



2025 EMPLOYEE BENEFITS



WE'RE SO GLAD YOU'RE HERE.

We understand that managing your benefits can be overwhelming, but we are committed to making the process as simple and straightforward as possible. This guide is designed to provide you with all of the information you need to understand your benefits, and how to take advantage of them.

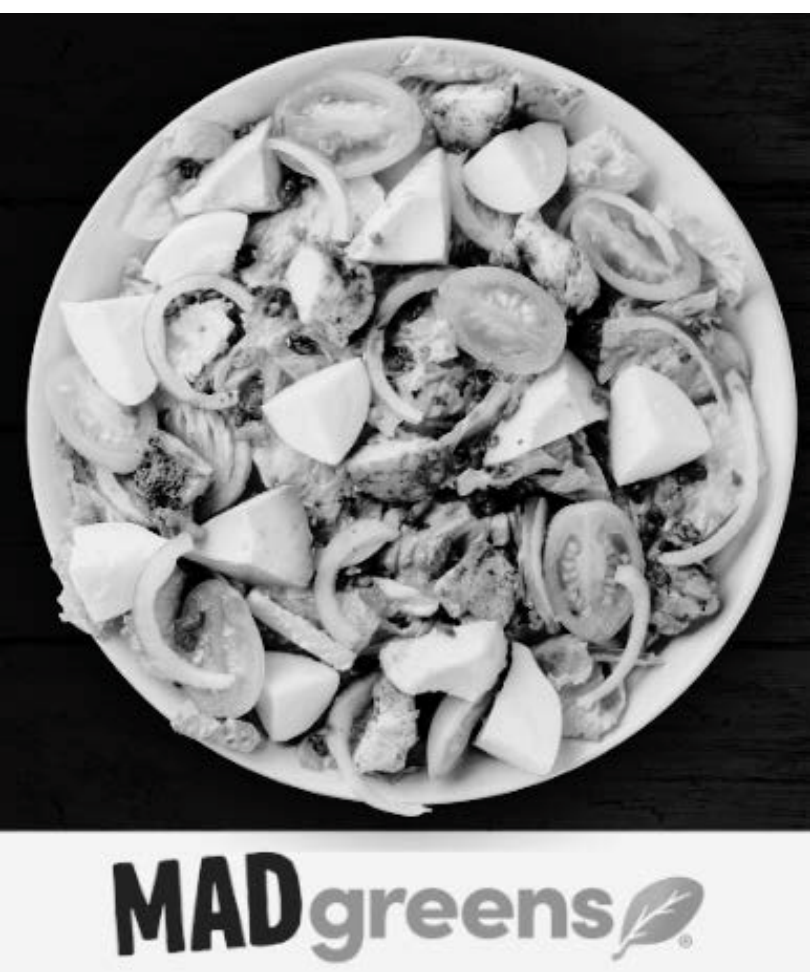
This guide provides an overview of Salad Collective benefits for the 2025 plan year. You'll find important benefits resources and contact information throughout the guide. Additional benefits information is available online at www.saladbenefits.com.



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This brochure summarizes the benefit plans that are available to Salad Collective eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Salad Collective Benefits Service Center or via the Salad Collective Benefits Website. Information provided in this brochure is not a guarantee of benefits.



BENEFITS OVERVIEW

ELIGIBILITY

Both full-time and part-time employees and their eligible dependents may participate in the Salad Collective benefits program.

Full-time Benefits: Employees must work 30+ hours per week to be eligible to participate in full-time benefits.

Part-Time Benefits: Employees working 20-29.9 hours per week will be eligible to participate in part-time benefits.

Generally, for the Salad Collective benefits program, dependents are defined as:

- Your legal spouse
- Your children up to the age of 26

Refer to the dependent eligibility pages for more details.

EFFECTIVE DATE

Benefits eligibility varies by class number. For Classes 1, 2, and 3 benefits are effective first of the month following 30 days of employment. For Class 4 (variable hour employees) hours will be measured over a 12-month period. Should you terminate employment, your benefits will terminate as follows:

- **Medical, Dental, Vision, Critical Illness, and Accident** - Last Day of month in which you last worked.
- **Life and Disability** - Date of Termination

MAKING CHANGES

You have the option to adjust your coverage during the year when experiencing a Qualifying Life Event (QLE), which includes situations like marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. Should a QLE occur and you wish to make changes, please inform the Salad Collective Benefits Service Center (866-725-2333 or help@saladbenefits.com) within 30 days of the event date. It's essential that any modifications to your benefits are in accordance with the specific event that occurred

BENEFITS OVERVIEW

QUALIFIED LIFE EVENT DOCUMENTATION

If a Qualifying Life Event (QLE) occurs during the year, it is important to notify the Salad Collective Benefits Service Center at 1-866-725-2333 or help@saladbenefits.com within 30 days of the event date. Remember to provide the necessary QLE documentation within the same 30-day timeframe. QLE documentation can be submitted via email to help@saladbenefits.com. Please note that after processing the event, the event will be pending approval until the appropriate documents have been submitted.

YOUR BENEFITS

Salad Collective benefits are tailored to you, prioritizing your health and well-being. Salad Collective is dedicated to providing you with options for free access to high-quality care, ensuring peace of mind and a sense of well-being for both you and your family.

Take a moment to review this guide. To learn more about what is offered, refer to the benefits website and summary plan descriptions. Below, discover a curated list of exclusive benefits from Salad Collective just for you.

- Medical
 - Virtual Care
 - Health Savings Account (for HSA Saver medical plan participants)
- Dental
- Vision
- Life and AD&D
- Short Term Disability
- Long Term Disability
- Voluntary Life and AD&D
- Employee Assistance Program
- Critical Illness
- Accident

DEPENDENT ELIGIBILITY VERIFICATION

COVERING DEPENDENTS

If you choose to cover dependent(s) on your medical, dental, or vision plan(s) you will receive an email from the Benefits Service Center following enrollment requesting supporting documentation.

Salad Collective takes pride in offering a benefits package that ensures employees and their families have the best quality care, while keeping your premiums and out of pocket costs as low as possible. This process helps ensure that your premiums aren't inadvertently spent on an ineligible member. Please be sure to provide the dependent documentation by the deadline indicated in the email for your dependent(s) to have coverage.

- Only **legal spouses** are eligible for coverage.
- Children are eligible until their 26th birthday. (This includes stepchildren living at your address and/or whom you have financial responsibility.)

Any dependent child who is incapable of self-support because of a physical or mental disability, and who has supporting disability documentation from a licensed physician, is also eligible.



DEPENDENT ELIGIBILITY

REQUIRED DEPENDENT VERIFICATION DOCUMENTATION

Required Dependent Verification Documents	
Spouse	<p>A Copy of Marriage Certification</p> <p>AND</p> <p>A joint marital document dated within the last six months; One (1) document with both employee and spouse listed, or two (2) separate documents – one for employee and one for spouse – reflecting matching address (ex. mortgage, bill, bank account, tax return indicating both at same address).</p>
Child	Copy of child’s birth certificate naming the employee as the child’s parent
Stepchild	Copy of child’s birth certificate naming the employee's spouse as the child’s parent
Adopted Child	<p>Amended birth certificate showing employee as the child’s parent</p> <p>OR</p> <p>Copy of adoption decree or court order naming employee as the child’s adoptive parent or legal guardian</p>
Disabled Child	Child documentation above AND statement of disability



