The Wright Center appreciates your commitment to our success. We’re equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we’ll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD).
A few notes about enrolling in benefits

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption.
- Marriage, divorce or legal separation.
- Dependent child reaches age 26.
- Spouse or dependent loses or gains coverage elsewhere.
- Death of your spouse or dependent child.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program.
- Change in residence that changes coverage eligibility.
- Court-ordered change.

The IRS requires that you make changes to your coverage within 30 days of your qualifying life event. You’ll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.

**IMPORTANT:** If you do not make a benefits election during enrollment, you will be defaulted to NO COVERAGE for 2023.

Qualifying life events:

It is your responsibility to notify human resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).
Eligibility

Eligible employees

*If you're enrolling as a new employee,* you are eligible for medical, dental and vision benefits on your date of hire.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your legal spouse or domestic partner.

- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a QMSCO are covered by our plan.
How to Enroll

1. Access Paylocity BSwift Benefits.
2. Select Start Your Enrollment.
3. Review Employee Demographic Information:
   - Make any necessary updates in the Self-Service Portal. Those updates will reflect in BSwift Benefits within 24 hours.
   - Select I agree at the bottom of the page.
   - Select Continue in the right sidebar menu.
4. Review Family Information:
   - Select Edit to change an existing dependent’s demographic information.
   - Select Add Dependents to enter a new dependent. You must enter SSN and DOB.
   - Select I agree at the bottom of the page.
   - Select Continue in the right sidebar menu.
5. Enter Benefit Elections:
   - Complete the following steps for Medical, Dental, and Vision Plans:
     1. Select View Plan Options.
     2. Select which Dependents to cover.
     3. Select Continue.
     4. Select View plan details to review any applicable plan information.
     5. Select the appropriate Plan or Waive option.
   - Select Continue in the right sidebar menu after making all selections.
6. Enter any necessary Beneficiary Information.
7. Select Continue.
8. Select Continue.
9. Review all selections.
10. Select Edit Selection to make changes to any elections.
11. Select I agree, and I’m finished with my enrollment and Complete Enrollment to submit the enrollment.
12. Select View to view a Confirmation Statement outlining the benefits elected.
13. Select Email to receive an email containing a Confirmation Statement outlining the benefits elected.
14. Select Print to print out a Confirmation Statement outlining the benefits elected.

QUESTIONS ABOUT ENROLLING?

Please contact the HR department at email: HR@thewrightcenter.org
Basic insurance terms

**COINSURANCE:** Coinsurance is your share of the cost of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan’s allowed amount for an office visit is $100 and you’ve met your deductible, your coinsurance payment of 20% would be $20. The health plan pays the rest of the allowed amount.

**COPAY:** A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

**DEDUCTIBLE:** The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is $2,800, your plan won’t pay anything until you’ve met your $2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

**EMBEDDED DEDUCTIBLE:** If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

**EXPLANATION OF BENEFITS (EOB):** An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

**INDIVIDUAL MANDATE:** A few states mandate that their citizens must have health insurance for themselves and their dependents. The Wright Center helps you stay insured by offering affordable healthcare for all employees who work at least 30 hours each week. Coverage is effective on your date of hire and allows you to cover your spouse and children.

**IN-NETWORK VS. OUT-OF-NETWORK:** A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

**OUT-OF-POCKET MAXIMUM:** The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

**PREVENTIVE CARE:** Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

**REASONABLE AND CUSTOMARY:** The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.
MEDICAL AND PRESCRIPTION DRUG BENEFITS

The Wright Center is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. We offer you a choice of two medical plan options for 2023:

- PPO 2500
- PPO Health Savings 2000 (Qualified HDHP)

If you elect coverage under the Qualified HDHP, you are eligible to open a Health Savings Account (HSA). To learn more about HSA’s, please see page 12.

Medical Plan Waiver Bonus

Employees who waive medical coverage through The Wright Center may be eligible to receive a waiver bonus of up to $1,200 per year ($50 per paycheck for 24 payrolls). In order to receive this waiver bonus, you must actively decline a medical plan and provide proof of other coverage.

