



**Open  
Enrollment  
Benefits Guide  
2022**

Choose Your 2022 Benefits Oct. 25 — Nov. 8

**YOUR**  **BENEFITS**

# 2022 Open Enrollment Checklist

## ✓ Read this Open Enrollment Guide to learn about what's new for 2022:

- **No premium changes** for the EPO 500, PPO 1500, EPO 2000, EPO Copay 5000 and the PPO 5000 medical plans. See page 3 for more information.
- **Copay 5000** changing to an **EPO** with in-network benefits only.
- **HealthComp** is replacing Collective Health as our Blue Shield medical plans administrator with enhanced member services.
- **CerpassRx** is our new pharmacy benefit manager replacing CVS, offering enhanced member benefits and Rx savings coupons. Also, a \$10 copay will be added to the cost for any prescriptions filled at Walgreens.
- **98point6** offers new text-based telemedicine that is free or \$5 per visit depending on your medical plan enrollment.
- **HealthEquity** is the new administrator for flexible spending accounts.
- **Wellvolution** through Blue Shield is designed to improve the emotional health of you and your covered family members if you are enrolled in the EPO 500, EPO Copay 5000, PPO 1500, EPO 2000 or PPO 5000. The program offers free tools to help you lose weight, sleep better, manage stress, quit smoking and more.
- **SmartConnect Medicare Solutions** is a free Medicare enrollment resource if you or a family member are Medicare-eligible (or will be soon).

## ✓ Go to [www.ensignbenefits.com](http://www.ensignbenefits.com) to:

Get details about all of the plans and coverage options available to you.

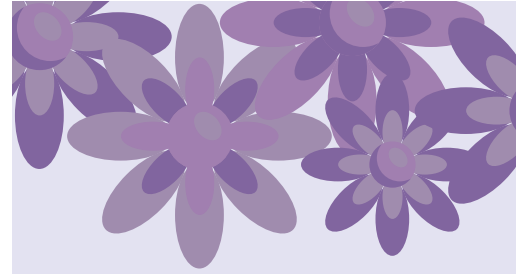
## ✓ Say hello to ALEX, your personal benefits counselor.

ALEX can help you select the best benefit plans for your personal situation. Go to <https://www.myalex.com/ensign/2022> to get started.



## ✓ To enroll or make changes to your benefits for 2022, go to [www.ensignbenefits.com](http://www.ensignbenefits.com) and click on the Benefits Enrollment link.

See page 4 for more information on online enrollment through Workday.



## Happy with your current benefits? Then no action is required during Open Enrollment. You dig?

This year, Open Enrollment is passive. So if you're happy with your current benefits, you do not need to do anything during Open Enrollment. Your current elections will roll over for 2022 **except for the health savings account (HSA) and flexible spending accounts (FSAs) which require enrollment each year.**

If you want to make changes to your benefits and/or add or drop a dependent from your current coverage, you must take action during the Open Enrollment period. See page 4 for enrollment instructions.



# What's Inside?

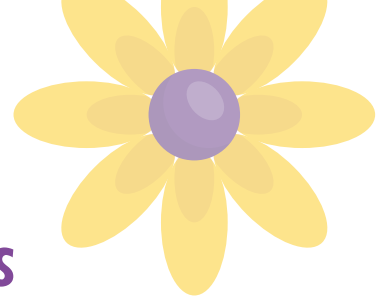
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## About This Guide

This Open Enrollment Guide is designed to help you choose the **grooviest plans for you!** You can read about benefit enhancements and change coming in 2022 along with contributions for medical, dental and vision coverage. This Guide can also help you decide if you need to take action during Open Enrollment, or let your current elections roll over into 2022 — because your current benefits are already groovy.

# Good Vibes Coming Your Way with Enhancements and a Few Benefit Changes



While most of the benefits will remain the same in 2022, there are a few changes and enhancements that we want you to know about.

- **New text-based telemedicine through 98point6:** In addition to Teladoc, we are introducing a new telemedicine service through 98point6 using text messaging and **FREE visits** if you are enrolled in the EPO 500 or EPO Copay 5000 and **\$5 visits** if you are enrolled in the PPO 1500, EPO 2000 or PPO 5000. Teladoc will also continue as a telemedicine option which includes online video visits with a doctor for medical and behavioral health concerns.
- **Copay 5000 changing to the EPO Copay 5000:** EPO means the plan covers you for in-network doctors and facilities only. Except in the case of an emergency, you'll pay the full price for any out-of-network care.
- **Health Savings Account (HSA):** The annual contribution you can make to an HSA is increasing in 2022 to \$3,650 for employee-only coverage and \$7,300 for employee plus dependents. If you are age 55 and older in 2022, you can make an additional \$1,000 contribution.
- **CerpassRx is the new pharmacy benefit manager:** CerpassRx is replacing CVS, offering enhanced member benefits and Rx savings coupons. Also because Walgreens charges more to fill prescriptions, a \$10 copay will be added to prescriptions filled at Walgreens starting January 1, 2022.
- **HealthComp is the new medical plan administrator:** HealthComp will replace Collective Health as our self-funded medical plan third party administrator (TPA). HealthComp processes medical claims for the EPO 500, EPO Copay 5000, PPO 1500, EPO 2000 and PPO 5000 with enhanced member services.
- **New medical ID cards:** If you are enrolled in the EPO 500, EPO Copay 5000, PPO 1500, EPO 2000 and PPO 5000 you will receive new ID cards for 2022 from HealthComp. Also if you enroll in Kaiser or SIMNSA HMO for the first time during Open Enrollment, you will receive HMO ID cards from Kaiser or SIMNSA in December.



## Choose the Grooviest Plans for You in 2022!

Open Enrollment is your once-a-year opportunity to choose the grooviest plans for you for the upcoming calendar year. You can review the benefit options and payroll deductions in 2022 and decide if you want to keep the coverage you have or make some changes, such as switching to another medical plan or adding a dependent to your coverage.

And because this year Open Enrollment is passive, it means you only need to take action during Open Enrollment for the following reasons:

- You want to enroll in benefits for the first time or make changes to your current benefits.
- You want to add dependents to your coverage or drop dependents from your coverage.
- You wish to contribute to a health savings account (HSA) or flexible spending account (FSA) in 2022. HSAs and FSAs require enrollment each year.





