

**SCAN GROUP**

# **SUMMARY OF BENEFITS**

**2025**





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## Questions About Your Benefits?



Submit a ticket through [HR Connect](#)





# ELIGIBILITY, SIGNING UP & MAKING CHANGES

## ELIGIBLE EMPLOYEES

- Regular, full-time employees working 30 or more hours per week are eligible for benefits effective first of the month following your date of hire or coinciding with your date of hire.
- Full-time temporary employees are eligible for medical coverage only effective first of the month following two (2) months of employment.
- Part-time employees are eligible for medical coverage only based on the hours worked during the 12-month measurement period.
- SCAN's enrollment policy prohibits duplicate coverage for medical, dental, and vision benefits both SCAN and any external plans. If discovered, SCAN may take appropriate action, which may include: (i) request that the employee reimburse SCAN for all costs associated with employee's coverage; and/or (ii) corrective action, up to and including termination.

## Have Questions?

Submit a ticket in

## ELIGIBLE DEPENDENTS

- Spouse, Domestic Partner (see below), and children up to age 26 (children over age 26 who are disabled may be eligible, documentation required).
- During your enrollment process, you must attest that your dependents are eligible based on plan guidelines. Regular audits may be performed. In the event you enroll an ineligible dependent, there may be consequences of misrepresentation, including the potential for corrective action, up to and including termination, as well as the requirement to reimburse SCAN for any costs incurred.

## DOMESTIC PARTNERS

- Eligible Domestic Partners include Registered Domestic Partners only (must be registered by the state in which you reside).
- When covering a domestic partner and/or a domestic partner's child(ren), you will pay taxes on the employer-paid premium. The cost of the employee premium for the domestic partner and their children will be made on a post-tax basis. Premiums will be displayed in Workday.

## NEW HIRE ENROLLMENT PROCESS

- You will complete your enrollment process in Workday. When you log into Workday, you will see enrolling in your new hire benefits as one of your action items.
- You have 30 days from your hire date/benefits eligible date to enroll in coverage. For example, if your hire date is January 5, your deadline to enroll is February 4. If you would like to change your elections after you submitted your initial enrollment and are still within your 30 day enrollment window, please contact HR.





## QUALIFIED LIFE EVENTS

- After your initial new hire enrollment period, you may only enroll or make election changes mid-year if you experience a qualified life event such as marriage, birth or adoption, divorce, or an involuntary loss of coverage under another group health plan. Change requests must be completed in Workday within 30 days of the qualifying event. You are required to upload supporting documentation in Workday. Changes will be subject to approval by HR.

## OPEN ENROLLMENT

- This is your annual opportunity to make changes to your benefits without a qualified life event. Open Enrollment is typically conducted in October for changes effective January 1st.

## COVERAGE TERMINATION

- Medical, dental, and vision benefits terminate on the last day of the month in which you terminate employment. All other benefits, including pre-tax plans, end on your last day of employment.

## COBRA CONTINUATION

- You and your covered dependents have a right to continue medical, dental, vision, EAP, and health FSA coverage for a specified period of time after you terminate employment or for other qualified events. You will be notified of your rights and responsibilities to continue coverage under the federal continuation law (if applicable).





# EMPLOYEE CONTRIBUTIONS

## CONTRIBUTIONS

The cost for medical, dental, and vision benefits is shared by you and SCAN. Your benefit contributions will be taken on a pre-tax salary reduction basis on the first two pay dates of each month. If the month has three pay dates, deductions are not taken from the third paycheck of that month.

SCAN's contributions towards an HSA, employee contributions towards an HSA, Healthcare FSA, Dependent Care FSA, and Limited Purpose FSA are calculated based on the 26 pay periods in a calendar year.

