

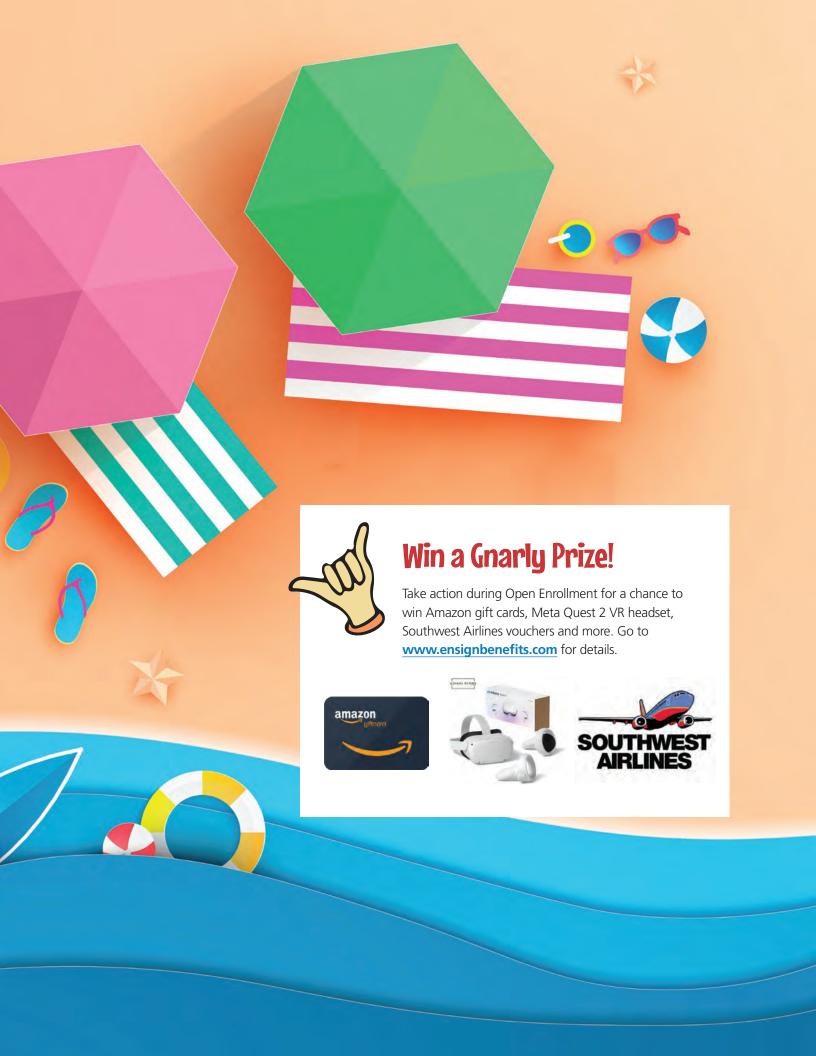
Open Enrollment 2023 Catch the Wave



2023 Benefits Guide

Choose Your 2023 Benefits Oct. 28—Nov. 11





Hang Ten! Sign up for Text Message Alerts

Sign-up for text message alerts to receive 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.

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

Win a \$100 Amazon Gift Card

Sign-up for text message alerts by **Nov. 11, 2022** and you'll be entered into a drawing for a \$100 Amazon gift card. If you are already signed up for text message alerts, you will be automatically

entered into a drawing for a \$100 Amazon gift card.



Win a \$500 Southwest Airlines Travel Voucher

Once you are signed up for text message alerts, watch for a text message from Benefits on **Nov. 4** and **Nov. 11**. You will be entered in a drawing for a \$500 Southwest Airlines travel voucher when you reply to the text messages. **SOUTHWEST**

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^{*} 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 stop receiving text message alerts, text STOP to 855-446-0001.

Welcome to 2023 Benefits Open Enrollment

Open Enrollment is your annual opportunity to review your benefit options for the year ahead starting January 1, 2023. We are streamlining our medical plans in 2023. So, its important that you understand your choices and take action during Open Enrollment. See page 3 to learn more.

Catch the Wave!

(And Make Time to Choose Your 2023 Benefits.)

In many ways, choosing benefits is a lot like surfing. You have to understand the lingo. Whether choosing the best wave for the ride of your life, or selecting the best benefits to keep your healthy and safe, knowing the lingo can help you be confident in your choice. So wax up your board, and catch the wave. Open Enrollment for your 2023 benefits is here.

Read this guide and select your benefits between October 28 and November 11 to ensure you have the coverage you want in 2023.

For more information about Open Enrollment and your 2023 benefits, visit **www.ensignbenefits.com**.

