



BETTENBOUGH COMPANIES

2025 HEALTH AND WELLNESS BENEFITS GUIDE

WELCOME TO

BETENBOUGH COMPANIES

CARRIER CONTACTS



MEDICAL

To verify providers, access your CaringWire app or visit www.cigna.com.

For eligibility/benefits/precertification, contact Marpai Health (1-855-389-7330)



HEALTH BENEFITS APP

CaringWire provides access to telehealth, anchor nurse, claims, and much more.



TELEHEALTH

Access MeMD through the CaringWire app or call (855)636-3669.



DENTAL & VISION + LIFE & DISABILITY BENEFITS

Guardian
888.600.1600 | guardian.com



ANCHOR NURSE

Nurse Sam - She has been added as a contact in your phone

P 806.200.6684 | **F** 877.931.9355 ext. 173

betenbough@engagedhealthgroup.com

Nurse Mykkal - She has been added as a contact in your phone

P 806-200-6684 | **F** 877-931-9355 ext 130

betenbough@engagedhealthgroup.com



FLEXIBLE SPENDING ACCOUNT & HEALTH SAVINGS ACCOUNT

Ameriflex
888.868.3539 | ameriflex.com

01

OPEN ENROLLMENT



WHEN CAN I ENROLL?

All employees are required to complete the benefit enrollment process both as a new employee and during the annual open enrollment period.

All employees must make their 2025 plan year elections online, during Open Enrollment. All benefit elections will go into effect on January 1, 2025 and remain in effect until December 31, 2025, unless you experience a qualifying event.

HOW CAN I ENROLL?

Go to your UKG account and select the “Benefits” > Manage My Benefits > Get Started”

NEED HELP?

CONTACT OUR HEALTH & WELLNESS TEAM

EMAIL EMPLOYEESUPPORT@BETENBOUGH.COM

02

HEALTH

WHO'S ELIGIBLE?



Employees scheduled to work
30+ hours a week



Legal Spouse



Dependent Children
under age 26

WHAT IF I HAVE A LIFE EVENT?

You may also change your benefit elections within 31 days of a qualifying life event. Examples of qualifying life events include but are not limited to:

- Loss of other coverage
- Marriage or divorce
- Birth or adoption
- Age 26 & removed from parents' plan
- Death in family
- Change in government assistance eligibility



ENGAGED HEALTH GROUP

Nurse Sam, MBA, BSN, RN, CCM

806.200.6684 :: betenbough@engagedhealthgroup.com

Nurse Mykkal, BSN, RN

806.200.6684 :: betenbough@engagedhealthgroup.com

PLEASE NOTE

It is ***your responsibility*** to notify Employee Support of any qualifying life event changes ***within 31 days of the event***. You may be asked to provide supporting documents.

MEDICAL CIGNA

	HSA PLAN IN-NETWORK	HSA PLAN OUT-OF-NETWORK	NEW PPO PLAN IN-NETWORK	NEW PPO PLAN OUT-OF-NETWORK
Individual Deductible & Out-of-Pocket Maximum	\$3,000 / \$7,500	\$10,000 / \$20,000	\$500 / \$5,000	\$3,000 / \$10,000
Family Deductible & Out-of-Pocket Maximum	\$6,000 / \$15,000	\$20,000 / \$40,000	\$1,000 / \$10,000	\$6,000 / \$20,000
	WHAT YOU PAY*	WHAT YOU PAY*	WHAT YOU PAY*	WHAT YOU PAY*
Preventative Care & Wellness Exams	100% covered	100% covered	100% covered	100% covered
Primary Care/Specialist	20% after deductible	30% after deductible	\$30 copay/\$50 copay	40% after deductible
Emergency Room	20% after deductible	30% after deductible	20% after deductible	40% after deductible
Imaging (X-Ray, MRI, etc)	20% after deductible	30% after deductible	20% after deductible	40% after deductible
Urgent Care	20% after deductible	30% after deductible	\$75 copay	40% after deductible
Inpatient or Outpatient Surgery	20% after deductible	30% after deductible	20% after deductible	40% after deductible
Prescription Drugs	20% after deductible	30% after deductible	Generic-\$10 copay Formulary Brand - \$30 copay Non-Formulary Brand - \$50 copay Specialty - \$150 copay	40% after deductible
MeMD	no cost/call	no cost/call	no cost/call	no cost/call

EMPLOYEE COST | PER PAY PERIOD:BI-WEEKLY CONTRIBUTIONS

	HSA PLAN	PPO PLAN
Employee Only	\$22.69	\$19.50
Employee + Spouse	\$158.88	\$145.93
Employee + Child(ren)	\$124.84	\$110.90
Family	\$261.03	\$241.57

*This is a general overview of your benefits. Review your Cigna Summary of Benefits and Coverage (SBC) and Plan Document for a full list of benefits and exclusions.