Medical and prescription drug plan summary

Side by side

<table>
<thead>
<tr>
<th>Medical</th>
<th>PPO 2500</th>
<th>PPO Health Savings 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Individual</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family</td>
<td>$7,500</td>
<td>$15,000</td>
</tr>
<tr>
<td>Coinsurance (You pay after deductible)</td>
<td>0%</td>
<td>30%</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$9,100</td>
<td>None</td>
</tr>
<tr>
<td>Family</td>
<td>$18,200</td>
<td>None</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>0%</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>$15 copay</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$30 copay</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Emergency Room (copay waived if admitted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td></td>
<td>$150 copay</td>
</tr>
<tr>
<td>Inpatient Care</td>
<td>$60 copay</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Diagnostic Services (labs, radiology, imaging)</td>
<td>0% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>0% after deductible</td>
<td>30% after deductible</td>
</tr>
</tbody>
</table>
Side by side

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail (31-Day Supply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$20 copay</td>
<td>Not Covered</td>
<td>$20 copay; after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$40 copay</td>
<td>Not Covered</td>
<td>$40 copay; after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$60 copay</td>
<td>Not Covered</td>
<td>$60 copay; after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Specialty*</td>
<td>N/A</td>
<td>Not Covered</td>
<td>10% up to $125; after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Mail Order (90-day Supply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$40 copay</td>
<td>Not Covered</td>
<td>$40 copay; after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$80 copay</td>
<td>Not Covered</td>
<td>$80 copay; after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$120 copay</td>
<td>Not Covered</td>
<td>$120 copay; after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Specialty*</td>
<td>N/A</td>
<td>Not Covered</td>
<td>10% up to $125; after deductible</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

*Specialty drugs are limited to 31-day supply

Medical and prescription biweekly employee payroll contributions
(Per 24 pay deductions)

<table>
<thead>
<tr>
<th></th>
<th>PPO 2500</th>
<th>PPO Health Savings 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under $50K</td>
<td>Over $50K</td>
</tr>
<tr>
<td>Employee</td>
<td>$52.07</td>
<td>$63.90</td>
</tr>
<tr>
<td>Two-Person</td>
<td>$124.95</td>
<td>$153.34</td>
</tr>
<tr>
<td>Employee+Child</td>
<td>$72.89</td>
<td>$89.45</td>
</tr>
<tr>
<td>Employee+Children</td>
<td>$104.07</td>
<td>$127.72</td>
</tr>
<tr>
<td>Family</td>
<td>$152.32</td>
<td>$186.95</td>
</tr>
</tbody>
</table>

Employees can elect the medical and prescription drug plan without enrolling in the dental or vision plan.
HIGHMARK BLUE CROSS BLUE SHIELD

ADDITIONAL TOOLS

TELEMEDICINE
Face-to-Face with a doctor, 24/7.
Need to see a doctor but can’t get to their office? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. You can register at amwell.com or doctorondemand.com

THE HIGHMARK APP
A pocketful of health.
See recent claims activity, access your virtual member ID, find in-network care nearby, and set up fingerprint or facial scan for quick, secure sign-in.

BLUES ON CALL℠
Answers from a health pro, 24/7.
Medical concerns during off hours? Just call the phone number on the back of your ID card or from the Highmark app to get support from a registered nurse or a health coach any time and put your worries to bed.
Call: 1-888-BLUE-428 (1-888-258-3428)

ONLINE TOOLS & MEMBER WEBSITE
Your entire plan at your fingertips.
No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doctor tool, deductible progress, and claims status are all available online at highmarkbcbs.com.

CARE COST ESTIMATOR
Know what you’ll owe for care.
Before making an appointment for a test, scan, or procedure, use the Care Cost Estimator to help estimate your bill in advance. Available at highmarkbcbs.com.

WELLNESS
Personalized support for health goals.
Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle, trackers to measure your progress, and resources like Sharecare® to make healthy choices and keep you motivated. Once you’re enrolled, visit mycare.sharecare.com.

