



WESTERN DENTAL

Total Rewards

Something to Smile About!



2021

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Welcome to Your 2021 Open Enrollment

Western Dental is committed to ensuring that our Total Rewards program is directly linked to our mission and values. We are committed to offering a comprehensive range of benefits designed to meet the evolving needs of you and your family. As an eligible team member at Western Dental, you are eligible for the benefit options detailed in this guide.

You will not have another chance to change your benefit elections until the next annual open enrollment period, unless you have a qualifying event such as a marriage, birth or adoption of a child, or a change in employment status.

What's New For 2021?

- This year, Western Dental is offering a new EPO plan with Blue Shield of California.
- Ovia Health: We are excited to announce Ovia Health will provide our maternity and family benefits for 2021. Visit <https://www.oviahealth.com/> to learn more.

Eligibility

All active full-time team members regularly scheduled to work 30 or more hours per week (16 or more days per month for doctors) are eligible for health and welfare benefits. Coverage will begin on the first of the month following 60 days of continuous, active, full-time employment. You may also enroll dependents. Eligible dependents include:

- Legal spouse
- Domestic partner (registered in the state of residence)
- Children, children under legal guardianship, stepchildren, or adopted children
- Enrolled children who have reached age 26 and are physically or mentally incapable of self-support and rely on you for support and maintenance (medical certification required).

Change in Status Eligibility

If you move from part-time to full-time status during your employment with Western Dental, you are eligible to receive benefits. Your benefit eligibility date is the first of the month following 30 days of your change to full-time status as long as you met your benefit eligibility. If you are changing from full-time to part-time status, your benefits will terminate effective the last day of the month in which your status changed.

Qualifying Life Event

Other than during Annual Open Enrollment, you may only make changes to your benefit elections if you experience a qualified life event. You will be required to submit proof of the coverage change. **The life event must be reported within 30 days of the effective date.**

Qualified Life Events include:

- Change in legal marital status, including marriage, divorce, or death of a spouse.
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child.
- Change in employment status that affects benefit eligibility, including the start or termination of employment by you, your spouse, or your dependent child.
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- Change in a child's dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- Change in place of residence or worksite that affects the accessibility of network providers.
- Change in your health coverage or your spouse's coverage attributable to your spouse's employment.
- Change in an individual's eligibility for Medicare or Medicaid.
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child.
- An event that is allowed under the Child's Health Insurance Program (CHIP) Reauthorization Act. Under provisions of the Act, employees have 60 days after the following events to request enrollment:
- Employee or dependent loses eligibility for Medicaid or CHIP.
- Employee or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP.

Any change you make must be consistent with the change in status, AND you must contact Employee Benefits within 30 days. Proof will be required prior to processing life events (i.e. marriage certificate, birth certificate, loss of kin, etc.)



This is an Interactive Guide

Throughout this guide you will find interactive text that you can click on for more information. [Clickable text will look like this.](#)

How to Enroll

To begin your benefits enrollment follow the steps below:

Connect to the Website through your web browser at www.benselect.com/Western-Dental. You may use your desktop computer or any mobile device to complete your enrollment.

At the "Employee Login" screen, enter your Western Dental email address and your password. Your password will be the last four digits of your Social Security number and your 4-digit birth year.

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ENROLLMENT SITE

Your Benefits Enrollment

To use this website you will need to use your Work Email Address as your User Name and for PIN - please use last four digits of your Social Security Number with your Full Birth YEAR.

Username:

Password:

By entering your work email address and PIN, you are agreeing to the [Terms of Use](#).

[Forgot Password](#) [Log in](#)

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(100% Complete)

Home You & Your Family My Benefits Sign & Submit [Next](#)

Welcome Back, Aaaterster

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the annual Open Enrollment period.

Here is a summary of your current benefit elections:

Plan	Benefit	Cost per Paycheck	Coverage Termination Date
Medical	Anthem Bronze PPO, Employee Only	\$51.30 pre-tax	
Health Care FSA		\$142.10 pre-tax	
Basic Term Life and AD&D		Employer-paid	
Western Dental Survey		\$0.00 after-tax	
		\$193.40 total	

What would you like to do?