*Maripai will mail ID card to Employee's home address

HEALTH SAVINGS ACCOUNT PLAN **HSA**

WHO CAN CONTRIBUTE TO AN HSA?

- You must be enrolled in the Betenbough Companies high-deductible health plan
- You have no other health coverage (except what is allowed by the IRS)
- You are not enrolled in Medicare, TRICARE, or TRICARE for life
- You can't be claimed as a dependent on someone else's tax return
- You haven't received specific medical benefits from the VA in the previous three months

COMPANY CONTRIBUTIONS

HSA COVERAGE TIER	BI-WEEKLY COMPANY CONTRIBUTION	ANNUAL COMPANY CONTRIBUTION
Employee Only	\$75.00	\$1,950
Employee + Spouse	\$125.00	\$3,250
Employee + Child(ren)	\$125.00	\$3,250
Employee + Family	\$170.00	\$4,420

INDIVIDUAL CONTRIBUTIONS

2025 INDIVIDUAL CONTRIBUTION MAX: \$4,300

2025 FAMILY CONTRIBUTION MAX: \$8,550

HSA COVERAGE TIER	*MAXIMUM BI-WEEKLY CONTRIBUTIONS TO HSA
Employee Only	\$90.38
Employee + Spouse	\$203.84
Employee + Child(ren)	\$203.84
Employee + Family	\$158.84

OVER 55 "CATCH-UP"

Employees 55+ are able to contribute an additional \$1,000 towards their HSA each year.

*Annual company contribution reflects the total potential value assuming contributions are made over a full year (26 pay periods). The actual company contribution will be prorated based on the number of eligible pay periods in which you are enrolled in the Betenbough HDHP. Check out the HSA Participation Guide for detailed information about your HSA.

PARTNER HSA BANK **AMERIFLEX**

CONTRIBUTE & INVEST

CONTRIBUTE TO YOUR HSA BY:

- Payroll contribution
- Online account-to-account transfer
- Mailing a check with the Ameriflex HSA Individual Contribution Form

INVEST YOUR ACCUMULATED FUNDS:

- Funds over \$500 can be invested
- 25 mutual funds to choose from

PAYMENT & REIMBURSEMENT

PAY FOR YOUR EXPENSES USING YOUR:

- Health Care Payment Card
- Online bill pay

REIMBURSE YOURSELF FOR OUT-OF-POCKET EXPENSES BY:

Submit Spending Account Claim Form through your Ameriflex account

RECOMMENDED PARTNER BANKS

AMERIFLEX

- Set as default for all employees
- You must notify Employee Support if you would like to use a bank other than Ameriflex.

CITY BANK

FIDELITY

FLEXIBLE SPENDING ACCOUNTS **FSA**

- Employee contributions are made pre-tax
- These plans are subject to the use it or lose it rule. Unused funds will be forfeited at the end of the year.
- Betenbough Companies does not make contributions to these plans

DEPENDENT CARE ACCOUNT



CONTRIBUTE UP TO \$5,000/YEAR

- Pays for daycare, after-school care, nannies and summer camps for children under 13 or care for adult dependents incapable of self-care
- Married spouses must both work or attend school full time
- Funds available as you contribute
- HSA compatible

LIMITED PURPOSE HEALTH CARE FSA



CONTRIBUTE UP TO \$3,300/YEAR

- Pays for dental & vision expenses ONLY
- Ability to borrow against future account balance
- HSA compatible

TRADITIONAL HEALTH CARE FSA



CONTRIBUTE UP TO \$3,300/YEAR

- Pays for medical, dental, vision and prescription expenses
- Ability to borrow against future account balance
- You can only enroll if you do not contribute to an HSA or if you are ineligible for an HSA

Employees **may** have a Dependent Care Account and/or a Limited FSA account along with an HSA account. Employees may not have a Traditional FSA account with an HSA account.

VIRTUAL VISITS **MeMD Virtual Care**

Throughout your MeMD membership, you and your covered dependents have access to board-certified doctors 24 hours a day, seven days a week. Virtual visits are a great alternative to traditional face-to-face visits. MeMD Virtual Health doctors and therapists can help with many conditions including:

- Allergies
- Asthma
- Nausea
- Sinus Infection
- Ear Ache
- Pink Eye
- Cold/Flu
- UTI/Yeast Infection
- Anxiety/Depression
- Marriage Counseling
- Stress
- Child Behavior

Access MeMD Virtual Care through the CaringWire app or by calling (855) 636.3669.