- **HealthEquity is the new administrator for flexible spending accounts:** HealthEquity is currently the administrator for the health savings account (HSA). Starting January 1, 2022, HealthEquity will also be the administrator for the flexible spending accounts (FSAs).
- **Wellvolution:** Offered through Blue Shield, this program is designed to improve the overall health of you and your covered family members if are enrolled in the EPO 500, EPO Copay 5000, PPO 1500, EPO 2000 or PPO 5000. The program offers free tools to help you lose weight, sleep better, manage stress, move more, ditch cigarettes, eat healthier and prevent/reverse disease.
- **SmartConnect Medicare Solutions:** This free Medicare enrollment resource is available if you or a family member are Medicare-eligible (or will be soon). You can receive a free consultation with a SmartConnect licensed insurance agent who will compare Medicare plans and provide personal guidance to find what work best based on your individual circumstances.



## Enroll Early for a Chance to Win a Super Groovy Prize!

Enroll early to avoid the bummer of a busy Call Center (see below). You will also have the best chance to win a groovy prize.

- **Enroll between Oct. 25 and Oct. 30:** You'll be entered into a drawing for a \$200 Amazon gift card. You will also be entered into a drawing the following week for the 65" Smart TV.
- **Enroll between Oct. 31 and Nov. 6:** You will be entered into a drawing for a 65" Smart TV.

If you aren't making any benefit changes for 2022, you will be entered into prize drawing(s) when you access Workday to review your current elections, click on "ACCEPT" and "SUBMIT" to close your Open Enrollment event.

## Have Questions About Open Enrollment?

Call Benefits Support at 888-659-3616 Monday – Friday, 8 a.m. to 5 p.m. PT. But don't wait until the last few days of Open Enrollment if you want to avoid longer wait times to speak to a Benefits Communications Specialist.

## Medical, Dental and Vision Paycheck Contributions in 2022

- **Medical Plan Costs:** Your Ensign-affiliated employer is holding the line on premium increases in 2022. We are pleased to announce there will be **no premium increases** for the EPO 500, PPO 1500, EPO 2000, EPO Copay 5000, and the PPO 5000. The Kaiser HMO will increase 9.8% in southern California and 4.5% in northern California. The SIMNSA HMO in San Diego will increase 2% in 2022. Access Workday for 2022 medical paycheck contributions.
- **Dental and Vision Plan Costs:** There is no cost increase in the Cigna DHMO in 2022. The Cigna PPO will decrease by 3.3% and the Delta Dental PPO will increase by 3.7% in 2022. Access Workday for 2022 dental and vision contributions.

# Enroll in Your 2022 Benefits

Go to [www.ensignbenefits.com](http://www.ensignbenefits.com) and click on the **Benefits Enrollment** link at the top of any page to sign in to Workday.

- Enter your user name and password and click **Sign In**. Your user name is your Workday employee ID printed on your paycheck stub.
- Once you are logged in to Workday, go to your Workday inbox or click on the Open Enrollment Announcement on the home page.
- If you are adding new dependents, gather eligibility verification documents to provide proof of dependent eligibility and submit in Workday by **Nov. 30, 2021**. If you miss the deadline, your dependents will not be added to your coverage starting January 2022.

## Download the Workday Mobile App

- Download the **Workday mobile app** on your tablet or phone from the App Store or Google Play.
- Once you have it downloaded, enter **Ensign** as the code and then sign in with your normal **Workday login** (employee ID is your User ID).
- Click on the **Benefits Worklet** or go to your Inbox to access Benefit enrollment.
- **Make sure to submit your elections** by clicking on the button at the bottom of your web browser in order to view your completed enrollment.

## Need help signing in to Workday?

Call **949-540-1200**

M-F, 6:30 am to 5:30 pm PT  
or email

[support@ensignservices.net](mailto:support@ensignservices.net)

## Sign up for Text Message Alerts

Text message alerts provide reminders about important benefits program deadlines and events. You can sign up for text message alerts at any time and can also cancel at any time.



Ensign Services does not charge for text message alerts sent to you. You may, however, incur charges from your wireless carrier to send or receive text messages. Check with your wireless carrier for possible charges.

To sign up for text message alerts,  
text **ENSIGNBENE1** to **855-446-0001**.

To stop receiving text message alerts, text **STOP** to **855-446-0001**.

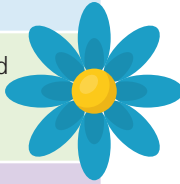
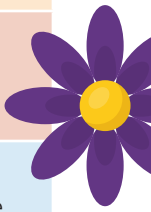
# Medical Plans

Our medical plans are designed to give you the options you need to manage your health the way you want. You can choose from five medical plans administered by HealthComp. If you live in California, you also have an HMO option through Kaiser if you live in a Kaiser Permanente service area. If you live in San Diego County, the SIMNSA Baja CA Premier Access HMO (with care in Mexico) may also be an option for you.

All of the medical plans include medical and prescription drug coverage. The plans administered by HealthComp use a national provider network through Blue Shield.



<b>EPO 500</b>	This plan has a lower deductible and exclusively covers you for in-network doctors and facilities. Except in the case of an emergency, you'll pay the full price for any out-of-network care.
<b>PPO 1500 with HSA</b>	You can see both in-network and out-of-network doctors without a referral, but keep in mind staying in-network for care will almost always be cheaper. To help with your share of costs, this plan comes with a Health Savings Account (HSA) that you can contribute to.
<b>EPO 2000 with HSA</b>	This plan exclusively covers you for in-network doctors and facilities. Except in the case of an emergency, you'll pay the full price for any out-of-network care. To help with your share of costs, this plan gives you the option to participate in a Health Savings Account (HSA).
<b>EPO Copay 5000</b>	This plan exclusively covers you for in-network doctors and facilities. Because this is a copay plan, you'll usually pay a fixed amount when you see in-network providers, and the plan will pay for the rest. Except in the case of an emergency, you'll pay the full price for any out-of-network care.
<b>PPO 5000 with HSA</b>	You can see both in-network and out-of-network doctors without a referral, but keep in mind staying in-network for care will almost always be cheaper. To help with your share of costs, this plan gives you the option to participate in a Health Savings Account (HSA).
<b>Kaiser HMO 2000 with HSA (CA employees only)</b>	You can select this plan if you live in California in a Kaiser Permanente service area. This plan exclusively covers you when you use Kaiser Permanente doctors and facilities. Except in the case of an emergency, you'll pay the full price for any care you receive from a non-Kaiser doctor or facility. To help with your share of costs, this plan gives you the option to participate in a Health Savings Account (HSA).
<b>SIMNSA Baja CA Premier Access HMO with care in Mexico  (San Diego County employees only)</b>	You can select this plan if you live in San Diego County. This plan exclusively covers you when you access SIMNSA Premier Access HMO providers. The plan covers many health services at 100%. Some services require a small copayment. You are not required to choose a primary care physician to manage your care. Except in the case of an emergency, you'll pay the full price for any care you receive from a non-SIMNSA doctor or facility.  To search for a SIMNSA provider, visit <a href="https://www.simnsaee.net/Expediente2010/CitasOnline/proveedores/frm_proveedores.aspx">https://www.simnsaee.net/Expediente2010/CitasOnline/proveedores/frm_proveedores.aspx</a> .