- Change my beneficiary
- Change my benefits due to a qualifying life event
- Review forms that I signed
- Find a document or form
- Change my PIN

Press [Next](#) to review personal information and begin enrollment. [Next](#)

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Medical

Western Dental offers three Blue Shield PPO medical plans. Team members in California also have two Kaiser Permanente HMO plans to choose from; see next page for more information. Western Dental is also offering a new EPO plan with Blue Shield of California. With this plan, you're exclusively covered for in-network doctors and facilities, and don't need to get a referral before seeing an in-network specialist. Except in the case of an emergency, you'll pay full price for any out-of-network care.

Medical Plan Features					
	ALL TEAM MEMBERS				
	Blue Shield Gold PPO	Blue Shield Silver PPO	Blue Shield Bronze PPO	Blue Shield EPO	Blue Shield EPO HSA
	In-Network You Pay	In-Network You Pay	In-Network You Pay	In-Network You Pay	In-Network You Pay
Annual Deductible					
Individual	\$500	\$1,500	\$2,000	\$1,500	\$3,500
Family	\$1,000	\$3,000	\$4,000	\$3,000	\$7,000
Out-of-Pocket Maximum					
In-Network	\$2,500	\$4,500	\$6,500	\$4,000	\$6,350
Non-Network	\$5,000	\$9,000	\$13,000	\$8,000	\$12,700
Lifetime Maximum					
Individual & Family	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Services					
Preventive Care	\$0	\$0	\$0	\$0	\$0
Physician Office Visit	\$25 copay	\$25 copay	\$50 copay	\$20 copay	\$30 copay
Specialist Office Visit	\$40 copay	\$40 copay	\$40 copay	\$20 copay	\$30 copay
Diagnostic Test, X-Ray	20%*	20%*	\$0*	\$10 copay	\$30 copay*
Imaging-CT/Pet Scan, MRI	20%*	20%*	\$0*	20%*	30%*
Hospital Services					
Inpatient	20%*	20%*	\$1,000 copay per admission	20%*	30%*
Outpatient	20%*	20%*	\$0*	20%*	30%*
Urgent Care	\$40 copay	\$40 copay	\$75 copay	\$20 copay	\$30 copay*
Emergency Room	\$100 copay waive if admitted	\$200 copay waive if admitted	\$750 copay waive if admitted	20%*	30%*
Prescription Drug (30-Day Retail Supply)					
Generic	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$15 copay
Brand preferred	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$40 copay
Brand non-preferred	\$45 copay	\$45 copay	\$45 copay	\$30 copay	\$40 copay
Specialty Drugs	50%, \$200 max.	50%, \$200 max.	50%, \$200 max.	\$30 copay	\$40 copay
Prescription Drug (90-Day Mail-Order Supply)					
Generic	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$30 copay
Brand preferred	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$80 copay
Brand non-preferred	\$90 copay	\$90 copay	\$90 copay	\$60 copay	\$80 copay
Specialty Drugs	N/A	N/A	N/A	N/A	N/A

*After deductible.

Blue Shield PPO Out-of-Network Coverage

You will save money when you use Blue Shield providers. However, you have the option to use out-of-network providers and pay higher out-of-pocket costs. To see what you'll pay when you use out-of-network providers, please go to your UltiPro homepage.

Medical

Team members in California also have two Kaiser Permanente HMO plans to choose from. With these plans, you're exclusively covered for in-network doctors and facilities.