BLUE365
Discounts to help you stay healthy and active.
From workout gear to gym memberships to healthy meal services, we’ll take a little off the top while you’re taking a little off your middle. Member-only deals are at blue365deals.com.
TELEMEDICINE

See a doctor immediately, 24/7, with retail telemedicine. Highmark BlueCross BlueShield partners with Amwell and Doctor On Demand to bring you quality care from the comfort and convenience of home.

What is telemedicine?

Live video calls (on a phone, tablet or computer) with a doctor who is available at any time, day or night. No appointment is required. This service does not replace a primary care physician.

Doctors can diagnose and treat common medical issues (cold, flu, fever, sinusitis, etc.) offering rapid response and cost less than urgent care or emergency room visits.

Sign up for telemedicine when you are feeling well so you don’t have to when you are ill. Sign up here: amwell.com or doctorondemand.com, via the mobile app, or over the phone using the number on the back of your member ID card.
Supplemental Health

Supplemental health benefits insurance can help protect you from significant or unexpected out-of-pocket expenses. Consider your anticipated medical needs along with the cost of the insurance plans available to you to decide if these benefits may be right for you.

Critical Illness

The Wright Center provides you the option to purchase critical illness insurance through Sun Life. If you develop a critical illness, you want to be able to focus on your health—not your finances. Critical illness insurance pays a lump-sum cash benefit that can help handle expenses if you or a covered family member is diagnosed with a covered condition.

Benefit Amounts

- **Employee:** $10,000, $20,000, $30,000, $40,000. Guarantee issue: Up to $40,000.
- **Spouse:** $10,000, $20,000, $30,000, $40,000. Guarantee issue: Up to $40,000. Cannot exceed 100% of employee amount.
- **Dependent children:** $5,000, $10,000, $15,000, $20,000. Guarantee issue: Up to $20,000. Cannot exceed 50% of employee amount.

Hospital Indemnity

Hospital Indemnity insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility on or after your coverage effective date. You can use this money for any purpose you like; for example, to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home healthcare costs, or any of your regular household expenses. Hospital Indemnity insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Accidental Injury

The Wright Center provides you the option to purchase accidental injury insurance through Sun Life. Accidental injury insurance pays benefits directly to you in the event of a covered accident. How you use the money is up to you. It can help pay out-of-pocket medical cost (coinsurance/deductibles) or expenses that may not be covered by medical insurance, like rehabilitation, transportation, and child care. The plan pays a lump-sum benefit depending on the covered injury/treatment.

The plan provides an annual $50 wellness benefit. This is beyond what is covered under the medical benefit for preventive care.
HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pretax dollars. If you enroll in a high-deductible health plan, you can open an HSA.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

**TAX SAVINGS:** You contribute pretax dollars to the HSA. The Wright Center will also contribute to your HSA for 2023. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

**REDUCED OUT-OF-POCKET COSTS:** You can use the money in your HSA to pay for eligible medical, dental and vision expenses and prescriptions. The HSA funds you use can help you meet your plan’s annual deductible.

**A LONG-TERM INVESTMENT THAT STAYS WITH YOU:** Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds, so your available healthcare dollars can grow over time.

**THE OPPORTUNITY FOR LONG-TERM SAVINGS:** Save unused HSA funds from year to year — you can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

You are eligible to open and fund an HSA if:

- You are not enrolled in any other non-HSA qualified health insurance plan.
- You are not covered by your spouse’s health plan (unless it is a qualified HDHP), flexible spending account (FSA) or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE For Life.
- Care received through the VA in the preceding three calendar months was dental, vision or preventive care or was provided to a veteran who has a disability rating from the VA.

How to access/make contributions to your HSA

Once your account is open, you can access it via access.paylocity.com. You can make contribution changes at any time during the year through Paylocity. Note that it may take between one and two payroll periods for an HSA change to be processed.

