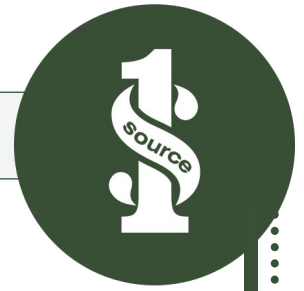


Benefits Guide

2022



“Simplifying Your HR, Benefits, Risk, and Payroll.”



This guide is intended to clarify the benefit options available to you and to help you make informed choices that best suit your needs. You have the opportunity through the open enrollment period to make any changes, additions or deletions to your benefits. If you are a new employee and have met your initial waiting period you must enroll in the plans by the effective date.

The benefit program you have is the same type that Fortune 500 companies have been using for many years. Instead of giving away premium dollars to large insurance companies as revenues for them, you and your company have the opportunity to take advantage of your good health choices. This will allow you to maintain rich benefits while keeping cost increases far below the national and local trends. You have the opportunity to directly affect your premium increases. You do this through making wise consumer choices.

As you go through the enrollment guide, please read all the information carefully and become familiar with your benefits; ask questions; review your benefit package with appropriate representatives and family members prior to making your selections. The choices you make will remain in force during your entire plan year.

1 Source is pleased to assist in offering a comprehensive benefits package.
Our commitment is to provide the best possible plan and administration.

Note: This publication is only a partial summary of benefits and is provided for information purposes only. It does not describe all the elements of the summarized programs. For complete information regarding the benefits, plan provisions, limitations, and for a description of grievance procedures and binding arbitration of disputes, refer to the Master Plan Document 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 benefit plan provisions, the plan document and insurance contracts will govern. No rights shall accrue to you and/or your dependents because of any statement, error or omission in this publication.



Business Solutions

Benefits@1sourcebusiness.com

6966 South Commerce Park Drive, Midvale, UT 84047 | 801-352-2333

Contact Information

Medical, Dental & Prescriptions

Direct Care Administrators
P.O. Box 3000 Bountiful, UT 84011
(800) 565-3234
(801) 299-8365 fax
www.directcareadministrators.com

Prescription Drugs

Magellan RX
(800) 659-4112

WellVia—Telemedicine

(855) 935-5842
www.WellViaSolutions.com

Dental

Dentist Direct
(800) 565-3234
www.usdentistdirect.com

Vision Plan

VSP Vision Benefits
(800) 877-7195
www.vsp.com

Coba Health

Service: (385) 404-0200
www.cobahealth.com

HSA—Health Equity

(866) 346-5800
my.healthequity

FSA/DCA/Transit

Omega Benefit Strategies
(508) 986-9359
www.omegabenefitstrategies.com

Life Insurance

Colonial life
Service: (800) 325-4368
www.coloniallife.com

Nationwide Legal Referral Service

(801) 895-7166
www.nationwidelegalreferral.com

STD / LTD

The ABACUS Group, LLC
252 Harry Lane Blvd., Ste 100
Knoxville, TN 37923
Service: (800) 653-5242
Fax: (800) 653-5507

TransAmerica

www.transamerica.com
Customer Service: (888) 763-7474
Retirement: (800) 401-8726



Health Insurance

TRADITIONAL MEDICAL PLANS

Medical Coverage	\$1,000 Plan	\$2,000 Plan	\$3,000 Plan	\$4,000 Medallus Plan	\$6,350 Plan
Deductible (Indv/Fam)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$6,350 / \$12,700
Out of Pocket Max (Indv/Fam)	\$5,750 / \$11,500	\$6,750 / \$13,500	\$7,750 / \$15,500	\$8,150 / \$16,300	\$6,350 / \$12,700
Primary Care Office Visit	\$25	\$30	\$40	\$10 - Medallus Clinic \$50 - All Other Clinics	\$50
Specialist Office Visit	\$45	\$50	\$60	\$60	\$60
Mental health Office Visit	\$45	\$50	70% AD	70% AD	100% AD
Care Preventative	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Urgent Care	\$45	\$50	\$60	\$10 - Medallus Clinic \$75 - All Other Clinics	\$75
Emergency Room	\$200 copay / 20%	\$250 copay / 20%	\$300 copay / 30% AD	\$250 copay / 100% AD	\$250 copay / 100% AD
Ambulance	80% AD	80% AD	70% AD	70% AD	100% AD
Lab & X-Ray Major over \$350	80% AD	80% AD	70% AD	70% AD	100% AD
MRI, CT, PET, etc.	80% AD	80% AD	70% AD	70% AD	100% AD
Hospital (Inpatient/Outpatient)	80% AD	80% AD	70% AD	70% AD	100% AD
Maternity	80% AD	80% AD	70% AD	70% AD	100% AD
Mental health (Inpatient/Outpatient)	80% AD	80% AD	70% AD	70% AD	100% AD
Therapy (Outpatient)	80% AD	80% AD	70% AD	70% AD	100% AD
Substance Abuse (Outpatient Only)	80% AD	80% AD	70% AD	70% AD	100% AD
Skilled Nursing	80% AD	80% AD	70% AD	70% AD	100% AD
Durable Medical equipment	80% AD	80% AD	70% AD	70% AD	100% AD
Rx Deductible	Single - \$75 / Family - \$150	Single - \$75 / Family - \$150	Single - \$75 / Family - \$150	\$250 per person	\$250 per person
Tier 1 - Generic	\$7	\$7	\$15	\$15	\$15
Tier 2 - Brand	\$40 After Rx Ded	\$40 After Rx Ded	25% After Rx Ded	25% After Rx Ded	25% After Rx Ded

AD - After Deductible

All benefits listed are In-Network benefits. Please see your Plan Document for out-of-network benefits. Pre-certification required. See section IV in plan booklet summary plan document for more information. This is only a brief summary of the benefits. Please refer to your Plan Document for detailed information.

** Many of life's big moments may open the door to making changes to your health insurance coverage outside of the regular open enrollment period (marriage, divorce, baby, adoption, death, loss of other coverage, dependent turning 26). Changes can be made 30 days after the qualifying life event happens. Please note if you do not notify I Source Business Solutions of the life event within 30 days, you will need to wait until the annual open enrollment and no exceptions will be made. **



HIGH DEDUCTIBLE HEALTH PLANS HSA ELIGIBLE

Medical Coverage	\$2,500 - HSA Plan	\$5,000 - HSA Plan
Deductible (Indv/Fam)	\$2,500 / \$5,000	\$5,000 / \$10,000
Out of Pocket Max (Indv/Fam)	\$4,000 / \$8,000	\$5,000 / \$10,000
Primary Care Office Visit	80% AD	100% AD
Specialist Office Visit	80% AD	100% AD
Mental health Office Visit	80% AD	100% AD
Preventive Care	Covered 100%	Covered 100%
Urgent Care	80% AD	100% AD
Emergency Room	80% AD	100% AD
Ambulance	80% AD	100% AD
Lab & X-Ray <i>major over \$350</i>	80% AD	100% AD
MRI, CT, PET, etc.	80% AD	100% AD
Hospital <i>(Inpatient/Outpatient)</i>	80% AD	100% AD
Maternity	80% AD	100% AD
Mental health <i>(Inpatient/Outpatient)</i>	80% AD	100% AD
Therapy <i>(Outpatient)</i>	80% AD	100% AD
Substance Abuse <i>(Outpatient Only)</i>	80% AD	100% AD
Skilled Nursing	80% AD	100% AD
Durable Medical equipment	80% AD	100% AD
Rx Deductible	Combined with Medical	Combined with Medical
Tier 1 - Generic	80% AD	100% AD
Tier 2 - Brand	80% AD	100% AD

HSA Contributions may be changed at anytime. Please fill out an HSA Enrollment form to enroll in HSA

2022 Maximum HSA Contributions

Single/Family - \$3,650 / \$7,300 — Catch up over 55 years old - \$1,000



Frequently Asked Questions

What is the name of our insurance company?