Medical Plan Features		
	CA TEAM MEMBERS ONLY	
	Kaiser Permanente HMO	Kaiser Permanente HDHP HMO w/ HSA
	HMO Providers You Pay	HMO Providers You Pay
Annual Deductible		
Individual	\$1,500	\$3,500
Family	\$3,000	\$7,000
Out-of-Pocket Maximum		
In-Network	\$4,000	\$6,350
Non-Network	\$8,000	\$12,700
Lifetime Maximum		
Individual & Family	Unlimited	Unlimited
Physician Services		
Preventive Care	\$0	\$0
Physician Office Visit	\$20 copay	\$30 copay*
Specialist Office Visit	\$20 copay	\$30 copay*
Diagnostic Test, X-Ray	\$10 copay*	\$30 copay*
Imaging-CT/Pet Scan, MRI	20%*	30%*
Hospital Services		
Inpatient	20%*	30%*
Outpatient	20%*	30%*
Urgent Care	\$20 copay	\$30 copay*
Emergency Room	20%*	30%*
Prescription Drug (30-Day Retail Supply)		
Generic	\$10 copay	\$15 copay*
Brand preferred	\$30 copay Brand Name	\$40 copay* Brand Name
Brand non-preferred	N/A	N/A
Specialty Drugs	\$30 copay	\$40 copay*
Prescription Drug (90-Day Mail-Order Supply)		
Generic	\$20 copay	\$30 copay*
Brand preferred	\$60 copay Brand Name	\$80 copay* Brand Name
Brand non-preferred	N/A	N/A
Specialty Drugs	N/A	N/A

*After deductible.



Additional Blue Shield Benefits

Prescription Drug Program

The prescription drug benefit program at Western Dental is managed by CVS/Caremarks Administrators. Members have access to a variety of tools to make managing their prescriptions convenient and cost-effective. Register for your online account at www.flexscripts.com. The annual PPO and EPO deductible (Bronze, Silver, and Gold plans) does not apply to prescription drugs.

Telemedicine

Blue Shield offers a convenient telemedicine program providing virtual care 24/7/365. This program allows you to connect with a doctor over video via your computer, smartphone, or tablet. Teledoc doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed. Your copay is \$10.00 per visit.

- **Web:** Log into www.teladoc.com/bsc
- **Mobile:** Visit teladoc.com/mobile and download the app
- **Phone:** 1-800-Teladoc (835-2362)

Heal

We are excited to offer Heal to Blue Shield PPO members for 2020. Heal is a new service that allows you to book a doctor to come to your door. Doctor House Calls & Enterprise Office Clinics 8am to 8pm, 7 days a week.

Solera

Solera is a 16-week program that will help you lose weight, maintain healthy habits and reduce your risk of type 2 diabetes. The program is free to Blue Shield members that qualify. To see if you qualify, simply visit solera4me.com/bsca and answer a few simple questions. At the end of the quiz you will know if you qualify for the program. Solera provides access to a personal health coach, weekly lessons, small group for support and tools like a wireless scale or an activity tracker.



Additional Kaiser Permanente Benefits



Prescription Drug Program

The Kaiser Permanente prescription drug benefit program covers drugs that have been approved through the Kaiser Permanente formulary process.

You have two options for how to fill prescriptions:

- For short-term medications (up to a 30-day supply) and long-term medications (up to a 90-day supply), fill your prescription at a Kaiser Permanente pharmacy.
- Order refills online or call the phone number at the top of your prescription label to receive your prescription refills by mail.

Appointments Online and By Phone

If you are enrolled in a Kaiser Permanente medical plan, you can get care from a doctor for minor health conditions such as allergies and colds over the phone. The cost is the same as a visit to your primary care physician.

To manage your account online, visit kp.org. Appointments are scheduled for the same day after speaking to a KP Service Associate by calling 404-365-0966; Toll-free: 800-611-1811.

Health Savings Account (HSA)

If you are enrolled in a Kaiser Permanente HDHP HMO medical plan, you can put money into an individual Health Savings Account (HSA) to set aside tax-free dollars to pay for qualified health care expenses. You can use the money in your account to pay for expenses or save it and let it grow from year-to-year.

You can choose to defer any dollar amount up to the maximum allowed and can change your deferral into your HSA account at any time throughout the year. **The maximum allowed for the 2021 tax year is \$3,600 for single enrollment or \$7,200 for family enrollment.** Under IRS guidelines, team members who are 55 years and older are eligible for an individual catch-up contribution amount up to \$1,000.

Register at kp.org/healthpayment. You will be sent a debit card you can use to pay providers for eligible services.

Dental

Our Dental Plans for California and Arizona team members provide coverage for preventive services, as well as benefits to help pay for more expensive dental procedures. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal diseases, and is an important part of maintaining your medical health.

