



**TOTAL
JOINT
ORTHOPEDICS**

Employee Benefits

December 1, 2022 - November 30, 2023

Employee Benefits: 2022-2023

Benefit Carrier Contact Information

Total Joint Orthopedics

Kari Barker, VP of Finance

801-486-6070

www.tjoinc.com

Regence BlueCross BlueShield of Utah - Medical

Customer Service: 888-367-2119

www.regence.com

Prescription Services: 800-572-0316

HealthEquity - Health Savings Account (HSA)

866-346-5800

www.healthequity.com

Healthiest You - Physician Phone Line

866-703-1259

www.healthiestyou.com

Dental Select - Dental

800-999-9789

www.dentalselect.com

801-495-3000

Superior Vision - Vision

800-507-3800

www.SuperiorVision.com

Principal Financial Group - Life & Disability

800-843-1371

www.principal.com

Claims: 800-245-1522

Allstate - Worksite Products

800-521-3535

allstatebenefits.com/mybenefits

Moreton & Company - Account Manager

Vickie White

801-715-7115

vwhite@moreton.com

Toll Free: 800-594-8949

www.moreton.com

Welcome!

To learn more about the benefits Total Joint Orthopedics offers, please review the following 2022-2023 benefit materials. If you have any questions about your benefits, we are here to help!

Human Resources

Please contact Human Resources for any benefits related questions, including benefit coverage, contributions, enrollment, benefit change forms, notification for changes in status, provider directories, and general carrier information.

Social Security Numbers

Federal law requires you to provide a valid Social Security Number for each person to be covered by any medical plan sponsored by your employer (yourself, your spouse, and all dependent children).

Medicare Part D

If you have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See Human Resources for more information.

HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. If you have any questions regarding HIPAA, please speak with your Moreton & Company representative or contact Human Resources.

IRS Regulations

Failure to meet IRS deadlines will affect your insurance coverage! IRS regulations govern how and when an employee may make cafeteria plan elections and changes to those elections. These rules require that employers enforce firm deadlines with respect to employee benefit enrollment and related cafeteria plan elections. This means that we cannot accept changes after open enrollment ends. Furthermore, if you experience a qualifying event allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, we must be timely notified of such event. The required enrollment generally must be completed within 30 days of such event, or you cannot make the change. In addition, please be aware that with the exception of the birth, adoption, or placement for adoption of a child, any cafeteria plan election changes can only be implemented prospectively, meaning on the first paycheck or period of coverage following our receipt of the form. Therefore, if you are making a change based on a qualifying event other than a new child, and you want changes implemented as of the date of the event, you must inform us of the change in advance. ***If you do not enroll on time, you will not receive coverage or be able to change your elections mid-year unless you have an IRS qualifying event.***

Note: This publication is only a partial summary of benefits and is provided for informational purposes only. It does not describe all elements of the summarized programs. For complete information regarding the benefits, plan provisions, limitations and exclusions, and for a description of claims procedures, refer to the formal benefit documents that will be provided to you after enrollment. In the event of a discrepancy or conflict between the information contained in this publication and the official benefit plan provisions, the official plan documents and insurance contracts will govern. Copies of these documents are available for your review from your Human Resources department. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this publication.

Enrollment Guidelines: 2022-2023

Why is open enrollment so important?

Benefits open enrollment for Total Joint Orthopedics is held each year. Employees should understand that the pre-tax payment for applicable benefits is done through the Cafeteria plan and, as noted above, under IRS regulations elections cannot be revoked or changed during the plan year. **Once the enrollment period has ended, employees may not make or change benefit elections unless they experience a qualifying event.** Employees must notify Human Resources of any change of status as soon as possible, but generally within **30 days** after the event.

Who is eligible to participate in the benefit plans?

- Employees who work 30+ hours per week;
- Employees' legally married spouse, domestic partner, and/or dependent(s), (dependents are generally children who are less than 26 years of age); see your Benefits Summary's definition of legally married spouse and/or dependent(s);
- For benefit coverage criteria and additional information on domestic partnership coverage, please see your Human Resources department. Please note you may be required to provide a Domestic Partnership Affidavit to qualify for Domestic Partner Coverage. Domestic partnership coverage has certain tax implications.

When do benefits begin?

- Eligible employees can receive benefits on the first day of the month following 30 days from date of hire (provided forms are properly submitted);
- Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility. All the necessary enrollment and change forms are available through the Human Resources department.

Is it possible to make changes during the year?

After the enrollment deadline, your election is generally irrevocable, meaning you cannot add, modify, or drop coverage for the plan year. You may have a special enrollment right allowing coverage changes for certain losses of coverage eligibility under another plan, or if you gain a new spouse or dependent. You also may be entitled, or required, to change your election if you, your spouse, or dependents experience one of the qualifying change events listed in the next section. However, you must contact Human Resources to determine if your plan and circumstances allow such a change. If so, you must complete and return a change form to Human Resources generally within 30 days.

