2026 EMPLOYEE BENEFITS GUIDE

Effective January 1, 2026 – December 31, 2026



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This guide is not intended to completely describe the insurance coverage offered, nor is it a binding contract. Controlling provisions are provided in each benefit plan policy. Should there be a difference between this guide and the official plan documents, the official plan documents will govern.

The Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) include more information about each plan's specific terms and conditions.

Welcome to your WestCare 2026 Benefits!

It's time to make your benefit decisions for 2026! **Your effective date of coverage will be January 1, 2026, or the first of the month following 60 calendar days.**

Your needs and those of your family are unique to you. That's why WestCare provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security. Open enrollment is your yearly opportunity to make benefit changes for you and your family. **Enrollment elections will be made online in the Paycom portal.**

Some of the benefits we offer are paid for in full by WestCare. For others, it is a shared contribution between you and the company. Other benefits are also available to you at reasonable group rates. **All rates are in Paycom's benefits section.**

Your benefits are an important part of your total compensation at WestCare. Please take the time to review and evaluate all the options available to you and your family.



Benefits Overview



- **Medical** – BRMS with Anthem Network
  - Base Plan with HSA
  - Buy-Up Plan with HSA
  - PPO Plan
  - Plans include prescription drug coverage
- **Health Savings Account (HSA)** – Optum
- **Dental** – Delta Dental
- **Vision** – Anthem Blue View
- **Group Term Life and AD&D –** New York Life
- ***New Carrier*** **Voluntary Life and AD&D** – New York Life
- ***New Carrier*** **Voluntary Short-Term and Long-Term Disability** – New York Life
- **Flexible Spending Accounts (FSA)** – BRMS
  - General Purpose Healthcare FSA (not available for those enrolled in the HSA plans and who open an HSA)
  - Limited Purpose Healthcare FSA (for those enrolled in the HSA plans
  - Dependent Care FSA
- **Employee Assistance Program** – New York Life through Compsych
- **Telemedicine –** ReCuro
- **Group Legal Insurance** – MetLife Legal
- ***New Carrier*** **Optional Protection Benefits (Accident, Hospital Indemnity, and Critical Illness Insurance)** – New York Life
- **Identity Theft Protection** – ID Watchdog
- **Wellness Program** – WellRight

DICKERSON
BENEFITS CONSULTING
AN ALERA GROUP COMPANY

Concierge Customer Service



Dickerson Helpdesk

(323) 310-0834 or

helpdesk@dickerson-group.com

Need to leave us a voicemail?
Be sure to include your name, company name, and policy or ID number along with the reason for your call.

Dickerson Benefit Advocates are available to you...

Monday – Friday, 7 am to 5 pm PST, to resolve issues such as:

- Getting a new ID card
- Help with claims
- Authorization issues
- Questions about benefits
- Dependent coverage issues
- Billing inquiries

2026

OPEN ENROLLMENT

NOVEMBER 3 - NOVEMBER 17, 2025



IT'S TIME TO TAKE CARE OF YOU — OPEN ENROLLMENT IS HERE!

2026 Open Enrollment Details

- 📅 **Open Enrollment: Monday, November 3rd - Monday, November 17, 2025**
- **All Benefit Eligible Westcare Employee's are required to complete their 2025 Open Enrollment. This year's Open Enrollment is an ACTIVE enrollment which means that it is MANDATORY for you to complete your enrollment even if you are not enrolling in benefits. If you have any questions or need help enrolling please schedule an appointment with a Benefit Counselor.**
- All benefit elections and changes will take effect on **January 1, 2026.**

Speak With A Benefit Counselor While You Enroll

- This year, it is highly encouraged for you to set up a one on one meeting with our certified benefit counselors. These Benefit Counselors are here to help educate you on ALL of your benefits as well as enroll you into the the new voluntary benefits through New York Life. To schedule an appointment with a benefit counselor, please click the link below and a benefit counselor will reach out to you at your designated time. Otherwise benefit counselors will help you enroll yourself in paycom so please make sure that you are logged in to the system for your appointment time.