There is no cost to you for SCAN-paid basic life and disability benefits. Additional costs apply for voluntary products as outlined in this document and in Workday.

| PER PAYCHECK CONTRIBUTIONS                         |               |                   |                       |                   |
|--|---------------|-------------------|-----------------------|-------------------|
|  | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
| California Medical Plans                           |               |                   |                       |                   |
| Medical: Aetna Whole Health HMO (Southern CA Only) | \$0.00        | \$40.84           | \$32.23               | \$86.10           |
| Medical: Aetna Value HMO                           | \$0.00        | \$50.84           | \$42.23               | \$96.10           |
| Medical: Aetna HMO                                 | \$67.50       | \$188.29          | \$80.00               | \$292.24          |
| Medical: Aetna Open Access Managed Choice HDHP     | \$84.33       | \$213.52          | \$97.34               | \$322.73          |
| Non-California Medical Plan                        |               |                   |                       |                   |
| Medical: Aetna Open Access Managed Choice HDHP     | \$0.00        | \$145.50          | \$80.30               | \$206.42          |
| Dental Plans                                       |               |                   |                       |                   |
| Dental: Aetna DHMO                                 | \$0.00        | \$0.00            | \$0.00                | \$0.00            |
| Dental: Aetna DPPO                                 | \$17.30       | \$35.24           | \$34.05               | \$42.74           |
| Vision Plans                                       |               |                   |                       |                   |
| Vision: VSP Exam Only                              | \$0.00        | \$0.00            | \$0.00                | \$0.00            |
| Vision: VSP Buy-Up                                 | \$2.82        | \$5.60            | \$5.99                | \$8.99            |





| PER PAYCHECK CONTRIBUTIONS                        |                                |                   |                                 |                   |
|---|--------------------------------|-------------------|---------------------------------|-------------------|
| Additional Benefits                               |                                |                   |                                 |                   |
|   | Employee Only                  | Employee + Spouse | Employee + Child(ren)           | Employee + Family |
| MetLife: Legal                                    | \$9.38                         |                   |                                 |                   |
| Accident Insurance: Unum                          | \$5.16                         | \$9.03            | \$12.69                         | \$16.56           |
| Hospital Indemnity: Unum                          | \$6.79                         | \$11.92           | \$9.31                          | \$14.43           |
| Critical Illness: Unum                            | \$15,000 Plan (\$7,500 Spouse) |                   | \$30,000 Plan (\$15,000 Spouse) |                   |
|   | Employee                       | Spouse            | Employee                        | Spouse            |
| <25   | \$2.71                         | \$1.74            | \$1.74                          | \$1.25            |
| 25-29   | \$3.61                         | \$2.19            | \$2.19                          | \$1.48            |
| 30-34   | \$4.81                         | \$2.79            | \$2.79                          | \$1.78            |
| 35-39   | \$6.76                         | \$3.76            | \$3.76                          | \$2.26            |
| 40-44   | \$9.16                         | \$4.96            | \$4.96                          | \$2.86            |
| 45-49   | \$12.46                        | \$6.61            | \$6.61                          | \$3.69            |
| 50-54   | \$16.36                        | \$8.56            | \$8.56                          | \$4.66            |
| 55-59   | \$22.51                        | \$11.64           | \$11.64                         | \$6.20            |
| 60-64   | \$31.81                        | \$16.29           | \$16.29                         | \$8.52            |
| 65-69   | \$45.76                        | \$23.26           | \$23.26                         | \$12.01           |
| 70-74   | \$69.46                        | \$35.11           | \$35.11                         | \$17.94           |
| 75-79   | \$98.41                        | \$49.59           | \$49.59                         | \$25.18           |
| 80-84   | \$132.46                       | \$66.61           | \$66.61                         | \$33.69           |
| 85+   | \$195.46                       | \$98.11           | \$98.11                         | \$49.44           |
| Voluntary Life and AD&D: Prudential (per \$1,000) | Employee                       |                   | Spouse                          |                   |
| <25   | \$0.036                        |                   | \$0.055                         |                   |
| 25-29   | \$0.037                        |                   | \$0.055                         |                   |
| 30-34   | \$0.047                        |                   | \$0.065                         |                   |
| 35-39   | \$0.059                        |                   | \$0.100                         |                   |
| 40-44   | \$0.078                        |                   | \$0.160                         |                   |
| 45-49   | \$0.126                        |                   | \$0.260                         |                   |
| 50-54   | \$0.221                        |                   | \$0.410                         |                   |
| 55-59   | \$0.378                        |                   | \$0.565                         |                   |
| 60-64   | \$0.539                        |                   | \$0.795                         |                   |
| 65-69   | \$0.891                        |                   | \$1.185                         |                   |
| 70-74   | \$1.371                        |                   | \$1.970                         |                   |
| 75+   | \$3.655                        |                   | \$4.790                         |                   |
| Voluntary Child Life                              | \$0.82                         |                   |                                 |                   |





# ADDITIONAL DETAILS

## PLAN DOCUMENTS

Plan summaries, Summary of Benefits and Coverage (SBC), and Evidence of Coverage documents can be found on the benefits website. These documents outline full plan details as well as limitations or restrictions under the plans.