DENTAL GUARDIAN

	VALUE PLAN	NAP PLAN
Calendar Year Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Annual Maximum Benefit	\$1,500 per person	\$1,500 per person

WHAT	IN-NETWORK	IN/OUT OF NETWORK
Preventative Care (cleanings, exams, annual x-rays)	0% deductible waved	0% deductible waved
Basic Care (fillings, simple extractions, minor tooth repair)	0% deductible waved	20% after deductible
Major Care (bridges, dentures, crowns, root canal)	40% deductible waved	50% after deductible
Orthodontia (kids under age 19 only)	50% deductible waved	50% deductible waved
Orthodontia Lifetime Benefit	\$1,500 life benefit	\$1,500 life benefit

EMPLOYEE COST | PER PAY PERIOD

Employee Only	\$1.33
Employee + Spouse	\$9.12
Employee + Child(ren)	\$14.82
Family	\$22.60

**Locate provider info at www.guardianlife.com > Find a Dentist*

**Go to the CaringWire app to find a dentist in network*

**Guardian will mail an ID card to employee's home address.*

WHAT PLAN IS RIGHT FOR YOU?

IS YOUR DENTIST PART OF THE GUARDIAN NETWORK?

YES —> The **Value Plan** is best for you.

NO —> The **NAP (Network Access Plan)** is best for you.

WHAT IS THE DIFFERENCE

VALUE PLAN

- After you pay your deductible, basic care is covered at 100% and major care at 60%.
- The Value Plan pays claims based on pre-negotiated, discounted rates and prevents additional billing when in-network

NAP PLAN

- After you pay your deductible, basic care is covered at 80% and major care at 50%.
- The NAP plan provides better coverage when seeing out-of-network providers but there are no discounted rates and providers can bill you above what is covered by insurance



VISION GUARDIAN

IN-NETWORK

COPAYS

Eye Exam \$10

Materials \$25

GLASSES

Lenses (Single Vision., Bifocal, Trifocal, Lenticular) Covered at 100% After Copay

Frames Up to \$120 Allowance

CONTACT LENSES

Exam and Fitting 15% Off Professional Fee

Medically Necessary Covered at 100% After Copay

Elective Up to \$120 allowance

FREQUENCIES

In a calendar year period, Guardian will pay for either one pair of glasses or contacts, but not both. In any period of 2 calendar years, Guardian will pay for one set of frames.

EMPLOYEE COST | PER PAY PERIOD

Employee Only \$0.25

Employee + Spouse \$1.11

Employee + Child(ren) \$1.15

Family \$2.41

EYEWEAR & LASIK DISCOUNT

Guardian offers a 20% discount from participating providers' usual and customary rates for purchases that exceed the benefits listed above. This includes:

- Frames
- Specialty Lenses (progressive, transition)
- Lens Extras (tints, anti-glare, anti-scratch)

Guardian provides a 25% discount off the usual-and-customary rate or a 5% discount off promotional rates for laser correction surgery at participating providers.

03

LIFE

LIFE & DISABILITY GUARDIAN

Life and Disability insurance can provide income protection for you and your family. Betenbough Companies provides the following benefits at NO COST to you.



BASIC LIFE INSURANCE ANNUAL PROJECTED SALARY X1

Rounded up to the next \$1,000 up to a max of \$250,000. Benefits reduce at age 65 & 70.



BASIC AD&D INSURANCE ANNUAL PROJECTED SALARY X1

Loss of life: 100% of benefit amount
Other qualified losses: 25-100% benefit amount

WHAT IS A BENEFICIARY AND WHY DOES IT MATTER?

A beneficiary is the person(s) or trust you choose to receive monetary benefits in the event you pass away. You are required to elect at least one beneficiary.

In Texas, minor children cannot legally own any real property or be entitled to receive any assets. If minor children are designated as beneficiaries, they need a guardian of the estate appointed by the court to control the assets or property on their behalf.

If you're married and wish to designate a beneficiary other than your spouse, you will be required by law to have him/her sign a form acknowledging another beneficiary has been named.



MEDICAL LEAVE 100% PAID LEAVE

Up to 6 weeks if employed 1+ years and up to 3 weeks if employed < 1 year.



LONG TERM DISABILITY 60% MONTHLY PROJECTED PAY

\$6,000 Maximum for all employees.

Our life policy contains Accelerated Benefits for employees who are terminally ill and not expected to live more than one year. There is a waiver of premium benefit for employees who become totally disabled before 65. Our LTD policy has a pre-existing condition, exclusion, rehabilitation benefit, and survivor benefit. For detailed information regarding your life and disability benefits, contact Employee Support or refer to the Guardian documents.

VOLUNTARY LIFE & AD&D **GUARDIAN**

You can choose to purchase additional life insurance or AD&D (Accidental Death and Dismemberment) coverage for yourself, your spouse, and/or your children.