  Click here to book your appointment > https://a.flexbooker.com/reserve/Westcare.
- Ensure you have all the necessary dependent and beneficiary information before starting the enrollment process. If you need to add a new dependent, you will need their social security number and date of birth.

Scan Here!

Enroll Online

1. From the Notifications Center, tap the current year's Benefits Enrollment. Review the instructions and tap ***"Start Enrollment."***
2. Review your information. Tap ***"Edit"*** to change anything or "Next" to continue.
3. Complete the Pre-Enrollment Questions and tap "***Save and Next.***" You can also edit existing dependent and beneficiary information on this screen, as well as add a dependent or beneficiary.
4. Choose to enroll in or decline a plan by checking the appropriate option. If necessary, choose which dependents to add. When finished, tap "***Enroll***." Continue for each benefit plan.
5. When finished, review your enrollment and tap "Finalize." Then, tap "***Sign and Submit***" in the pop-up window. To view your current benefits at anytime, ***navigate to Benefits > Current Benefits.***

Questions? Please call us at 1-844-880-6774 | M - F 8:30 AM - 5:00 PM CST

AGM AN ALERA GROUP COMPANY

Eligibility and Enrollment

Who is Eligible?

You are eligible for WestCare benefits if you are:

- An active, full-time, and regular employee of WestCare

Your dependents are eligible if they are:

- Your legal spouse or domestic partner
- Your and/or your domestic partner's child(ren)* up to the end of the calendar year they reach age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19)*
- Your children* through age 19, or if dependent on you, through age 25, for voluntary products

** Includes natural, step, legally adopted/or a child placed for adoption or under your legal guardianship.*

You may be required to show proof of dependent status and have these documents handy during open enrollment.

About Domestic Partner Coverage

WestCare allows you to enroll your same-sex or opposite-sex domestic partner and his or her dependents for coverage. Under federal law, WestCare's contribution toward the cost of healthcare coverage for your domestic partner and his or her dependents is considered taxable income to you.

Domestic partner premiums will be deducted post-tax. For more information, you may wish to consult with a tax adviser.

When Can You Enroll in Benefits?

You can enroll for benefits:

- When you are a new hire. All full-time new hires have 60 days from their start date to select benefits for the current plan year. Benefits are effective the first of the month following 60 days from your hire date. New employees hired near the end of the year may need to complete two enrollments – one for the current year's plans and another for the coming year's plans.
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event (QLE). Benefit changes due to a QLE must be made in the benefits section of Paycom.

Open Enrollment

Open Enrollment is your once-a-year opportunity to review your benefit plan elections and make adjustments that meet your and your family's needs.

Changes to medical, HSA, dental, vision, life, and any other supplemental benefits made during Open Enrollment will take effect on January 1, 2026.

Flexible Spending Accounts run on a calendar year. Open Enrollment for these plans is typically held in November, with changes effective January 1.

Eligibility and Enrollment *(continued)*

How Do I Enroll in Benefits?

You must actively enroll in all benefits that require employee contributions. You will be automatically enrolled in all Company-paid benefits.

To enroll (or make changes) to your benefits, you must log onto Paycom at https://www.paycomonline.net. Select 2026 Benefits Enrollment under the Benefits section.

You may want your spouse or partner present while selecting benefits, as your benefit choices impact your whole family.

Please Note:

Federal regulations require WestCare to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

Termination of Coverage

If you or a covered dependent no longer meet these eligibility requirements or your employment ceases, your medical, dental, vision, and Health Care FSA coverage will end on the last day of the month you become ineligible.

You and your eligible dependents may be eligible to elect COBRA for medical, dental, and vision coverage.

Life and AD&D coverage will end on the day you become ineligible. Your life coverages are convertible.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be effective through 12/31/2026.

If you have a QLE, you may change certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events is subject to approval by WestCare. Changes are effective retroactive to the date of the event.

Qualifying life events include:

- Your marriage
- Your divorce or legal separation
- Birth, adoption, or placement for adoption of an eligible child
- Death of your spouse, domestic partner, or covered child
- Change in your or your spouse/domestic partner's work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse's Open Enrollment
- A change in your child's eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation

Other qualifying events may also apply. Please contact the Benefits Department at benefits@westcare.com.