## ID CARDS

- Your medical and dental ID cards will arrive within 7-10 business days of your enrollment being processed by the insurance carrier. You may also download an electronic version of your ID card by registering directly on the carrier's website or via the carrier's mobile app.
- You will not be issued ID cards for vision benefits. Eligibility is verified for you and your enrolled dependents using your name, date of birth, and social security number. However, you may also download a generic version of your ID card by registering directly on VSP's website or via the VSP mobile app

### Get Online!

Download the carrier mobile apps to view your benefits, get an ID card, manage prescriptions, find care and more!

## DEBIT CARDS

- If you opt into the Health Flexible Spending Account (FSA) and/or Health Savings Account (HSA), you will receive a debit card in the mail within 7-10 business days of your enrollment being processed by the pre-tax administrator. You will use one debit card to access both accounts.





# MEDICAL

## Save Money In-Network

A doctor or facility that is not contracted with your insurance company is considered out-of-network. Benefits, when available, are very limited. Out-of-network benefits have a separate deductible from the in-network deductible, then are covered at a percentage of the carrier's *allowed amount* (not the total amount billed by the provider).

## CONTACT INFO

**Aetna**  
Group ID #: 885560

HMO plans:  
(800) 445-5299

HDHP plan:  
(877) 204-9186

[www.aetna.com](http://www.aetna.com)



## AETNA

|                                | WHOLE HEALTH HMO (Southern CA Only) | VALUE HMO (CA Only)            | HMO (CA Only)      | OPEN ACCESS MANAGED CHOICE HDHP (CA & Non-CA)               |
|--------------------------------|-------------------------------------|--------------------------------|--------------------|---|
| <b>Network</b>                 | <i>AWH Southern CA HMO</i>          | <i>Aetna Value Network HMO</i> | <i>HMO</i>         | <i>Managed Choice POS (Open Access) or Open Choice PPO*</i> |
| <b>Deductible</b>              |                                     |                                |                    |   |
| Individual                     | \$0                                 | \$0                            | \$0                | \$2,000   |
| Ind. within a Family           | \$0                                 | \$0                            | \$0                | \$3,300   |
| Family                         | \$0                                 | \$0                            | \$0                | \$4,000   |
| <b>Out-of-Pocket Max</b>       |                                     |                                |                    |   |
| Individual                     | \$2,500                             | \$4,000                        | \$4,000            | \$3,300   |
| Family                         | \$5,000                             | \$8,000                        | \$8,000            | \$6,500   |
| <b>Coinsurance</b>             | Applicable copays                   | Applicable copays              | Applicable copays  | 20% after deductible  |
| <b>Preventive Care</b>         | No charge                           | No charge                      | No charge          | No charge   |
| <b>Office Visit</b>            |                                     |                                |                    |   |
| Primary / Specialty            | \$20 / \$40                         | \$40 / \$60                    | \$20 / \$30        | 20% after deductible  |
| <b>Urgent Care</b>             | \$50                                | \$75                           | \$0                | 20% after deductible  |
| <b>Emergency Room</b>          | \$150                               | \$250                          | 20%                | 20% after deductible  |
| <b>Inpatient Care</b>          | \$500/admit                         | \$500/day up to 3 days         | 20%                | 20% after deductible  |
| <b>Retail Rx</b>               |                                     |                                |                    |   |
| Rx Deductible                  | \$0                                 | \$200 / \$400                  | \$0                | Combined with medical:                                      |
| Tier 1 / 2 / 3                 | \$10 / \$30 / \$50                  | \$10 / \$30 / \$55             | \$10 / \$30 / \$50 | \$10 / \$30 / \$50  |
| Specialty Pharmacy             | 30% up to \$250                     | 30% up to \$250                | 30% up to \$250    | 30% up to \$250   |
| <b>Out-of-Network Coverage</b> | No                                  | No                             | No                 | Yes   |

Please refer to the carrier documents for details on benefits, exclusions, restrictions, and allowances.