ENROLLMENT

HOW TO ENROLL

Online or By Phone

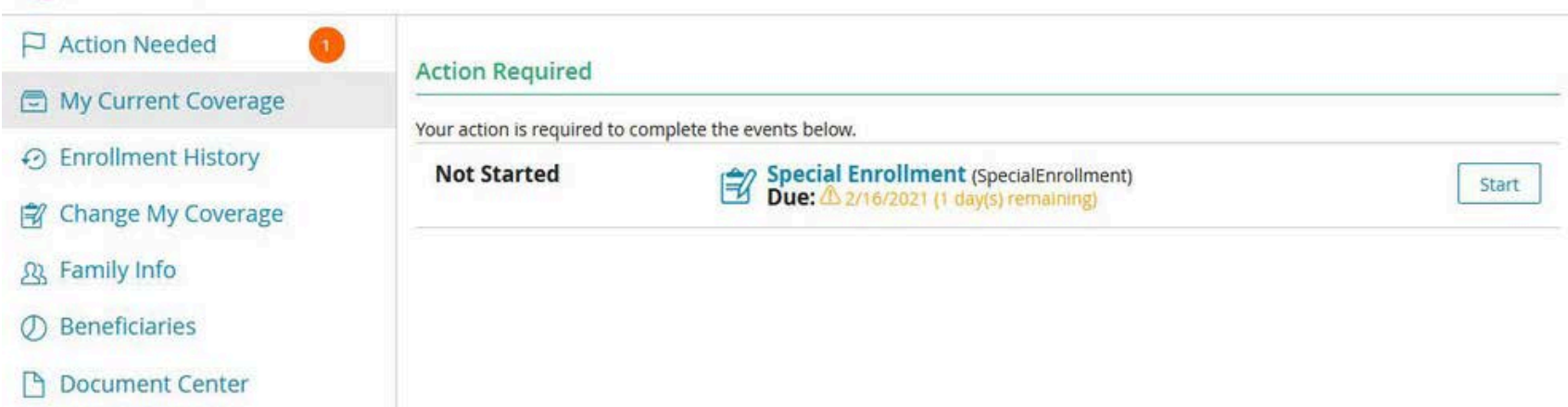
Enrollment Online

Step 1:

- Access <https://access.paylocity.com>

Step 2:

- Enter your email address to login. Navigate to “HR & Payroll > Benefits.” Select “Action Needed” in the sidebar menu, then select “Start,” and finally “Start Your Enrollment.”



Step 3:

- Once you start your enrollment, you can add dependents and then follow the prompts to complete your enrollment. Be sure to click “Submit” at the end of your enrollment. Detailed enrollment instructions are available here: <https://saladbenefits.com/resources>.

Enrollment by Phone

Call the Salad Collective Benefits Service Center at 1-866-725-2333 to complete your enrollment by phone. You’ll speak with a Benefits Specialist who will confirm your personal information, review your plan options, and submit your elections.

General Enrollment Notes

We would recommend that you save a copy of your confirmation statement, for your records. To do so, go to your “Employee Profile” > click “My Current Coverage” > Click “View PDF” > Save a copy in your files.



BENEFITS SERVICE CENTER

WE'RE THERE WHEN YOU NEED US MOST.

Call: [1-866-725-2333](tel:1-866-725-2333)

Email: help@saladbenefits.com

Monday - Thursday 6am - 4pm MT,
Friday 6am - 3pm MT

**Contact your Benefits
Service Center for
assistance with:**

- Plan Enrollment/Changes
- Finding a doctor
- How to file a claim
- Understanding your benefits
- Processing a Qualifying Life Event (QLE)



[1-866-725-2333](tel:1-866-725-2333)

help@saladbenefits.com

Monday - Thursday 6am - 4pm MT,
Friday 6am - 3pm MT

Full-Time Employee Benefits

30+ HOURS PER WEEK

MEDICAL BENEFITS

AETNA SIGNATURE ADMINISTRATORS NETWORK,
ADMINISTERED BY PERSONIFY HEALTH



YOUR HEALTH MATTERS.



At Salad Collective, **we** are dedicated to providing the best benefits to **our employees**, ensuring you receive the highest quality care with no barriers.

For the 2025 plan year, you and your covered dependents have the option to choose between the below three medical plans:

- PPO Preferred
- HSA Saver
- PPO Premier

All three plans utilize the Aetna Signature Administrators Network.

Deductibles and maximum out-of-pocket costs differ among the plans. Preventive care is fully covered at 100% on all three plans.

This means that regardless of your chosen plan, your preventive services (such as annual check-ups) are covered at no charge when you visit an In-Network provider. Remember, for a service to be covered at 100% under the preventive benefit, it needs to be coded and mandated as an ACA preventive service.

We encourage you to explore the range of opportunities for top-quality, cost-free care available under Salad Collective medical plans.

FIND AN IN-NETWORK PROVIDER

Online: www.aetna.com/asa

Contact Personify Health:
888-671-9395
support@personifyhealth.com



FIND TOP NOTCH DOCTORS IN YOUR AREA

Garner is a free benefit that helps you find the highest quality doctors while saving you up to \$9,000 in costs from that care.

- PPO Preferred:** Up to: \$9,000 (individual) or \$18,000 (EE+Dep)
- HSA Saver:** Up to: \$4,350 (individual) or \$8,700 (EE+Dep)
- PPO Premier:** Up to: \$4,000 (individual) or \$8,000 (EE+Dep)

The best doctors are often the least expensive. Missed diagnoses, unnecessary surgeries, and bad health outcomes are expensive. By setting you up with the best doctors, you not only get better care, but the cost is also lower for both you and Salad Collective. As a result, Salad Collective covers your medical bills when you use Garner.

Visit getgarner.com/signup to get started.




- Email concierge@getgarner.com or
- call 866-761-9586 to locate the top doctors in your area
- FAQ page: mygarnerguide.com




Mobile App
Download the free Garner Health App from the AppStore or Google Play Store.

How it Works:

- A member must use Garner to get a recommendation **before** visiting the provider.
- Visit the provider recommended by Garner, and members will receive a check from Garner, to reimburse them for any eligible out of pocket expenses.
- Your claims should be sent to Garner automatically, after they are processed by Personify. However, if you feel a claim is missing, please provide the EOB to the Garner concierge team, and they will process the claim based on the EOB information.
- It will take approximately 4-8 weeks from the time your provider files the claim with Personify, for you to receive your out of pocket reimbursement via check or ACH from Garner. If you do not receive an expected reimbursement, please reach out to the Garner concierge to inquire.
- Members enrolled in the HSA Saver plan must first meet the IRS required minimum deductible, before being eligible to receive out of pocket reimbursements from Garner. The IRS required minimum deductible for the 2025 plan year is: \$1,650 (individual) or \$3,300 (EE+Dep).

 <div> Aetna Signature Administrators® PPO </div>	PPO Preferred	HSA Saver	PPO Premier
	In Network	In-Network	In-Network
Deductible	Single: \$4,500 Family: \$9,000	Single: \$3,500 Family: \$7,000	Single: \$1,000 Family: \$2,000
Out-of-Pocket Maximum	Single: \$9,000 Family: \$18,000	Single: \$6,000 Family: \$12,000	Single: \$4,000 Family: \$8,000
Garner Reimbursement 	Up to: \$9,000 (individual) or \$18,000 (EE+Dep) for going to a Garner provider	Up to: \$4,350 (individual) or \$8,700 (EE+Dep) for going to a Garner provider	Up to: \$4,000 (individual) or \$8,000 (EE+Dep) for going to a Garner provider
Coinsurance (You Pay)	30% after deductible	20% after deductible	20% after deductible
Office Visits			
Preventive Care	\$0 copay	\$0 copay	\$0 copay
Primary Care Visit	\$35 copay	20% after deductible	\$35 copay
Specialist Visit	\$70 copay	20% after deductible	\$70 copay
Virtual Care 	\$0 copay	20% after deductible	\$0 copay
Chiropractic	\$25 copay	20% after deductible	\$25 copay
PT, OT, ST, SN	Outpatient: \$50 Inpatient: 30% after Deductible	20% after deductible	Outpatient: \$50 Inpatient: 20% after Deductible
Diagnostic Labwork	Provider's Office: Included in Copay Outpatient Facility or Hospital: 30% after Deductible	20% after deductible	Provider's Office: Included in Copay Outpatient Facility or Hospital: 20% after Deductible

 <div> Aetna Signature Administrators © PPO </div>	PPO Preferred	HSA Saver	PPO Premier
Surgery			
Inpatient and Outpatient Surgery Facility & Physician Fee	30% after deductible	20% after deductible	20% after deductible
Emergency Care			
Emergency Room Care	\$1,000 copay waived if admitted	20% after deductible	\$500 copay waived if admitted
Ambulance	30% after deductible	20% after deductible	20% after deductible
Urgent Care	\$100 copay	20% after deductible	\$75 copay
Pharmacy Benefits			
Retail (30-day) supply	\$5 (Tier 1) \$35 (Tier 2) \$70 (Tier 3)	Deductible, then \$5 (Tier 1) \$35 (Tier 2) \$60 (Tier 3)	\$5 (Tier 1) \$35 (Tier 2) \$70 (Tier 3)
Retail & Mail Order (90-day) supply	\$15 (Tier 1) \$105 (Tier 2) \$210 (Tier 3)	Deductible, then \$15 (Tier 1) \$105 (Tier 2) \$180 (Tier 3)	\$15 (Tier 1) \$105 (Tier 2) \$210 (Tier 3)
Specialty	Not Covered A member of the Veracity Rx pharmacy specialty team will assist in the process to help you obtain your medication(s).	Not Covered A member of the Veracity Rx pharmacy specialty team will assist in the process to help you obtain your medication(s).	Not Covered A member of the Veracity Rx pharmacy specialty team will assist in the process to help you obtain your medication(s).
International Rx Mail Order	\$0 copay	\$0 copay	\$0 copay

Provider Guide:




Verifying Benefits for the *Aetna Signature Administrators Network*

Important Instructions for Providers:


- The Salad Collective Plan uses the *Aetna Signature Administrators Network* and is administered by Personify Health (Third Party Administrator).
- You **MUST** follow the instructions below to verify benefits with Personify Health.
- You **WILL NOT** be able to verify benefits by contacting Aetna in any capacity.
- Covered Dependents **ARE NOT** included on the ID Card. They are covered under the Employee record using the same Member ID.