Your plan is administered by Direct Care Administrators. You will find their name, address and telephone number on your ID card. When you present your card to a medical provider, they will generally make a copy and keep it in their office.

Who do I call if I have not received my ID card or if it is incorrect?

Your ID cards are provided by Direct Care Administrators. They will be happy to correct your ID cards, or just mail you extra copies.

When can I sign up for coverage? If I don't sign up now, can I sign up later? Can I drop coverage any time I want?

There are three periods you have available to you for enrolling in your benefits plan.

1. The first day of the month after meeting your waiting period following hire date
2. Open enrollment period (each year at renewal time)
3. Within **30 days** of an IRS approved qualifying event
 - a. Marriage or divorce,
 - b. Addition of dependent child through birth, adoption or change in custody,
 - c. Spouse or dependent dies,
 - d. Dependent loses eligibility for coverage,
 - e. Spouse loses or qualifies for health coverage through his/her employer.

How long are my dependent children covered under the plan?

Your dependent child must meet all of the following:

1. The child has not reached the age of 26.
2. The child is not a member of the armed forces.
3. Dependents of a dependent will not be covered.
4. No maternity coverage will be provided for dependent children (including wellness visits).

Do I need to call for pre-authorization?

Yes. If you have scheduled a surgery, your medical provider will generally call for approval, however, it is a good idea to also call and verify that this has been done for you. The number is on your ID card. If you have any emergency, you, or someone close to you, will need to call within 24 hours.

Am I covered when I travel out of the country?

You are covered while traveling in a foreign country, but since you are out of your assigned network area, the benefits payable are at the OUT of network level. For the \$3000.00, \$4000.00, and \$6350.00 plans, there is no coverage outside of the United States.



Who do I call to find out if my doctor or hospital is in the network?

There are several ways you can look at your available Preferred Provider Network:

1. Call your provider directly and verify that they participate in the network,
2. Visit www.directcareadministrators.com and click on the provider network link, or
3. Call DCA for verification - (800) 565-3234.

If my doctor is on the provider list but wants to use a facility that is not a provider facility will it be covered?

No. Any services provided by an out-of-network facility will be billed as out of network.

What can I do to keep my healthcare cost down?

1. Have an annual checkup. Preventive care is covered at 100%.
2. When you need care, ask questions. Read and study. Participate in the process.
3. If you need to take a medication, ask your doctor for a sample prior to filling the prescription to make sure it will work for you.
4. Ask for generic substitutions for your prescriptions to save on costs.
5. Use WellVia before visiting your doctor.

Online

You can check your Claims, explanation of Benefits, Print Temporary cards or check eligibility, online:

1. Go to www.directcareadministrators.com
2. Enter the employee's SSN without spaces or dashes or the card ID # found on your ID card.
3. PIN - The first time you go into the system, enter the employee's birth date without spaces or dashes. When you are able to log in, you can change the PIN to whatever you would like. Enter the entire year the employee was born.

Example

SSN 123123123
PIN 01011970

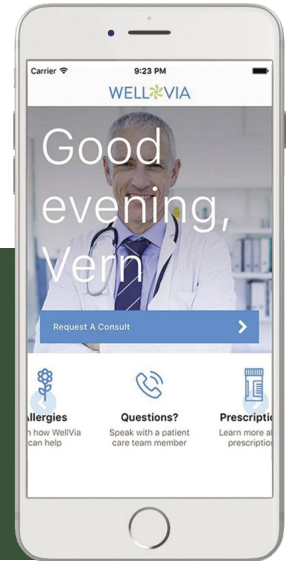
For Health West - <https://www.hwadmin.net:448/>

For Health Utah - <https://www.directcareadministrators.com/>



WellVia—Telemedicine

WellVia has a national network of board-certified, state-licensed doctors offering medical consultations 24 hours a day, 7 days a week! WellVia doctors diagnose acute non-emergent medical conditions and prescribe medications when clinically appropriate. Speak to our doctor within minutes from anywhere—home, work, or while traveling.



HOW TO GET STARTED WITH WELLVIA

STEP 1: SETUP YOUR MEMBER PORTAL

Head on over to www.WellViaSolutions.com and register for the member portal. Here you'll have access to the same amazing tools as our app but from your computer.

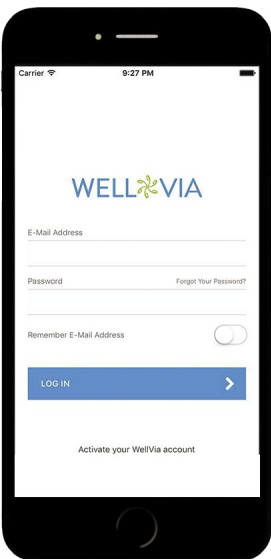
Cost with insurance	\$0.00
Cost without insurance	\$6.00

STEP 2: DOWNLOAD THE APP

Search and download “WellVia” in the app store or Google Play! Available on your iPhone or Android device.

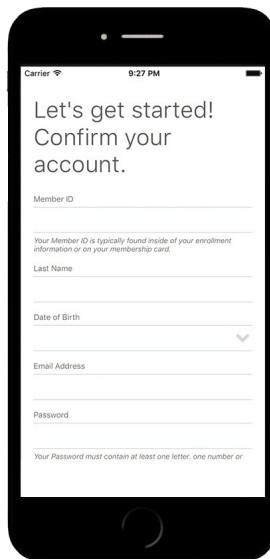


STEP 3: SETUP THE APP



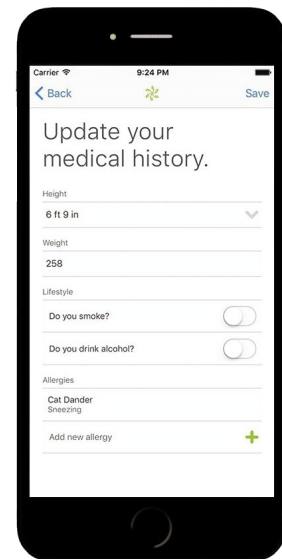
Enter your email address to begin.

Click “Get Started”



Select and enter the primary member's information:

- Last Name
- D.O.B.
- Zip Code
- Email address
- Password
- Phone #



STEP 4: USE WELLVIA NEXT TIME YOU'RE SICK

Open up the app and push the button to connect with a doctor. Shop and price drugs and procedures, sync and keep track of your deductible to make sure your minimizing your out of pocket cost, and much more.

No smartphone or internet? No problem, simply call to talk to a doctor

855.935.5842



Our Mission

We provide low cost, high-quality surgical care for self-insured companies.

Savings

The bottom line in that we can save you money—lots of it!

Our Plan

Bundles case rates are built around an “episode of care,” which is defined as a period of time beginning at the patient’s pre-operative appointment and ending at the first post-operative appointment with the surgeon.



Surgical Procedure Categories

Spine



Orthopedic



General Surgery



Eye



Gynecological



Bariatric



Patient Safety

We use only top rated facilities and surgeons.

Coba Health

Service: (385) 404-0200

www.cobahealth.com

NEVER OVERPAY FOR PRESCRIPTIONS AGAIN NOW THAT'S CLEVER.



Download your Clever RX card or Clever RX App to unlock exclusive savings.



Present your Clever RX App or Clever RX card to your pharmacist.



FREE to use. Save up to 80% off prescription drugs and beat copay prices.