To open election of voluntary life & AD&D for dependants, you must elect coverage for yourself.

Employees pay 100% of the premium on a post-tax basis. The cost of coverage* for employees and spouses is dependent on age and amount of coverage.

	EMPLOYEE	SPOUSE	CHILD
Minimum Election	\$10,000	\$5,000	\$10,000*
Maximum Election	\$500,000 not to exceed 7x annual projected earnings	\$250,000	\$10,000*
Guarantee Issue (new hires only)	\$100,000	\$25,000	\$10,000

**Rates are automatically calculated in the Employee Support/UKG system and are based on members age, and benefit amount.*

ADDITIONAL COVERAGE DETAILS

Benefit Reduction: The benefit reduction amount is reduced by 35% at age 65 and again by 50% at age 70.

Accelerated Benefit: Terminally ill policy holders who are not expected to live more than one year are allowed to take advanced payment of 50% or less of the coverage amount.

Portability Privilege: You can take this policy with you when you leave the company. Make sure you initiate the election application within 30 days of your last day of work.

Child Life Policy: \$10,000 is the only electable amount.

MEDICAL REVIEW / EVIDENCE OF INSURABILITY

If you are electing coverage for the first time, or making changes due to a qualifying life event, over the guaranteed issued amount(s) or if applying for an increase coverage amount, you will be asked to complete a medical review process that begins with a form called "Evidence of Insurability."

**Rates are automatically calculated in the Employee Support/UKG system and are based on members age, and benefit amount.*

04

WELLNESS

WELLNESS

Looking after yourself in spirit, mind, and body using the four pillars: nutrition, hydration, movement, and peace



NUTRITION

Our body thrives when we eat a diet based around whole foods with a wide variety of nutrients!



MOVEMENT

Movement is important for many aspects of health. From normalizing blood sugar, elevating our mood, and hydrating our cells to removing toxins and rejuvenating the cells.



HYDRATION

Adequate hydration is critically important for every system in the body, and can help with:

1. Healthy metabolism
2. Cell formation
3. Digestion
4. Healthy blood flow
5. Deeper sleep and improved brain function.



PEACE

1. The fourth, and most important pillar of health, is peace.
2. The way we view ourselves, others, and the world around us impacts our peace.
3. Aligning and focusing on truth brings peace.
Creating margin in our day to slow down allows us to stay at peace.
4. Peace puts our nervous system into the parasympathetic mode - it is our "rest and digest" system.
 - a. Examples: Slower heart rate/breathing, constricted pupils, and relaxed muscles.
5. Chronic stress puts our nervous system into the sympathetic mode- it is our "fight or flight" system and is not compatible with long term health. Although stress management may improve our health, true peace, not just stress management is the goal.

BETENBOUGH WELLNESS BENEFITS: WHAT'S INCLUDED?

1. Personal meetings with our in-house Betenbough Wellness Guides
2. Deeper knowledge on the 4 pillars of health
3. Access to Gym Membership discounts
4. Discounts at local shops and restaurants
5. Supplement availability
6. Wellness Library
7. Educational Events and Classes

ADDITIONALLY, YOU WILL HAVE ACCESS TO AN ONLINE VERITAS WELLNESS MEMBERSHIP. THIS INCLUDES:

1. Full blood panel with Veritas Medical
2. Consultation and lab interpretation with a Veritas team member. Here, the Veritas team will share a personalized Wellness Plan based on the results of your blood panel.
3. Personal meeting with an in-house Wellness Guide
 - a. Opportunity to meet with our in-house Betenbough Wellness Guide to provide support and walk alongside you as you implement your Wellness Plan.
4. Weekly Zoom Classes with Dr. Ben and the Veritas Team
5. Member pricing on all Veritas products
6. Hours of online wellness content
7. Meal planning and recipes!

OVERALL WE DESIRE FOR ALL BETENBOUGH EMPLOYEES TO EXPERIENCE A HEALTHIER AND HAPPIER LIFESTYLE.

TO GET STARTED, REACH OUT TO THE BETENBOUGH COMPANIES HEALTH AND WELLNESS TEAM.

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This is not a legal document. Please refer to the Summary Plan Descriptions for detailed information. This document is not intended to cover every option in detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration.

If there should ever be any differences between the summaries in this guide and the legal documents, contracts and policies, the legal documents, contracts and policies will be the final authority.

Neither the Plan, the Summary Plan Descriptions, nor your coverage under the Plan, give you any right to continue your employment with Betenbough Companies, nor will they interfere in any way with your right or Betenbough Companies right to terminate your employment at any time for any reason, which right is hereby expressly reserved.

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