How to Verify Benefits:

1. **By Phone:** call Personify Health at 985-242-7055
2. **Online Portal:** mycarehc.com/provider



Members: 888-472-4352
Providers: 985-242-7055
login.personifyhealth.com



Salad Collective

Group #: **S2953**

Member:

John Doe

Member ID:

1500XXXXXX

Payor ID

07205

Rx Bin: 009430

Rx Group: SLCOXHSA

PCN: VCTY

<https://veracity.procarerx.com>
Pharmacy Help Desk: 888-388-8228



Powered by ProCare Rx




Eligibility Verification

For verification of eligibility, claim status and quotation of benefits:
Members: 888-472-4352
Providers: 985-242-7055
Or log on to login.personifyhealth.com
Acceptance of this card should indicate acceptance of the Plan's benefits as payment in full for services provided.

For detailed benefit information including Deductible and Out-of-Pocket maximums, please visit login.personifyhealth.com



Aetna Signature Administrators®



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Personify Health

BECAUSE HEALTH IS PERSONAL

Meet Personify Health

Personify is a third-party administrator (TPA), or a benefits administrator. As a TPA, Personify Health helps by processing your claims, answering your questions and performing other functions related to health benefits.

How Can Personify Help You?

Health Benefits are often complex and can be difficult to understand. Personify Health offers concierge-level customer service to make your experience as seamless as possible. Personify Health will be your one-stop shop for any questions or concerns you have with your health plan.

Our team can assist you with:

- Your plan status (deductible and out-of-pocket)
- ID cards and explanation of benefits (EOBs)
- Reviewing medical claims
- Finding in-network providers
- Submitting out-of-network claims
- Coordination of benefits and other insurance forms
- Questions regarding benefits

Connecting with Personify Health is easy:

- **Self-service Online - login.personifyhealth.com**
 - On our member platform, you can access digital ID cards for you and your family, view claims, find care, and more
- **Live Chat - via the Personify Health Member Portal**
 - You can also speak with one of our Personal Health Advocates through our Live Chat feature
- **Personal Health Advocates -**
 - If you have questions about your benefits, you can call the phone number on your ID card. A Personal Health Advocate will help you get the answers you need.

How do I contact Personify Health?
Call 1-888-671-9395; Monday -
Friday 5:30 am-5:30 pm MT



Nurse Case Management - with Personify

ONE-ON-ONE SUPPORT WHEN YOU NEED IT

What is Case Management?

Specialized clinicians will work one-on-one with you, your caregiver, healthcare team and health plan to provide personalized assistance when a prolonged, progressive, catastrophic or high-cost illness/condition occurs.

You'll get knowledgeable, free-to-you support from registered nurses, clinical social workers and dietitians when you need it most. A Case Manager helps you receive the care you need by working directly with you and your healthcare team to coordinate services.

A Case Manager can help you:

- Learn about your illness
- Understand your treatment and medications
- Understand what your doctor wants you to do
- Make a self-care plan
- Identify network providers and centers of excellence
- Coordinate specialist referrals
- Explore community resources
- Understand your health plan benefits
- Navigate the healthcare system

Patient and Case Manager are matched based on need and specialty, and are with you throughout your healthcare journey.



How do I contact Personify Health?
Call 1-888-671-9395; Monday -
Friday 5:30 am-5:30 pm MT

~personify™
HEALTH

Chronic Care Management with Personify

GET HELP NAVIGATING A DIAGNOSED CHRONIC CONDITION

With chronic care management from Personify Health, a licensed registered nurse will assist and support you as you navigate treatment of your diagnosed condition.

Conditions we manage

- Asthma
- Chronic obstructive pulmonary disease
- Hypertension
- Congestive heart failure
- Metabolic syndrome
- Diabetes mellitus
- Lower back pain

How can we help?

You'll receive personalized assistance from an assigned clinician who will:

- Provide condition-specific education and support materials.
- Help decrease the frequency or intensity of symptoms and hospitalizations.
- Assist in locating discounted medications.
- Develop a diet management plan tailored to you.



How do I contact Personify Health?
Call 1-888-671-9395; Monday -
Friday 5:30 am-5:30 pm MT



All contact is confidential

Urgent Care, ER, 911, or Virtual Care?

When you’re facing a pressing health care issue, it’s important to weigh your options carefully. Urgent care visits start at \$100, depending on the level of treatment, and can be ten times less expensive than the ER for minor ailments. Additionally, urgent care wait times are often much shorter than at the ER. Use this guide when considering where to go for immediate care.*

Urgent Care:

If your problem is not life threatening or risking disability but you are concerned and cannot see your provider soon enough, consider going to an urgent care clinic.

Emergency Room

Emergencies are classified as events that could result in loss of life, serious physical harm, or impairment to a body part or organ if not immediately treated. Going to the emergency room should be a last resort when an urgent care facility or your primary care provider are not options.

When it’s time to call 911

Calling for help if you are experiencing any of the following symptoms allows emergency medical services to begin life-saving treatment upon arrival and continue while en route to the hospital.

- Choking or stopped breathing
- Signs of heart attack such as pain in the arm or jaw
- Seizure that lasts 3-5 minutes
- Sudden, severe headache
- Life- or limb-threatening injury
- Poisoning or overdose of drugs/alcohol
- Injury to neck or spine, particularly if there is loss of feeling or inability to move
- Slurred speech
- Signs of stroke such as weakness on one side of the face
- Uncontrolled bleeding
- Unresponsive or lethargic person
- Head injury with loss of consciousness or confusion
- Severe burn
- Severe chest pain or pressure
- Fainting, sudden dizziness or weakness

How do I contact Personify Health?
Call 1-888-671-9395; Monday -
Friday 5:30 am-5:30 pm MT



All contact is confidential

Urgent Care, ER, 911, or Virtual Care?

Teladoc Health - Virtual Care

VIRTUAL CARE (FREE ON ALL PLANS)

Our Teladoc Health benefit gives you access to compassionate care from U.S. board certified clinicians, anytime, anywhere. Providers are available in all 50 states and you can meet with them 24/7 by phone or video.

The average Emergency Room care costs 10 times more than an urgent care visit for the same diagnosis.

- Teladoc Health can help you skip the trip to the ER or urgent care for non-emergency problems, avoid long wait times and save money since you can see a clinician within minutes by phone or video. Teladoc Health is here to listen, answer your questions and help you feel better faster.

What services does Teladoc Health provide?

- Teladoc Health provides healthcare for the whole you and can help you with everyday, non-emergency health needs like prescription refills, coughs, colds, UTIs, sinus, allergies and much more. Teladoc Health helps you get healthy and live healthy.

How much does Teladoc Health cost?

- You will have **no** out of pocket cost when using Teladoc. Salad Collective is covering the out of pocket cost for their members.

How do I sign up?

- To sign up for Teladoc Health, call 1-800-835-2362, visit the website, or find the Teladoc Health app in your Apple App or Google Play store. Visits can be by phone or video and there is no time limit on how long the visit is.

How does it work if I am traveling and not in the state I live in when I need help?

- Teladoc Health is available in all 50 U.S. states, so the service can be used even if you are traveling. Some restrictions may apply.

Can Teladoc Health providers prescribe medicine?

- Yes they can when it makes sense medically. But, Teladoc Health providers do not prescribe controlled substances. If a prescription is not needed, the Teladoc Health provider may give you instructions for managing symptoms.