If you enroll in our PPO Health Savings 2000 plan, you can open an HSA.
More details about HSA

The HSA is administered by HealthCareBank. The Wright Center pays the monthly administrative fee for your HSA. If your coverage status or employment status changes, you will be responsible for all HSA account holder fees. You’ll notice two separate line items on your paycheck when you participate in the HDHP with HSA option — one for your employee contributions for the HDHP and one for your pretax contributions to the HSA.

How much you can deposit?

The Wright Center’s employer contributions count toward the annual HSA contribution limits, so you need to plan carefully how much you’ll contribute annually to avoid excess contributions. These limits apply even for participants entering the plan midyear. Prior-year contributions may be made through April 15 of the following year.

<table>
<thead>
<tr>
<th></th>
<th>Under age 55</th>
<th>Age 55 and older (and not enrolled in Medicare)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$3,850</td>
<td>$4,850 (includes $1,000 “catch-up” contribution)</td>
</tr>
<tr>
<td>Family</td>
<td>$7,750</td>
<td>$8,750 (includes $1,000 “catch-up” contribution)</td>
</tr>
</tbody>
</table>

HSA employer contribution

Once you open your HSA with HealthCareBank, The Wright Center will contribute the following (cash) amounts to your HSA. HSA employer contributions are normally deposited each payroll date. As soon as The Wright Center is notified of the opening of your account, you will be funded the following payroll.

2023 employer contributions

• Employee-only coverage: The Wright Center will contribute $1,000 to your HSA.
• Family coverage: The Wright Center will contribute $2,000 to your HSA.
• Employer contributions are prorated based on date of hire.

Distributions

• HSA distributions are tax-free if they are used to pay for qualified medical expenses.
  ▪ Qualified medical, dental and vision expenses not covered by insurance.
  ▪ Qualified long-term care services and long-term care insurance.
  ▪ Continuation of coverage required by federal law (i.e., COBRA).
  ▪ Health insurance for the unemployed.
  ▪ Medicare expenses (but not Medigap).
  ▪ Retiree health expenses for individuals age 65 or older.
• Distributions made for any other purpose are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability. The 20% penalty is also waived for distributions made by individuals age 65 or older.
Note this important information on health savings accounts

• If you are a participant in the company-sponsored medical plan, The Wright Center will automatically take steps to establish your health savings account with HealthCareBank. The HealthCareBank account is available to you only if you participate in the The Wright Center medical plan.

• Due to the US banking system’s customer identification process (CIP) requirements, your account cannot be opened until the CIP is completed. If HealthCareBank is unable to complete the CIP, they will make two attempts to contact you by mail before closing the account.

• You will receive a welcome kit from HealthCareBank along with a debit card by mail when the CIP is completed.

• No employer or employee contributions can be deposited until your account is fully opened through the HealthCareBank CIP, which may take up to 90 days. Please note, you will have 90 days from your benefit eligibility date to complete your HSA set up or you forfeit your employer contributions for that year.

• If your account is closed, you must contact HealthCareBank to process a new banking application and to open another account. Once an account is closed, it cannot be reopened. HealthCareBank can be contacted at 800-631-3539.

• If you do not complete the required steps to open an account, any employer contributions that cannot be deposited due to failure to open an account will be forfeited.

• Upon death, HSA ownership may transfer to the spouse on a tax-free basis or to another named beneficiary as estate income.

For more information
Access the HealthCareBank customer website guide posted on access.paylocity.com. You can contact them at 800-631-3539.
The Wright Center is pleased to offer you the following dental coverage at no cost to you! Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It’s important to schedule regular exams to help detect significant medical conditions before they become serious.

To see a current provider directory, please visit sunlife.com/findadentist.

### Sun Life Dental

View covered services, claim status or your account balance; find a dentist; update your information; and much more at sunlife.com/account.

<table>
<thead>
<tr>
<th>Deductible</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
<td></td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,500</td>
<td></td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100%; deductible waived</td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Orthodontia (dependents to age 19)</td>
<td>50%</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

You can elect the Sun Life dental plan regardless of whether you are enrolled in the medical or vision plan.