Qualifying Changes: (30 Days Unless Otherwise Stated Below)

- Marriage, divorce, or legal separation;
- Change in number of dependents (e.g., Birth or adoption of a child or another change in the number of dependents);
- Change in employment status of employee, spouse, or dependent that causes loss of eligibility;
- Dependent ceases to satisfy eligibility requirements;
- Change in residence that causes loss of eligibility;
- Significant changes in company benefit plan(s), including cost change, significant coverage curtailment, additional or significant improvement of company offered benefits;
- Change in coverage under another employer plan (including mandatory or optional change initiated by your spouse's employer or a change initiated by your spouse or domestic partner);
- Loss of coverage from government plans/programs or educational institution;
- COBRA qualifying event (termination/reduction of hours, employee death, divorce/legal separation, ceasing to be a dependent);
- Other changes resulting from a judgment, decree, or order;
- Medicare or Medicaid entitlement;
- FMLA leave of absence;
- Loss or gain of CHIP or Medicaid subsidy eligibility (60 Days)

Glossary of Terms

Co-pay: Typically refers to a fixed dollar amount a member must pay for a particular service (such as a physician visit or ER visit).

Deductible: Amount that must be paid by the member before an insurance carrier will pay a claim; benefits offered after deductible are indicated with AD.

Coinurance: Typically refers to a member's share of covered costs after any deductible has been satisfied.

Out of Pocket Maximum (OOPM): The maximum amount members pay for covered network essential health benefit expenses during the benefit year, including co-pays, coinsurance, and deductibles.

PPO (Preferred Provider Organization): This type of plan utilizes both network and non-network benefits.

Network (In-Network): Providers who have agreed to accept contracted rates from an insurance carrier.

Non-Network (Out of Network): Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.

Health Maintenance Organization (HMO): This plan covers in-network providers and services only; it does not cover any out of network services.

Medical Plans: 2022-2023

Total Joint Orthopedics offers three medical plans through Regence:

Bluepoint Silver 2000 HSA Plan (Focal Point & Valuecare)

	Network	Non-Network *
	\$2,000 Individual / \$4,000 Family	\$5,000 Individual / \$10,000 Family
Deductible PCY	If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.	
	\$6,000 Individual / \$12,000 Family	\$10,000 Individual / \$20,000 Family
Out of Pocket Maximum (Includes Most Services)	If any family member reaches \$8,550 of the out of pocket maximum then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the family out of pocket maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	70% / 30% AD	50% / 50% AD
Office Visits		
Primary Care	\$40 AD (Visit); 70 / 30 AD (Other Services)	50 / 50 AD
Preventive **	Covered 100%	50 / 50 AD
Specialists or Secondary Care Provider	\$60 AD (Visit); 70 / 30 AD (Other Services)	50 / 50 AD
Chiropractic	\$40 AD (10 Visits PCY)	50 / 50 AD
Diagnostic Lab & X-Ray Services		
Minor (In Office)	70 / 30 AD	50 / 50 AD
Major	70 / 30 AD	50 / 50 AD
Pediatric Services (Through age 18)		
Routine Eye Exam **	Covered 100%	75 / 25 AD
Contacts & Corrective Lenses **	Covered 100% AD (1 Pair Frames - Lenses)	75 / 25 AD (1 Pair Frames - Lenses)
Preventive & Diagnostic Dental **	Covered 100%	Covered 100%
Hospital Services		
Outpatient	70 / 30 AD	50 / 50 AD
Inpatient	70 / 30 AD	50 / 50 AD †
Ambulatory Surgical Center	90 / 10 AD	50 / 50 AD
Maternity	70 / 30 AD	50 / 50 AD
Emergency Services		
Urgent Care	\$60 AD (visit only; other services may be charged separately)	50 / 50 AD
Emergency Room	70 / 30 AD	See Network Benefits
Ambulance	70 / 30 AD	See Network Benefits
Mental Health Services		
Inpatient	70 / 30 AD	50 / 50 AD †
Outpatient	70 / 30 AD	50 / 50 AD
Outpatient - Office	\$40 AD (Visit); 70 / 30 AD (Other Services)	50 / 50 AD
Prescriptions (Generic Required)	Generic / Brand / Specialty	
Pharmacy – Preferred	¥ 10% AD / ¥ 35% AD / 20% AD	
Pharmacy – Non-Preferred	¥ 25% AD / ¥ 50% AD / 50% AD	
Maintenance Drugs or Mail Order – Preferred	5% AD / 30% AD / NA	
Maintenance Drugs or Mail Order – Non-Preferred	20% AD / 45% AD / NA	

AD: After Deductible

PCY: Per Calendar Year

Blue Point Silver 2000 HSA Plan Employee Rates Per Pay Period

† Limited to \$4,000 per day non-emergency admissions

¥ \$5 co-pay or 5% coinsurance discount at preferred pharmacy

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided Regence materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply, please refer to your provided Regence materials for additional information.

To find a provider or for a description of benefits, limitations, and exclusions, consult your benefits summary, from HR or at www.regence.com.

Coverage Type	FocalPoint Network	ValueCare Network
Employee (EE)	\$65.50	\$74.09
EE + Spouse	\$130.99	\$148.19
EE + Child(ren)	\$137.54	\$155.60
Family	\$203.04	\$229.69

Medical Plans: 2022-2023

Total Joint Orthopedics offers three medical plans through Regence:

Bluepoint Gold 1500 HSA Plan (Focal Point & Valuecare)