**Each Aetna HMO plan has a different network, including different medical groups and facilities.** The Whole Health HMO is the most restrictive network and only provides coverage to those in Southern California. The Value HMO is a narrow network of medical groups and facilities. The HMO plan has the broadest network and provides coverage throughout California.

Please check that your desired doctor is within the network prior to choosing your medical plan. Visit <https://www.aetnaresource.com/m/SCAN> to review the networks. You must select the appropriate plan, as noted above, to check your provider's network status. A physician in the HMO network may not be in the network for the Whole Health HMO or Value HMO, so it is critical you review the correct network.

\*Contact HR to confirm which network applies to you.

Benefits listed above reflect in-network benefits only. Some services require prior authorization or a specialty network for services to be covered.





# DENTAL

## CONTACT INFO

**Aetna**  
Group ID #: 885560

(877) 238-6200  
[www.aetna.com](http://www.aetna.com)



| AETNA  |  |  |  |
|--|--|--|--|
|  | DHMO<br>Out-of-Network not covered   | DPPO   |  |
| Network  | In-Network DMO   | In-Network<br>Dental PPO/PDN with PPO II and Extend Network                      | Out-of-Network   |
| Deductible   | N/A, no deductible   | \$50 per member (max of 3 per family)  | \$50 per member (max of 3 per family)  |
| Preventive Care  | \$0  | 0%<br>(Deductible Waived)<br>Cleanings and exams covered twice per calendar year | 0%<br>(Deductible Waived)<br>Cleanings and exams covered twice per calendar year |
| Basic Care<br>Fillings, Extractions  | Various copays apply.<br>See Schedule of Benefits.   | 20%  | 40%  |
| Major Care<br>Crowns, Bridges, Dentures, Onlays, Implants  | Various copays apply.<br>See Schedule of Benefits.   | 50%  | 60%  |
| Calendar Year Benefit Allowance/Maximum<br>Once the carrier pays this amount, you are responsible for 100% of charges. | Unlimited  | \$1,500  | \$1,000  |
| Orthodontia<br>Adults and Children   | \$1,500  | 50%  | 50%  |
| Lifetime Orthodontia Maximum<br>Separate lifetime allowance for orthodontia  | N/A  | \$2,000  |  |
| Services Received Out-of-Network   | Out-of-network dentists are reimbursed at the 80 <sup>th</sup> percentile of usual, customary, and reasonable rates – or what eight out of ten dentists within a geographic region charge for a procedure. You are responsible for any charges above this amount, in addition to your coinsurance. |  |  |



# VISION

## CONTACT INFO

### VSP

Group ID #:  
30085517

(800) 877-7195  
[www.vsp.com](http://www.vsp.com)

| VSP  |  |  |
|--|--|--|
|  | EXAM ONLY  | BUY-UP   |
| Network  | VSP Choice   | VSP Choice   |
| <b>Well Vision Exam</b><br>Once every calendar year  | \$10 copay   | \$10 copay   |
| <b>Additional Eye Exams</b><br>Additional exams and services beyond routine care to treat immediate issues | \$20 copay   | \$20 copay   |
| <b>Prescription Glasses</b><br>Lenses  | 20% discount if purchased within 12 months of your last well vision exam   | \$25 copay<br>Buy-up for lens enhancements;<br>Covered every calendar year                             |
| <b>Prescription Glasses</b><br>Frames  | 20% discount if purchased within 12 months of your last well vision exam   | \$250 frame allowance;<br>\$270 feature brands;<br>\$135 Costco frames;<br>Covered every calendar year |
| <b>Contact Lenses</b><br>Purchase in lieu of glasses every calendar year                                   | Contact lens not covered;<br>15% discount for fitting/evaluation   | \$250 contact lens allowance; up to \$60 copay for fitting/evaluation                                  |
| <b>Laser Vision Correction</b><br>Discount Only  | Average up to 15% off regular price (5% off promotional pricing) from VSP contracted facilities.   | Average up to 15% off regular price (5% off promotional pricing) from VSP contracted facilities.       |
| <b>Services Received Out-of-Network</b>  | Expenses from non-network providers must be paid in full and submitted for reimbursement through VSP. Reimbursement maximums will apply (e.g., \$45 for eye exam, \$70 frames, \$30 single vision lenses).<br><br>Out-of-network reimbursement available (up to \$45) for eye exam only on Exam Only plan. |  |