Enrolling with the Paycom App

Download and install the Paycom app on your smartphone. Sign on to the Paycom app and select 2026 Benefits Enrollment under the Benefits Section.

If you have any technical questions, contact benefits@westcare.com. If you have benefit-related questions, don't hesitate to contact WestCare's Employee HelpDesk at (323) 310-0834.

BENEFITS ADMINISTRATION

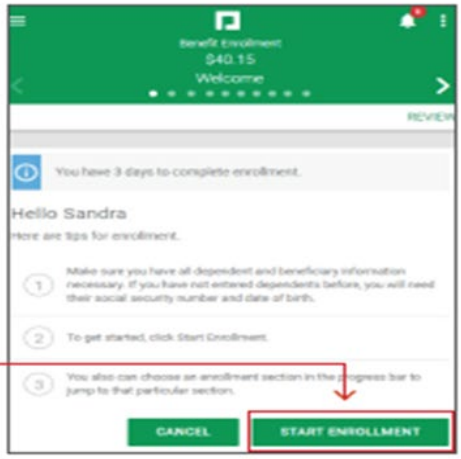
Employees

HOW TO ENROLL IN BENEFIT PLANS USING THE APP

STEP 1
Log in to the Paycom app.

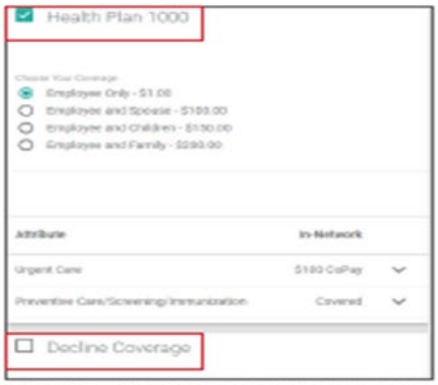
STEP 2
Within the Notification Center, select "Benefits Enrollment."

STEP 3
Click "Start Enrollment" and enter your personal information and any dependents or beneficiaries.



STEP 4
After reading each benefit plan, choose your coverage, then elect either to enroll or decline.

STEP 5
To complete enrollment, click "Finalize," then "Sign and Submit."



HELPFUL TIPS

- Have your dependent/beneficiary information ready, such as Social Security numbers, before beginning the enrollment process.
- As you go through the enrollment process, your selections will display and add up on the benefits summary tracker to the right.

Medical Plans

WestCare offers three medical plans through BRMS/Anthem Network with the following features:

- Option to receive care from in-network or out-of-network providers; higher benefits are paid when using in-network Anthem providers.
- Preventive care is covered at 100% when using an in-network provider.
- Prescription drug benefits are administered by Optum
- Deductibles and out-of-pocket maximums accumulate on a plan year from January 1 through December 31.
- If you enroll in the Base Plan with HSA or Buy-Up Plan with HSA, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (please see page 16 for more about HSAs).
- To compare the plans, please refer to the Medical Plans Comparison Chart. The plan summaries and Summary of Benefits and Coverage (SBC) provide specific benefit levels and limitations.



Finding In-Network Providers

To search for in-network medical providers, log onto **anthem.com.** Select the "Find Care" option in the upper-right corner, then Select "Basic search as a Guest"

- Choose "Medical" for type of care
- Select "Nevada" as state, regardless of location
- Click on "Medical – Employer Sponsored," then "National PPO (BlueCard PPO)"

Narrow your search by using zip code, provider name, specialty, or other options.

Buy-Up HSA Plan:

Emergency Room coverage has increased to 30% coinsurance and Urgent care copay has increased to $50 starting January 1st, 2026. All other benefits have stayed the same.

Access to Your Claims Information

After you are enrolled in a WestCare medical plan, log onto www.myhealthbenefits.com and register to access self-service tools and resources to help manage your medical benefits.