Team members located in California now have one plan with the option to visit both Western Dental offices OR a Contracted Independent Provider to receive covered services. All other states, must use a Western Dental office.

Dental Plan Features				
	Premier Choice - AZ	Discount Program - TX, NV	Western Dental - CA	Western Dental - AL
			DHMO	PPO
Benefit	You Pay	You Pay	You Pay	You Pay
Annual Deductible	None	None	None	\$50
Preventive Services	\$0	\$0	\$0	\$0
Basic Services, Major Services, and Orthodontia	Copays vary*	Copays vary*	Copays vary*	Basic Services: 80% Major Services: 50% Orthodontia: 50%

*To view the 2020 fee schedule except for AL Dental, please go to your UltiPro homepage.

If you would like to change your dental office throughout the year, you may contact Member Services at 800-992-3366.

Vision

Vision benefits provided through Vision Service Plan (VSP) are designed to help reduce the cost of eyeglasses, contact lenses and other vision services. You can use any provider, but you will save money when you use a VSP provider. If you see an out-of-network provider, you'll have to file your own claim forms and you'll likely pay more out-of-pocket.

Visit www.vsp.com to find a VSP network provider or call 800-877-7195.

Vision Plan Features		
	VSP Plan	
Benefit	In-Network	Out-of Network
Exam (Once every 12 months)	\$10 copay	Plan reimburses up to \$45
Materials	\$20 copay	N/A
Lenses (Once every 12 months)		
Single vision	No charge after materials copay	Plan reimburses up to \$30
Bifocal	No charge after materials copay	Plan reimburses up to \$50
Trifocal	No charge after materials copay	Plan reimburses up to \$65
Frames and Contacts		
Frames (Once every 24 months)	Plan pays up to \$150	Plan reimburses up to \$70
Contact Lenses (Once every 12 months, in lieu of lenses and frames)	Plan pays up to \$150	Plan reimburses up to \$90

Vision insurance does not provide a Member ID card for services; simply find a provider and make an appointment. Your member ID is your Social Security number. To find a provider, please login to VSP.com.

Flexible Spending Account (FSA)

Flexible Spending Accounts let you save for eligible health and dependent day care expenses with dollars that are automatically withheld from each paycheck before taxes. They reduce your taxable earnings so you pay less in income taxes. There are two types of Flexible Spending Accounts, a Health Care FSA and a Dependent Care FSA.

- **Health Care FSA:** If you are not enrolled in the Kaiser Permanente HDHP HMO with HSA Plan, in 2021 you may contribute up to \$2,700* to cover eligible health care expenses.
- **Dependent Care FSA:** You may contribute up to \$5,000* per family in 2021 to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns).

Discovery Benefits is the administrator for our Flexible Spending Accounts (FSAs). To manage your FSAs, set up an account at www.discoverybenefits.com. To set up your account, use your **Social Security number** as your Login ID and a temporary password will be sent to your email address.

**Please note that this plan does NOT rollover. To enroll in FSA, you must make the election during your enrollment.*

Life Insurance

Life insurance benefits can help give you the peace of mind knowing you're prepared for the future—providing a cash benefit to you or your loved ones in the event of death or a serious accidental injury.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance is provided in the amount of \$25,000 at no cost to you. Life insurance pays benefits in the case of your death and its complimentary AD&D insurance pays full or partial benefits for death, injury, or loss as a result of a covered accident. Should this policy be utilized, your beneficiary can receive \$50,000 (life benefit and AD&D benefit combined).

Note: Don't forget to update or designate your beneficiary for your voluntary plans.

Supplemental Life and AD&D Insurance is available in addition to your Basic Life Insurance provided by Western Dental. This coverage helps ensure that your family will have financial security, even in the case that something happens to you. If you purchase additional coverage for yourself, you can also purchase coverage for your spouse and children.

You may elect up to 500,000 for you and your spouse and 10,000 for your child(ren). The life insurance benefit may be subject to medical underwriting if not elected during your new hire enrollment period. Make sure to add/update your beneficiaries through the self-service portal.