## Need help choosing a medical plan?

Say hello to **ALEX**, your friendly online benefits travel partner who can help you select the best medical and voluntary plans for your personal situation. Go to <https://www.myalex.com/ensign/2022>.



# 2022 Medical Plans At-a-Glance



Plan Feature	EPO 500	PPO 1500 with HSA	EPO 2000 with HSA
<b>Calendar Year Deductible</b> Employee Only / Family	\$500 / \$1,000 <sup>1</sup>	\$1,500 <sup>5</sup> / \$3,000 <sup>1,5</sup>	\$2,000 / \$4,000 <sup>1</sup>
<b>Coinsurance (You Pay)</b>	20%	20%	20%
<b>Calendar Year Out-of-Pocket Maximum</b> Employee Only / Family	\$2,000 / \$4,000	\$5,000 <sup>6</sup> / \$10,000 <sup>6</sup>	\$6,000 / \$12,000
<b>Health Savings Account (HSA)</b>	N/A	You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2022 are \$3,650 (employee only) and \$7,300 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2022.	You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2022 are \$3,650 (employee only) and \$7,300 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2022.
	NETWORK ONLY YOU PAY	IN-NETWORK YOU PAY	NETWORK ONLY YOU PAY
<b>Preventive Care</b>	Covered in full <sup>3</sup>	Covered in full <sup>3</sup>	Covered in full <sup>3</sup>
<b>Telemedicine</b> Doctor Visit Behavioral Health Visit	<b>Through Teladoc</b> \$20 copay \$20 copay	<b>Through Teladoc</b> 10% <sup>2</sup> (Cost is \$40 per visit) 10% <sup>2</sup> (Cost is \$40 per visit)	<b>Through Teladoc</b> 10% <sup>2</sup> (Cost is \$40 per visit) 10% <sup>2</sup> (Cost is \$40 per visit)
<b>Telemedicine (text-based)</b> Doctor Visit	<b>Through 98point6</b> FREE	<b>Through 98point6</b> \$5 copay	<b>Through 98point6</b> \$5 copay
<b>PCP Office Visit</b>	\$30 copay	20% <sup>2</sup>	20% <sup>2</sup>
<b>Specialist Office Visit</b>	\$50 copay	20% <sup>2</sup>	20% <sup>2</sup>
<b>Urgent Care</b>	\$50 copay	20% <sup>2</sup>	20% <sup>2</sup>
<b>Emergency Room</b>	\$500 copay <sup>2,7</sup> , then you pay 20%	\$500 copay <sup>2,7</sup> then you pay 30%	\$500 copay <sup>2,7</sup> then you pay 30%
<b>Diagnostic Testing</b>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>
<b>Outpatient X-ray and Lab</b>	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>
<b>Hospitalization</b> Inpatient Semi-Private Room Inpatient Physician	\$500 copay <sup>2</sup> , then you pay 20% 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>
<b>Outpatient Treatment</b> (PT, OT, ST)	20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>
<b>Mental Health/Substance Abuse</b> Inpatient Outpatient	\$500 copay then 20% <sup>2</sup> \$30 copay	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>
<b>Pharmacy Retail</b> Specified Preventive Drugs <sup>4</sup> Generic Brand Formulary Brand Non-Formulary Specialty Drugs	<b>30-day supply<sup>11</sup></b> (see footnote) 100% covered <sup>3</sup> \$10 copay <sup>3</sup> \$25 copay <sup>3</sup> \$40 copay <sup>3</sup> 20% <sup>3,8</sup> up to \$125	<b>30-day supply<sup>11</sup></b> (see footnote) 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$25 copay <sup>2</sup> \$40 copay <sup>2</sup> 20% <sup>2,8</sup> up to \$125	<b>30-day supply<sup>11</sup></b> (see footnote) 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$25 copay <sup>2</sup> \$40 copay <sup>2</sup> 20% <sup>2,8</sup> up to \$125
<b>Pharmacy Mail Service</b> Specified Preventive Drugs <sup>4</sup> Generic Brand Formulary Brand Non-Formulary	<b>90-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>3</sup> \$50 copay <sup>3</sup> \$80 copay <sup>3</sup>	<b>90-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>2</sup> \$50 copay <sup>2</sup> \$80 copay <sup>2</sup>	<b>90-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>2</sup> \$50 copay <sup>2</sup> \$80 copay <sup>2</sup>

1) The family deductible must be met before any person receives benefits.

2) After calendar year deductible.

3) Calendar year deductible waived.

4) As specified in the essential drug list.

5) In-network calendar year deductible is separate from out-of-network calendar year deductible and does not cross accumulate. Refer to the Summary of Benefits and Coverage (SBC) for the plan for information on out-of-network deductible amounts on [www.ensignbenefits.com](http://www.ensignbenefits.com).