	Network	Non-Network *
	\$1,500 Individual / \$3,000 Family	\$5,000 Individual / \$10,000 Family
Deductible PCY	If more than one person in a family is covered under the policy, the individual deductible does NOT apply. Instead, the Family Deductible applies and no medical expenses will be paid by the plan (other than covered preventive care) until the Family Deductible is met	
	\$4,400 Individual / \$8,800 Family	\$10,000 Individual / \$20,000 Family
Out of Pocket Maximum (Includes Most Services)	If any family member reaches \$8,550 of the out of pocket maximum then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the family out of pocket maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	50% / 50% AD
Office Visits		
Primary Care	\$30 AD (Visit); 80 / 20 AD (Other Services)	50 / 50 AD
Preventive **	Covered 100%	50 / 50 AD
Specialists or Secondary Care Provider	\$50 AD (Visit); 80 / 20 AD (Other Services)	50 / 50 AD
Chiropractic	\$30 AD (10 Visits PCY)	50 / 50 AD
Diagnostic Lab & X-Ray Services		
Minor (In Office)	80 / 20 AD	50 / 50 AD
Major	80 / 20 AD	50 / 50 AD
Pediatric Services (Through age 18)		
Routine Eye Exam **	Covered 100%	75 / 25 AD
Contacts & Corrective Lenses **	Covered 100% AD (1 Pair Frames - Lenses)	75 / 25 AD (1 Pair Frames - Lenses)
Preventive & Diagnostic Dental **	Covered 100%	Covered 100%
Hospital Services		
Outpatient	80 / 20 AD	50 / 50 AD
Inpatient	80 / 20 AD	50 / 50 AD †
Ambulatory Surgical Center	90 / 10 AD	50 / 50 AD
Maternity	80 / 20 AD	50 / 50 AD
Emergency Services		
Urgent Care	\$50 AD (Visit only; other services may be charged separately)	50 / 50 AD
Emergency Room	80 / 20 AD	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits
Mental Health Services		
Inpatient	80 / 20 AD	50 / 50 AD †
Outpatient	\$30 AD (Visit); 80 / 20 AD (Other Services)	50 / 50 AD
Outpatient - Office	80 / 20 AD	50 / 50 AD
Prescriptions (Generic Required)	Generic / Brand / Specialty	
Pharmacy – Preferred	¥ 10% AD / ¥ 25% AD / 20% AD	
Pharmacy – Non-Preferred	¥ 25% AD / ¥ 50% AD / 50% AD	
Maintenance Drugs or Mail Order – Preferred	5% AD / 20% AD / NA	
Maintenance Drugs or Mail Order – Non-Preferred	20% AD / 45% AD / NA	

AD: After Deductible

PCY: Per Calendar Year

† Limited to \$4,000 per day non-emergency admissions

¥ \$5 co-pay or 5% coinsurance discount at preferred pharmacy

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided Regence materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply, please refer to your provided Regence materials for additional information.

Blue Point Gold 1500 HSA Plan Employee Rates Per Pay Period

Coverage Type	FocalPoint Network	ValueCare Network
Employee (EE)	\$94.60	\$107.01
EE + Spouse	\$189.20	\$214.02
EE + Child(ren)	\$198.67	\$224.72
Family	\$293.27	\$331.73

To find a provider or for a description of benefits, limitations, and exclusions, consult your benefits summary, from HR or at www.regence.com.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

Medical Plans: 2022-2023

Total Joint Orthopedics offers three medical plans through Regence:

BluePoint Silver HSA Embedded 3000 (Focal Point & ValueCare Networks)

	Network	Non-Network *
	\$3,000 Individual / \$6,000 Family	\$5,000 Individual / \$10,000 Family
Deductible PCY	If any family member reaches the Individual Deductible then the deductible is satisfied for that family member. If any combination of family members reach the Family Deductible, then the deductible is satisfied for the entire family.	
	\$5,500 Individual / \$11,000 Family	\$10,000 Individual / \$20,000 Family
Out of Pocket Maximum (Includes Most Services)	If any family member reaches \$5,500 of the out of pocket maximum then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the Family Out of Pocket Maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	50% / 50% AD
Office Visits		
Primary Care	\$40 Co-pay AD	50 / 50 AD
Preventive **	Covered 100%	50 / 50 AD
Specialists or Secondary Care Provider	\$60 Co-pay AD	50 / 50 AD
Chiropractic	\$40 Co-pay AD	50 / 50 AD
Diagnostic Lab & X-Ray Services		
Minor (In Office)	80 / 20 AD	50 / 50 AD
Major	80 / 20 AD	50 / 50 AD
Pediatric Services (Through age 18)		
Routine Eye Exam **	Covered 100%	75 / 25 AD
Contacts & Corrective Lenses **	Covered 100% AD (1 Pair Frames - Lenses)	75 / 25 AD (1 Pair Frames - Lenses)
Preventive & Diagnostic Dental **	Covered 100%	Covered 100%
Hospital Services		
Outpatient	80 / 20 AD	50 / 50 AD
Inpatient	80 / 20 AD	50 / 50 AD †
Maternity	80 / 20 AD	50 / 50 AD
Emergency Services		
Urgent Care	\$60 AD Co-pay AD	50 / 50 AD
Emergency Room	80 / 20 AD	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits
Mental Health Services		
Inpatient	80 / 20 AD	50 / 50 AD
Outpatient	80 / 20 AD	50 / 50 AD
Outpatient - Office	\$40 Co-pay	50 / 50 AD
Prescriptions (Generic Required)	Generic / Brand / Specialty	
Pharmacy – Preferred	10% AD / 35% AD / 20% AD	
Pharmacy – Non-Preferred	25% AD / 50% AD / 50% AD	
Maintenance Drugs or Mail Order – Preferred	5% AD / 30% AD / NA	
Maintenance Drugs or Mail Order – Non-Preferred	20% AD / 45% AD / NA	

AD: After Deductible

PCY: Per Calendar Year

† Limited to \$4,000 per day non-emergency admissions

¥ \$5 co-pay or 5% coinsurance discount at preferred pharmacy

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided Regence materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply, please refer to your provided Regence materials for additional information.