Critical Illness Insurance

Critical Illness Insurance through Reliance Standard protects your family and your assets. No one saves to get sick, which is why being diagnosed with a covered condition can be especially draining, both emotionally and financially. The policy provides a lump sum cash benefit in the event you or an insured loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on getting better. The policy also includes a \$50 annual benefit when you complete a qualified wellness screening.

You may elect up to \$50,000 of Critical Illness coverage for yourself and your spouse and up to \$12,500 of coverage for your child(ren). The Critical Illness benefit may be subject to medical underwriting if not elected during your new hire enrollment period.

Long Term Disability Insurance

You have the option of enrolling in Long Term Disability (LTD) Insurance from Reliance Standard, which can protect your income if you were to become totally disabled and unable to work. This policy pays up to 60% of your monthly income, not to exceed \$8,000 per month. Benefits begin after 90 days of disability and continue until you are no longer disabled or you reach your Social Security normal retirement age.

You pay the premium with after-tax payroll contributions which allows the LTD benefit you receive to be tax-free. Premiums are based on your annual earnings as of January 1 each year.

Hospital Indemnity

An unexpected hospital stay can put a strain on your budget. Hospital Indemnity Insurance through Reliance Standard is designed to provide you with financial protection by paying you a benefit for each day that you spend in hospital confinement as well as a hospital admission benefit.

Since the plan pays the benefit directly to you, in addition to what your medical plan covers, you can use the benefit however you want. Use it to pay for out-of-pocket expenses and extra bills relating to your hospitalization, or for other expenses, like buying groceries or paying for childcare.

Accident Insurance

Accident Insurance from Reliance Standard can help cover the out-of-pocket costs associated with an accident that takes place on or off the job by paying you a benefit for events such as ambulance transportation, ER visits, doctor visits and follow-up treatment, fractures and dislocations, burns, surgery, medical equipment, torn cartilage, and more.

The policy does not coordinate with any other coverage, so you can receive benefits on top of what your medical plan provides. You can use the money as you see fit, whether to pay for expenses associated with your accident, like an ER copay, or to pay for childcare so you can get to the doctor for a follow-up visit.

The policy also includes a \$75.00 wellness benefit when you complete a qualified wellness screening.

Cancer Guardian

A new and innovative, high touch support program designed to provide an individual and their family with the genetic testing, dedicated resources, and technology needed to effectively navigate cancer while improving chances of survival. Some features of Cancer Guardian include:

- Hereditary Screening Test
- Comprehensive Genomic (DNA) Profiling
- Cancer Guardian Support Line
- Dedicated Nurse Case Manager
- Medical Records Storage & Transmission Platform



Identity Guard

Identity Guard Is the Only Identity Protection Solution with the Powerful Processing of IBM Watson Technology

Most identity theft protection solutions are backwards looking: they examine credit reports and other sources that reflect the past. Identity Guard uses credit reports, but also scouts for potential problems in the future by using the vast power of IBM Watson.

Like powerful radar, Watson is constantly scanning billions of online sources to assess your risk and suggest ways to reduce exposure, allowing you to avoid problems before they cause you real harm.

Watson Enables:

- predictive analytics to mine data, evaluate risk, and generate customized guidance for employees
- a cognitive solution to monitor and process the large amounts of social, e-commerce, healthcare, and financial data being targeted by thieves today
- threat alerts that are customized for each employee, using information contained in their personal profile

Retirement

The Western Dental 401(k) Plan helps build financial security for your future. It also provides important tax advantages. Team members are automatically enrolled in the plan after they complete 60 days of service. Transamerica administers the plan. Part-time and temporary team members are automatically enrolled in the plan after they complete 1,000 hours of service.



Contributions

Once you are enrolled, unless you choose otherwise, you begin making pre-tax contributions of 3% pay. Each year your contribution will automatically increase until it reaches 6%. You may choose to contribute from 1% to 50% of pay, subject to IRS limits. For 2021, the IRS limit is \$19,500. If you are 50 years of age or older during the calendar year, an additional \$6,500 may be contributed. You may elect to have your contributions made on a pre-tax or after-tax basis.