Passive Open Enrollment Process

You should participate in Open Enrollment to ensure you get the medical plan you want in 2023. If you don't take action, your medical plan coverage will roll over to the medical plan option shown at the top of page 3.

All of your other benefits will roll over in 2023 except for the Health Savings Account and Flexible Spending Accounts. You must enroll in these accounts each year.

Surf's Up! Check Out What's New in 2023

Streamlined Medical Plans

We are streamlining our medical plans going from 5 plans to 3 plans in most locations.



The Kaiser HMO in California and the SIMNSA Baja CA Premier Access HMO in San Diego County will continue in 2023.

Drop In on a Few Other Benefit Changes

- Medical Plan Contributions: Health care costs in the U.S. continue to rise which impacts the cost of our medical plans. For 2023, medical plan contributions for the Choice HSA PPO Plan and the Premier EPO Plan will increase 7%. For a third year in a row, there is no increase in the Value Copay Plan (called the Copay 5000 in 2022). Contributions for the Kaiser HMO will increase 20% and contributions for the SIMNSA Premier Access HMO will increase about 0.5%. See page 13 for 2023 contributions per pay period.
- **Choice HSA PPO Plan**: For 2023, you can contribute more to a Health Savings Account (HSA) up to \$3,850 (employee-only) or up to \$7,750 (family).
- **98Point6 Text-Based Telemedicine**: With blanket waivers enacted in response to the COVID-19 Pandemic coming to an end, the cost of a telemedicine visit through 98Point6 if you are enrolled in the Choice HSA Plan will be \$5 per visit starting January 1, 2023.



Enroll in Workday—Easy Peasy Summer Breezy

When you're ready to enroll in your 2023 benefits, sign in to Workday with your **user name** and **password**. 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, 2023. If you miss the deadline, your dependents will not be added to your coverage starting January 1, 2023.

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.

Enrolling by Phone? Don't Wait!

If you wish to enroll in your 2023 benefits by phone or have questions about your benefits, call Benefits Support.

Benefits Support

Tel. 888-659-3616

Representatives are available Monday through Friday, 8 a.m. to 5 p.m. PT.

If you are planning to enroll by phone, you can avoid long wait times by enrolling early. If you wait to enroll until Nov. 10 or 11, you may experience long wait times in order to speak with a representative.

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 App Icon or go to your Inbox to access
 Benefit enrollment.
 - lections in order
- Make sure to submit your elections in order to view your completed enrollment.

Say Hello to ALEX, Your Online Benefits Counselor

ALEX will explain your benefits in easy-to-understand language and can help you select the best benefit plans for your personal situation.

Go to https://www.myalex.com/ensign/2023 to get started.

IMPORTANT: ALEX is not the online enrollment system. You must enter your enrollment elections in Workday.



Medical Plans

Because All Surfers Wipeout Now and Then

Our medical plans are designed to give you the options you need to manage your health the way you want. You can choose from three 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.

Value Copay Plan

This plan exclusively covers you for in-network doctors and facilities and gives you access to **Blue High Performance Network (HPN)** providers in certain geographic locations based on your zip code. Blue HPN providers are selected based on delivery of quality, affordable care offering savings to Affiliate employees in exchange for a smaller provider network and the **lowest paycheck deduction**.

Choice HSA PPO Plan

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, the plan comes with a Health Savings Account (HSA) that you can contribute to.

Premier EPO Plan

This plan has a lower deductible and exclusively covers you for innetwork doctors and facilities. Except in the case of an emergency, you'll pay the full price for any out-of-network care.

Need help choosing a medical plan?

Say hello to ALEX our online benefit counselor.
Go to https://www.myalex.com/ensign/2023.

Reminder: ALEX is **NOT** the online enrollment system. You must still select, submit and electronically sign for your benefits in Workday.



More About the Value Copay Plan



If You Live in a Blue HPN Area

If you enroll in the **Value Copay EPO Plan** and you live in a Blue High Performance Network (HPN) area based on your zip code, you must receive care from Blue HPN providers.

If you have a child in college in a different state and your child lives in a Blue HPN area, care is covered when your child accesses Blue HPN providers.

If you are traveling and you are in a Blue HPN area, care is covered when you use Blue HPN providers. If you are in a Blue HPN area but you do not use Blue HPN providers, care is only covered in case of an emergency.

See **page 7** for instructions on how to find Blue HPN providers in your area.

If You Live Outside of a Blue HPN Area

If you live outside of a Blue HPN area, you can use any provider in the national Blue Card network. If you use a provider who is not in the Blue Card network, care is only covered in case of an emergency.