		CA Residents	San Diego County Residents
EPO Copay 5000	PPO 5000 with HSA	Kaiser CA HMO 2000 with HSA	SIMNSA Baja CA Premier Access HMO
\$5,000 <sup>5</sup> / \$10,000 <sup>1</sup>	\$5,000 <sup>5</sup> / \$10,000 <sup>1,5</sup>	\$2,000 / \$4,000 <sup>1</sup>	N/A
20%	20%	20%	None
\$7,000 <sup>6</sup> / \$14,000 <sup>6</sup>	\$6,550 <sup>6</sup> / \$13,100 <sup>6</sup>	\$3,425 / \$6,850	\$6,350 / \$12,700
N/A	You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2022 are \$3,650 (employee only) and \$7,300 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2022.	You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2022 are \$3,650 (employee only) and \$7,300 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2022.	N/A
NETWORK ONLY YOU PAY	IN-NETWORK YOU PAY	NETWORK ONLY YOU PAY	NETWORK ONLY YOU PAY
Covered in full <sup>3</sup>	Covered in full <sup>3</sup>	Covered in full <sup>3</sup>	Covered in full
<b>Through Teladoc</b> \$25 copay \$25 copay	<b>Through Teladoc</b> 10% <sup>2</sup> (Cost is \$40 per visit) 10% <sup>2</sup> (Cost is \$40 per visit)	20% <sup>2</sup> N/A	N/A N/A
<b>Through 98point6</b> FREE	<b>Through 98point6</b> \$5 copay	N/A	N/A
\$45 copay	20% <sup>2</sup>	20% <sup>2</sup>	\$5 copay
\$75 copay	20% <sup>2</sup>	20% <sup>2</sup>	\$5 copay
\$75 copay	20% <sup>2</sup>	20% <sup>2</sup>	\$25 copay (provider in Mexico) \$50 copay (provider outside Mexico)
\$500 copay <sup>2,7</sup> then you pay 30%	\$500 copay <sup>2,7</sup> then you pay 30%	20% <sup>2</sup>	\$250 copay <sup>7</sup>
20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	Covered in full
20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	Covered in full
20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	Covered in full Covered in full
20% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	\$10 copay
20% <sup>2</sup> \$45 copay	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	Covered in full \$5 copay
<b>30-day supply</b> <sup>11</sup> (see footnote) 100% covered <sup>3</sup> \$10 copay <sup>3</sup> \$25 copay <sup>2</sup> \$40 copay <sup>2</sup> 20% <sup>2,8</sup> up to \$125	<b>30-day supply</b> <sup>11</sup> (see footnote) 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$25 copay <sup>2</sup> \$40 copay <sup>2</sup> 20% <sup>2,8</sup> up to \$125	<b>30-day supply</b> 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$30 copay <sup>2</sup> N/A 20% <sup>2</sup> up to \$125	<b>30-day supply</b> 100% covered \$5 copay \$5 copay \$5 copay \$5 copay
<b>90-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>3</sup> \$50 copay <sup>2</sup> \$80 copay <sup>2</sup>	<b>90-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>2</sup> \$50 copay <sup>2</sup> \$80 copay <sup>2</sup>	<b>100-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>2</sup> \$60 copay <sup>2</sup> N/A	<b>90-day supply</b> N/A N/A N/A N/A

6) In-network calendar year out-of-pocket maximum is separate from out-of-network calendar year out-of-pocket maximum and does not cross accumulate. Refer to the Summary of Benefits and Coverage (SBC) for the plan for information on out-of-network out-of-pocket maximum amounts on [www.ensignbenefits.com](http://www.ensignbenefits.com).

7) Emergency Room copay waived if admitted.

8) May be available at CerpaxRX retail pharmacy or Pharmacy Mail Service if authorized. Note that any specialty drug discount coupons will not apply towards the calendar year deductible or out-of-pocket maximum.

9) Intensive outpatient: \$250 copay per visit plus 20% after calendar year deductible.

10) Initial behavioral health visit is \$180.

11) A \$10 copay will be added to the cost for any prescriptions filled at Walgreens.



# Health Savings Account

If you enroll in the PPO 1500, EPO 2000, PPO 5000, or Kaiser So. CA HMO 2000, you have the option to contribute to a Health Savings Account (HSA). The HSA offers tax savings and can be used to cover medical, pharmacy, dental and vision expenses now or in the future. Unlike money in a Flexible Spending Account (FSA) that you must “use or lose,” the funds in your HSA roll over each year and continue to build. You can use funds as soon as they are deposited, or you can save them to pay for future eligible health expenses, even those you incur after you retire. Your HSA funds are also portable, so if you leave the Company, you can take your account balance with you. The plan pays the monthly admin fee while you are an active affiliate employee.

Health Savings Account At-a-Glance	
<b>Who is eligible?</b>	<p>You are eligible to contribute to an HSA if you are:</p> <ul style="list-style-type: none"> <li>• Enrolled in an HSA-qualified medical plan;</li> <li>• Not covered by any other medical plan (through your spouse or as a retiree), including a Health Care FSA;</li> <li>• Not enrolled in Medicare, Medicaid or TRICARE; and</li> <li>• Not claimed as a dependent on another person’s tax return.</li> </ul>
<b>HSA advantages</b>	<ul style="list-style-type: none"> <li>• Your contributions are tax-free* and reduce your overall taxable income.</li> <li>• You never pay taxes on withdrawals for qualified health care expenses.</li> <li>• Unlike the Medical FSA, you won’t lose your HSA balance if you don’t spend it. You take it with you if you change jobs, retire, or leave the health plan</li> </ul>
<b>How much can be contributed to an HSA?</b>	<ul style="list-style-type: none"> <li>• Up to \$3,650 if you have Employee Only coverage.</li> <li>• Up to \$7,300 if you have Employee + Dependents coverage.</li> <li>• Additional \$1,000 if you are age 55 or older.</li> <li>• If your spouse contributes to an HSA, your combined contributions may not exceed \$3,650 if you have Employee Only coverage or \$7,300 if you have Employee + Dependents coverage.</li> <li>• If your account balance reaches at least \$1,000, you may choose available investment funds for your balance.</li> </ul>
<b>What can be paid from your HSA?</b>	<ul style="list-style-type: none"> <li>• You can use your HSA for medical, dental, vision and pharmacy expenses for you and any family member who qualifies as a dependent on your tax return.</li> <li>• For a complete list of eligible expenses visit the official IRS website at <a href="http://www.irs.gov/publications/p502/index.html">http://www.irs.gov/publications/p502/index.html</a>.</li> </ul>
<b>Using your HSA</b> Complete instructions are included in your HealthEquity Welcome Kit after you enroll	<ul style="list-style-type: none"> <li>• Use the HealthEquity Visa® health account card, or submit expenses online at <a href="http://www.healthequity.com">www.healthequity.com</a>.</li> <li>• Your account balance and information on claims is available 24/7 on your HealthEquity member portal, by calling HealthEquity Member Services, or by accessing via your HealthEquity mobile app.</li> <li>• Your account balance is NEVER forfeited; unused amounts stay in your account.</li> </ul>

\*State taxes will apply if you live in Alabama, California or New Jersey.