To view your dental ID card, you will need your Social Security number or member ID, and date of birth. Register at sunlife.com/account.
SUN LIFE VISION PLAN

The Wright Center is pleased to offer you the following vision coverage at no cost to you! Sun Life’s vision care benefits access the broad VSP network and include coverage for eye exams, standard lenses, frames, contact lenses and discount for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It’s important to schedule regular exams to help detect significant medical conditions before they become serious.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam (Once every 12 months)</td>
<td>No Charge</td>
<td>$60 allowance</td>
</tr>
<tr>
<td>Lenses (Once every 12 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>No Charge</td>
<td>$30 allowance</td>
</tr>
<tr>
<td>Bifocal</td>
<td>No Charge</td>
<td>$50 allowance</td>
</tr>
<tr>
<td>Trifocal</td>
<td>No Charge</td>
<td>$65 allowance</td>
</tr>
<tr>
<td>Frames* (Once every 12 months)</td>
<td>$130 allowance</td>
<td>$70 allowance</td>
</tr>
<tr>
<td>Contact Lenses (Once every 12 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>No Charge</td>
<td>$210 allowance</td>
</tr>
<tr>
<td>Elective</td>
<td>$130 allowance</td>
<td>$105 allowance</td>
</tr>
</tbody>
</table>

To locate an in-network vision provider, visit vsp.com or call 1-800-877-7195.

- You can elect the Sun Life vision plan regardless of whether you are enrolled in the medical or dental plan.
- To view or print your vision ID card, visit vsp.com and create an account.
FLEXIBLE SPENDING ACCOUNT (FSA)

A great way to plan ahead and save money over the course of a year is to participate in an FSA. An FSA lets you redirect a portion of your salary on a pretax basis into a reimbursement account, saving you money on taxes. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute.

The Wright Center offers four types of FSAs that can help you save on a pretax basis for out-of-pocket expenses.

Flexible Spending Account (FSA)

The healthcare FSA can be used to pay for eligible out-of-pocket medical, dental, vision and prescription drug expenses.

Paylocity’s feature allows you to skip the pen and paper. Paylocity automatically passes medical, pharmacy, dental and vision claims to your FSA, thereby eliminating the need for you to submit a manual claim form. You pay your copay or out-of-pocket expense directly to your healthcare provider, who in turn will initiate the claim. Paylocity initiates a direct deposit or sends you a check from your FSA to reimburse you for your eligible out-of-pocket expense. You do not have to complete any paperwork. You will be asked if you want to enroll in the Paylocity feature when enrolling in the healthcare FSA program.

Funds in the healthcare FSA are available at the beginning of the plan year and can be used for your expenses and those of your spouse and dependents, even if you and your family aren’t covered by our plan.

Grace period benefit

The maximum contribution in 2023 for the healthcare flexible spending account is $3,050 per household. This is a use-it-or-lose-it account, meaning any funds remaining in the account following the close of the plan year will be forfeited. Our plan has a 2 1/2 month grace period to allow you additional time to incur claims and use your FSA funds to pay for these expenses. If you wait until the end of the grace period to submit a claim from the prior year, you may find that the claim is not eligible for payment using this year’s funds. You can submit claims for up to 90 days after the end of the grace period or after your participation terminates. All services must be incurred from January 1, 2023 through March 15, 2024. Claims must be submitted by March 31, 2024.

If you are contributing to an HSA through The Wright Center or through your spouse’s plan, you are not eligible to participate in the healthcare FSA.
Limited-Purpose Flexible Spending Account (LPFSA)

If you are enrolled in the HSA plan, you are eligible to enroll in the limited-purpose flexible spending account (LPFSA). IRS rules state that you cannot have both an HSA and a healthcare FSA since both apply funds toward your medical expenses. A limited-purpose health FSA allows you to continue to contribute to an HSA. A limited purpose FSA is much like a general healthcare FSA. The main difference is that the limited-purpose account is set up to reimburse only eligible FSA dental and vision expenses. Visit paylocity.com for a current list of eligible expenses, claims filing deadlines and other information about your account. The annual contribution limit for limited-purpose flexible spending accounts is $3,050.