Blue Point Silver 3000 HSA Plan Employee Rates Per Pay Period

Coverage Type	FocalPoint Network	ValueCare Network
Employee (EE)	\$62.66	\$70.88
EE + Spouse	\$125.33	\$141.77
EE + Child(ren)	\$131.60	\$148.85
Family	\$194.26	\$219.74

To find a provider or for a description of benefits, limitations, and exclusions, consult your benefits summary, from HR or at www.regence.com.

Health Savings Account (HSA): 2022-2023

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax advantaged account that can be used to pay eligible medical expenses not covered by an insurance plan including deductibles and coinsurance. You can fund your HSA with pre-tax dollars. In addition, your employer makes a contribution to your HSA as shown below.

Who is eligible for a Health Savings Account?

Anyone who satisfies all of the following:

- Covered by a Qualified High Deductible Health Plan (QHDHP);
- Not covered under another health plan;
- Not enrolled in Medicare A or Medicare B benefits; and,
- Not eligible to be claimed on another person's tax return.

What is a deductible?

It is a set dollar amount, determined by your plan, that you must pay out of pocket or from your HSA account before insurance coverage for medical expenses can begin.

What is the difference between an HSA and Flexible Spending Account (FSA)?

- An HSA can rollover unused funds from year to year indefinitely.
- FSA contribution limits are lower than for HSAs. In addition, not all FSAs have a rollover feature, and those that do can only rollover a limited amount.

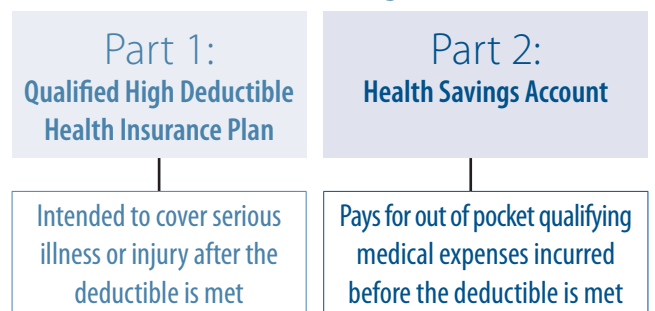
When do I use my HSA?

After visiting a physician, facility, or pharmacy, request that they submit your claim to your Medical Carrier for payment. You should make sure that your provider has your most up-to-date insurance information. Once the claim has been processed, any out of pocket expenses will be billed. At this time you may choose the following options:

- Use your HSA debit card or HSA check to pay for any out of pocket expenses.
- Write a personal check, receiving reimbursement at a later date.
- Save your HSA dollars for future medical expenses.

You should always ask that your claim be submitted to the health plan before you seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. **Also, remember to keep all medical receipts and Explanation of Benefits (EOBs) to support your personal tax record. You should keep these records for at least four years.**

How does a Health Savings Account Work?



How is an HSA used to pay for medical care?

1. Employee and/or employer funds an HSA account.
2. Employee seeks medical services.
3. A bill for medical services is submitted as a claim to your insurance carrier and paid in part according to your HDHP, subject to a deductible and coinsurance.*
4. Employee can pay the remaining amount with a debit card or check from their HSA account.
5. This process is repeated until the out of pocket maximum is reached, after which the employee generally should be covered for almost all network eligible expenses.

* Subject to plan design, check your Benefits Summary. Preventive care may be covered at 100%.

How much can be contributed to an HSA?

As mandated by federal law, the Annual Contribution limits are:

Maximum Annual Contribution

Type of Coverage	2022	2023
Individual	\$3,650	\$3,850
Two Party	\$7,300	\$7,750
Family	\$7,300	\$7,750

Individuals age 55 or older may be eligible to make a catch up contribution of \$1,000 in 2022-2023.

Does my employer contribute to my HSA?

Total Joint Orthopedics will match \$1 for \$1 of employee contribution to a maximum of \$1000. These amounts apply towards your Annual Maximum Contribution:

Employer Maximum Annual Contribution

Type of Coverage	2022	2023
Individual	\$1,000	\$1,000
Two Party	\$1,000	\$1,000
Family	\$1,000	\$1,000

What if I am a new hire or have a special enrollment and enroll in an HSA in the middle of a year?

If you enroll in an HSA and corresponding HDHP at any time other than the start of the calendar year, so long as you enroll by December 1, you may still contribute the maximum amount allowed for the calendar year (see the chart on the previous page). However, the IRS requires you to participate in the HDHP during a subsequent testing period (generally through the end of the following year). Failure to do so will result in adverse tax consequences.

Why should I elect an HSA?

- Cost Savings
- Tax Benefits:
 - HSA contributions are excluded from federal income tax.
 - Interest earnings may be tax free.
 - Withdrawals for eligible expenses are exempt from federal income tax.
- You generally pay a lower plan premium for a HDHP than a traditional indemnity plan.
- Unused money is held in interest-bearing savings or investment accounts from year to year.

Note: Many states have passed legislation to provide favorable state tax treatment for HSAs. However, in a small number of states, amounts contributed to HSAs and interest earned on HSA accounts could be included in the employee's compensation for state income tax purposes.

Long-Term Financial Benefits

- Save for future medical expenses, including retiree medical
- Funds roll over year to year
- This is your account - you take it with you. If you leave your employer you can do the following:
 - Leave your funds in your current HSA account;
 - Transfer your funds to an HSA with your new employer; or
 - Transfer your funds to another qualifying account within 60 days.