# HealthComp is Our New Medical Plans Administrator

HealthComp is replacing Collective Health as our new medical plans administrator for the EPO 500, EPO Copay 5000, PPO 1500, EPO 2000 and PPO 5000.

HealthComp is responsible for processing all medical claims, maintaining eligibility, generating medical ID cards, and providing customer service for members in one of the Blue Shield self-funded medical plans listed above.

## HealthComp Online (HOnline)

You have access to a variety of tools and resources through HOnline. With HOnline you can:

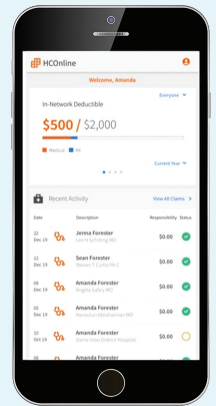
- View enrollment and benefit information
- Access claims history and inquire about claims
- View and print Explanation of Benefits (EOBs)
- Access digital ID cards and more

After you receive your medical ID card, to [www.healthcomp.com](http://www.healthcomp.com) and set up your account.

## HOnline Mobile App

You can access your benefits through the HOnline mobile app. You can access digital ID cards, view and search for claims, view your plan status and find in-network providers.

Search for “**HealthComp**” on the App Store or on Google Play.



If you need assistance accessing the website or with the mobile app, call HealthComp’s online support toll-free at **833-549-2867** (M.F 6:00 a.m. to 4:30 p.m. PT) or send an email to [honline@healthcomp.com](mailto:honline@healthcomp.com).

# CerpassRx New Pharmacy Benefit Manager

CerpassRx is the new pharmacy benefit manager starting January 1, 2022, replacing CVS for the EPO 500, EPO Copay 5000, PPO 1500, EPO 2000 and PPO 5000.

## Key Things to Know

- Other than the \$10 additional copay for prescriptions filled at Walgreens starting January 1, 2022, there are no changes to our prescription drug benefits, copays or drug formulary as a result of the transition to CerpassRx.
- Once you receive your new medical plan ID card from HealthComp, be sure to show your pharmacist your new ID card which will include information needed to process prescription drug claims through CerpassRx Starting January 1.
- The CerpassRx pharmacy network includes all national chains and most local pharmacies.
- If you or a covered dependent has a prescription for specialty medications, CerpassRx representatives will reach out to you to transition your specialty medication prescriptions to CerPassRx.

## Contact CerpassRx

### Call Member Services

If you have questions regarding your pharmacy benefits starting January 1, call **844-636-7506** 24/7/365.

### Access the CerpassRx Website

Once you receive your medical ID card, you can register on the CerpassRx website. You can compare prescription drug prices, find the nearest network pharmacy, track your family’s drug spend and more.

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

### Download the CerpassRx Mobile App

The CerpassRx mobile app gives you access to all of the great features from your personal website on the go. Search “CerpassRx” on the App Store or Google Play.

**NEW**

## New Text-Based Telemedicine Through 98point6

**98point6** is a new kind of primary care that gives you on-demand access to a U.S. based, board-certified physician via private messaging, right from your mobile phone. You can use this service for yourself and your covered dependents\* if you are enrolled in the EPO 500, EPO Copay 5000, PPO 1500, EPO 2000 or PPO 5000.

### What You Pay

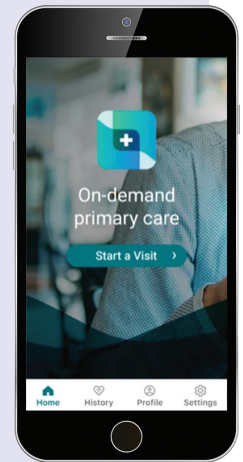
#### FREE

If you are enrolled in the EPO 500 or EPO Copay 5000, visits with a physician are FREE.

#### \$5 per visit

If you are enrolled in the PPO 1500, EPO 2000 or PPO 5000, visits with a physician are just \$5.

**98point6** physicians are available 24/7 to diagnose and treat 400+ common conditions and can order labs and write prescriptions.



### Get More Information

You can sign up after January 1, 2022. Additional information is available on the Ensign Benefits website or visit <https://98point6.com/ensign>.

\* Dependent children must be at least 1 year old.

## Voluntary Supplemental Medical Coverage

Voluntary benefits through The Hartford complement your medical coverage and can fill in coverage gaps by providing additional financial protection with premiums paid through the convenience of payroll deduction.

### Hospital Indemnity Insurance

Hospital indemnity insurance provides a lump-sum payment for hospital stays related to sickness, accident and maternity care.

You and your covered dependents are paid a set benefit amount, depending on your plan and the length of your stay. Benefits pay for hospital care including:

- First-day stay (hospital admission)
- Additional days in the hospital
- Days spent in the Intensive Care Unit (ICU)

### Accident Insurance

Accident insurance helps protect you from the financial burden result from a covered accident.

A lump-sum payment for care related to fractures, lacerations and other injuries is paid when you or a covered dependent suffers a covered accidental injury.

#### Sample benefit amounts

- Fractures: \$250—\$4,500
- Dislocations: \$250-\$8,000
- Emergency room benefit: \$150
- Physical therapy: \$100 per day

### Critical Illness Insurance

Critical illness insurance can help protect your savings during a treatment and recovery from a critical condition.

You choose the amount of coverage at the time of enrollment. A lump-sum payment is paid when you or a covered dependent are diagnosed with a covered illness. You can use the lump-sum payment any way you wish.

Critical illness insurance can relieve the financial impact of a covered illness so you can focus on recovery.

# Dental Plans

Our dental plans provide coverage for preventive services, as well as benefits to help pay for more expensive dental procedures such as fillings, root canals, crowns, bridges and orthodontia coverage.



## Dental PPO Plan

For the highest level of benefits, use a provider in the Delta Dental PPO network (ID, OR and WA) or the Cigna DPPO Advantage network (all other states). You can also go out-of-network but will save money if you use a provider in the Delta Dental Premier network (ID, OR and WA) or the Cigna DPPO network (all other states) versus dental providers who are not in a Delta Dental or Cigna provider network. **You will not receive a dental plan ID card with this plan.** Simply provide your dentist with your Social Security Number to receive care.