# LIFE AND AD&D

## CONTACT INFO

**Prudential**

**Group ID #: 72279**

**(888) 598-5671**

**[www.prudential.com](http://www.prudential.com)**

| PRUDENTIAL      |   |
|-----------------|---|
| Benefit Amount  | 2x your annual earnings (including average commissions earned over the previous 12-month period or, if employed for less than 12 months, total commissions earned)  |
| Benefit Maximum | \$750,000   |
| Beneficiary     | Name a personal beneficiary of your choosing. It is recommended that you not list minor children as benefits will not be payable directly to the minor. Beneficiaries may be changed at any time in Workday.  |
| Age Reductions  | Benefits will reduce to 65% of the original amount at age 70 and 50% of the original amount at age 75.  |
| Taxation        | <p>While SCAN pays the premium for this coverage, the value (benefit) above \$50,000 is taxable to you per IRS guidelines, otherwise known as Table I taxation. This amount will be imputed to your income and is calculated using the IRS Table I rates. The taxation will be reflected as Group Term Life on your check stub.</p> <p>To avoid Table I taxation, you may request only \$50,000 of employer-sponsored life insurance. If you wish to later change to a 2x your earnings benefit, your election will be subject to Evidence of Insurability.</p> |





# VOLUNTARY LIFE AND AD&D

Purchase additional term life and/or AD&D coverage for yourself. If you purchase for yourself, you may also purchase coverage for your spouse and/or child(ren).

\*The "Benefits Begin to Pay After" is the amount of time you have to be out of work before your benefits become available.

\*\*The "Max Benefit Duration" is the maximum amount of time benefits may be paid while you continue to be out on an approved disability.

## CONTACT INFO

**Prudential**

Group ID #: 72279

(888) 598-5671

[www.prudential.com](http://www.prudential.com)



| PRUDENTIAL                     |   |   |   |
|--------------------------------|---|---|---|
|                                | EMPLOYEE  | SPOUSE  | CHILD(REN)  |
| Voluntary Life Options         | Increments of \$10,000  | \$5,000 increments, not to exceed 100% of Employee amount | \$10,000  |
| Coverage Maximum               | \$500,000   | \$100,000   | \$10,000  |
| Guarantee Issue                | \$200,000   | \$50,000  | \$10,000  |
| Age Reductions                 | Begin at 70   | Begin at 70   | Coverage continues until age 26 or your child is married, whichever occurs sooner |
| Application Process            | As a new hire, you may elect up to the guarantee issue amounts for yourself and your dependent(s). Simply choose your coverage within the benefits enrollment process. You must elect coverage for yourself in order to elect coverage for your spouse and/or child(ren). All Elections made outside of your new hire window are subject to Evidence of Insurability (EOI). |   |   |
| Annual Enrollment              | During open enrollment you may choose to increase existing coverage by one increment, up to the Guarantee Issue amount, with no medical underwriting required. New elections or elections in excess of one increment made during open enrollment are subject to EOI.  |   |   |
| Evidence of Insurability (EOI) | If you elect coverage in excess of the guarantee issue amount, you must complete EOI, a short medical underwriting questionnaire. The amount subject to EOI is not in effect until you receive written approval from the carrier.   |   |   |
| Rates and Payment              | Rates are based on your age and coverage amount. Rates can be reviewed in Workday. Premiums are age based and will be deducted on an after-tax basis.   |   |   |



# DISABILITY INSURANCE

## PRUDENTIAL SHORT TERM DISABILITY (STD)

|                              |   |
|------------------------------|---|
| Benefits Begin to Pay After* | 7 days  |
| Benefit (% of Earnings)      | 60%   |
| Benefit Maximum              | \$2,500/week<br>(Integrates with other social sources e.g., State Disability, Worker's Compensation, Social Security, etc., not to exceed the benefit plan maximum)             |
| Max Benefit Duration**       | 25 weeks  |
| Definition of Earnings       | Base annual earnings and commissions (including average commissions earned over the previous 12-month period or, if employed for less than 12 months, total commissions earned) |