Choice

- You control and manage your health care expenses.
- You choose when to use your HSA dollars to pay your health care expenses.
- You choose when to save your HSA dollars and pay health care expenses out of pocket.
- You can choose to increase or decrease your election during the year.

Can I use my HSA dollars for non-eligible expenses?

Money withdrawn from an HSA account to reimburse non-eligible expenses is taxable income to the account holder and is subject to a tax penalty. If the account holder is over age 65 OR disabled, the distribution amount (if for a non-eligible expense) is still considered taxable income; however, the tax penalty is waived.

When can I start using my HSA dollars?

You can use your HSA dollars for any qualifying expense incurred after your HSA account activation and once contributions have been made.

Can my HSA dollars be used for retirement health care costs?

Yes, for expenses eligible for reimbursement, and Medicare and other health coverage premiums after age 65.

Can I use the money in my account to pay for my dependents' medical expenses?

Yes, you can use the money in the account to pay for medical expenses of yourself, your spouse, or your dependent children. You can pay for expenses of your spouse and dependent children even if they are not covered by your HDHP.

Telemedicine: 2022-2023

HealthiestYou - For those covered under the Medical plan

Our concierge doctors are available 24 hours a day 7 days a week via phone, video, or email, and are here to help you.

24x7 Unlimited Doctor Access

Are you sick? Call HealthiestYou first! Our Physician network can diagnose, treat, and prescribe via phone or video with no consult fees, anytime, anywhere.

Health Management Content

Let HealthiestYou guide you to improved health and happiness with relevant health content delivered at the time of need.

Prescription Savings

Need a prescription? Our geo-based prescription search engine can save you up to 85% on your prescription and will often beat your co-pay.

When can you use this service?

- Our service is available 24 hours a day 7 days a week 365 days a year for you to speak with a doctor.
- There are no limits to the number of calls you can make and no cost per call.
- Use the service whenever you have a health question that requires the attention of a physician, and whenever you are experiencing symptom of acute illness.
- No consultation fee
- \$0 Co-pay for Telemedicine Doctor Access

Some common conditions that are frequently treated using tele-health services:

- General Health Questions
- Strep
- Bronchitis
- Respiratory Infections
- Earache
- Urinary Tract Infections Second Opinions
- Sore Throat
- Allergies
- Pink Eye
- Sinusitis

How to Use This Service

Download the HealthiestYou APP and register your account. Mental Health, Dermatology, Nutrition, and Telemedicine visits can all be accessed/scheduled through this APP.

Getting the MOST From This Benefit

Save money by reducing your use of higher cost alternatives like urgent care facilities and emergency departments for non-emergency care. Minimizes travel time and expenses while waiting in the comfort of your own home or office. Get the peace of mind that comes from confirming health choices with a medical doctor.

Relief From Skin Issues

For acne, eczema, rashes, psoriasis, and much, more by uploading images on the app.

- Dermatology \$85 per visit

Nutrition

Connect with a certified dietitian and start meeting your nutrition goals today!

- Nutrition \$59 per visit

Mental Health Counseling

If you're feeling stressed, overwhelmed, down, or not like yourself.

- Psychologist/Therapist \$90 per visit
- Psychiatrist: \$220 evaluation, \$100 ongoing Nutrition \$59 per visit

	Per Pay Check	Per Month
Employee Rate	\$3.50	\$7.00

Employees who choose to waive the group health plan, but can provide proof of other medical coverage may still be eligible for this benefit. Please see HR for more details.

Dental Plan: 2022-2023

Total Joint Orthopedics offers the following dental plan through Dental Select:

PPO Classic (Platinum Network)		
	Network	Non-Network *
Deductible PCY	\$25 Single / \$75 Family	
Maximum Annual Benefit - <i>Dental</i>	\$1,000 Per Individual	
Coinsurance	Carrier Pays / Member Pays - See Amounts Below	
Preventive & Diagnostic Services Exams, Cleanings, Fluoride, X-Rays	No Waiting Period	
	Covered 100%	Covered 100% of FS
Basic Services Fillings, Non-Surgical Extractions	No Waiting Period	
	80 / 20 AD	80 / 20 of FS - AD
Major Services Bridges, Crowns, Oral Surgery	12 Month Waiting Period	
	50 / 50 AD	50 / 50 of FS - AD
Endodontic & Periodontic Services	Covered under Major Services	
Maximum Lifetime Benefit - <i>Orthodontia</i>	None	
Orthodontic Services Dependents to Age 19 Adults	No Waiting Period	
	Up to 20% Discount † Up to 20% Discount †	No Benefit No Benefit
Coverage Type	PPO Classic (Platinum Network) Plan Employee Rates Per Pay Period	
Employee (EE)	\$4.13	
EE + Spouse	\$9.28	
EE + Child(ren)	\$7.98	
Family	\$13.27	

PCY: Per Calendar Year

AD: After Deductible

FS: Network Fee Schedule

† Discount Only: No benefit will be paid

* Member will be responsible for amounts billed by non-participating providers in excess of eligible dental expense amount.

For every consecutive year on the plan, each member will receive increased maximums by the schedule outlined above. The annual maximum benefit of each member will never exceed \$2,000.