## Cigna Dental DHMO

DHMO stands for Dental Health Maintenance Organization and provides dental services exclusively from Cigna DHMO dentists. There is no deductible and no annual maximum benefit. You pay fixed copays for preventive, basic and major services. You must select a primary care dentist for your care. Go to [www.cigna.com/offered-cigna-through-work/dental/dhmo](http://www.cigna.com/offered-cigna-through-work/dental/dhmo) to see if there is a Cigna DHMO provider available in your location (not available in all geographic areas). **You will receive a dental plan ID card with this plan.**

## 2022 Dental Plans At-a-Glance

Feature	Dental PPO Plan (Delta Dental in ID,OR & WA or Cigna Dental all other states)			Cigna Dental DHMO
	Delta Dental PPO/Cigna DPPO Advantage Dentist	Delta Dental Premier/Cigna DPPO Dentist	Out-of-Network	Cigna DHMO Dentists Only
<b>Calendar Year Deductible</b> Waived for preventive	\$50 per person, \$150 per family			None
<b>Calendar Year Maximum</b>	\$1,500 per person			Unlimited
<b>Preventive Services</b> Routine exams, dental cleanings	100% covered <sup>4</sup>	You pay 20% <sup>1,5</sup>	You pay 20% <sup>1,2</sup>	\$5 office visit copay
<b>Basic Services</b> Fillings, oral surgery	You pay 10% <sup>1</sup>	You pay 20% <sup>1,5</sup>	You pay 20% <sup>1,2</sup>	Fixed copays <sup>3</sup>
<b>Major Services</b> Crowns, inlays, endodontics, periodontics	You pay 40% <sup>1</sup>	You pay 50% <sup>1,5</sup>	You pay 50% <sup>1,2</sup>	Fixed copays <sup>3</sup>
<b>Orthodontia</b>	You pay 50% <sup>1</sup>	You pay 50% <sup>1,5</sup>	You pay 50% <sup>1,2</sup>	Fixed copays <sup>3</sup>
	Available to children under age 19 only, up to \$1,500 lifetime max			For children and adults
<b>Temporomandibular Joint (TMJ)</b> \$1,000 lifetime max	You pay 40% <sup>1</sup>	You pay 50% <sup>1,5</sup>	You pay 50% <sup>1,2</sup>	Fixed copays <sup>3</sup>

1) After calendar year deductible.

2) Percentage applies to usual, customary and reasonable charges.

3) DHMO copay schedule available on [www.ensignbenefits.com](http://www.ensignbenefits.com).

4) In-network preventive services do not count toward the annual calendar year maximum.

5) Percentage applies to negotiated rate.

To find a Delta Dental dentist (ID, OR and WA), go to [www.deltadentalins.com](http://www.deltadentalins.com).

To find a Cigna DPPO Advantage or Cigna DPPO dentist (all states except ID, OR and WA) or a Cigna Dental DHMO dentist (most states) go to [www.cigna.com](http://www.cigna.com).

If the charge for any dental treatment is expected to exceed \$300, ask your dentist to submit a dental treatment plan to Delta Dental or Cigna for review. This will help you to know expected out-of-pocket costs before any treatment begins.

# Vision Plan

Quality eye care benefits are offered through the Vision Service Plan (VSP). Benefits are designed to help reduce the cost of eyeglasses, contact lenses and other vision services. You can use any vision care provider, but will save money when you use a VSP Choice network provider. With VSP providers, you will typically have 100% of expenses paid by VSP after a copayment, up to the maximum allowable benefit for covered services. If you receive services from an out-of-network provider, you are responsible for paying the provider in full and submitting a claim to VSP for reimbursement. **You will not receive a vision plan ID card with this plan.** Simply provide your Social Security Number to your provider to receive care.

Discounts are available for LASIK surgery, non-prescription sunglasses, contact lens solutions, and other eye care accessories. Note that you can use your benefits at certain specialty optical boutiques or retail chains (such as Costco) through VSP's affiliate provider network. Affiliate providers can check eligibility and submit claims with VSP.



For more information on covered benefits or to find a VSP provider, go to [www.vsp.com](http://www.vsp.com) or call VSP at 800.877.7195.

## 2022 Vision Plan At-a-Glance

Plan Feature	VSP Network Provider	Out-of-Network Provider
<b>Exam for Eyeglasses</b> Once every 12 months	\$10 copay	\$10 copay, Plan pays up to \$73
<b>Lenses</b> Once every 12 months • Single vision • Lined Bifocal • Lined Trifocal	\$25 materials copay	\$25 materials copay  Plan pays up to \$33 Plan pays up to \$50 Plan pays up to \$65
<b>Lens Options</b> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses	Copay up to \$55 Copay of \$95 - \$105 Copay of \$150 - \$175	Plan pays up to \$65 Plan pays up to \$65 Plan pays up to \$65
<b>Frames</b> Once every 24 months	Plan pays up to \$130 (\$70 for Costco)	Plan pays up to \$70
<b>Contact Lenses</b> Instead of eyeglasses once every 12 months	\$130 allowance for contacts Up to \$60 copay for contact lens exam (filling and evaluation)	Plan pays up to \$115



### Finding a VSP provider

You should always call the provider's office to confirm participation in the VSP network. To find a VSP provider:

- Go to the VSP website at [www.vsp.com](http://www.vsp.com).
- Find the "Members & Consumers" section.
- Follow the directions to register as a site user, or fill in your User ID and password.
- Select the "Find a VSP Doctor" tab.



# 2022 Medical, Dental and Vision Contributions

2022 MEDICAL (costs shown are per pay period)				
Option	Employee Only	Employee + Spouse <sup>1</sup>	Employee + Child(ren)	Employee + Family <sup>1</sup>
EPO 500				
PPO 1500 with HSA <sup>2</sup>				
EPO 2000 with HSA <sup>2</sup>				
EPO Copay 5000				
PPO 5000 with				
Kaiser So CA HMO 2000 with HSA <sup>2,3</sup>				
SIMNSA Baja CA Premier Access HMO <sup>3</sup>				

**2022 per pay period medical contributions are available on Workday.**

<sup>1</sup> If your spouse is eligible for group medical coverage outside of Ensign Services plan (through their employer), you will pay a \$125 surcharge per pay period if you choose to cover your spouse as your dependent on an Ensign Services plan.  
<sup>2</sup> You may open an HSA through HealthEquity. You can specify the annual pre-tax amount you would like to contribute when you enroll. The maximum you can contribute to your HSA in 2022 is \$3,650 for single coverage or \$7,300 if you are covering dependents. These limits increase by \$1,000 if you are age 55 or older.  
<sup>3</sup> If you select HMO coverage, you can choose a primary care physician (PCP) for yourself and each enrolled dependent.