- START SAVING TODAY WITH CLEVER RX**
-  100% FREE to use
 -  Unlock discounts on thousands of medications
 -  Save up to 80% off prescription drugs – often beats the average copay
 -  Accepted at most pharmacies nationwide



STEP 1:

Download the **FREE Clever RX App**. From your App Store search for "Clever RX" and hit download. Make sure you enter in Group ID 1062 and in Member ID 1000 during the on-boarding process. This will unlock exclusive savings for you and your family!



STEP 2:

Find where you can save on your medication. Using your zip code, when you search for your medication Clever RX checks which pharmacies near you offer the lowest price. Savings can be up to 80% compared to what you're currently paying.



STEP 3:

Click the voucher with the lowest price, closest location, and/or at your preferred pharmacy. Click "share" to text yourself the voucher for easy access when you are ready to use it. Show the voucher on your screen to the pharmacist when you pick up your medication.



STEP 4:

Share the Clever RX App. Click "Share" on the bottom of the Clever RX App to send your friends, family, and anyone else you want to help receive instant discounts on their prescription medication. Over 70% of people can benefit from a prescription savings card.

NOW THAT IS NOT ONLY CLEVER, IT IS CLEVER RX.

DID YOU KNOW?

70%

Over 70% of people can benefit from a prescription savings card due to high deductible health plans, high copays, and being underinsured or uninsured.

30%



Over 30% of prescriptions never get filled due to high costs.

40%

40% of the top ten most prescribed drugs have increased in cost by over 100%

70%



Clever RX prices are lower than competitor prices 70% of the time.

C L E V E R  PRESCRIPTION SAVINGS CARD
C L E V E R  CLEVERRX.COM

SAVE UP TO 80% on prescription drugs at virtually all U.S. pharmacies!

BIN: 610378
PCN: SC1
Group: 1062
Member ID: 1000

For even greater savings, download the app for **FREE!**

Pharmacist Help Line: 800-974-3135
Customer Help Line: 800-873-1195

This card valid exclusively at CVS, Target, Longs Drugs, Walmart, Kroger, Fry's, Harris Teeter, Walgreens, and Duane Reade. For thousands more pharmacies, download the Clever RX App.

THIS CARD IS NOT INSURANCE

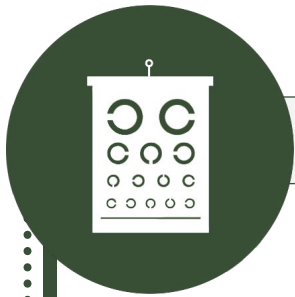
Dental Insurance



	Peak Discounts	Summit Network	Pinnacle
Type of Plan	A fee-for service discount service	Insured PPO	Insured PPO
Network	In-Network Benefits only	In-Network Benefits only	In or Out-Of-Network
Deductible	\$0	\$25/\$75	\$25/\$75 In Network / \$100 Per Person Out Of Network
Preventive	Patient Pay Contracted Fee	\$20 Copay	100% of Contracted Fee In Network / 90% Out Of Network
Basic	Patient Pay Contracted Fee	Silver Fillings - 100%, 30-40% Savings On All Other Procedures	90% Of Contacted Fee In Network / 70% Out Of Network
Major	Patient Pay Contracted Fee	30-40% Approximate Savings	60% Of Contracted Fee In Network / 40% Out Of Network
Specialist	20% Discount Off Specialist's Regular Fee-Patient Pays	20% Discount Off Specialist's Regular Fee-Patient Pays	50% Discount Off Specialist's Regular Fee-Patient Pay Amount Exceeding Plan Payment
Maximum Benefit - Per year	No Maximum	No Maximum	\$1,200
Orthodontics (<i>under 18 yrs</i>)	Contracted Ortho Fee	Contracted Ortho Fee	\$1,000
Adults	Contracted Ortho Fee	Contracted Ortho Fee	None
Lifetime Major Maximums (<i>Insured</i>)	None	None	\$1,000
Waiting Periods			
Preventive	None	None	None
Basic	None	None	None
Major	None	None	12 Months
Specialist	None	None	6 Months
Orthodontics	None	None	12 Months

Employee	\$10.50	\$20.00	\$39.00
Employee + 1	\$20.00	\$40.25	\$73.00
Employee + Family	\$29.50	\$57.00	\$137.00

Peak and Summit plan have a limited National Network outside of Utah.



Vision Insurance

Vision Insurance

Vision Care Services	In-Network	Out-Of-Network	Buy Up Plans
Co-Pays: Exam (1 per 12 mos) Materials	\$10 Co-pay \$25 Co-pay	Up to \$45 Co-pay See Below	\$10 Co-pay
Standard Plastic Lenses: (1 per 12 mos) Single Vision Bifocal TriFocal Lens Options: Scratch resistant coating Polycarbonate Lenses for Children Ultra Violet Protection	Covered by Co-pay Covered by Co-pay Covered by Co-pay N/A N/A N/A	Up to \$30 Co-pay Up to \$30 Co-pay Up to \$30 Co-pay N/A N/A N/A	Covered by Co-pay Covered by Co-pay Covered by Co-pay \$0 \$0 \$0
Frames: (1 per 12 mos) Members choose from any frame available at provider locations.	\$130 Retail Allowance	Up to \$50 Allowance	\$180 Retail Allowance
Contact Lenses: (1 per 12 mos) (Includes fit, follow-up and materials) In lieu of eyeglasses lenses & frames Elective Medically Necessary	Up to \$130 Allowance Up to \$130 Allowance Up to \$210 Allowance	Up to \$70 Allowance Up to \$130 Allowance	\$180 Allowance \$180 \$200 \$201 Savings over balance
Laser Vision Correction:	Membership gives access to preferred pricing		Average 15% off the regular price or 5% off the promotional price.
Glasses and Sunglasses** Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam.			
Visit www.vsp.com to find a VSP doctor. This is a summary only. See your contract for further details. The contract will always prevail.			
Monthly Premiums	EE \$11.49 EE + 1 \$16.65 EE + Family \$29.85		EE \$17.24 EE + 1 \$24.98 EE + Family \$44.80

**Sunglasses available on the Buy Up plan only

Flexible Spending Account



WITH AN FSA YOU CAN:

AN FSA IS A GREAT WAY TO PAY FOR EXPENSES WITH PRE-TAX DOLLARS.

Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid Card.

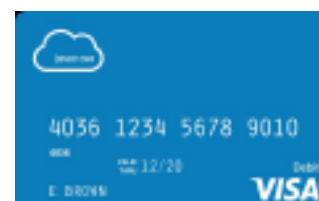
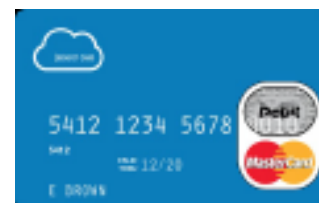
WHAT IS AN FSA?

With an FSA, you elect to have your annual contribution (up to the \$2,850 set by the IRS) deducted from your paycheck each pay period, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

With all FSA account types, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your claim history and submit requests for reimbursements. In addition, you'll receive a convenient Card to make it easy to pay for eligible services and products not covered by your health insurance. When you use your card, payments are automatically withdrawn from your account. Just swipe and go. It's that easy. Save your receipts! Most expenses can be validated through the card transaction but you may be prompted to provide a copy of the receipt for certain transactions in accordance to IRS regulations. When required, receipts can be easily sent uploaded to either the consumer portal online or, through the mobile app. It's as simple as taking a picture of the receipt using the camera on your mobile device!