Call 1-800-835-2362; Visit [TeladocHealth.com](https://www.teladochealth.com)



Mobile App

Download the free Teladoc Health App from the AppStore or Google Play Store.



Teladoc
HEALTH

Urgent Care, ER, 911, or Virtual Care?

Teladoc Health - Virtual Care

VIRTUAL DERMATOLOGY (FREE ON ALL PLANS)

Access licensed dermatologists without leaving the house.

The Teladoc Health Dermatology service gives members convenient and reliable skin care for a wide range of conditions without the wait.

Dermatology makes skin care easy. Members simply log in to their Teladoc account, request a Dermatology consult, complete the intake form and upload digital images of their skin issue. Within two business days, the member will receive a response from a board-certified dermatologist through the online message center. Members can ask follow-up questions and, when medically necessary, have prescriptions sent right to their local pharmacy.

Benefits

- Convenience
 - Members have 24/7 access to care for a wide variety of skin issues by web or mobile app.
- High-quality care
 - A licensed dermatologist will review images, make a diagnosis and provide a personalized treatment plan right in the app.
- Follow-up
 - Interact with the same dermatologist for the next 7 days for any follow-up needs.



Mobile App

Download the free Teladoc Health App from the AppStore or Google Play Store.



Teladoc
HEALTH

Urgent Care, ER, 911, or Virtual Care?

Teladoc Health - Virtual Care

VIRTUAL BEHAVIORAL HEALTH
(FREE ON ALL PLANS)

Overcome whatever comes your way

Feel like yourself again.

Schedule a visit today.

- Visit [Teladoc.com](https://www.teladoc.com)
- Call 1-800-TELADOC (800) 835-2362

Teladoc Health therapists specialize in:

- Anxiety
- Depression
- Stress/PTSD
- Panic disorder
- Family and marriage issues
- And more

If something is on your mind—big or small—talking to an expert can help. Our licensed therapists are available seven days a week. Choose your therapist, pick a time that is convenient for you and then talk to the therapist from the privacy of home or anywhere you feel comfortable.



Mobile App
Download the free Teladoc Health App from the AppStore or Google Play Store.



Teladoc
HEALTH

PHARMACY BENEFITS

YOUR PHARMACY PLAN

Pharmacy Benefits Partner

VeracityRx will oversee and manage your pharmacy benefits. As your benefits partner, VeracityRx will handle all claims and customer service functions including Specialty and Personal Importation pharmacy fulfillment.

Where You Can Fill Prescriptions

Your plan uses a select/non-select pharmacy network, so most pharmacies can fill your prescription(s) up to a 34-day supply; however, any prescription greater than a 34 day supply up to 90-days can only be filled at Select Pharmacies or mail order. Non-select pharmacies are CVS, Target, Walgreens, and Rite-Aid.

How to Connect

- Call VeracityRx 24 hours a day, 7 days a week – they're always available to take your call, even on holidays.
- Call 888-388-8228
- Email: help@veracity-rx.com
 - Note: Email inbox is monitored on weekdays from 6:00 AM to 3:00 PM MT.
- Download the Mobile App

Member Portal Access and Benefits Management

- Register for your member portal access
 - Register at: <https://veracity.procarerx.com>
 - Note: To access the secured portal listed above, the full web address must include <https://>
- Use your online account to:
 - Access and/or restrict profile viewing by other family members
 - Review your prescription claims history or individual prescriptions
 - Look up a drug to identify formulary status and preferred alternatives
 - Locate pharmacies within a zip code, state, city, or county

Mobile App

Download the free VeracityRx App from the AppStore or Google Play Store.



PHARMACY BENEFITS

PRESCRIPTION COVERAGE OVERVIEW

Here's a few ways our Pharmacy program strives to save members money.

Go Generic and Save

- When you choose the generic prescription versus the brand name Rx, you can save on your member cost/copay.

Avoid High-Cost Pharmacies

- The following pharmacies are considered Non-Select (limited to 30-day supply): CVS, Target, Walgreens, and Rite-Aid.
- Select Pharmacies (90 day supplies available): Most independent pharmacies and grocery stores are considered select.

Get your 90-day prescription filled right at your favorite select pharmacy

- You can elect to get a 90-day fill using your local select pharmacy or through mail order.

Specialty Pharmacy Services

- **Specialty Medications**
 - For more information on specialty drugs, please go to www.veracity-rx.com and complete the "Enrollment Form". Once completed, a VeracityRx Specialty team member will be in touch.
- **Personal Importation Medications**
 - Medications that can be obtained internationally (from Canada) can also be acquired through VeracityRx Pharmacy Services. When the medications are obtained this way, the cost to you is **\$0 Copay**. If you choose not to participate, you will be responsible for 50% of the cost of the medication at your local pharmacy.

Note: Some drugs require a pre-authorization. Even if you have obtained a pre-authorization with the current plan, you may have to obtain an updated one for the new plan.



PHARMACY BENEFITS

SPECIALTY MEDICATIONS

Specialty Medications are EXCLUDED from the plan. Call Veracity Rx if you are currently taking one of these drugs. A Pharmacy Specialist, who is a registered pharmacist, will work with you as your advocate and help you find a way to obtain this medication. Their team works closely with you (and/or covered family members who are taking a specialty medication) and with the specialty medication manufacturer and the prescriber to ensure continuity of care.

A member of the pharmacy specialty team will assist in the process to help you obtain your medication(s). As your pharmacy specialist and patient advocate, they are here to assist on your behalf. If you or your covered dependent are currently taking a medication affected by these changes, please enroll at www.veracity-rx.com. Following your enrollment, a member of the team will contact you.

Commonly Prescribed Specialty Medications		
Actemra	Haegarda	Rebif
Acthar	Ilaris	Rydapt
Adempas	Imbruvica	Stelara
Afinitor	Ingrezza	Strensiq
Amjevita	Jynarque	Tafinlar
Aubagio	Kesimpta	Taltz
Cabometyx	Kuvan	Tobi Podhaler
Cosentyx	Lenvima	Tremfya
Dupixent	Mekinist	Tyvaso
Enbrel	Olumiant	Vumerity
Envarus XR	Opsumit	Zelboraf
Epidiolex	Orgovyx	Zenpep
Firazyr	Otezla	
Gilenya	Promacta	

*List is only a sample of the top specialty drugs and is subject to change without notice. Additional specialty drugs can be pursued beyond this list.

For more information, log onto the website below and complete the “Enrollment Form”.
VeracityRx Pharmacy Contact Information:
Enroll at:www.veracity-rx.com



PHARMACY BENEFITS

PERSONAL IMPORTATION PROGRAM

Step 1:

- Please check the list below of commonly prescribed medications that can be sourced internationally (from Canada).

Step 2:

- If you or a covered member of your household are on any of the medications listed, please start by going to www.veracity-rx.com and complete the “Enrollment Form”. If you are unable to enroll online, please call 888-388-8228, and a member of our team will assist you with the enrollment process over the phone.

Step 3:

- Be on the lookout for an email from a VeracityRx Personal Importation Team member with next steps.

Step 4:

- Contact your healthcare provider to have a new prescription sent into our pharmacy partner. *Instructions will be included in email on how to send in new prescription.

Note: Personal Importation Drugs are available for a **\$0 Copay** through VeracityRx Pharmacy Services. If you choose not to participate, you will be responsible for 50% of the cost of the medication at your local pharmacy. **This 50% coinsurance will not be applied to your Out of Pocket Maximum.**

Common Medications for Personal Importation Program			
Anoro Ellipta	Dulera	Myrbetriq	Tagrisso
Apidra	Eliquis	Omnaris	Tivicay
Apidra Solostar	Entresto	Orencia	Toujeo Solostar
Arnuity Ellipta	Farxiga	Ozempic	Tradjenta
Atripla	Fiasp	Prezcobix	Trelegy Ellipta
Basaglar Kwikpen	Invokamet	Pulmozyne	Trintellix
Biktarvy	Isentress	Qvar	Trulicity
Breo Ellipta	Janumet	Rexulti	Victoza
Brilinta	Janumet XR	Rinvoq	Xarelto
Cimzia	Januvia	Silenor	Xeljanz
Combivent Respimat	Jardiance	Skyruzu	
Descovy	Juluca	Spiriva Respimat	

*List is only a sample of the top personal importation drugs and is subject to change without notice. Additional personal importation drugs can be pursued beyond this list.