## CONTACT INFO

**Prudential**

Group ID #: 72279

(888) 598-5671

[www.prudential.com](http://www.prudential.com)

## PRUDENTIAL LONG TERM DISABILITY (LTD)

|                                   |   |
|-----------------------------------|---|
| Benefits Begin to Pay After*      | 180 days  |
| Benefit (% of Earnings)           | 60%   |
| Benefit Maximum                   | \$10,000/month<br>(Integrates with other social sources e.g. State Disability, Worker's Compensation, Social Security, etc., not to exceed the benefit plan maximum)            |
| Max Benefit Duration**            | To Social Security Normal Retirement Age  |
| Definition of Earnings            | Base annual earnings and commissions (including average commissions earned over the previous 12-month period or, if employed for less than 12 months, total commissions earned) |
| Pre-Existing Condition Limitation | Conditions that existed or are treated during the 3 months immediately preceding coverage effective date are not covered if disability occurs in first 12 months.               |
| Special Limitations               | 24-month lifetime benefit maximum for mental/nervous conditions, alcohol, and substance abuse.  |

Claims should be filed on or within 90 days after the date of disability. Claim forms can be requested from HR or filed online. Claim forms include detailed instructions on required documentation and ways to submit a claim.





# FLEXIBLE SPENDING ACCOUNTS (FSA)

## CONTACT INFO

HealthEquity

(866) 735-8195

[www.healthequity.com](http://www.healthequity.com)

| HEALTH EQUITY   |  |   |
|---|--|---|
|   | HEALTH   | DEPENDENT CARE  |
| Plan Year   | January 1 <sup>st</sup> – December 31 <sup>st</sup>  |   |
| Description<br>All contributions are made via pre-tax payroll deductions                    | Qualified healthcare expenses incurred by you or your eligible dependents, regardless of your enrollment on SCAN's medical plan  | Qualified childcare expenses for your child(ren) age 12 or younger and care for adult dependents in limited circumstances                   |
| Maximum Election  | \$3,300  | \$5,000 (per household)   |
| Claims Incurred Start Date  | Later of January 1 or your effective date  |   |
| Claims Incurred Deadline  | December 31 <sup>st</sup> or your employment termination date  | December 31 <sup>st</sup>   |
| Claims Submission Deadline  | March 31 <sup>st</sup> after Plan Year ends  | March 31 <sup>st</sup> after Plan Year ends   |
| Filing Claims and Using Your Funds  | Full annual election available immediately <ul style="list-style-type: none"><li>• Debit Card (Save your receipts!)</li><li>• Online</li><li>• Mobile App, Email, and Fax also available</li></ul>   | Funds available as contributed <ul style="list-style-type: none"><li>• Online</li><li>• Mobile App, Email, and Fax also available</li></ul> |
| Use It or Lose It Rule  | Under IRS guidelines, Flexible Spending Account plans are subject to a "use it or lose it" rule. If your eligible expenses are not sufficient to exhaust your full election, any unused funds will be forfeited. Note: for <i>health</i> FSAs, there is a rollover provision where unused funds up to \$660 can be rolled over into the following plan year. |   |
| Limited Purpose Health FSA<br>Enrollment in a Health FSA and a Health Savings Account (HSA) | If you participate in the HDHP and HSA and elect a Health FSA, your Health FSA is considered a Limited Purpose account. This means that eligible expenses for the health care FSA include dental and vision expenses but cannot be used for medical expenses.  |   |





# HEALTH SAVINGS ACCOUNT (HSA)

## CONTACT INFO

HealthEquity

(866) 735-8195

[www.healthequity.com](http://www.healthequity.com)