- A Healthcare FSA allows reimbursement of qualifying out-of-pocket medical expenses.
- A Limited Purpose Medical FSA works with a qualified high deductible health plan (HDHP) and Health Savings Account (HSA). A limited FSA only allows reimbursement for vision and dental expenses.
- A Dependent Care FSA allows reimbursement of dependent care expenses, such as (daycare) incurred by eligible dependents
- Enjoy significant tax savings with pre-tax deductible contributions and tax-free reimbursements for qualified plan expenses
- Quickly and easily access funds using the prepaid Card at point of sale, or request to have funds directly deposited to your bank account via online or mobile app
- Reduce filing hassles and paperwork by using your prepaid Card
- Enjoy secure access to accounts using a convenient Consumer Portal available 24/7/365
- Manage your FSA “on the go” with an easy-to-use mobile app
- File claims easily online (when required) and let the system determine approval based on eligibility and availability of funds
- Stay up to date on balances and action required with automated email alert and convenient portal and mobile home page messages
- Get one-click answers to benefits questions
- Up to \$570 in unused funds can **roll over** into the following plan year, any funds over this amount you will lose and will not be able to rollover

Flexible Spending Account





WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

An HSA works with a high deductible health plan (HDHP), and allows you to use before-tax dollars to reimburse yourself for eligible out-of-pocket medical expenses for you, your spouse and your dependents, which in turn saves you on taxes and increases your spendable income.

How it Works

You and your employer can deposit money into your HSA account, up to an annual per-person or family limit set by the IRS (Limits for 2022: Single/Family—\$3,650/\$7,300). When you enroll, an account will be created for you at a sponsor bank. You'll be given access to a secure, easy-to-use web portal where you can track your account balance, view your investment account and submit requests for reimbursements.

In addition, you'll receive a convenient Card to make it easy to access the money in your HSA. The card contains the value of your HSA account and you can use it to pay for eligible services and products not covered by your health insurance. When you use the card, payments are automatically withdrawn from your account, so there are no out-of-pocket costs and you won't have to submit receipts to verify the purchase. Just swipe the card and go. It's that easy!

Benefits to You

- An HSA is yours. Funds in your HSA account stay with you, even if you change jobs.
- Contribute tax free. An HSA reduces your taxable income. The money is tax free both when you put it in and when you take it out to cover qualified medical expenses.
- Grow funds tax free. An HSA grows with you. When your HSA account balance reaches the minimum balance requirement, your funds can be invested in mutual funds yielding tax-free earnings.
- Funds can be withdrawn anytime for medical expenses.
- After age 65, the funds can be used for any purpose, without penalty.



HSA & CSA

COMMUTER SAVINGS ACCOUNT



HELP YOUR EMPLOYEES GET TO WORK WITH EASE—AND SAVE MONEY TOO

QUALIFIED TRANSPORTATION ACCOUNTS (QTAS)—WHAT ARE THEY?

QTAs allow employees to set aside pre-tax funds used for eligible transit and parking expenses related to commute to work, governed by IRC Section 132. If the participant has both a parking account and a transit account, each account is entirely separate, and funds cannot be transferred from one to the other. Transit and/or parking benefits are limited to employee expenses only: reimbursement is not allowed for spouse or dependent transit or parking expenses.

ELECTIONS AND SPENDING

- IRS sets maximum monthly pre-tax deduction and spending and adjusts annually, these limits reflect the maximum allowed pre-tax contribution and reimbursement amounts per calendar month.
- 2022 limits are:
 - Transit Passes or Commuter Highway Vehicle—\$280
 - Parking—\$270
- Unused amounts can be carried over
- Contributions are available for reimbursement based on payroll deduction cycle (like Dependent Care)
- The employee can track account activity on the Consumer Web Portal

<p>ELIGIBLE TRANSIT EXPENSES</p> <ul style="list-style-type: none"> • Buses • Trains & subways • Ferries • Vanpools • Commuter highway vehicles • Car Service Apps—uberPOOL and Lyft Line <p>ELIGIBLE PARKING EXPENSES</p> <p>Parking at or near your place of employment.</p> <p>Parking at a location from which you commute to work.</p> 	<p>INELIGIBLE TRANSIT AND PARKING EXPENSES</p> <ul style="list-style-type: none"> • Bridge tolls • Highway tolls • Expenses for someone other than you • Fuel • Mileage • Uber and Lyft services not associated with uberPOOL and Lyft Line services <p>Business travel and other reimbursed expenses are also excluded from this benefit.</p> 
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DCFSA

GET MORE FROM YOUR DEPENDENT CARE FSA

Your out-of-pocket dependent care expenses don't have to take a big hit on your budget. Contributing to this type of account reduces taxable income and spreads the benefits of pre-tax dollars throughout the year, helping you save 30 percent or more on your dependent care costs.

Use your Dependent Care Flexible Spending Account (DCFSA) to cover these expenses—plus save using pre-tax dollars. Below are examples of IRS-qualified eligible expenses.

Dependent Care Expenses

- Babysitting (work related) Before- or after-school program
- Licensed nursery schools
- Qualified childcare centers
- Custodial elder care (work-related)
- Elder care (while you work, to enable you to work, or to look for work)
- Sick childcare
- After school programs
- Summer camps for dependent children under age 13
- Preschool tuition

This list is not meant to be all-inclusive. For a complete list of qualified dependent care expenses see IRS Publication 503.

Save Hundreds of Dollars Every Year

How much you save is up to you. Decide how much to contribute to your Dependent Care FSA, and funds are withdrawn from your paycheck before taxes.

The IRS sets the annual contribution limits for Dependent Care FSAs. You can contribute up to the maximum listed below:

Your maximum contribution may not exceed these income limitations:

- If you are single, the earned income limitations is the lesser, excluding contributions to your Dependent Care FSA
- If you are married, the earned income limitation is the lesser of your salary, excluding contributions to your Dependent Care FSA, or your spouse's salary
- The current maximum contribution is *\$5,000 per year for each household. So, even if both you and your spouse have a DependentCare FSA available through your individual employers, you can only contribute \$5,000 total to one or across both accounts.

Dependent Care FSA	2022
Maximum Annual Contribution Limit; married and filing jointly or single parent	\$5,000
Maximum Annual Contribution Limit; married and filing separate	\$2,500

A different limit may apply to you according to your employer's plan.

*Annual contribution limit for 2022.



SAVE ON **EVERYTHING**
YOUR PET NEEDS



**1 Source Business Solutions
is offering Total Pet Plan
to employees.**

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering **Total Pet Plan**, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

**\$11.75/month for one pet or
\$18.50/month for a family plan**

For more details and how to enroll, visit petbenefits.com/land/1sourcebusinesssolution.

TOTAL PET PLAN INCLUDES:



DISCOUNTS ON PRODUCTS & RX

- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

View available products and pricing at petplusbenefit.com.



DISCOUNTS ON VETERINARY CARE

- Instant 25% savings on all of your pet's in-house medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet

Visit petbenefits.com/search to locate a participating vet.



24/7 PET TELEHEALTH

- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more



LOST PET RECOVERY SERVICE

- Durable tag can be scanned from any smart phone to access your contact information, helping lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag

YOUR BEST FRIEND.
THEIR BEST LIFE.



**1 Source Business Solutions
is offering Wishbone Pet Insurance
to employees.**

Nobody wants to imagine their pet getting sick or injured - but when it comes to your pet's health, it's best to expect the unexpected.

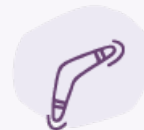
Enroll in pet health insurance from Wishbone and receive 90% reimbursement on your pet's veterinary care. With a low deductible of \$250, protecting your pet's health and your finances has never been easier!