PHARMACY BENEFITS

MEMBER QUICK REFERENCE GUIDE

Pharmacy Benefits Provider

VERACITY RX

Phone: 888-388-8228

Member Portal:

<https://veracity.procarerx.com>

- When to Call:
- To locate a pharmacy
- To ask a benefit question
- To get information on prior authorization
- To get help when you are at the pharmacy and a drug is denied

90 Day Prescriptions:

MAINTENANCE DRUGS

Select Pharmacies or Mail Order

Specialty Medications:

HIGH-COST DRUGS

Contact VeracityRx Pharmacy Services at **www.veracity-rx.com** for more information.

Retail Pharmacies

SELECT PHARMACIES (LOWER COST)

- Members can receive 90 day supplies of their medication at a retail pharmacy
- Using these pharmacies will result in a lower cost for Salad Collective, which will in turn assist in keeping premiums lower in future years.

NON-SELECT PHARMACIES (HIGHER COST)

- Members will be limited to a 30 day supply at these pharmacies.
- Using these pharmacies will result in a higher cost for Salad Collective, which will in turn result in higher premiums for future plan years.

Which Pharmacies are Select?

Grocery stores such as Kroger, Publix, Costco, Walmart, Sam’s Club, and locally owned neighborhood pharmacies. Basically, the majority of pharmacies EXCEPT those that are non-select

Which Pharmacies are Non-Select?

CVS, Target, Walgreens, and Rite Aid

If you have questions regarding your plan benefits contact Veracity Rx at 888-388-8228



PHARMACY BENEFITS

SAVE MONEY ON PRESCRIPTIONS

Pharmacy FAQ's	Pharmacy Benefits
Who is my Pharmacy Benefit Provider?	VeracityRx is your Pharmacy Benefits Partner working in conjunction with ProCare Rx as the PBM.
Are there Select (Lower Cost) or Non-Select (Higher Cost) pharmacies?	There are a few pharmacies that are considered Non-Select. They are CVS, Walgreens, Target, and Rite Aid. All other independent pharmacies are considered select. We encourage grocery store chains, locally owned neighborhood pharmacies and Costco as your lowest cost options.
Where can I fill my prescriptions?	At Retail or Mail Order. Most pharmacies can fill your prescription(s) up to a 34-day supply*. See question below regarding 90-day supply.
Can I get a 90-day supply	You may receive a 90-day supply once you have been on the same medication, dose, and dosage for 90 days (i.e., Fill three 30-day prescriptions consecutively). After that, a 90-day supply is available via Select Pharmacies or mail order. For more information on mail order, call 800-662-0586 or register online. Excludes Specialty drugs.
What happens when you fill a brand drug when a generic is available?	If you request a brand name drug when a generic of the same medication is available, you will be responsible for your copay as well as the difference in cost between the generic product and the brand name product. Please note that the copay will never be greater than the cost of the brand itself.
Information on how to obtain your specialty or personal importation medications	For more information, please go to www.veracity-rx.com and complete the "Enrollment Form".

Common drug exclusions

The plan does not cover certain items. Some exclusions may include:

- Over the counter (OTC) medications or their equivalents, including certain Proton Pump Inhibitors (PPI) or allergy medications, such as Prevacid, Prilosec, Nexium, Zyrtec, Allegra, and Claritin
- Drug products used for cosmetic purposes
- Vitamins and minerals (except prenatal vitamins)
- Experimental drug products, or any drug used in an experimental manner



LIFE AND AD&D

UNUM



PROTECTING THOSE YOU LOVE MOST.

Salad Collective provides Life & AD&D (Accidental Death & Dismemberment) Insurance to full-time benefit eligible employees at no cost. The benefit amount varies by class. See below for details.

We offer you the option to purchase additional voluntary life insurance coverage for you, your spouse, or your children.

For all employee life coverage, you will need to designate a beneficiary to ensure that correct parties receive the benefit in the event of a claim. You are automatically the beneficiary on any spouse or child life coverage that is elected.

The information below is a high-level overview of Salad Collective Life and AD&D plans. Additional information detailing coverage information, limitations, and exclusions is available upon request.

BASIC LIFE AND AD&D

Benefit Information	
Classes	Class 1 - Officers, VP’s, Directors, Headquarters Staff Class 2 - Full Time Store Management Class 3 - All Other Full Time Employees
Basic Life and Basic AD&D	Class 1 - 2x Your Annual Earnings up to \$500,000 Class 2 - 2x Your Annual Earnings up to \$100,000 Class 3 - \$50,000
Benefit Reductions	Basic Life the benefits are reduced by: 35% at age 65 60% at age 70 75% at age 75 Benefits will terminate upon retirement
Conversion	You have the option of converting your group life coverage to your own individual policy upon termination of employment.

DISABILITY INSURANCE

UNUM



FINANCIAL PROTECTION FOR WHEN YOU CAN'T WORK.

Sometimes – life happens. Sickness, injury, surgeries or time in the hospital can make working a challenge. To protect you during these times, Salad Collective offers all full-time benefits eligible employees Short and Long-Term Disability through UNUM. Coverage for Class 1 and Class 2 employees is 100% employer paid. Coverage for Class 3 employees is 50% employer paid. **Exception:** *Colorado employees have access to the COFAMLI through the state. Therefore, Class 3 Colorado Employees are not eligible for STD.*

Disability coverage provides an income replacement benefit in the event of your illness or injury and inability to earn a paycheck.

Additional information detailing coverage, limitations, and exclusions is available on the Salad Collective benefit website (www.saladbenefits.com) or by contacting the Benefits Service Center.

SHORT-TERM DISABILITY

Benefit Information	
Classes	Class 1 - Officers, VP’s, Directors, Headquarters Staff Class 2 - Full Time Store Management Class 3 - All Other Full Time Employees, outside of CO
Benefit	Class 1 - 60% of weekly earnings up to \$2,750 per week Class 2 - 60% of weekly earnings up to \$1,000 per week Class 3 - 60% of weekly earnings up to \$750 per week
Employer Contribution	Class 1 - 100% Employer Paid Class 2 - 100% Employer Paid Class 3 - 50% Employer Paid; Employee cost to be calculated during enrollment.
When does it begin?	Day 15 for Injury or Sickness
Benefit Duration	11 Weeks

DISABILITY INSURANCE

UNUM

LONG-TERM DISABILITY

Benefit Information	
Classes	Class 1 - Officers, VP’s, Directors, Admin Managers Class 2 - Full Time Store Management Class 3 - All Other Full Time Employees
Benefit	Class 1 - 60% of monthly earnings up to \$12,000 per month Class 2 - 60% of monthly earnings up to \$5,000 per month Class 3 - 60% of monthly earnings up to \$3,500 per month
Employer Contribution	Class 1 - 100% Employer Paid Class 2 - 100% Employer Paid Class 3 - 50% Employer Paid; Employee cost to be calculated during enrollment.
When does it begin?	90 days - Benefits begin upon exhaustion of Short Term Disability for accident and sickness
Benefit Duration	You can receive benefits up to the Social Security (SS) normal retirement age. If you become disabled after your normal retirement age, check the certificate of coverage for the maximum length of time applicable to you.



HEALTH SAVINGS ACCOUNT (HSA)

OPTUM BANK

Enrolling in the HSA Saver Plan gives you the chance to establish and contribute to a Health Savings Account (HSA). With an HSA, you can allocate tax-free funds for medical, dental, vision, and pharmacy expenses. If you decide to contribute to an HSA through payroll deduction, an HSA account with Optum Bank will be opened for you. Please be on the lookout for communications from Salad Collective, The Salad Collective Benefits Service Center, and Optum Bank, as additional information could be needed to verify your identity and complete your account opening.

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The HSA is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

HSA KEY POINTS

- Can be used to pay for qualified medical expenses for you and/or your eligible dependents.
- Your contributions are made with pre-tax dollars.
- The money is yours to keep — you take 100% of it with you no matter where you work.
- 2025 IRS Contribution Limits:
 - Individual Coverage: \$4,300
 - Family Coverage: \$8,550
- Employees age 55 and older may contribute an additional \$1,000 per year in “catch up” contributions.

In order to open an HSA, you must meet all of the following requirements:

- You must be enrolled in the HSA Saver medical plan.
- You must not be covered by another non-QHDHP health plan, such as a spouse’s PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person’s tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse’s FSA.