- **Pre-tax contributions** - If you elect pre-tax contributions, your contributions are deducted from your pay before income taxes are taken out. You pay no taxes on your pre-tax contributions or their investment earnings until you withdraw them from your account, enabling you to keep more of your money working for you now.
- **After-tax Roth contributions** - If you elect to make Roth contributions, your contributions are deducted from your pay on an after-tax basis and are included in current taxable income (IRS limitations on contribution amounts may apply at higher income levels). Investment earnings are tax free if they are part of a "qualified distribution." A qualified distribution means waiting at least five years from the year of your first Roth 401(k) contribution, or until you have reached age 59 1/2, become disabled or die.

NOTE: If your pre-tax plus after-tax Roth contributions total less than 3%, each year you will be re-enrolled at the plan's automatic enrollment percentage of 3%.

To register your account or to make changes to your existing deferral percentage, go to wdsbrident.trsretire.com or call toll-free at 800-755-5801. Ensure your beneficiaries are updated through Transamerica.

Additional Benefits

As a team member of Western Dental, you also have access to the following additional benefits. Look for more information on these benefits from your HR leaders:



- **TicketsatWork**: You can enjoy a corporate discount on entertainment events through TicketsatWork. TicketsatWork is the largest travel and entertainment corporate discount program in the world. You have access to hundreds of offers for movies, theme parks, hotels, sporting events, Broadway and Vegas shows and more www.ticketsatwork.com Company Code: WDO714.
- **Employee Assistance Program (EAP)**: This program provides professional and confidential services to help team members and their immediate family address issues that affect overall health, well-being, and life management. Western Dental pays 100% of all premium costs. This benefit is automatically provided; you do not need to enroll in the program. The program includes:
 - Multi-cultural and multi-lingual providers
 - Confidential consultations with a counselor by phone or online 24/7 to clarify your needs, evaluate options, and create an action plan
 - Face-to-face counseling with a local counselor for up to three sessions
 - Unlimited referrals for personal services ranging from childcare to education, as well as access to an online library and mobile app with materials and interactive tools
 - <http://rsli.acieap.com> 855-775-4357

The Cost of Your Benefits

The amount to be deducted from your paycheck per pay period for medical, dental, and vision benefits is detailed below.

Blue Shield: Medical Plan Pricing					
	Gold PPO	Silver PPO	Bronze PPO	EPO	EPO HSA
Per Pay Period Cost					
Team Member Only	\$145.87	\$76.08	\$53.87	\$78.17	\$53.65
Team Member Plus One	\$308.22	\$151.68	\$135.21	\$202.56	\$161.31
Team Member Plus Family	\$431.31	\$242.79	\$206.93	\$292.88	\$271.96

Kaiser Permanente: Medical Plan Pricing		
	DHMO	HDHP HMO with HSA
Per Pay Period Cost		
Team Member Only	\$130.27	\$89.41
Team Member Plus One	\$337.61	\$268.86
Team Member Plus Family	\$488.13	\$453.26

Western Dental: Dental Plan Pricing			
	Premier Choice - AZ	Discount Program - TX, NV	Western Dental - DHMO
Per Pay Period Cost			
Team Member Only	\$1.91	\$0.00	\$2.71
Team Member Plus One	\$3.62	\$0.00	\$4.58
Team Member Plus Family	\$4.96	\$0.00	\$6.75

Western Dental: Dental Plan Pricing (Alabama)	
Per Pay Period Cost	
Team Member Only	\$6.01
Team Member Plus One	\$12.20
Team Member Plus Child(ren)	\$16.79
Team Member Plus Family	\$25.51

VSP: Vision Plan Pricing	
Per Pay Period Cost	
Team Member Only	\$3.16
Team Member Plus One	\$6.85
Team Member Plus Family	\$11.03



The Cost of Your Benefits, continued

The amount to be deducted from your paycheck per pay period for Accident, Hospital Indemnity, Critical Illness, Voluntary Long Term Disability (monthly), Identity Theft Prevention, Cancer Screening, and Voluntary Life and AD&D is detailed below.