2022 DENTAL (costs shown are per pay period)				
Option	Employee	Employee + Spouse <sup>1</sup>	Employee + Child(ren)	Employee + Family
CIGNA Dental D				
CIGNA Dental D — CA				

**2022 per pay period dental contributions are available on Workday.**

<sup>1</sup> If you select DHMO coverage, you must choose a primary care dentist when you enroll.  
<sup>2</sup> Option subject to network availability.

2022 VISION (costs shown are per pay period)				
Option	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Vision Service				

**2022 per pay period vision contributions are available on Workday.**



# Flexible Spending Accounts

If you are not already participating in the company's Flexible Spending Accounts (FSAs) for health care and/or dependent care expenses, you may be missing an opportunity for significant tax savings. There are three types of FSAs — a Health Care FSA, Limited Purpose FSA and Dependent Care FSA. You are eligible for the Limited Purpose FSA only if you participate in a Health Savings Account. All three FSAs let you use pre-tax dollars to pay eligible out-of-pocket expenses not covered by other insurance plans. Annual elections are “use it or lose it” so estimate wisely. Starting in 2022, HealthEquity will be the administrator for FSAs. Key features of each FSA are highlighted below.



**Have Questions About Flexible Spending Accounts?**

**ALEX** can help. Go to <https://www.myalex.com/ensign/2022>.

Type of FSA	Eligible Expenses	Pre-tax Contribution
<b>Health Care FSA</b>	Most medical, dental and vision care expenses that are not covered by your health plan, such as deductibles, copays, eyeglasses and doctor-prescribed over the counter medications.	Up to \$2,750 per year
<b>Limited Purpose FSA</b>	Dental and vision care expenses that are not covered by other insurance plans, such as deductibles, copays and eyeglass expenses that exceed plan limits.	Up to \$2,750 per year
<b>Dependent Care FSA</b>	Dependent care expenses such as daycare, summer camp, after school programs or elder care programs so you and your spouse can work or attend school full-time.	Up to \$5,000 per year (\$2,500 if married and filing separate tax returns)

## Health Care FSA

A Health Care FSA gives you a tax break on many expenses that are not reimbursed by any other health plan, such as deductibles, copays, coinsurance, vision expenses, and more. You must enroll each year, as contribution amounts are not carried forward from one year to the next. You can set aside up to \$2,750 each plan year on a pre-tax basis to cover eligible health care expenses.

## Limited Purpose Health Care FSA

### (for use with Health Savings Account)

If you participate in a Health Savings Account (HSA), you can maximize your tax savings by also participating in a Limited Purpose Flexible Spending Account (FSA) that covers dental and vision expenses only. A Limited Purpose Health Care FSA is a great way to conserve your HSA funds and still benefit from tax savings. You may contribute up to \$2,750 each plan year on a pre-tax basis to cover eligible dental and vision expenses. More information is available on the benefits website at [www.ensignbenefits.com](http://www.ensignbenefits.com).

## Dependent Care FSA

The Dependent Care Account can be used for dependent daycare and elder care expenses that enable you (or you and your spouse) to work or attend school full-time. Eligible expenses include daycare, preschool programs and after-school care for qualifying children under age 13. They also include elder care or care for qualifying dependents and qualifying relatives of any age who are living with you and not capable of self-care.

The amount you contribute to a Dependent Care FSA cannot be greater than your income or your spouse's income, whichever is less. If your spouse contributes to a Dependent Care FSA through his or her employer, your combined contributions may not exceed \$5,000. If you are married and file separate tax returns, you can contribute up to \$2,500 per year.

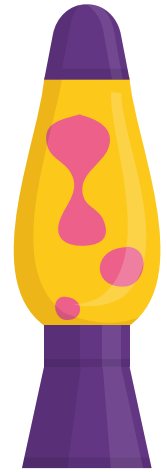


# Life and AD&D Insurance

## Basic Life and AD&D Insurance

To protect those who rely on your income for their support, your employer pays the full cost of basic life and accidental death & dismemberment (AD&D) insurance. This coverage is available to all full-time benefit eligible Ensign Affiliate employees. The plan is administered by Unum and pays benefits upon your death.

AD&D benefits are paid if your death is the result of a covered accident. If you die from an accidental injury, your beneficiary will receive both the basic life and AD&D benefit. AD&D also pays benefits if you are severely injured and suffer a loss such as the loss of a limb or eyesight.



Coverage	When Payment Is Made	Benefit Amount <sup>1,2</sup>
<b>Basic Life Insurance</b>	If you die from any cause	1X salary – Service Center/Cornet/Topside/Executive Directors/Directors of Nursing \$25,000 all other eligible Ensign Affiliate employees
<b>AD&amp;D Insurance</b>	If you die from an accident the benefit amount is paid in addition to basic life insurance	1X salary – Service Center/Cornet/Topside/Executive Directors/Directors of Nursing \$25,000 all other eligible Ensign Affiliate employees
	If you are severely injured due to an accident and suffer a loss specified in the policy such as the loss of a limb or eyesight	A portion of the benefit, as specified in the policy

<sup>1</sup> The benefit amount is reduced after age 65.

<sup>2</sup> If Basic Life is greater than \$50,000, you can cap your coverage at \$50,000 to avoid imputed income tax.

## Supplemental Life Insurance

If you need more than basic coverage, you may purchase supplemental life insurance coverage through Unum for yourself and for your eligible dependents. You pay the full cost of supplemental coverage through after-tax payroll deductions. For more information, go to [www.ensignbenefits.com/financial-protection/life-and-add-insurance](http://www.ensignbenefits.com/financial-protection/life-and-add-insurance). Coverage options are shown below.