Notes:

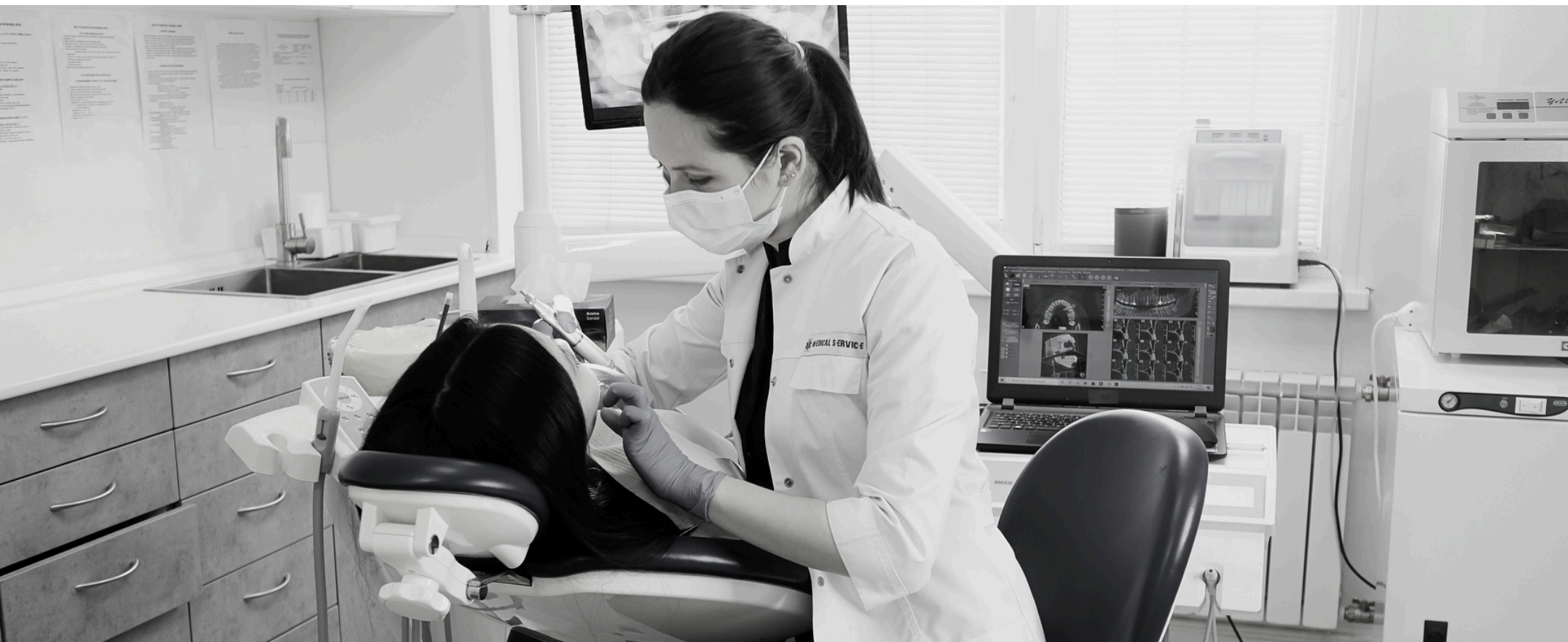
- If you already have an HSA through Optum Bank, you will continue to use that account. A new one will not be opened for you.
- No employer contribution, but you may still contribute.

Full-Time and Part-Time Employee Benefits

20+ HOURS PER WEEK

DENTAL BENEFITS

DELTA DENTAL



ENJOY COMPREHENSIVE DENTAL COVERAGE FOR A HEALTHY SMILE.

At Salad Collective, you have access to two dental plans, both offered through Delta Dental of Colorado:

The Low Plan offers coverage of up to \$1,000 for basic dental services per plan year. This coverage is separate from the expenses of preventive exams and cleanings, which are fully covered at 100% when you visit an in-network provider.

The High Plan provides an upgraded \$2,000 annual maximum for those requiring extra care. Additionally, orthodontia expenses are covered at 50% for children up to age 19 on the High Plan, with a lifetime maximum of \$1,500

We recommend visiting in-network dentists to minimize your out-of-pocket expenses and prevent balance billing.

With three out of four dentists across the country being part of the Delta Dental provider network, you'll find it simple to locate a conveniently situated dentist who meets your requirements.

Additional information detailing coverage information, limitations, and exclusions is available on the Salad Collective benefits website or by contacting the Benefits Service Center.

FIND AN IN-NETWORK PROVIDER

Visit www.deltadentalco.com and use the "Find a Dentist" search tool. Follow prompts and select either the Delta Dental PPO and Delta Dental Premier as the network, then enter your Zip code.

Remember, Salad Collective members can use both the PPO Network and the Premier Network. If you choose a Premier network provider, there's a chance you could be billed up to the maximum allowed fee.

DENTAL BENEFITS

DELTA DENTAL

LOW PLAN

HIGH PLAN

	In-Network	In-Network
Deductible (Individual/Family)	\$50 Individual / \$150 Family waived for Preventive Services	
Calendar Year Maximum	\$1,000	\$2,000
Preventive Care (No deductible applies)	100%	100%
Basic Care	50%	PPO Provider: 90% Premier Provider: 80%
Major Care	0%	PPO Provider: 60% Premier Provider: 50%
Child Orthodontia (Up to Age 19)		
Orthodontia Deductible	None	None
Orthodontia Coinsurance	Not Covered	50%
Lifetime Maximum	Not Covered	\$1,500 Lifetime Max per person



SCAN TO
DOWNLOAD
DELTA DENTAL
MOBILE APP

VISION BENEFITS

DELTA VISION - UTILIZING THE VSP NETWORK

ENJOY COMPREHENSIVE VISION COVERAGE.




Salad Collective Vision Plan, insured by Delta Vision, uses the VSP vision network. This is a comprehensive national network and includes both big box as well as independent vision providers.

Delta Vision’s vision plan covers eye exams, lenses (contacts or eyeglasses), and frames. When you visit an in-network provider, you'll have a copay for a regular eye exam and lenses.

The information below is a high-level overview of Salad Collective vision plan. Additional information detailing coverage information, limitations, and exclusions is available on the Salad Collective benefits website or by contacting the Benefits Service Center.

Note: Don’t worry about telling your provider that your vision coverage is through Delta Vision, utilizing the VSP network. Your provider will continue to verify your coverage through the VSP system.

Register for an Online VSP Account

-  Create an account on www.vsp.com to view your in-network coverage, and find the VSP network doctor who’s right for you.
-  With access to over \$3,000 in savings, discover VSP Exclusive Member Extras to maximize your benefits and save even more.
-  Print a Member Vision Card—if you’d like one. There’s no ID card necessary—just tell your provider you have VSP.



VISION BENEFITS

DELTA VISION - UTILIZING THE VSP NETWORK

	In-Network	Out of Network Allowance
Exams	\$10 Copay	Up to \$45 Reimbursement
Materials (Lenses)	\$25 Copay	N/A
Single Vision Lens	100% after Copay	Up to \$30 Reimbursement
Lined Bifocal Lens	100% after Copay	Up to \$50 Reimbursement
Lined Trifocal Lense	100% after Copay	Up to \$65 Reimbursement
Lens Enhancements	Up to \$175 Copay	N/A
Frame	\$150 Allowance	Up to \$70 Reimbursement
Elective Contact Lenses	\$150 Allowance	Up to \$105 Reimbursement
Medically Necessary Contact Lenses	Covered in Full after \$25 Materials Copay	Up to \$210 Reimbursement
Benefit Frequency		
Eye Exams	Once every 12 months	
Either Eyeglass Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	



LIFE AND AD&D

UNUM

Employees can elect voluntary life coverage for themselves, their spouse, and their children (up to the guaranteed issue amount) without having to complete health questions!

VOLUNTARY LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Benefit Information	
Benefit	<p>Employee: Increments of \$10,000 up to a maximum of \$500,000, or 5x your annual earnings, whichever is less.</p> <p>Spouse: \$5,000 increments not to exceed 100% of the employee amount up to a maximum of \$250,000</p> <p>Child: \$10,000</p>
Guarantee Issue (Maximum you can receive without completing a Evidence of Insurability form)	<p>Employees: Evidence of Insurability will be required for initial insurance amounts in excess of \$200,000.</p> <p>Spouses: Evidence of Insurability will be required for initial insurance amounts in excess of \$50,000.</p>

IMPORTANT NOTE

It is important to evaluate who your beneficiaries are every year to ensure that the correct parties will receive the benefit in the event of a claim. You are required to name your life insurance beneficiary at the time of your enrollment. Even if you are waiving all benefits, it is important for you to complete your enrollment to provide your beneficiary information. Make sure to review your beneficiary designation and make any necessary changes as your personal situation changes.