## HEALTH EQUITY

|                                    |  |                |                |
|------------------------------------|--|----------------|----------------|
| Opening Your HSA                   | If you choose to enroll in the HDHP, you will automatically be enrolled in a health savings account (HSA) with HealthEquity. Only expenses incurred after your HSA has been opened are eligible for reimbursement.   |                |                |
| Employer Funding                   | SCAN will make contributions to your HSA according to the table below.   |                |                |
|                                    | Coverage Level   | Per Pay Period | 12 Month Total |
|                                    | Employee Only (CA)   | \$23.08        | \$600          |
|                                    | Family (CA)  | \$46.15        | \$1,200        |
|                                    | Employee Only (Non-CA)   | \$48.08        | \$1,250        |
|                                    | Family (Non-CA)  | \$86.54        | \$2,250        |
| Employee Contributions             | You may make additional contributions via pre-tax payroll reductions as long as you remain enrolled in a qualified HDHP. HSA contributions may be changed at any time in Workday.  |                |                |
| Maximum Contribution               | 2025: \$4,300 single coverage or \$8,550 family coverage<br>Additional \$1,000 catch-up contribution for those age 55+<br>These IRS limits are combined for all employee and/or employer contributions.  |                |                |
| Account Management                 | You will have online access to manage funds, withdrawals, and investment options. Upon enrollment, you will be sent a welcome email with more details.   |                |                |
| Over Age 65 or Turning Age 65      | If you are over age 65 or turning age 65, please <a href="#">read this article</a> prior to making HSA contributions or receiving any HSA funding from your employer.  |                |                |
| Eligibility Restrictions           | In order to be eligible to make contributions into an HSA, you must meet all of the following criteria: (1) Covered by a qualified High Deductible Health Plan (HDHP), (2) Not covered by any other health coverage, including a regular Flexible Spending Account (FSA), (3) Cannot be claimed as a dependent on another person's tax return, (4) Not entitled to benefits under Medicare, including Medicare Part A.<br><br>If you are not eligible to open and contribute to an HSA, you must notify SCAN in writing within 30 days of your eligibility date. |                |                |
| Filing Claims and Using Your Funds | Access funds using your debit card or by submitting a claim for reimbursement online.  |                |                |



# MENTAL HEALTH BENEFITS

At SCAN, we recognize the vital role mental health plays in your overall well-being. That's why we offer a range of mental health resources for you and your dependents.

## MODERN HEALTH

Modern Health provides access to the following benefits:

- Personalized one-on-one, group-based, and self-service resources available to you and your dependents
- Personalized care recommendations once you complete a simple health survey on the app or website
- Six one-on-one coaching sessions and six one-on-one therapy sessions for each employee and enrolled dependent
- Access to urgent and critical needs with a master's level counselor 24/7 to provide immediate support by calling (866) 535-6463

[my.modernhealth.com](https://my.modernhealth.com) | [help@modernhealth.com](mailto:help@modernhealth.com) for trouble registering

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is a free professional, confidential consultation service provided by ComPsych available to you and your dependents.

- All counselors and consultants are experienced, licensed professionals in employee assistance consultation
- Everything discussed in consultation is kept completely confidential
- Limited number of face-face (or virtual visits) with a counselor

You may call 24/7 for consultation or assistance or access online resources at any time.

(800) 311-4327 | [guidanceresources.com](https://guidanceresources.com) Web ID: GRS311

## COVERAGE THROUGH YOUR MEDICAL PLAN

All Aetna medical plans include mental health coverage.

Aetna includes a variety of self-care and mental health apps that may be used at no cost to you. Log in to your Aetna online account to find out more details and the additional resources available to you.







# RETIREMENT

## Eligibility

Employees are eligible to enroll after their first pay date by creating an account on the [Empower Retirement](#) website or by calling [1-866-467-7756](#). If you don't take any enrollment action – either enrolling yourself or opting out – within 45 days of employment, you will be automatically enrolled at 4% of eligible compensation. Your pre-tax pay will be invested in the Target Date Fund that most closely matches your retirement date, based on an assumed retirement age of 65. You may change your contribution rate and investment elections at any time.

Please review the 401(k) plan materials for employer match and safe harbor non-elective employer contribution details.

## Your Contributions

You may contribute between 1% and 80% of your eligible pay to your plan account, up to annual IRS limits. In 2025, the IRS limits allow you to contribute up to:

- \$23,500 if you are under age 50
- \$31,000 if you're age 50 or above this calendar year (this amount includes \$7,500 in catch-up contributions)

Your contributions are made on a pre-tax basis, which lowers your current taxable income and tax bill.