Max Rewards:

Year 2: \$100
Year 3: \$200
Year 4: \$300
Year 5: \$400
Maximum: \$2,000

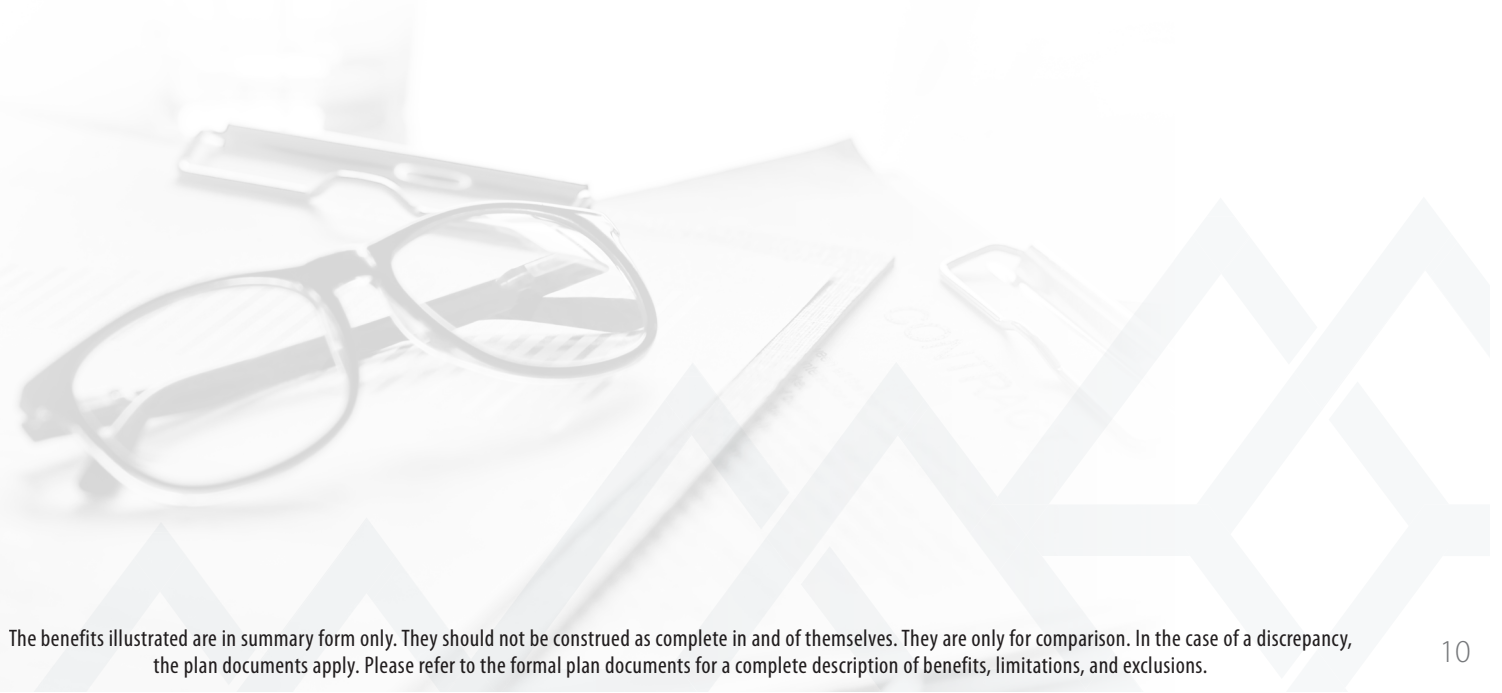
For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from Human Resources or at www.dentalselect.com.

Vision Plan: 2022-2023

Total Joint Orthopedics offers the following vision plan through Superior Vision:

Vision 120		
	Network (Member Pays)	Non Network (Reimbursement)
Eye Exam	Once Every 12 Months	
Eyeglass or Contact Exam	\$10 Co-pay	Ophthalmologist Up to \$45 - Optometrist Up to \$39
Standard Contact Fitting	\$30 Co-pay	Ophthalmologist Up to \$45 - Optometrist Up to \$39
Frames	Once Every 24 Months	
Allowance Based on Retail Pricing	\$100 Allowance	Up to \$47
Lenses	Once Every 12 Months	
Single Vision	\$10 Co-pay	Up to \$32
Bifocal	\$10 Co-pay	Up to \$46
Trifocal	\$10 Co-pay	Up to \$60
Standard Progressive	Covered at Lined Trifocal Level	Up to \$60
Lens Options		
Tint (Solid or Gradient)	20% Discount, Max \$25	Not Covered
UV Coating	20% Discount, Max \$15	
Standard Scratch Resistance	20% Discount, Max \$13	
Standard Polycarbonate	20% Discount, Max \$40	
Standard Anti-Reflective	20% Discount, Max \$50	
Other Add-ons and Services	20% Discount	
Contacts (In Lieu of Glasses)	Once Every 12 Months	
Conventional	\$120 Allowance	Up to \$100
Disposable	\$120 Allowance	Up to \$100
Medically Necessary	Covered 100%	Up to \$210
LASIK or PRK		
Retail Pricing	15-50% Discount	Not Covered
Promotional Pricing	15-50% Discount	Not Covered
Coverage Type	Vision 120 Plan Employee Per Check Rates	
Employee (EE)	\$3.26	
EE + Spouse	\$6.19	
EE + Child(ren)	\$6.52	
Family	\$10.73	

For a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at www.SuperiorVision.com.



Life Insurance Plans: 2022-2023

Principal Financial Group Basic Life, AD&D - 100% Company Paid

Each eligible employee can receive basic life insurance for themselves and their eligible dependents. Benefits reduce by 35% at the insured's age 65 and by 50% at age 70. AD&D benefits match this reduction schedule. Life and AD&D benefits terminate upon retirement. Basic Term Life insurance includes waiver of premium coverage. The waiver of premium does not apply to any AD&D benefits.