Wishbone Pet Insurance is accepted at any vet in the U.S., including emergency hospitals. Once you file a claim, expect to be reimbursed via mailed check in 5 business days or less. It's that easy!

POLICYHOLDERS ENJOY:



Optional Routine
Care Plans



Fast Claims
Processing



Easy-to-Use Member
Account



Short Waiting
Periods



Lost Pet Recovery
Service from
ThePetTag



24/7 Pet
Telehealth
from **AskVet**

**Get a quote & enroll at
www.wishboneinsurance.com/1sourcebusinesssolutions**

Wishbone Pet Insurance is program managed by Odie Pet Insurance Marketing, Inc. and is underwritten by Clear Blue Insurance Group. Please visit www.getodie.com for more information.



Short Term & Long Term Disability

SHORT TERM DISABILITY

- Elimination Period: 0 Days Injury / 14 Days Sickness
- Benefits Period: 26 weeks
- Benefits Amounts: Not to exceed 60% of income
- Please round down to the nearest \$25
- EX: If you are under 40 and 60% of your weekly income is \$515, you would round down to \$500 which would cost you \$48.90 per month.



Underwritten by KANSAS CITY LIFE INSURANCE COMPANY

Weekly	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275	\$300	\$325	\$350	\$375	\$400
Age													
< 40	9.78	12.23	14.67	17.12	19.56	22.01	24.45	26.90	29.34	31.79	34.23	36.68	39.12
40-49	12.61	15.76	18.92	22.07	25.22	28.37	31.53	34.68	37.83	40.98	44.14	47.29	50.44
50-59	14.81	18.51	22.22	25.92	29.62	33.32	37.03	40.73	44.43	48.13	51.84	55.54	59.24
60+	17.34	21.68	26.01	30.35	34.68	39.02	43.35	47.69	52.02	56.36	60.69	65.03	69.36
Weekly	\$425	\$450	\$475	\$500	\$525	\$550	\$575	\$600	\$625	\$650	\$675	\$700	
Age													rate/\$100
< 40	41.57	44.01	46.46	48.90	51.35	53.79	56.24	58.68	61.13	63.57	66.02	68.46	9.78
40-49	53.59	56.75	59.90	63.05	66.20	69.36	72.51	75.66	78.81	81.97	85.12	88.27	12.61
50-59	62.94	66.65	70.35	74.05	77.75	81.46	85.16	88.86	92.56	96.27	99.97	103.67	14.81
60+	73.70	78.03	82.37	86.70	91.04	95.37	99.71	104.04	108.38	112.71	117.05	121.38	17.34
Plan Highlights	Guaranteed Issue - up to \$700/week Pre-existing Condition Limitation - 12/12 waiting period Waiver of Premium - after 180 days or when STD purchased Partial Disability Benefit - Pays 50% of monthly benefits for 13 weeks Pregnancy - Covered as any other illness after 9 month waiting period Waiting Period - 90 days from document signed date												

LONG TERM DISABILITY

- Elimination Period: 180 Days
- Benefits Period: Social Security Retirement Age
- Benefits Amounts: Not to exceed 60% of income
- Please round down to the nearest \$100
- EX: If you are under 40 and 60% of monthly income is \$1,480, you would round down to \$1,400 which would cost you \$12.04 per month

Monthly	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500
Age													
< 40	2.58	3.44	4.30	5.16	6.02	6.88	7.74	8.60	9.46	10.32	11.18	12.04	12.90
40-49	6.99	9.32	11.65	13.98	16.31	18.64	20.97	23.30	25.63	27.96	30.29	32.62	34.95
50-59	11.94	15.92	19.90	23.88	27.86	31.84	35.82	39.80	43.78	47.76	51.74	55.72	59.70
60+	13.32	17.64	22.05	26.46	30.87	35.28	39.69	44.10	48.51	52.92	57.33	61.74	66.15
Monthly	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500	\$2,700	\$3,000	
Age													rate/\$100
< 40	13.76	14.62	15.48	16.34	17.20	18.06	18.92	19.78	20.64	21.50	23.22	25.80	0.86
40-49	37.28	39.62	41.94	44.27	46.60	48.93	51.26	53.59	55.92	58.25	62.91	69.90	2.33
50-59	63.68	67.66	71.64	75.62	79.60	83.58	87.56	91.54	95.52	99.50	107.46	119.40	3.98
60+	70.56	74.97	79.38	83.79	88.20	92.61	97.02	101.43	105.84	110.25	119.07	132.30	4.41
Plan Highlights	Guaranteed Issue - up to \$3,000 / month Pre-existing Condition Limitation - 12/24 waiting period Waiver of Premium - after 180 days or when STD purchased Partial Disability Benefit - Pays 50% of monthly benefits for 12 months												



SUPPLEMENTAL LIFE INSURANCE

Life insurance needs change as life circumstances change. You may need different coverage if you're getting married, buying a home, taking on additional debt.

BENEFITS OF COLONIAL LIFE'S TERM INSURANCE:

- Provides a tax free benefit for the beneficiary.
- The policy's Accelerated Death Benefit can pay a percentage of the death benefit if the insured is diagnosed with a terminal illness.
- You can take it with you if you change jobs or retire.
- Convert to a Colonial Life cash value life insurance plan, with no proof of good health, to age 75.
- Spouse and dependent children coverage is available.

Rates are listed are Monthly per \$1,000 of Coverage.

- EX: If you are between 40-44 years old, do not use tobacco and would like \$100,000 of life insurance you would take the below calculation to figure your monthly cost.
 - » $0.228 * 100 = \$22.80$

Age-band	Employee		Spouse	Dependent Children
	Non-tobacco	Tobacco	Uni-tobacco	Unit
0-24	0.108	0.127	0.096	0.329
25-29	0.109	0.127	0.114	0.329*
30-34	0.128	0.152	0.152	*Dependent children coverage is available up to age 26. *The cost is for all dependent children combined.
35-39	0.164	0.203	0.215	
40-44	0.228	0.302	0.310	
45-49	0.340	0.456	0.460	
50-54	0.484	0.695	0.667	
55-59	0.716	0.939	0.949	
60-64	1.005	1.278	1.275	
65-69	1.418	1.747	1.829	
70-74	2.653	3.247	3.431	
75+	8.216	9.385	10.541	

Guaranteed Issue up to \$175,000 for employee
Spouses up to \$50,000
Children up to \$10,000

Guaranteed amounts are only for the first 12 months of service.



Critical Events



HELP WHEN YOU'RE DOWN

SUPPLEMENTAL INSURANCE - CRITICAL ILLNESS

A serious illness, such as a heart attack, stroke, could leave you in a period of financial difficulty. Even with major medical coverage, there are typically uncovered expenses to consider, such as deductibles, home health care needs, travel and lodging, lost income, rehabilitation, child care.

FEATURES OF TRANSAMERICA SPECIFIC DISEASE INSURANCE

Pays a lump sum-benefit if you are diagnosed with Cancer, Heart Attack, Stroke, Major Organ Failure, Kidney Failure, Loss of Sight, Speech or Hearing, Coronary Artery Bypass Graft Surgery as well as 8 other miscellaneous diseases.