## Employer Contributions

**Safe Harbor Non-Elective Employer Contribution:** Each pay period, SCAN will contribute a non-elective contribution of 5% of eligible compensation to your 401(k) plan (eligible first of the month following 60 days of employment). This contribution is 100% vested.

**Employer Match:** Each pay period, SCAN will match 50% of the first 4% of your contributions (eligible first of the month following 60 days of employment). This contribution will be vested after 3 years of employment.

## Vesting

You are immediately 100% vested in your own contributions and in the SCAN 5% safe harbor contribution. This means the value of these contributions and earnings are yours when you leave SCAN regardless of years of service.

You must have three years of vesting service to be 100% vested in the matching contributions. If your employment ends and you have fewer than three years of vested service, these contributions will be forfeited.





# ADDITIONAL BENEFITS

## UNUM VOLUNTARY PRODUCTS

Voluntary benefits pay you an immediate cash benefit to help with out-of-pocket medical expenses and living expenses should you qualify under the plan provisions. You have the option to enroll yourself and dependent(s) in any of the following:

- **Accident** – payable benefit if you experience an accident such as a broken bone, fracture, emergency room visit, and more. This plan includes a building benefit feature, meaning the longer you are enrolled in the plan, the greater the payable benefit!
- **Critical Illness** – payable benefit should you be diagnosed with a covered critical illness such as heart attack or cancer. Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a covered Be Well Benefit screening test.
- **Hospital Indemnity** – payable benefit should you be hospitalized due to sickness or accidental injury. Benefit is dependent on your hospital stay duration and type of admission.

View your cost to enroll in coverage in Workday.

## PETS BEST PET INSURANCE

Receive discounted pet insurance for your dog or cat with Pet's Best! You will be billed directly by the carrier for coverage. Sign up online at [www.petsbest.com/SCANPETS](http://www.petsbest.com/SCANPETS) or call (888) 984-8700. Reference discount code: SCANPETS.

## AIRVET

Employees of SCAN and The Scan Foundation are automatically enrolled at no cost to you! Receive on-demand, virtual vet visits for unlimited species and personal pet guidance. Register at [www.join.airvet.com/getstarted](http://www.join.airvet.com/getstarted) using employer code: SCAN.

## WELLHUB WELLNESS AND FITNESS

Employees and up to three family members have access to wellness and fitness benefits through Wellhub!

Membership starts at \$0 for employees. With the Wellhub membership you will have access to:

- 18k gyms and studios in the US, including LA Fitness, F45, and OrangeTheory Fitness
- 50+ wellbeing apps focused on topics like meditation, nutrition, healthy habits, and fitness
- 1:1 virtual personal training or wellness coach sessions
- Live and on-demand classes from popular gym partner

Get started by downloading the Wellhub app! Once in the app, click Sign up for free. Search for SCAN Health as the company and register using your work email address.





## **METLIFE LEGAL**

MetLife Legal provides you access to the expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you're buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step. For \$18.75 per month, you, your spouse, and dependents get legal assistance for some of the most frequently needed personal legal matters, such as estate planning, traffic tickets, civil lawsuits, and so much more!

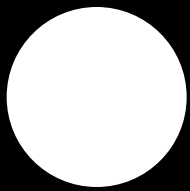
To learn more about coverage, view MetLife's attorney network or grant your dependents access, create an account at [members.legalplans.com](https://members.legalplans.com) or call The MetLife Legal Plans Client Service Center at 800-821-6400 (Monday-Friday, 8:00am – 8:00pm ET).

## **WORKING ADVANTAGE DISCOUNT PROGRAM**

SCAN employees and dependents have access to an employee discount program where you can save up to 60% on ticketed events and online shopping.

Visit <https://vitacompanies.savings.workingadvantage.com> to register.





NOTE: The initial plan description is intended for general information purposes only; it is NOT to be considered a Summary Plan Description nor is it a contract. It provides only a very brief summary of benefits and does not replace or supersede the actual plan provisions as defined in the master plan documents. It is not all-inclusive, and it is not a contract. Every attempt has been made to ensure the accuracy of this summary, but in the event of a discrepancy between this summary and the plan contract, benefits will be governed solely by the respective plan contracts.