Coverage For	Coverage Amount	Maximum	Guaranteed Issue
<b>Ensign Affiliate Employee</b>	\$10,000 to \$500,000 in \$10,000 increments	Lesser of \$500,000 or 5X annual earnings	\$200,000 if enrolling when first eligible. If you purchase a minimum of \$10,000 when first eligible, you can increase coverage in \$10,000 increments up to \$200,000 during a future Open Enrollment without Evidence of Insurability (EOI). Any elections greater than \$200,000 are subject to EOI.
<b>Spouse</b>	\$5,000 to \$250,000 in \$5,000 increments	Lesser of \$250,000 or 100% of your combined basic and supplemental coverage	\$25,000 if enrolling when first eligible. Any new elections or elections greater than \$25,000 are subject to Evidence of Insurability (EOI).
<b>Child(ren)</b>	\$2,000 to \$10,000 in \$2,000 increments	\$10,000	\$10,000

If the amount of the supplemental life insurance you apply for exceeds the Guaranteed Issue amount or if you decline coverage during your initial eligibility period and want to elect coverage or increase coverage at a later date, you are required to complete and submit an Evidence of Insurability form. Your form must be submitted and approved by Unum prior to coverage taking effect.

## Supplemental Accidental Death & Dismemberment (AD&D) Insurance

You have the option to purchase supplemental AD&D insurance for yourself, your spouse and your children. Benefits are paid in the event of death or a serious injury (such as loss of a limb or eyesight) due to an accident. Evidence of Insurability is not required. You pay the full cost of supplemental AD&D coverage through after-tax payroll deductions. For more information, go to [www.ensignbenefits.com/financial-protection/life-and-add-insurance](http://www.ensignbenefits.com/financial-protection/life-and-add-insurance).

Coverage For	Coverage Amount	Maximum
Ensign Affiliate Employee	\$10,000 to \$500,000 in \$10,000 increments	Lesser of \$500,000 or 5X annual earnings
Spouse	\$5,000 to \$250,000 in \$5,000 increments	Lesser of \$250,000 or 100% of your combined Basic and Supplemental coverage
Child(ren)	\$2,000 to \$10,000 in \$2,000 increments	\$10,000



**Keep Your Beneficiaries Up To Date**

Review your beneficiaries periodically and keep them up to date to ensure any life insurance benefits go to the loved ones you intend.

## Voluntary Short-Term Disability Insurance

Voluntary short-term disability insurance protects your income if you are out of work due to a short-term illness or non-occupational accidental injury. Benefits begin after a 30-day waiting period. **Note:** Pre-existing conditions are excluded from coverage. Pregnancy is covered the same as any other covered illness after you've been covered under the policy for 9 months.

## Voluntary Long-Term Disability Insurance

Voluntary long-term disability insurance provides financial protection if you are unable to work for an extended period of time due to a covered injury or sickness. You choose the elimination period (number of days of disability before benefits begin, either 180 or 360). Pre-existing conditions and other limitations and exclusions apply. For more information, go to [www.ensignbenefits.com/financial-protection/disability](http://www.ensignbenefits.com/financial-protection/disability).

Coverage For	Elimination Period	Coverage Amount	Maximum
Ensign Affiliate Employee	180 days or 360 days	60% of monthly pre-disability income reduced by other disability benefits	\$10,000 per month

LTD benefits may be reduced by other sources of income such as Social Security disability or retirement benefits, workers' compensation, state disability benefits and similar programs. The schedule of benefits includes a full list of covered injuries and expenses. Coverage begins on the first of the month in which you have your first payroll deduction for premiums.

# Employee Assistance Program

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. As part of your benefits program, you have access to the EAP and Work/Life Balance services through Unum. Services are provided to you at no charge even if you are not enrolled in other benefit plans. Get help with:

## Personal, family and work issues

- Stress, anxiety and depression
- Relationship issues, divorce
- Family and parenting challenges
- Anger, grief and loss
- Addiction, eating disorders, mental illness
- And more

## Work/life balance issues

- Finding childcare
- Accessing legal help
- Locating eldercare services
- Managing your finances
- And more

## Who is covered?

- You
- Your spouse
- Your dependent children
- Other household members

## Programs and features include:

- Three free in-person counseling sessions
- Unlimited help over the phone

### Contact the EAP 24/7

Online: [www.unum.com/lifebalance](http://www.unum.com/lifebalance)

Call: **800-854-1446** (multi-lingual)

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## Legal Notices

Each year there are legally required notices and disclosures that Ensign Services, Inc. (or our insurance carriers) are required to make to participants in the benefit plans including the Medicare Part D Notice of Creditable Coverage.

This notice along with other annual legal notices are included in the annual Ensign Compliance Notices Booklet available on the Ensign Benefits website at [www.ensignbenefits.com](http://www.ensignbenefits.com). Click on **Resources** in the top navigation bar then select **Legal Notices**. Finally, scroll down and click on **Ensign Compliance Notices Booklet**.

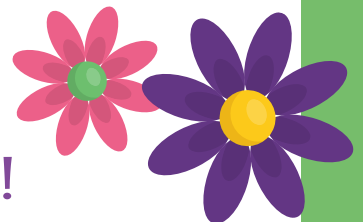
To request a printed version of the Ensign Compliance Notices Booklet at no cost, call the Benefits Support at **888-659-3616** M-F from 8 am to 5 pm PT.



This guide presents an overview of the 2022 benefits program offered on behalf of your employer and is not intended to be all inclusive, nor is it to be used as a summary plan description. It does not include all plan rules and details and is not considered a certificate of coverage. The terms of your benefits are governed by legal plan documents, including insurance contracts. If there are any differences between this guide and the legal plan documents and insurance contracts, the legal plan documents and insurance contracts are the final authority. We reserve the right to change or modify its benefit programs as appropriate without advanced notification. Ensign Services, Inc. is the plan administrator of the Ensign Services, Inc. Comprehensive Health and Welfare Benefit Plan.

# 2022 OPEN ENROLLMENT

Choose the grooviest plans for you!



Open Enrollment is your annual opportunity to review your benefit options for the next calendar year.

Look inside to see what's new for 2022 along with tips to help choose the best benefits for you and your family.



**If you're happy with your current benefits, you don't need to do anything during Open Enrollment. Your current elections will roll over for 2022 except for the health savings account and flexible spending accounts which require enrollment each year.**

**YOUR  BENEFITS**