Benefits

Employee Life Insurance	\$50,000
Accidental Death & Dismemberment (AD&D) - Employee Only	\$50,000
Seatbelt Benefit - Employee Only (Paid for a death resulting from an auto accident while properly wearing a seatbelt.)	\$10,000
Spouse Life Insurance	\$10,000
Child(ren) Life Insurance - Live birth to 6 months	\$1,000
6 months to age 26	\$10,000

Please see Certificate of Coverage summary for more detailed benefit information.

Voluntary Supplemental Life - 100% Employee Paid

Supplemental group term life insurance is available on a voluntary basis. This coverage is in addition to the company provided amounts and the premiums are 100% employee paid through payroll deduction. Coverage is available only to employees eligible for benefits and covered under the basic group term life insurance provided by Total Joint Orthopedics.

Coverage

	Benefits	Increments	Guaranteed Issue
Employee Voluntary Life Insurance	May select up to a maximum of \$300,000	\$10,000	\$70,000 (to age 70); \$10,000 (age 70+)
Spouse Voluntary Life Insurance	Not exceed 100% of the employee's supplemental coverage up to \$100,000	\$5,000	\$20,000 (to age 70); \$10,000 (age 70+)
Unmarried Dependent Child(ren) Life Insurance Under 14 days of age 14 days and older	\$1,000 of coverage \$10,000 or \$20,000 of coverage	\$1,000 of coverage \$10,000 or \$20,000 of coverage	Elected Amount

Supplemental Life benefits will reduce by 35% at the insured's age 65, and an additional 15% at age 70. Benefits terminate upon retirement. Supplemental Life offers a Right of Conversion. Enrollment forms are available from Human Resources.

Members can elect or increase coverage by two increments at open enrollment without a statement of health. Any amount over those two increments are subject to a statement of health.

Please see Certificate of Coverage summary for more detailed benefit information.

Monthly Rates Per \$1,000 of Coverage

Employee & Spouse		
Age	Non Tobacco	Tobacco
Under 29	\$0.064	\$0.110
30 to 34	\$0.071	\$0.120
35 to 39	\$0.107	\$0.180
40 to 44	\$0.173	\$0.291
45 to 49	\$0.266	\$0.448
50 to 54	\$0.433	\$0.731
55 to 59	\$0.680	\$1.148
60 to 64	\$0.944	\$1.593
65 to 69	\$1.743	\$2.941
70 to 74	\$2.941	\$4.685
Monthly Dependent Life	\$2.00 per \$10,000 of coverage (Rate is fixed - Regardless of number of children)	

Voluntary AD&D (Employee & Spouse) **Monthly Rate:** \$0.027 per \$1,000. (Automatically added to Vol. Suppl. Life rate. Employee & Spouse are charged separately)

Disability Insurance Plans: 2022-2023

Principal Financial Group **Short-Term Disability** - 100% Company Paid

Short-Term Disability (STD) insurance replaces a percentage of your income on a weekly basis in the event that you are unable to work due to an accident or illness. Please see Certificate of Coverage summary, provided by Principal Financial, for more detailed benefit information.

Benefits

Weekly Benefit	60% of Weekly Salary up to the Maximum Weekly Benefit of \$1,500
Maximum Benefit Period	12 Weeks
Elimination Period - <i>Injury</i>	7 Days
Elimination Period - <i>Sickness</i>	7 Days
Maternity	Standard benefit period is 6 weeks for normal delivery and 8 weeks for a c-section (this includes elimination period).
Definition of Earnings	Employee's Base Salary or Wages prior to date Disability began
Pre-Existing Condition Restrictions	None

Principal Financial Group **Long-Term Disability** - 100% Company Paid

Long-Term Disability (LTD) insurance replaces a percentage of your income on a monthly basis in the event that you are unable to work due to an accident or illness. Please see Certificate of Coverage summary, provided by Principal Financial, for more detailed benefit information.

Benefits

Monthly Benefit	60% of Monthly Salary up to the Maximum Monthly Benefit of \$3,000
Maximum Benefit Period	Reducing Benefit Duration (RBD) with Social Security Normal Retirement Age (SSNRA)
Elimination Period	90 Days
Definition of Disability	Unable to Perform a Majority of the Substantial and Material Duties in his/her own Occupation OR unable to earn 80% of his/her Pre-Disability Income while Working in his/her own Occupation in a Modified Capacity or any Occupation.
Mental & Nervous / Substance Abuse	24 Months Lifetime
Definition of Earnings	Employee's Base Salary or Wages prior to date Disability began
Pre-Existing Condition Restrictions	3 Months Prior / 3 Months Treatment Free / 12 Months Insured