If you contribute at least $100 in your Healthcare or Limited-Purpose FSA, The Wright Center will also contribute up to $500 into your account!

The Wright Center also offers Transit and Parking flexible spending account - DC Residents Only.
- Transit and Parking FSA contribution limit - $300 month.

Dependent Care Flexible Spending Account (DCFSA)

Dependent care FSAs allow you to set aside money pretax to pay eligible out-of-pocket day care expenses so that you or your spouse can work or attend school full-time. You must contribute money through payroll deduction to your dependent care FSA before you can spend it.

You must decide how much to set aside for this account in 2023. You may contribute up to $5,000, or up to $2,500 if you are married and file separate tax returns.

Eligible expenses
- Adult day care
- Child day care
- After-school care
- Babysitting (work-related, in your home or someone else’s home)
- Babysitting by your relative who is not a tax dependent (work-related)
- Nanny or au pair
- Custodial elder care
- Transportation to and from eligible care (provided by your care provider)

Ineligible expenses
- Babysitting (not work-related, for other purpose)
- Babysitting by your tax dependent (work-related or for other purpose)
- Custodial elder care (not work-related, for other purpose)
- Dance lessons, piano lessons or sports lessons
- Educational, learning or study skills services for child(ren)
- Household services (housekeeper, maid, cook, etc.)

*Debit card does not apply, one must submit claims via their Paylocity Self Service Portal under Flexible Spending
VOLUNTARY LIFE AND AD&D

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or your dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

Here are some helpful insurance terms:

AGE REDUCTION: The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

PORTABILITY AND CONVERSION: Portability and conversion are available if your employment with The Wright Center ends. Portability allows you to continue your term life coverage, while the conversion option allows you to convert your term life policy into an individual whole life policy.
### Coverage Amounts

<table>
<thead>
<tr>
<th>Voluntary Life</th>
<th>Employee</th>
<th>Spouse</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount</td>
<td>$10,000 Increments</td>
<td>$10,000 Increments</td>
<td>$2,500 Increments</td>
</tr>
<tr>
<td>Guarantee Issue</td>
<td>$100,000</td>
<td>$30,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Maximum Amount</td>
<td>Lesser of $500,000 or 5x Base Annual Earnings</td>
<td>$150,000; up to 100% of employee's coverage amount</td>
<td>$10,000</td>
</tr>
<tr>
<td>Age Benefit Reduction</td>
<td>At age 70: 67%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Voluntary Life Rates (Monthly)

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee Rate</th>
<th>Spouse Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 20</td>
<td>$0.072</td>
<td>$0.072</td>
</tr>
<tr>
<td>20-24</td>
<td>$0.072</td>
<td>$0.072</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.087</td>
<td>$0.087</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.116</td>
<td>$0.116</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.130</td>
<td>$0.130</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.145</td>
<td>$0.145</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.216</td>
<td>$0.216</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.332</td>
<td>$0.332</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.620</td>
<td>$0.620</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.953</td>
<td>$0.953</td>
</tr>
<tr>
<td>65-69</td>
<td>$1.833</td>
<td>$1.833</td>
</tr>
<tr>
<td>70-74</td>
<td>$2.973</td>
<td>N/A</td>
</tr>
<tr>
<td>75-79</td>
<td>$4.783</td>
<td>N/A</td>
</tr>
<tr>
<td>80-84</td>
<td>$4.783</td>
<td>N/A</td>
</tr>
<tr>
<td>85 and Over</td>
<td>$4.783</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### AD&D Monthly Rates per $1,000 of Coverage

- Employee Voluntary AD&D: $0.030
- Spouse Voluntary AD&D: $0.030
- Child Voluntary AD&D: $0.030

**Example:** A 41 year old employee elects $40,000 of coverage:

\[
\frac{($40,000 \text{ / } $1,000)}{\text{Elected Benefits Amount}} \times \frac{0.145}{\text{Monthly Rate}} = \frac{5.80}{\text{Total}}
\]
SHORT/LONG-TERM DISABILITY PLANS

The Wright Center offers two disability plans by Sun Life to provide financial assistance in case you become disabled or unable to work.