Portability:

You may be entitled to keep your coverage if you leave the company, retire, or change the number of hours you work. Contact UNUM or the Salad Collective Benefits Service Center for additional information.

Please note:

- Age reductions apply to both the Basic and Voluntary Life plans.
- Voluntary life insurance options for spouses are based on employee's age.

EVIDENCE OF INSURABILITY

IMPORTANT EVIDENCE OF INSURABILITY OR STATEMENT OF HEALTH INSTRUCTIONS:

If Evidence of Insurability (EOI) is required for your election, you will receive an email including the following link: securehealth.unum.com, which will allow you to log onto the UNUM EOI site and complete your Evidence of Insurability application. Please use the following steps when completing your Evidence of Insurability form:

Step 1) Navigate to the EOI portal: securehealth.unum.com

Step 2) Login to the portal by entering your last name, Date of Birth, and the last 4 of your Social Security Number.

Step 3) Your basic employee information will already be populated. However, please review the information for accuracy, and then select next. If changes are needed, please contact UNUM at: 1-800-421-0344.

Step 4) Please review your elected coverage amount for accuracy, and hit next. If changes are needed, please contact UNUM at: 1-800-421-0344.

Step 5) Please review the electronic consent for electronic submission. Click the check boxes to accept. Select Next.

Step 6) Please answer all of the health questions and select next.

Most employees will receive a decision instantly showing your coverage and effective date. For the remaining employees, UNUM will review and let you know what additional information is needed. Once all information has been provided, and UNUM has completed their review and provided a decision, the EOI process is complete.

If you need help completing this process, please contact UNUM at 800-421-0344 to speak with one of their group benefit representatives, 6AM-6PM MT.

ACCIDENT INSURANCE

UNUM

How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles, but you can use this money however you want. You'll have base coverage without medical underwriting. The premium is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories, if accident occurs during an Organized Sporting Event. See disclosures and schedule of benefits for more information.

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza



ACCIDENT INSURANCE

UNUM

Benefit	Accident Insurance
Accidental Death	Employee: \$50,000 Spouse: \$25,000 Child: \$ 12,500
Accidental Dismemberment	Loss of hands, feet, sight: \$50,000 Loss of fingers, toes: \$750 - \$1,500
Accidental Injury	Fractures: \$225 - \$4,500 Dislocations: \$150 - \$3,375 Burns: \$500 - \$10,000 Concussion: \$200 Coma: \$10,000 Lacerations: \$50 - \$600 Eye Injury: \$200
Medical Treatment	Ground Ambulance: \$300 Air Ambulance: \$ 1,500 Emergency Room: \$150 Urgent Care: \$100 Office Visit: \$100 X-rays: \$75 CT, MRI: \$200 Transportation:\$100 Physical Therapy: \$50 Chiropractic Care: \$50 Prosthetics: \$750 - \$1,500 Medical Appliances: N/A Blood: \$400
Hospital	Standard Hospital Admission: \$1,000 ICU Admission: \$1,000 Hospital Confinement: \$250 up to 365 days ICU Confinement: \$400 up to 15 days Rehab Admission: \$100
Exclusion	Committing or attempting to commit a felony, engaged in an illegal occupation or activity, attempting or committing suicide, active participation in a riot, insurrection or terrorist activity, any act of war, combat or training for combat while serving in the armed forces, while legally incarcerated, elective procedures (cosmetic surgery or reconstructive), operating a motorized vehicle while under the influence, engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parachuting, hot air balloon, riding or driving an air/land/water vehicle in a race or speed endurance contest.

CRITICAL ILLNESS UNUM

How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.



CRITICAL ILLNESS

UNUM

Benefit	Critical Illness Insurance
Coverage Options	Employee: \$10,000-\$30,000 Spouse: 50% of Employee Coverage Amount Child: 50% of Employee Coverage Amount
Guaranteed Issue Amounts	Employee: \$30,000 Spouse: \$15,000
Covered Conditions	End Stage Renal (Kidney) Failure Heart Attack (Myocardial Infarction) Major Organ Failure Requiring Transplant Stroke Coronary Artery Disease (Major) Coronary Artery Disease (Minor) Cancer Benign Brain Tumor Coma Loss of Hearing or Sight or Speech Occupational HIV or Hepatitis Permanent Paralysis Amyotrophic lateral sclerosis (ALS) Dementia (including Alzheimer's) Functional Loss Multiple sclerosis (MS) Parkinson's Disease
Child Covered Conditions	Cerebral Palsy Cleft Lip or Palate Cystic Fibrosis Down Syndrome Spina Bifida



REGISTER FOR AN ONLINE UNUM ACCOUNT

Use your MyUnum for Members online account for fastest results!

Register for an account at unum.com/access

- View benefits and file claims
- Upload documents and add/update medical providers
- Update your profile & communication preferences
- View status and payment information

Get the MyUnum for Members mobile app

- Enjoy the convenience of your online account on-the-go by downloading from the applicable app store*
- Easily submit photos of required documents directly from the app

The same tools in your online account are available in the app—giving you a flexible, efficient and transparent experience. You can:

- Complete one easy-to-use guided form, and we'll check it for completeness before you submit—helping minimize delays
- Choose direct deposit and get approved payments up to a week faster than check
- Log in to view status 24/7
- Opt in to receive updates and requests through email or text instead of snail mail
- Upload required documents any time— even using your phone's camera!
- Access your policy documents and year-end tax forms

The mobile app makes the claims experience simple!

The MyUnum for Members app makes submitting your claims convenient and quick, especially when you're away from work. With just a few taps, you can check status and upload documents using your device's camera. Download today from the applicable appstore to get the most convenient, efficient, and transparent claims experience!



Mobile App

Download the free My UNUM App from the AppStore or Google Play Store.



HOW TO FILE UNUM CLAIMS

Accident, Critical Illness, Short Term Disability, Long Term Disability, Life Insurance

On the web

1. Go to unum.com/access.
- 2a. If filing for the first time, click “Create an account.” We recommend using a personal email address that is easily accessible when away from work.
- 2b. If you already have an account, enter your email.
3. Once you’re logged in, begin with “Start a Claim or Leave” to provide initial details of what happened.
4. Add claimant information as requested, including:
 - Your employment information
 - Medical care resulting from the event, like surgery
 - Medical providers visited—physicians, hospitals, other medical professionals
5. Review your information and:
 - Confirm responses
 - Provide medical authorization
 - Review fraud statement
6. Select “Accept” and “Submit.”
7. View confirmation screen, see any next tasks and track progress.

On the app

1. Download the MyUnum for Members app from either Apple® or Google Play™.
2. If you already have an account, you can log in.
- 3a. If you do not have an account, select “register.” Read the Terms of Use and select “I understand and accept.”
- 3b. If this is your first time registering in the app, you’ll see a series of Welcome screens. Review the featured app highlights or tap “skip” if you prefer.
4. On the main dashboard, click on the “Start new claim or leave” button
5. Provide information about what happened so Unum can identify which coverage applies to your situation.
6. Add information about the following:
 - The claimant (you or a family member)
 - Your employment
 - Medical events resulting from the event, like surgery
 - Medical providers visited — physicians, hospitals, other medical professionals
7. Review your information and:
 - Confirm responses
 - Provide medical authorization
 - Review fraud statement
8. Select “Accept” and “Submit.”
9. View confirmation screen, see any next tasks and track progress.

File by paper form

- STD, LTD, Supplemental Health, Term Life, AD&D: Get claim forms at unum.com/access.
- Send your form and required documents to the fax number or mailing address on the form
- Once your claim or leave is received, please allow 24 - 48 hours for status to appear online.

EMPLOYEE ASSISTANCE PROGRAM

UNUM

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call 1-800-854-1446 for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call 1-800-854-1446 and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity Theft
- Legal questions
- Even reducing your medical/dental bills
- And more

WHO IS COVERED?

Unum’s EAP services are available to all eligible employees and members of their households.

