable – you do not have to submit receipts➤ Maintain your receipts should you get audited➤ HSA's require tax reporting by account holders➤ There is no time limit for reimbursing yourself for qualified expenses➤ HSA dollars can be used for eligible dependents if they are claimed on your tax return➤ If you are a new hire or moving to a HDHP, if you participated in a standard FSA last year, you must have \$0 balance in your FSA in order to open an HSA. If you want to carry over any unused FSA balance, it must be carried over into a limited purpose FSA. |

Dental

| Delta Dental | Plan Details | | |
|---|--|---|---|
| | PPO Provider | Premier Provider | Non-Participating Provider |
| Annual Deductible (Individual / Family) | \$50 / \$150 Combined in and out of network | | |
| Calendar Year / Plan Year? | Calendar year | | |
| Annual Maximum Benefit | \$1,500 per person Combined in and out of network | | |
| Preventive Care | 100% Ded waived. Does not accumulate to the maximum benefit | 90% Ded waived. Does not accumulate to the maximum benefit | 90% Ded waived. Does not accumulate to the maximum benefit |
| Basic Services (Periodontics / Endodontics / Oral Surgery) | 80% | 80% | 80% |
| Major Services | 50% | 50% | 50% |
| Orthodontia | Not Covered | | |
| Waiting Period (for Major Services) | None | | |
| Right Start 4 Kids | This product enhancement covers children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO provider to receive the 100% coinsurance. If a Premier provider is seen and charges more than the PPO provider's Allowable Fee, you will be responsible for the excess charges and the remainder is paid at 100%. If an out-of-network provider is seen, the adult coinsurance levels will apply. | | |
| Employee Contributions | Bi-Weekly | | |
| Employee | \$0 | | |
| Employee + Spouse | \$16.94 | | |
| Employee + Child(ren) | \$17.88 | | |
| Employee + Family | \$41.03 | | |

Vision

| UnitedHealthcare | UHC | |
|--|----------------------------------|---------------------------|
| | In-Network | Out-of-Network |
| Vision Exam | \$20 copay | Up to \$45 reimbursement |
| Frequency | | |
| Exam | Every 12 months | Every 12 months |
| Lenses | Every 12 months | Every 12 months |
| Frames | Every 24 months | Every 24 months |
| Contacts | Every 12 months | Every 12 months |
| Lenses | | |
| Single | Covered in full | Up to \$30 reimbursement |
| Bifocal | Covered in full | Up to \$50 reimbursement |
| Trifocal | Covered in full | Up to \$65 reimbursement |
| Frames | Up to \$130 allowance | Up to \$70 reimbursement |
| Contact Exam | Up to \$60 copay | |
| Elective Contact Lenses (in lieu of frames) | UP to \$130 allowance | Up to \$105 reimbursement |
| Medically Necessary Contact Lenses | Covered in full with preapproval | |
| Network | VSP Choice | N/A |

| Employee Contributions | Bi-Weekly |
|------------------------|-----------|
| Employee | \$0 |
| Employee + Spouse | \$2.18 |
| Employee + Child(ren) | \$2.98 |
| Employee + Family | \$5.18 |

Short Term Disability (STD)

The importance of disability – disability insurance provides you and your family income “paycheck protection” when you cannot work and are unable to earn a paycheck due to an accident or illness.

| UNUM | STD |
|-------------------------|---|
| | Employer Paid |
| Benefit Amount | 60% of your weekly earnings |
| Maximum Benefit | \$1,000 per week |
| Benefit Begins | On the 8 th day for accident or sickness |
| Benefit Duration | Up to 12 weeks |
| Offset | CO PFML/FAMLI offsets STD – FAMLI pays first |

Contacts and Resources

| Carrier / Policy | | Phone Number | E-mail | Website |
|--|------------------------|--------------|--|--|
| Emily Marcol, Operations Supervisor | | 719-445-4807 | emilym@wcginc.com | N/A |
| Medical | UHC Policy #1417219 | 866-801-4409 | N/A | www.myuhc.com |
| HSA | OptumBank | 866-234-8913 | customercare@optum.com | www.optumbank.com |
| Dental | Delta Dental | 800-610-0201 | N/A | www.deltadentalco.com |
| Vision | UHC | 800-638-3120 | N/A | www.myuhcvision.com |
| STD | Unum | 800-275-8686 | Askunum@unum.com | www.unum.com |



This booklet includes a brief description of the benefit plans. In the event of a conflict or discrepancy between this summary and the Plan Documents and contracts, the Plan Documents and contracts will govern.