Voluntary Short-Term Disability (STD) plan

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. STD benefits are paid at 60% of your eligible weekly base pay, up to $1,000 or $1,500 weekly depending on your class, during the first 11 weeks of injury or illness.

### Short-term disability

<table>
<thead>
<tr>
<th></th>
<th>Class One</th>
<th>Class Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly Benefit Amount</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Weekly Benefit Maximum</td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Benefits Begin</td>
<td>15th Day</td>
<td>15th Day</td>
</tr>
<tr>
<td>Benefits Duration</td>
<td>Up to 11 Weeks</td>
<td>Up to 11 Weeks</td>
</tr>
</tbody>
</table>

**Short-Term Disability (STD) Biweekly Rates**

<table>
<thead>
<tr>
<th>Age</th>
<th>Biweekly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 25</td>
<td>$0.25</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.19</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.19</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.18</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.19</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.25</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.39</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.41</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.53</td>
</tr>
<tr>
<td>65-69</td>
<td>$0.71</td>
</tr>
<tr>
<td>70 and Over</td>
<td>$0.44</td>
</tr>
</tbody>
</table>
Long-Term Disability (LTD) plan

The Wright Center’s LTD plan is available to eligible full-time employees the first day of employment. This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you return to work, if appropriate.

If you become totally disabled, you will receive 60% of your base salary, up to $5,000 after you have satisfied the 90-day waiting period for benefits. Your benefit amount may be offset by other benefits you are receiving, such as Social Security or workers’ compensation. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes.

### Long-term disability

<table>
<thead>
<tr>
<th></th>
<th>Class Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Benefit Amount</td>
<td>60%</td>
</tr>
<tr>
<td>Monthly Benefit Maximum</td>
<td>$5,000</td>
</tr>
<tr>
<td>Benefits Begin</td>
<td>90 Days</td>
</tr>
<tr>
<td>Benefits Duration</td>
<td>Normal Retirement Age</td>
</tr>
</tbody>
</table>
EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP, sponsored by NexGen, provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your well-being. Use company code, 8920, to access several benefits and resources. Here are just some of the tools this program offers:

Counseling Services

Our counselors are Mental Health Professionals who provide confidential counseling in-person or over the phone for a variety of stressful issues such as marital, family, substance abuse, depression, stress, grief, health, and more.

Child/Elder Care Resources

We can assist you with finding a pediatrician, babysitter/nanny, camps, sports lessons, music lessons, and college applications and financial aid. Eldercare resources include help with housing options, assisted living facilities, Medicare, doctors, financial planning, and transportation.

Legal and Financial Consultations

Half-hour legal consultations can be done over the phone or inperson, and can be used for issues such as divorce, custody disputes, and wills. Half-hour financial consultations are provided over the phone and can provide assistance with topics such as debt consolidation, tax questions, student loans, and investments. ID Theft resources are also available.

Health Advocacy

Our licensed Care Guides are available to provide benefit information and assistance navigating your health plan. Care Guides provide healthcare claims and appeals management, healthcare billing assistance, prescription information and costs, as well as healthcare provider research.

Exclusive Entertainment Discounts (thru Working Advantage)

Get discounts, up to 60% off, through the Working Advantage discounts program.

Exclusive Discounts Include:

- Entertainment
- Theatre & Events
- Shopping & Gifts
- Earn Rewards

DirectAccess Anonymous Reporting

This free and confidential service allows you to report misconduct, unethical, or illegal behavior without risk or fear of being identified. Call 1-800-327-2255; Company PIN #8920.