Critical Events

Employee		
Age	\$10,000.00	\$20,000.00
Under 25	\$2.90	\$3.80
25-29	\$3.20	\$4.40
30-34	\$3.70	\$5.40
35-39	\$4.60	\$7.20
40-44	\$6.40	\$10.80
45-49	\$9.60	\$17.20
50-54	\$13.70	\$25.40
55-59	\$19.30	\$36.60
60-64	\$26.70	\$54.40
65+	\$48.20	\$94.10

1 Parent Family		
Age	\$10,000.00	\$20,000.00
Under 25	\$3.30	\$4.60
25-29	\$3.60	\$5.20
30-34	\$4.10	\$6.20
35-39	\$5.00	\$8.00
40-44	\$6.80	\$11.60
45-49	\$10.00	\$18.00
50-54	\$14.10	\$26.20
55-59	\$19.70	\$37.40
60-64	\$27.10	\$52.20
65+	\$48.60	\$95.20

2 Parent Family		
Age	\$10,000.00	\$20,000.00
Under 25	\$3.50	\$5.00
25-29	\$4.10	\$6.20
30-34	\$4.80	\$7.60
35-39	\$6.20	\$10.40
40-44	\$9.00	\$16.00
45-49	\$13.80	\$25.60
50-54	\$20.00	\$38.00
55-59	\$28.40	\$54.80
60-64	\$39.30	\$76.60
65+	\$71.60	\$141.20



SAFEGUARDING AGAINST LIFE'S MISHAPS

SUPPLEMENTAL INSURANCE - ACCIDENT

An accident such as a broken bone, concussion or laceration exposes you to higher cost treatments. Even with major medical coverage, there are typically uncovered expenses to consider, such as deductibles, copays, home health care needs, lost income, rehabilitation, etc.

ADVANTAGES OF TRANSAMERICA ACCIDENT INSURANCE

- Coverage options are available for you and your eligible dependents.
- Benefits are paid directly to you.
- You're paid regardless of any other insurance you may have with other companies.
- Accidents are usually followed by a series of bills. Even if you have good insurance, you may still have to cover out-of-pocket costs, such as doctor bills, ambulance fees, hospital expenses.

Accidental Emergency Treatment			
Accident Emergency Treatment Benefit		\$150	
Major Diagnostic Examination Benefit		\$240	
Dislocation Benefit		Open	Closed
	Hip	\$4,800	\$1,620
	Knee or Shoulder	\$1,620	\$660
	Collar Bone	\$2,580	\$480
	Ankle or Foot (not toes)	\$1,620	\$480
	Lower Jaw	\$1,620	\$840
	Wrist or Elbow	\$1,320	\$660
	Toe or Finger	\$360	\$180
Fractures Benefit		Open	Closed
	Coccyx	\$840	\$420
	Hand, Foot, Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum, Jaw	\$2,040	\$1,020
	Hip	\$6,000	\$2,040
	Leg	\$2,520	\$2,040
	Nose, Heel or Fingers	\$2,040	\$420
	Ribs	\$4,020	\$420
	Skull	\$3,240	\$1,200
	Toes	\$840	\$420
	Upper Jaw, Upper Arm, Face, Collar Bone	\$2,400	\$1,020
	Vertebrae, Pelvis	\$1,020	\$1,020
	Vertebral Processes	\$4,020	\$600

Accident Advance

Employee	Employee & Spouse	Employee & Child(ren)	Family
\$14.53	\$22.62	\$18.62	\$27.30

Illustrative only. Benefits include many more coverages. Rates and benefits may vary based upon location. Please see benefit summary for official details.



Hospital Select



EXTRA PROTECTION FOR THE UNEXPECTED

SUPPLEMENTAL INSURANCE - HOSPITAL INDEMNITY INSURANCE

Hospital confinement indemnity insurance from TransAmerica Company can help you with unexpected health care expenses that your medical insurance may not cover.

Even with major medical coverage, there are typically uncovered expenses to consider, such as deductibles, copays, home health care needs, lost income, rehabilitation, etc.

ADVANTAGES OF TRANSAMERICA HOSPITAL INDEMNITY INSURANCE

- No coinsurance, waiting periods or deductibles.
- 24-hour coverage
- Pays directly to you to be used as you need

Hospital Select

Hospital Indemnity	
Daily In-Hospital Benefit (Max 5k per year)	\$150
Hospital Confinement (24 hour admission) (Max 1 per year)	\$1,500

Employee	Employee & Spouse	Employee & Child(ren)	Family
\$18.03	\$38.46	\$26.54	\$43.57



NATIONWIDE LEGAL REFERRAL SERVICE

We're excited to announce that your employer has teamed up with Nationwide Legal Referral Service to provide a new free benefit for you!

A 30-minute free consultation, per legal issue, with a qualified and experienced attorney

25% Discount on attorney's normal hourly rate

We have the legal resources you need to meet life's challenges. Nationwide Legal Referral Service works with attorneys that cover a vast array of practice areas, including:

- Personal Injury
- Family Law - divorce, custody, child support, paternity, etc.
- Estate Planning - wills, trusts, power of attorney, health directives, etc.
- Real Estate Matters - purchase contracts, landlord/ tenant, etc.
- Financial Matters - bankruptcy, tax issues, garnishments, etc.
- Civil Suits
- Criminal Matters



To speak with an attorney, call Nationwide Legal Referral
801-895-7166

Or visit www.nationwidelegalreferral.com



LEGALSHIELD

LegalShield safeguarded over 1 million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

The LegalShield Membership Includes:

- Personal legal advice on unlimited issues
- Letters/ calls made on your behalf
- Contracts & documents reviewed (up to 15 pages)
- Residential Loan Document Assistance
- Lawyers prepare your Will, your living Will and your health Care Power of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- IRS Audit Assistance
- Trial Defense (if named defendant / respondent in a covered civil action suit)
- Uncontested Divorce, Separation, Adoption and/ or Name Change representation (available 90 days after enrollment)
- 25% Preferred Member Discount (Bankruptcy, criminal charges, DUI, Other Matters, etc.)
- 24/7 emergency Access for covered situations

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under 18 for whom the member is legal guardian; never married, dependent children up to 26 if full-time college student; and physically or mentally disabled dependent children. An individual rate is available for those enrollees who are not married, do not have domestic partner and do not have minor children or dependents. No family benefits are available to individual plan member. Ask your Independent Associate for details.

Payroll Deduction Monthly	Individual	Family
legalShield	\$14.95	\$15.95
IDShield	\$8.45	\$15.95
Combined	\$23.40	\$28.90

*Legal Shield only - if you have a family, you MUST enroll in Family tier.

The IDShield Membership Includes:

PRIVACY MONITORING

Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.

SECURITY MONITORING

SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.

CONSULTATION

Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

FULL SERVICE RESTORATION

Complete identity recovery services by Kroll licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to dependents up to the age of 18

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.



PERK UP YOUR BENEFITS TODAY!

Discounts up to 60%

MemberDeals provides organizations with a unique opportunity to establish a cost-free member benefits program by connecting members to the world's greatest entertainment & travel discounts.

- Walt Disney World® Resort
- Disneyland®
- Universal Orlando Resort™
- Cirque du Soleil®
- SeaWorld® Parks & Entertainment
- Six Flags®
- Cedar Fair® Parks
- Broadway Shows
- Las Vegas Shows
- CityPASS Nationwide
- Movie Tickets
- Rental Cars
- Hotels Worldwide
- Concerts
- Sporting Events
- Touring Shows
- Major Events
- Retail Gift Cards
- Dinner Shows
- Sightseeing Tours

Built with Members In Mind

- The program is cost-free
- There are no membership fees or hidden charges
- Our program is entirely internet based, so there's no handling of tickets or cash on your part
- Increase member retention and satisfaction
- Help your members and their families save
- Members can share the discounts with family and friends
- Save money on corporate gifts for clients, travel & more

MemberDeals

EXCLUSIVE MEMBER ONLY OFFERS

Join Today!

Join the world's largest
member benefits program!

Serving more than 50 million
members nationwide.

FAQ

Q What makes MemberDeals different?