See **page 7** for instructions on how to find Blue Card network providers.

Have Questions?

Call HealthComp customer service for assistance finding a network provider in your area.

Phone: 833-549-2867 (M-F, 6 a.m.-6 p.m. PT)

2023 Medical Plans At-a-Glance

Plan Feature	VALUE COPAY PLAN	CHOICE HSA PPO PLAN	PREMIER EPO PLAN
	NETWORK ONLY YOU PAY	IN-NETWORK YOU PAY	NETWORK ONLY YOU PAY
Employee Paycheck Contributions	\$	\$\$	\$\$\$
Preventive Care	Covered in full ³	Covered in full ³	Covered in full ³
Telemedicine Doctor Visit Behavioral Health Visit	Through Teladoc \$25 copay \$25 copay	Through Teladoc 10%² (Cost is \$40 per visit) 10%² (Cost is \$40 per visit)	Through Teladoc \$20 copay \$20 copay
Telemedicine (text-based) Doctor Visit	Through 98point6 FREE	Through 98point6 \$5 copay	Through 98point6 FREE
Calendar Year Deductible Employee Only / Family In-network Employee Only / Family Out-of-nework	\$5,000 ⁵ / \$10,000 N/A	\$2,000 ⁵ / \$4,000 ^{1,5} \$4,000 ⁵ / \$8,000 ^{1,5}	\$500 / \$1,000 N/A
Coinsurance (You Pay)	20%	20%	20%
Calendar Year Out-of-Pocket Maximum Employee Only / Family	\$7,000 ⁶ / \$14,000 ⁶	\$6,000°/\$12,000°	\$2,000 / \$4,000
Health Savings Account (HSA)	N/A	You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2023 are \$3,850 (employee only) and \$7,750 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2023.	N/A
PCP Office Visit	\$45 copay	20%²	\$30 copay
Specialist Office Visit	\$75 copay	20%²	\$50 copay
Urgent Care	\$75 copay	20%²	\$50 copay
Emergency Room	\$500 copay ^{2,7} then you pay 30%	\$500 copay ^{2,7} then you pay 30%	\$500 copay ^{2,7} , then you pay 20%
Diagnostic Testing	20%²	20%²	20%²
Outpatient X-ray and Lab	20%²	20%²	20%²
Hospitalization Inpatient Semi-Private Room Inpatient Physician	20%² 20%²	20%² 20%²	\$500 copay², then you pay 20% 20%²
Outpatient Treatment (PT, OT, ST)	20%²	20%²	20%²
Mental Health/Substance Abuse Inpatient Outpatient	20%² \$45 copay	20%² 20%²	\$500 copay then 20% ² \$30 copay
Pharmacy Retail Specified Preventive Drugs ⁴ Generic Brand Formulary Brand Non-Formulary Specialty Drugs	30-day supply ¹¹ (see footnote) 100% covered ³ \$10 copay ³ \$25 copay ² \$40 copay ² 20% ^{2,8} up to \$125	30-day supply¹¹ (see footnote) 100% covered ³ \$10 copay ² \$25 copay ² \$40 copay ² 20% ^{2,8} up to \$125	30-day supply¹¹ (see footnote) 100% covered ³ \$10 copay ³ \$25 copay ³ \$40 copay ³ 20% ^{3,8} up to \$125
Pharmacy Mail Service Specified Preventive Drugs ⁴ Generic Brand Formulary Brand Non-Formulary	90-day supply 100% covered ³ \$20 copay ³ \$50 copay ² \$80 copay ²	90-day supply 100% covered³ \$20 copay² \$50 copay² \$80 copay²	90-day supply 100% covered ³ \$20 copay ³ \$50 copay ³ \$80 copay ³

- 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.
- 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.
- 7) Emergency Room copay waived if admitted.



Residents	San Diego County Residents
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Kaiser CA HMO 2000 with HSA	SIMNSA Baja CA Premier Access HMO
NETWORK ONLY YOU PAY	NETWORK ONLY YOU PAY
\$\$\$	\$
Covered in full ³	Covered in full
20%² N/A	N/A N/A
N/A	N/A
\$2,000 / \$4,000 ¹² N/A	N/A N/A
20%	None
\$3,425 / \$6,850 You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2023 are \$3,850 (employee only) and \$7,750 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2023.	\$6,350 / \$12,700 N/A
20%²	\$5 copay
20%²	\$5 copay
20%²	\$25 copay (provider in Mexico) \$50 copay (provider outside Mexico)
20%²	\$250 copay ⁷
20%²	Covered in full
20%²	Covered in full
20%² 20%²	Covered in full Covered in full
20%²	\$10 copay
20%² 20%²	Covered in full \$5 copay
30-day supply 100% covered ³ \$10 copay ² \$30 copay ² N//A 20% ² up to \$125	30-day supply 100% covered \$5 copay \$5 copay \$5 copay \$5 copay
100-day supply 100% covered ³ \$20 copay ² \$60 copay ² N/A	90-day supply N/A N/A N/A N/A

- 8) May be available at CerpassRX retail pharmacy or Pharmacy Mail Service if authorized. Note that any specialty drug discount coupons will not apply towards the calendar year deductible our 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.
- 12) \$3,000 for one member with family coverage.