For a complete list of all services offered through NexGen, visit www.nexgeneap.com

Company ID: 8920.
**403(b) RETIREMENT PLAN**

The Wright Center provides eligible employees a 403b retirement plan to save for the future. Currently, the 403b retirement plan is administered by TIAA. After one year of employment, The Wright Center contributes 3% of your annual base salary to a 403b account for you regardless of your participation. The annual IRS contribution limits are followed for employees under or over the age of 50. The initial enrollment or declination period is within the first thirty days of employment for personal contributions. Once the initial enrollment period or declination period has expired, you may enroll or make changes to your 403b account on a quarterly basis. These changes occur in January, April, July and October.

Please visit the [The Wright Center Portal](#) to begin your 403(b) election.
PAID TIME OFF (PTO)

TWCGME provides residents and fellows with flexible paid time off from work that can be used for such purposes as vacation, personal or family illness, doctor appointments, school, volunteerism, and other activities of the resident or fellow’s choice. Residents and fellows must be accountable and responsible for managing their own PTO hours to allow for adequate reserves should they have a need to cover vacation, illness or disability, appointments, emergencies, or other situations that require time off from work. Residents and fellows will also be accountable to ensure that their work responsibilities are covered in their absence, and they must follow established departmental sign-out procedures.

Residents and Fellows will have 160 hours of paid time off to use each academic/fiscal year, i.e. July 1 through June 30

PTO is accrued on a per pay period basis.

Whenever possible, PTO must be scheduled in advance and requested through HR & Payroll System (Paylocity)

Paid Holidays:

TWCGME will grant holiday time off to eligible residents and fellows on the holidays listed below. The maximum payout of a holiday is eight hours.

<table>
<thead>
<tr>
<th>New Year’s Day</th>
<th>Thanksgiving Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presidents Day/Float</td>
<td>Day After Thanksgiving</td>
</tr>
<tr>
<td>Good Friday</td>
<td>Christmas Eve</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Christmas Day</td>
</tr>
<tr>
<td>Independence Day</td>
<td>Day After Christmas</td>
</tr>
<tr>
<td>Labor Day</td>
<td></td>
</tr>
</tbody>
</table>

If a recognized Holiday falls on a Saturday or Sunday, these days will become float holidays that must be used before June 30th. If a Holiday is being used as a float it must be requested by submitting a Time Off Request in the HR & Payroll System (Paylocity). As an essential community provider, some of our clinics are open on holidays, therefore there are times when staff and learners will be required to have staff present to work on a holiday.
CONTACTS

Medical and Prescription
Highmark BlueCross BlueShied
Member services: 1-888-258-3428
General website: www.highmarkbcbs.com

Health Savings Account (HSA)
Paylocity
Customer service: 800-631-3539
Website: www.access.paylocity.com
Email: BATinfo@paylocity.com

Dental
Sun Life
Customer service: 800-247-6875
Website: www.sunlife.com/us

Vision
Sun Life
Customer service: 1-800-877-7195
Website: www.vsp.com

Flexible Spending Accounts (FSA)
Paylocity
Customer service: 800-631-3539
Website: www.access.paylocity.com
Email: BATinfo@paylocity.com

Life and AD&D
Sun Life
Customer service: 800-247-6875
Website: www.sunlife.com/us

Short- and Long-Term disability
Sun Life
Customer service: 800-247-6875
Website: www.sunlife.com/us

Employee Assistance Program
NexGen
For more information and resources:
services: 1-800-EAP-CALL
Company ID: 8920
Website: www.nexgeneap.com

403(b) Retirement Plan
TIAA
Participant Help Line: 1-800-842-2252
Website: www.tiaa.org

Voluntary Supplementary Health
Sun Life
Customer service: 800-247-6875
Website: www.sunlife.com/us
Final notes

This summary of benefits is not intended to be a complete description of The Wright Center’s insurance benefit plans. Please refer to the plan document(s) for a complete description. These can be found in Paylocity > BSwift Benefit > Library. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although The Wright Center maintains its benefit plans on an ongoing basis, The Wright Center reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your human resources representative with questions regarding the information provided in this overview.