A We have direct strategic partnerships with AMC, Cirque du Soleil®, SeaWorld® Parks and Entertainment, Walt Disney World® & Universal Orlando Resort™ to name a few, allowing us to bring exclusive discounts to your members.

Q Are your products available nationwide?

A Yes, we offer the most comprehensive entertainment program available. Each week we add new shows and attractions to our website. Our goal is to have something for every member no matter where they live or are traveling to.

Q Are these discounts available to the public?

A No, these are exclusive direct member only offerings.

For more information email:
affiliates@memberdeals.com or call 786.528.8202

MemberDeals
EXCLUSIVE MEMBER ONLY OFFERS



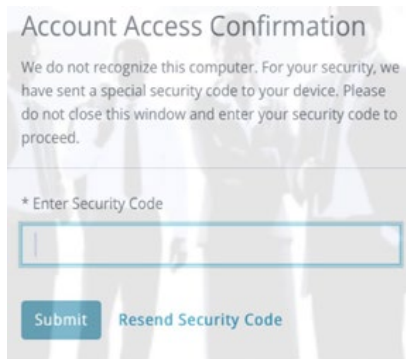
READY TO ENROLL IN BENEFITS?

- Go to www.1sourcebusiness.com
- Log into the Employee Portal.
- Click Benefits and Benefits Enrollment.
- This will now bring you to the welcome screen.

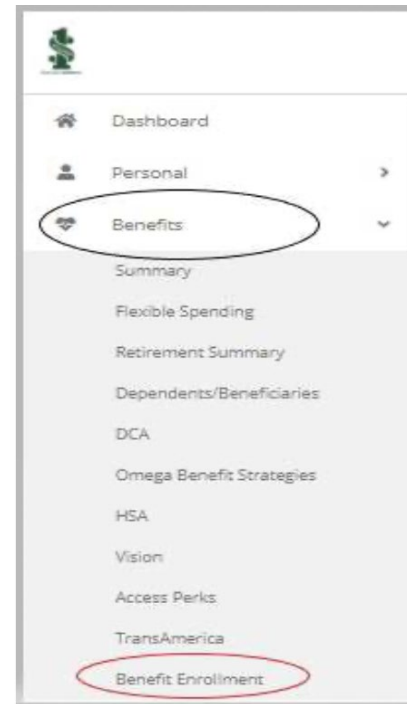
Log into the employee portal



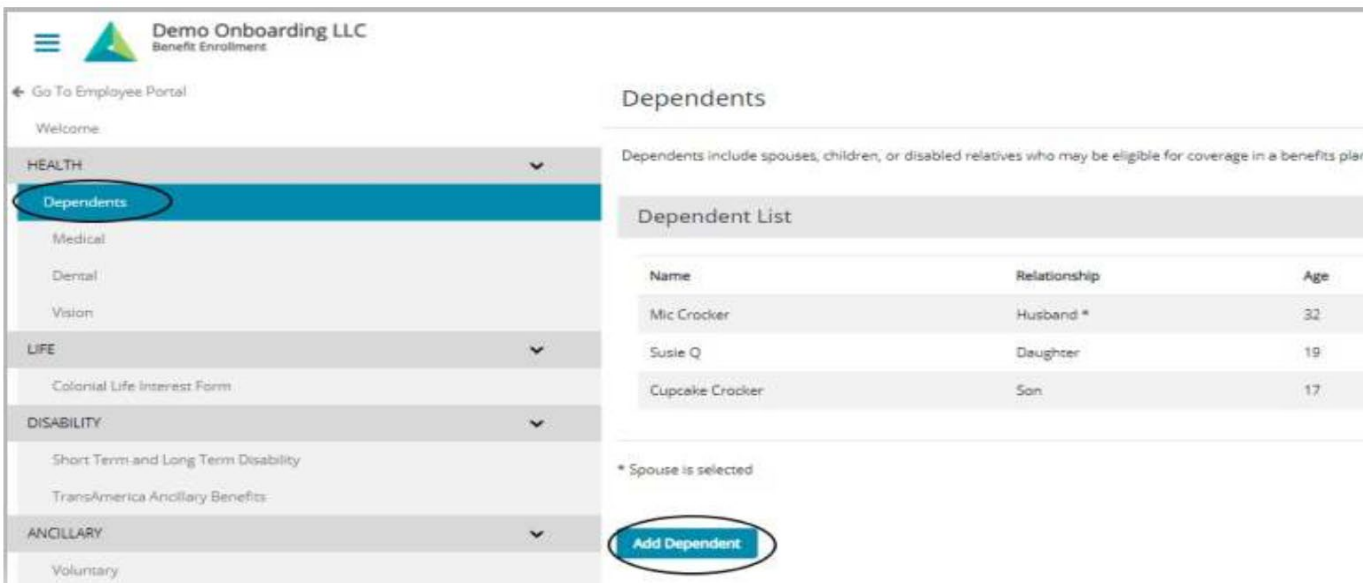
The access code will be sent to your mobile phone number or email address that is on file with 1 Source. If you do not have this set up please call us at 801-352-2333



Click Benefits and Benefits Enrollment



You can now enroll in benefits. Please verify and add dependents and elect or waive the benefits that are offered to you by your company.



DISCLOSURES

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

Please be aware that our plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from mastectomy, including lymph edema. Call Direct Care Administrators for more information.

GROUP HEALTH CONTINUATION COVERAGE UNDER COBRA

In certain circumstances defined by Federal regulations, a Participant may request continued coverage after the date normal coverages would otherwise end. This coverage must be paid for by the Participant who requests the continued coverage. Certain rules apply to this continuation coverage and a Participant will lose the right to this continuation coverage if these rules are not followed. Participants interested in continuation coverage should read this section carefully.

For a covered employee to qualify for continued coverage, the employee must lose eligibility for coverage under the Plan for one of the following reasons:

1. Voluntary termination of employment with the Company.
2. Involuntary termination of employment with the Company (except for gross misconduct).
3. A reduction in the employee's regularly scheduled weekly work hours, causing the employee to no longer meet the minimum required hours per week.

For a covered dependent to qualify for continued coverage, the dependent must lose eligibility for coverage under the Plan for one of the following reasons:

1. The voluntary or involuntary (for reasons other than gross misconduct) termination of the employee.
2. The death of the employee.
3. The employee's becoming covered by Medicare.
4. Divorce or legal separation.
5. The dependent is no longer meeting the requirements of being an eligible dependent.
6. The filing of a Chapter 11 bankruptcy by the Company.

For items #4 and #5 in the preceding paragraph, the employee or dependent must notify the Plan within 60 days from the date the described event occurs. Failure to notify the Plan within 60 days will result in the loss of continuation coverage rights. Upon receiving such notice, or upon the occurrence of any of the other listed events, the Plan will notify all eligible Participants of their right to request continued coverage must be requested within 60 days from the later of (1) the date of the notification letter from the Plan, or (2) the date normal coverage under the Plan would otherwise end.

Continuation coverage ends on the earliest of :

1. The end of 18 months if the qualifying event is termination of employment or reduction in hours,
2. The end of 36 months for any other listed qualifying event,
3. The date the covered Participant becomes covered under another group health plan without regard to any pre-existing conditions,
4. The date coverage end due to failure to make the requirement payments in a timely manner, or
5. The date the Company no longer offers medical plan to any of its employees.

The cost of continued coverage is 102% of the Plan's actual cost for similarly situated Participants in the same geographic area. Continuation of coverage can be extended to 29 months when a continuing Participant is determined by Medicare to be disabled. In such cases, the cost of continuation coverage for the extended months is 150% of the Plans actual cost for similarly situated Participants.