Reliance Standard: Accident Plan Pricing	
Per Pay Period Cost	
Team Member Only	\$7.94
Team Member Plus Spouse	\$12.53
Team Member Plus Child(ren)	\$15.08
Team Member Plus Family	\$19.95

Reliance Standard: Hospital Indemnity Plan Pricing	
Per Pay Period Cost	
Team Member Only	\$11.56
Team Member Plus Spouse	\$24.39
Team Member Plus Child(ren)	\$17.34
Team Member Plus Family	\$30.17

Reliance Standard: Critical Illness Plan Pricing*	
Per Pay Period Cost (\$30,000 election)	
Age 25	\$4.57
Age 35	\$8.45
Age 45	\$17.45
Age 55	\$34.89
Age 65	\$64.94

Reliance Standard: Voluntary Long Term Disability Per Month	
Per Month Cost per \$100 of LTD	
18-24	\$0.20
25-29	\$0.32
30-34	\$0.57
35-39	\$0.92
40-44	\$1.58
45-49	\$2.06
50-54	\$2.92
55-59	\$3.76
60-64	\$2.90
65-69	\$1.96
70+	\$1.42

Reliance Standard: Voluntary Life and AD&D	
Per Pay Period Cost per \$10,000 of Life and AD&D	
Under 30	\$0.34
30-34	\$0.35
35-39	\$0.44
40-44	\$0.64
45-49	\$0.98
50-54	\$1.55
55-59	\$2.53
60-64	\$2.98
65-69	\$4.26
70+	\$7.70

Cancer Guardian		
Per Pay Period Cost		
	Team Member Only	Team Member + Family
Up to 50	\$8.31	\$16.61
50-64	\$10.15	\$20.31
65+	\$12.00	\$24.00





Child Life Rates per Pay Period**				
	Coverage Option #			
	1	2	3	4
6 Months Up to Age 20	\$2,500	\$5,000	\$7,500	\$10,000
Rate	\$0.21	\$0.41	\$0.60	\$0.80

Identity Guard		
Per Pay Period Cost		
	Value Plan	Premier Plan
Team Member Only	\$1.85	\$5.08
Team Member Plus Family	\$3.23	\$8.77

*These are example rates. Your rate will depend on your age, coverage amount, and who you choose to cover. Log in to Selerix at www.benselect.com/Western-Dental.

**Children ages 14 days to 6 months - \$1,000 of coverage.

Benefit Contact Information

Plan	Contact Information	
Blue Shield Medical	Web join.collectivehealth.com/westerndental (California) www.provider.bcbs.com (Out of state) www.teladoc.com/bsc (online appointments)	Phone English: 833-310-1321 Spanish: 833-310-1323 1-800-Teladoc (835-2362) (online appointments) 
Kaiser Permanente Medical	Web www.kp.org	Phone 800-464-400 (HMO) 877-761-3391 (HDHP HMO w/ HSA) 877-761-3399 (HSA) 
Western Dental Dental	Email memberservices@westerndental.com	Phone 800-992-3366 (Member Services) 
Alabama Dental Aetna	Web www.aetna.com	Phone 877-238-6200
Vision Service Plan Vision	Web www.vsp.com	Phone 800-877-7195
Reliance Standard Hospital Indemnity Accident Critical Illness Disability Life Insurance Employee Assistance Program	Web www.reliancestandard.com https://rsli.acieap.com (EAP) Email rsli@acieap.com (EAP)	Phone 800-351-7500 855-775-4357 (EAP) 800-359-7425 (Claim Status) 
Transamerica 401(k) Plan	Web wdsbrident.trsretire.com	Phone 800-755-5801
Discovery Benefits Flexible Spending Account	Web www.discoverybenefits.com	Phone 866-451-3399
TicketsatWork Ticket Discounts	Web www.ticketsatwork.com , company code: WDO714	Phone 800-331-6483 866-273-5825
Ovia Health Wellness	Web https://www.oviahealth.com/	
Western Dental Benefits Department	Email employeebenefits@westerndental.com	Phone 866-523-4359 Fax 714-481-0835
Cancer Guardian	www.cancerguardian.com	833-248-2734
Identity Guard	www.identityguard.com	855-443-7748



Mobile app available

The included descriptions of available benefit elections options are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance provider for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition or element of the policies or certificates of coverage that govern the benefit options described in this summary.