Worksite Products: 2022-2023

Allstate Voluntary Off-The-Job Accident Plan - 100% Employee Paid

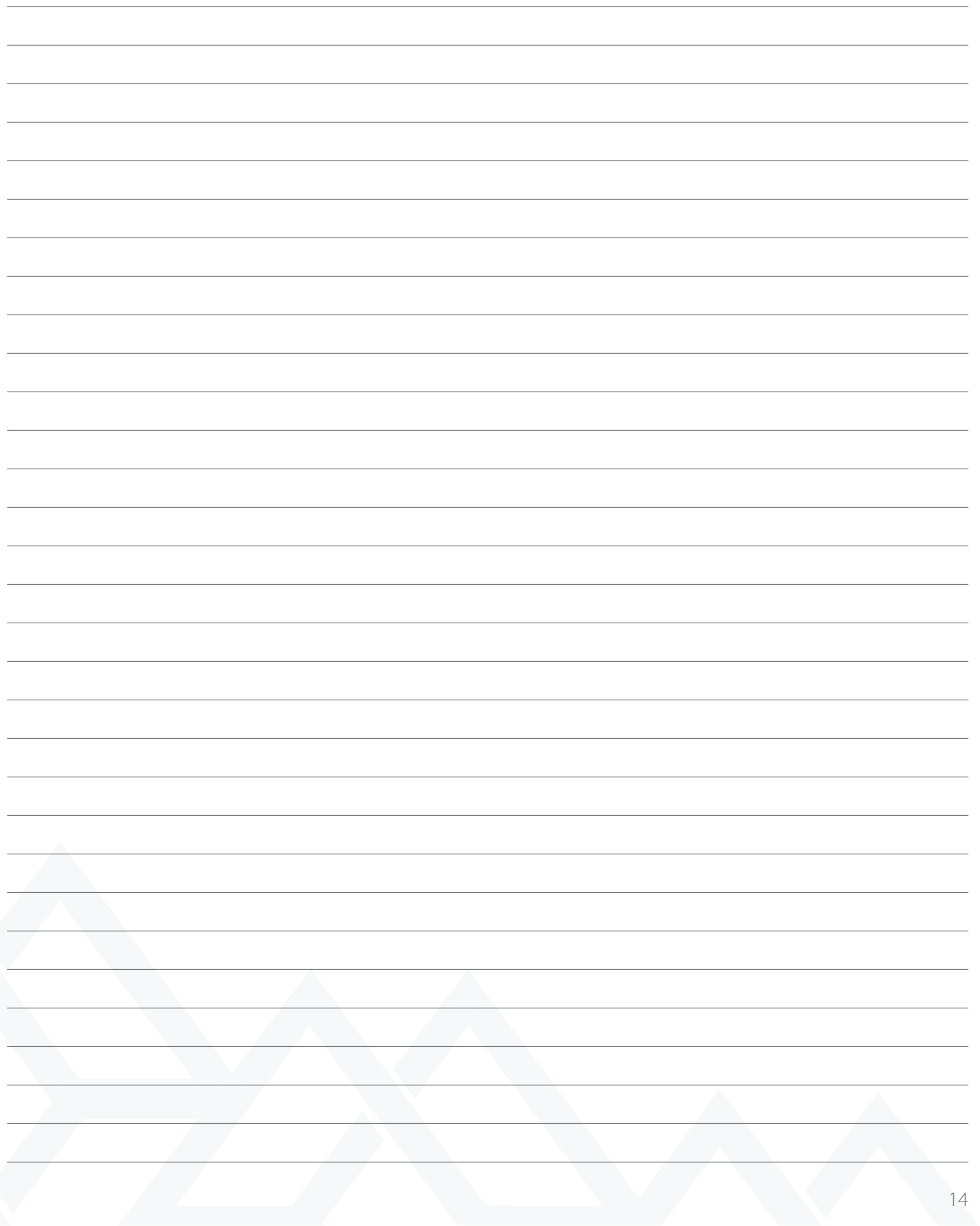
These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Benefits	Low Plan	High Plan
Accidental Death Employee / Spouse / Child	\$20,000	\$40,000
Common Carrier Accidental Death Employee / Spouse / Child	\$50,000	\$100,000
Dismemberment ¥ Employee / Spouse / Child	\$20,000	\$40,000
Dislocation and Fracture ¥ Employee / Spouse / Child	Up to \$2,000	Up to \$4,000
Hospital Visits or Confinement		
Initial Hospital Confinement	\$1,000	\$1,000
Hospital Confinement	\$200 Per Day	\$200 Per Day
Intensive Care	\$400 Per Day	\$400 Per Day
Ambulance	\$100 Regular Ambulance / \$300 Air Ambulance	\$200 Regular Ambulance / \$600 Air Ambulance
Emergency Room Services	\$100	\$200
X-Ray	\$100	\$200
Accident Physician's Treatment	\$50	\$100
Rider Benefits		
Lacerations	\$50	\$100
Burns		
Less than 15% of the body surface	\$100	\$200
More than 15% of the body surface	\$500	\$1,000
Appliance	\$125	\$250
Physical Therapy (6 Per Accident)	\$30 Per Day	\$60 Per Day
Rehabilitation Unit (Up to 30 Days Per Confinement)	\$100 Per Day	\$200 Per Day
Non-Local Transportation (Up to 3 Times Per Accident)	\$250 Per Trip	\$500 Per Trip
Family Member Lodging (Up to 30 Days)	\$100 Per Night	\$200 Per Night
Accident Follow-Up Treatment	\$50	\$100
Wellness Benefits (2 Per Person or 4 Per Family Per Year)	\$25 Visits Per Year	\$50 Visits Per Year
Coverage Type		
	Low Plan Employee Monthly Rates	High Plan Employee Monthly Rates
Employee (EE)	\$6.30	\$11.65
EE + Spouse	\$10.87	\$20.16
EE + Child(ren)	\$19.09	\$35.93
Family	\$25.41	\$48.18

¥ Based on amount shown in the injury benefit amounts

For more information, contact Human Resources or Allstate Customer Care **1-800-521-3535**

Your Notes: 2022-2023



A series of horizontal lines for writing notes, with a decorative geometric pattern at the bottom.