Find Blue HPN Providers with the Value Copay Plan

To find Blue HPN providers in your area, follow these steps:

- 1. Go to https://www.bcbs.com/find-a-doctor.
- 2. On the **Find a Doctor** page, select (In the United States, Puerto Rico and U.S. Virgin Islands).
- 3. Click on **Choose a location and a plan** then enter your zip code.
- 4. If your zip code is correct, click on "Yes, this is correct".
- 5. Type in **UAF** and click **Continue**.
- 6. Search for provider by name, specialty, places by name or places by type.

Find Other BCBS Network Providers

To find other BCBS network providers in your area, follow these steps:

- 1. Go to https://hconline.healthcomp.com/ensign.
- 2. Click on Find Care.
- 3. From the **Network dropdown**, choose your state and plan name (Value Copay Plan, Choice HSA Plan or Premier EPO Plan)
- 4. Enter your zip code and how many miles away from your zip code you are willing to travel to a provider's office.
- Select provider type and other criteria and click on Search.





Health Savings Account

If you enroll in the Choice HSA PPO Plan, 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
Who is eligible?	 You are eligible to contribute to an HSA if you are: Enrolled in an HSA-qualified medical plan; Not covered by any other medical plan (through your spouse or as a retiree), including a Health Care FSA; Not enrolled in Medicare, Medicaid or TRICARE; and Not claimed as a dependent on another person's tax return.
HSA advantages	 Your contributions are tax-free* and reduce your overall taxable income. You never pay taxes on withdrawals for qualified health care expenses. 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
How much can be contributed to an HSA?	 Up to \$3,850 if you have Employee Only coverage. Up to \$7,750 if you have Employee + Dependents coverage. Additional \$1,000 if you are age 55 or older. If your spouse contributes to an HSA, your combined contributions may not exceed \$3,850 if you have Employee Only coverage or \$7,750 if you have Employee + Dependents coverage. If your account balance reaches at least \$1,000, you may choose available investment funds for your balance.
What can be paid from your HSA?	 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. For a complete list of eligible expenses visit the official IRS website at http://www.irs.gov/publications/p502/index.html.
Using your HSA Complete instructions are included in your HealthEquity Welcome Kit after you enroll	 Use the HealthEquity Visa® health account card, or submit expenses online at www.healthequity.com. 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. Your account balance is NEVER forfeited; unused amounts stay in your account.

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

Save More with a Limited Purpose Health Care FSA

If you participate in a Health Savings Account (HSA), you can maximize your tax savings by also contributing to a Limited Purpose Flexible Spending Account (FSA) that covers dental and vision expenses. See page 14 for details.



Learn More About a Health Savings Account

Talk to ALEX. Go to https://www.myalex.com/ensign/2023.

Reminder: You must elect an HSA contribution amount each year in Workday. Your HSA election does not roll over from year-to-year.

HealthComp is Our Medical Plans Administrator

HealthComp is the medical plans administrator for the Premier EPO Plan, Value Copay Plan and the Choice HSA Plan.

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 (HCOnline)

You have access to a variety of tools and resources through HCOnline. With HCOnline 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** and set up your account.

HCOnline Mobile App

You can access your benefits through the HCOnline 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 **hconline@healthcomp.com**.

CerpassRx is Our Pharmacy Benefit Manager

CerpassRx is the pharmacy benefit manager for the Premier EPO Plan, Value Copay Plan and the Choice HSA Plan.

Key Things to Know

- There are no changes to our prescription drug benefits, copays or drug formulary in 2023.
- The CerpassRx pharmacy network includes all national chains and most local pharmacies.
- If you or a covered dependent has a prescription for a specialty medication, it may be available at a CerpassRx retail pharmacy or Pharmacy Mail Service if authorized





Contact CerpassRx

Call Member Services

If you have questions regarding your pharmacy benefits call **844-636-7506** anytime.

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

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.