When continuation coverage is elected within the required time limit, payment for continuation retroactive to the date normal coverage would otherwise have ended is due and payable within 45 days from the date continued coverage is elected. All subsequent payments are due on the first day of the month for which coverage is being continued. Failure to make the initial payment within 45 days of the election date, or within 31 days of the on-going monthly due date will result in termination of continuation coverage without the possibility of reinstatement.

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice is intended to inform you of the privacy practices followed by 1 Source Business Solutions. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group health plan. As a plan sponsor, 1 Source Business Solutions often needs access to health information in order to perform plan administrative functions. We want to assure the plan participant covered under our group health plan that we comply with federal privacy laws and respect your right to privacy. We require all members of our workforce and third parties that are provided access to health information to comply with the privacy practices outlined below.

USES AND DISCLOSURES OF HEALTH

Health Care operations: We use and disclose health information about you in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claim experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

Payment: We may also use or disclose identifiable health information about you without your written authorization in order to determine eligibility for benefits, seek reimbursement from third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provides treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Treatment: Although the law allows use and disclosure of your health information for purpose of treatment, as a plan sponsor we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As Permitted or Required By Law: We may also use or disclose your health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g. preventing the spread of disease) without your written authorization. We are also permitted to share health information during a corporate restructuring such as a merger, sales, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization: When required by law, we will ask for your written authorization before using or disclosing your identifiable health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to cease any future uses or disclosures.

Right to Inspect and Copy: In most cases, you have a right to inspect and copy health information we maintain about you. If you request copies, we will charge you \$.5 (five cents) for each page. Your request to inspect or review your health information must be submitted in writing to the person listed below.

Right to an Accounting of Disclosures: You have a right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payments or related administrative purposes.

Right to Amend: If you believe that information within your records is incorrect or if important information is missing, you have a right to request that we correct the existing information or add the missing information.

Right to Request Restrictions: You may request in writing that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request, but are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications: You have a right to receive confidential communications containing your health information. We are required to accommodate reasonable request. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to Receive Paper Copy of the Notice: If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below. We are required by law to protect the privacy of your information, provide this notice about information practices, and follow the information practices that are described in this notice. We may change our privacy policies at any time. Before we make a significant change in our privacy policy, we will provide you with a revised copy.

For more information, contact: Direct Care Administrators / P.O.. Box 3000 / Bountiful, UT 84011 / (800) 565-3234

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services - Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information.

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer sponsored health coverage, but need assistance in paying their health premiums.

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

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

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan -- as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

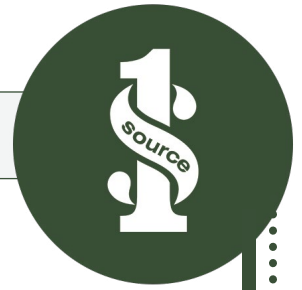
To see a list of states or if any more States have added a premium assistance program since April 16, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext 61565

Health Plan: I Source Business Solutions operates a partially self-funded health and welfare benefit plan. An additional reinsurance policy was secured and is in place to protect against catastrophic claims. For any other questions regarding your health plan, please contact I Source Business Solutions.

Benefits Waiver Form



Waive	Benefits	
	Medical	
	HealthiestYou	
	Dental	
	Vision	
	Flexible Spending	
	Health Savings Account	
	Short Term Disability	
	Long Term Disability	
	401k Retirement Plan	
	Life	
	Critical Care	
	Accident	
	Hospital	
	Legal Shield	
	Access Perks	

Benefits Waiver Form

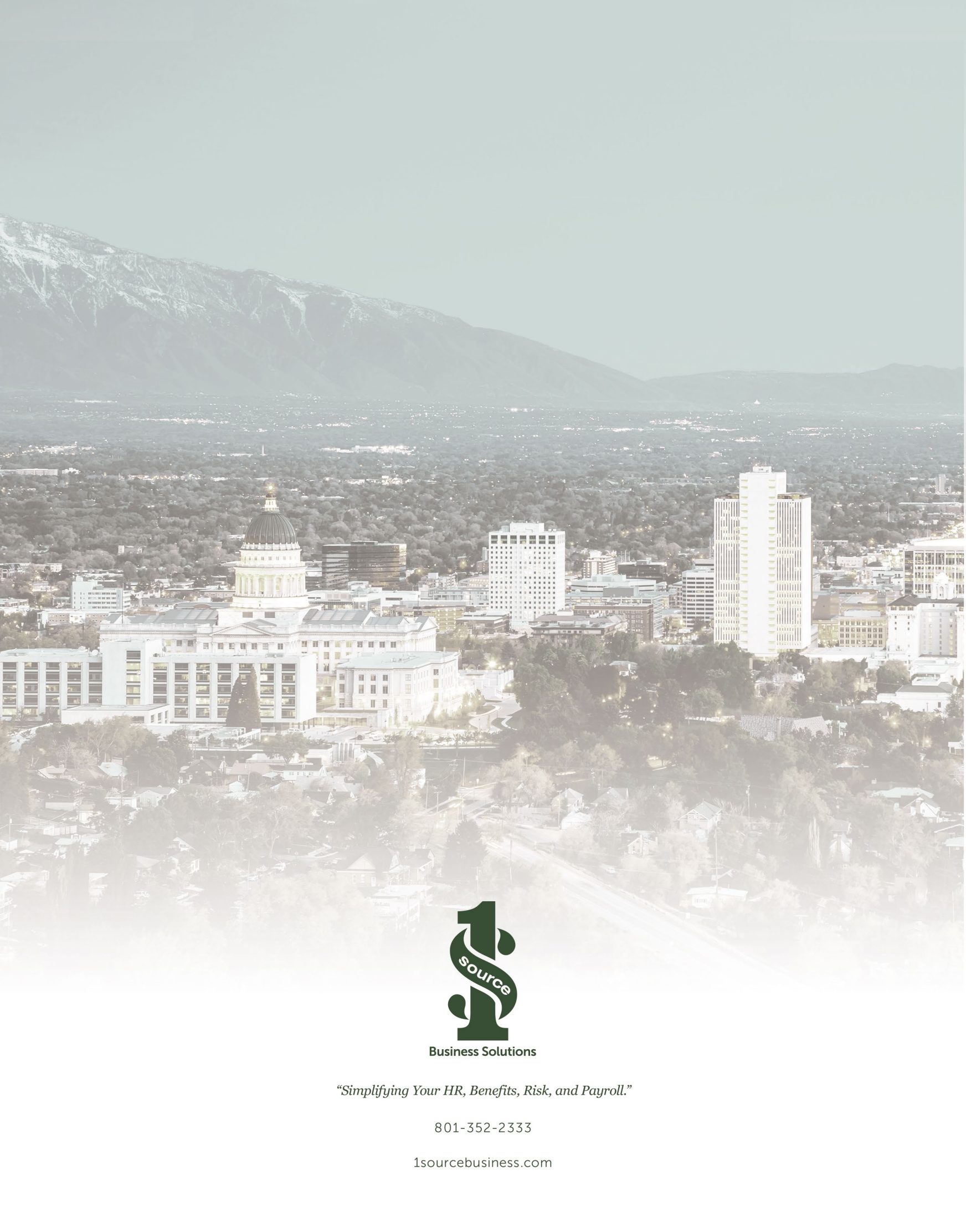
By completing this form, I understand that this does not enroll me in a benefits plan. To enroll in a specific benefits plan an enrollment form for that specific plan must be completed.

By selecting to waive a specific benefits plan, I understand that I will not be able to enroll in the benefits plan until open enrollment.

Employee Name [print]

Employee Signature

Email Address



Business Solutions

“Simplifying Your HR, Benefits, Risk, and Payroll.”

801-352-2333

1sourcebusiness.com