ALWAYS BY YOUR SIDE

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver - helps you save on medical bills

HELP IS EASY TO ACCESS

- Phone Support: 1-800-854-1446
- Online Support: unum.com/lifebalance
- In-person: You can get up to 3 visits, available at no cost to your with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support



BENEFITS AT A GLANCE

2025 Benefits At A Glance



Medical



Aetna Signature Administrators Network, administered by Personify Health.
Three medical plan options:
PPO Preferred, HSA Saver & PPO Premier.



Personify Health your medical third-party administrator. They verify your benefits and eligibility, process your claims, answer questions, and perform other functions related to health benefits.



Garner is a free benefit that helps you find the highest quality doctors in your area, saving you up to \$9,000 in care costs when utilizing Garner providers.

Health Savings Account (HSA)



With an HSA account through **Optum Bank**, you can allocate tax-free funds for eligible health care expenses.
must be enrolled in the HSA Saver plan

Virtual Care



Teladoc is a free benefit that gives you 24/7 access to care from board certified clinicians anytime, anywhere by phone or video.

Pharmacy



VeracityRx oversees and manages your pharmacy benefits (with ProCare as the PBM), handling all claims and customer service functions.

Basic Life & AD&D / Voluntary Life



Salad Collective offers full-time benefits eligible employees Life & AD&D Insurance through **Unum**, free of charge.
There is also an option to purchase *additional voluntary life insurance coverage* for you, your spouse or your children.
employee must enroll to purchase spouse or child life

Disability



Salad Collective offers full-time benefits eligible employees Short and Long-Term Disability through **Unum**.
Disability coverage provides an income replacement benefit in the event of illness/injury and inability to earn income.
cost varies by class; coverages can differ for Colorado employees

Critical Illness & Accident



Accident Insurance provides a set benefit amount depending on the injury and treatment needed.
Critical Illness provides a lump sum benefit payment in the event of a diagnosis of a covered illness.
\$50 Be Well Benefit included in both

Dental



Two dental plans (Low Plan & High Plan) offered through **Delta Dental of Colorado**.
Visit in-network dentists to minimize out-of-pocket expenses and prevent balance billing.

Vision



Salad Collective Vision Plan, insured by **Delta Vision**, uses the *VSP vision network*. This is a comprehensive national network with a variety of providers.

Download these apps from the AppStore or Google Play for convenient access to your benefits anytime, anywhere

Garner

Teladoc

VeracityRx



Delta Dental

My UNUM

Personify



Questions? Contact the Benefits Service Center for assistance with:

- Plan Enrollment / Changes
- Finding a doctor
- How to file a claim
- Understanding your benefits
- Processing a Qualifying Life Event (QLE)

Call: 1-866-725-2333

Email: help@saladbenefits.com

Monday-Thursday 6am-4pm MT

Friday 6am-3pm MT

2025 RATES

Medical Plan Premiums

Biweekly Deductions			
	PPO Preferred	HSA Saver	PPO Premier
Employee	\$52.25	\$74.13	\$170.01
Employee + Spouse	\$233.52	\$311.36	\$415.14
Employee + Child(ren)	\$185.94	\$247.92	\$330.56
Family	\$290.23	\$379.23	\$496.47

Dental Premiums

	Low Plan		High Plan	
	Full-Time	Part-Time	Full-Time	Part-Time
	Biweekly Deductions			
Employee	\$0.00	\$7.39	\$8.06	\$15.45
Employee + Spouse	\$8.97	\$16.36	\$22.24	\$29.63
Employee + Child(ren)	\$11.31	\$18.70	\$30.75	\$38.14
Family	\$21.87	\$29.26	\$44.92	\$52.31

Vision Premiums

	Full-Time	Part-Time
	Biweekly Deductions	
Employee	\$0.00	\$2.61
Employee + Spouse	\$1.31	\$5.22
Employee + Child(ren)	\$1.37	\$5.48
Family	\$2.12	\$8.50

Accident Premiums

	Biweekly
Employee	\$2.34
Employee + Spouse	\$4.15
Employee + Child(ren)	\$5.57
Family	\$7.38

Vol Life Premiums

Age	Employee	Spouse
	Rate per \$1,000	Rate per \$1,000
	Monthly	Monthly
0-19	\$0.08	\$0.08
20-24	\$0.08	\$0.08
25-29	\$0.09	\$0.09
30-34	\$0.13	\$0.13
35-39	\$0.17	\$0.17
40-44	\$0.23	\$0.23
45-45	\$0.34	\$0.34
50-54	\$0.47	\$0.47
55-59	\$0.69	\$0.69
60-64	\$0.85	\$0.85
65-69	\$1.05	\$1.05
70-74	\$1.90	\$1.90
75+	\$6.63	\$6.63
Child(ren) up to Age 26		
	Monthly	
\$5,000	\$2.03	
\$10,000	\$4.05	

Critical Illness, Disability, and Voluntary Life/AD&D rates are based on coverage level, coverage amount, and age. Rates will be calculated within the Ben Admin system, at the time of enrollment.

CONTACT SHEET

IMPORTANT CONTACT INFORMATION

Vendor	Website and/or Email	Phone Number
Salad Collective Benefit Service Center	www.saladbenefits.com help@saladbenefits.com	1-866-725-2333
Salad Collective HR	HR@saladcollective.com	N/A
Personify - HPI (Medical TPA)	support@personifyhealth.com www.personifyhealth.com	888-671-9395
Aetna (Network)	www.aetna.com/asa	N/A
Virtual Care	www.teladoc.com	1-800-TELADOC (800) 835-2362
Garner (Free Top Quality Care)	getgarner.com/signup concierge@getgarner.com mygarnerguide.com	866-761-9586
Veracity Rx	help@veracity-rx.com www.veracity-rx.com	888-388-8228
ProCare	https://veracity.procarerx.com	888-388-8228
UNUM (Life Insurance, Disability Insurance, Critical Illness, and Accident)	unum.com/access	Life/AD&D: 1-800-445-0402 STD/LTD: 1-888-673-9940 Critical Illness/Accident: 1-800-635-5597
UNUM (EAP)	unum.com/lifebalance	1-800-854-1446

CONTACT SHEET

IMPORTANT CONTACT INFORMATION

Vendor	Website and/or Email	Phone Number
Optum Bank (HSA Bank)	www.optum.com	866-427-6804
Delta Dental CO (Dental)	www.deltadentalco.com customer_service@ddpco.com	1-800-610-0201
Delta Vision (Vision)	www.vsp.com	1-800-877-7195

REQUIRED NOTICES

IMPORTANT INFORMATION

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: <u>1-800-221-3943/State Relay 711</u> CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: <u>1-800-359-1991/State Relay</u> 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: <u>1-855-692-6442</u>	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: <u>1-877-357-3268</u>
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: <u>678-564-1162</u> , Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: <u>678-564-1162</u> , Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: <u>1-877-438-4479</u> All other Medicaid Website: https://www.in.gov/medicaid/ Phone: <u>1-800-457-4584</u>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: <u>1-800-338-8366</u> Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: <u>1-800-257-8563</u> HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: <u>1-888-346-9562</u>	Website: https://www.kancare.ks.gov/ Phone: <u>1-800-792-4884</u> HIPP Phone: <u>1-800-967-4660</u>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: <u>1-855-459-6328</u> Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: <u>1-877-524-4718</u> Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: <u>1-888-342-6207</u> (Medicaid hotline) or <u>1-855-618-5488</u> (LaHIPP)

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/healthcare/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 1-919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.asp Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 , or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health https://dvha.vermont.gov/members/medicaid/hipp-program Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

For additional information on special enrollment rights, you can contact:

**U.S. Department of Labor
Employee Benefits Security
Administration**

www.dol.gov/agencies/ebsa
[\(866\) 444-EBSA \(3272\)](tel:866444EBSA3272)

**U.S. Department of Health and Human
Services**

Centers for Medicare & Medicaid Services

www.cms.hhs.gov
[\(877\) 267-2323](tel:8772672323)
Menu Option 4, Ext. 61565

ERISA Disclosure

If you would like to receive a paper copy of your plan documents, please contact the Salad Collective Benefits Service Center by calling 1-866-725-2333 or emailing help@saladbenefits.com. Benefit plan documents can be found at www.saladbenefits.com

MARKETPLACE NOTICE

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Form Approved
OMB No. 1210-0149
(expires 6-30-2024)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employmentbased health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **help@website.com**. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