Get Medical Care at the Beach Through 98point6

98point6 provides 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 Premier EPO Plan, Value Copay Plan and the Choice HSA Plan.

What You Pay

FREE

If you are enrolled in the Value Copay Plan or Premier EPO Plan, visits with a physician are FREE.

\$5 per visit

If you are enrolled in the Choice HSA PPO Plan, 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

Additional information is available on the Ensign Benefits website or visit https://98point6.com/ensign.

Hang Loose with 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.

^{*} Dependent children must be at least 1 year old.

Off the Hook Dental Plans Keep You Smiling

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 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.

2023 Dental Plans At-a-Glance

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

- 1) After calendar year deductible.
- 2) Percentage applies to usual, customary and reasonable charges.
- 3) DHMO copay schedule available on 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.

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.

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 or call VSP at 800.877.7195.

2023 Vision Plan At-a-Glance

Plan Feature	VSP Network Provider	Out-of-Network Provider
Exam for Eyeglasses Once every 12 months	\$10 copay	\$10 copay, Plan pays up to \$73
Lenses Once every 12 months • Single vision • Lined Bifocal • Lined Trifocal Lens Options • Standard progressive lenses • Premium progressive lenses	\$25 materials copay Copay up to \$55 Copay of \$95 - \$105	\$25 materials copay Plan pays up to \$33 Plan pays up to \$50 Plan pays up to \$65 Plan pays up to \$65 Plan pays up to \$65
• Custom progressive lenses	Copay of \$150 - \$175	Plan pays up to \$65
Frames Once every 24 months	Plan pays up to \$130 (\$70 for Costco)	Plan pays up to \$70
Contact Lenses 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.
- 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.



Life's a Beach with 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.

Have Questions About Flexible Spending Accounts?

ALEX can help. Go to https://www.myalex.com/ensign/2023.

Remember to enter your FSA elections in Workday after talking to ALEX.

Type of FSA	Eligible Expenses	Pre-tax Contribution
Health Care FSA	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 \$2,850 per year
Limited Purpose FSA	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 \$2,850 per year
Dependent Care FSA	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 \$2,850 each plan year on a pre-tax basis to cover eligible health care expenses.

Limited Purpose Health Care FSA

(for use with a 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 \$2,850 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.

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.

If you wish to contribute to an FSA, you must make new FSA elections each year. Your elections will not roll over from year-to-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 ^{1,2}
Basic Life Insurance	If you die from any cause	1X salary up to \$500,000 – Service Center/Cornet/ Topside/Executive Directors/Directors of Nursing \$25,000 all other eligible Ensign Affiliate employees
AD&D Insurance	If you die from an accident the benefit amount is paid in addition to basic life insurance	1X salary up to \$500,000 – 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

¹ The benefit amount is reduced after age 65.

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. Coverage options are shown below.

Coverage For	Coverage Amount	Maximum	Guaranteed Issue
Ensign Affiliate Employee	\$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.
Spouse	\$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).
Child(ren)	\$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.

 $^{^{2}}$ If Basic Life is greater than \$50,000, you can cap your coverage at \$50,000 to avoid imputed income tax.

Supplemental Accidental Death & Dismemberment (AD&D) Insurance

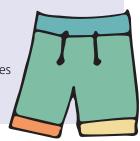
You have the option to purchase supplemental AD&D insurance for yourself, your spouse and your children. Benefits are paid in the event of death or a serious injury (such as loss of a limb or eyesight) due to an accident. Evidence of Insurability is not required. You pay the full cost of supplemental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

Coverage For	verage 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. You can update your beneficiaries in Workday.



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. Contact Benefit Support at **888-659-3616** to enroll.

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.

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

For days when the waves are choppy

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

Contact the EAP 24/7

Online: www.unum.com/lifebalance

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

Who is covered?

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

Programs and features include:

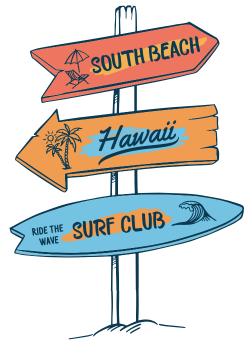
- Three free in-person counseling sessions
- Unlimited help over the phone

Keep Current with 2023 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. 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 2023 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.



PRE-SORTED FIRST CLASS U.S. POSTAGE PAID ACTION MAIL

OPEN ENROLLMENT 2023

— Catch the Wave!

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

Look inside to see what's new for 2023 along with tips to help choose the best benefits for you and your family.

We are making some changes to our medical plans in 2023. So its important that you take some time to review this Guide and take action between October 28 and November 11 to ensure you get the medical plan you want in 2023.