Medical Plans *(continued)*

Progyny – Smarter Fertility Benefits



Progyny connects you to leading fertility specialists and allows them to provide the most advanced, effective fertility treatment for the first time – without barriers to treatment – so you can obtain the best chance of achieving a successful pregnancy with the course of treatment that is best for you. **Progyny is an employer paid benefit only available to employees enrolled in the BRMS/Anthem medical plans.**

Why Progyny?

- **Comprehensive coverage** – bundled fertility treatment coverage for every unique path to parenthood
- **Personalized guidance** – unlimited guidance and support from a dedicated Patient Care Advocate (PCA)
- **Premier specialists** – convenient access to the largest national network of fertility experts and in-demand Reproductive Endocrinologists
- **Superior outcomes** – multiples rate 72% lower and live birth rate 25% higher than national averages

To learn more and activate your benefits, Call (844) 930-3339.



Choose doctors in your plan's network to save on costs

Choosing a doctor you trust is important, and choosing one in your plan's network can keep your costs down.

Using the **Find Care** tool on the **Sydney℠ Health** app and on **anthem.com** can help you do both.

Find Care brings together details about doctors, hospitals, and pharmacies in your plan's network. You can search by name, specialty, or procedure. You can also compare costs, choose English or Spanish, and see office hours.* To make sure your care provider is in your plan's network, view the doctor or facility profile.

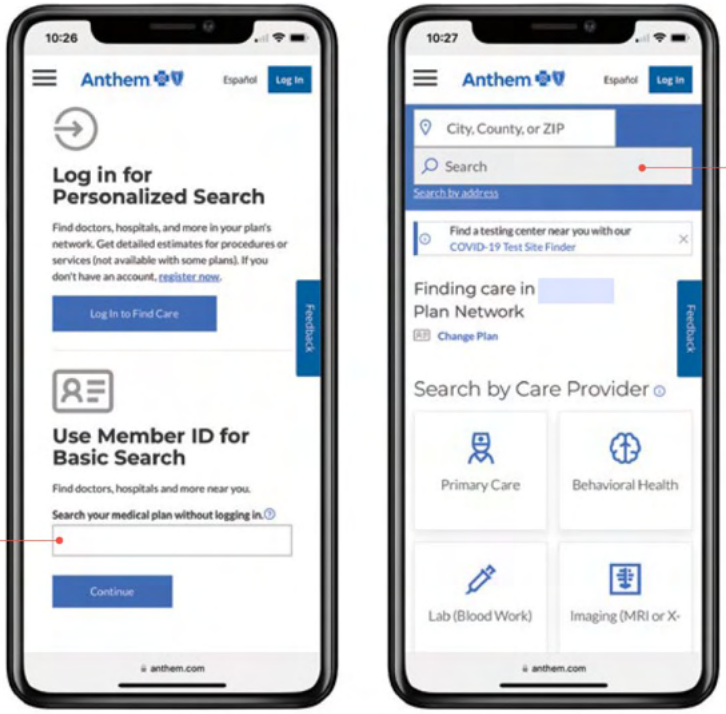
How it works

1.

Go to **anthem.com/find-care**.

2.

ForBlue Preferred PPO enter W3D under *Search your medical plan without logging in* and select **Continue**.



3.

On the next screen, you can search for the care you need.

sydney℠

Download the Sydney Health app

Scan the QR code with your phone's camera and start your search today!

Anthem

Medical Plan Options

WestCare Foundation	Base Plan with HSA		Buy-Up Plan with HSA	
Plan Year Company HSA Contribution (Individual / Family)	$408 for Individual/ $1,200 for Family		$504 for Individual/ $1,200 for Family	
Medical	You Pay		You Pay	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible [1] (Individual / Family)	$4,000/$10,000	$10,000/$20,000	$3,000/$6,000	$6,000/$12,000
Coinsurance	30% *	50%*	20% *	50%*
Plan Year Out-of-Pocket Max [2] (Individual / Family)	$6,450 / $ 12,900	$12,900 / $ 25,800	$5,000/ $10,000	$10,000/ $20,000
Preventive Care	Covered in full	50%*	Covered in full	50%
Primary Care Office Visit	30%*	50%*	20%*	50%*
Specialty Care Office Visit	30%*	50%*	20%*	50%*
Telemedicine Consultation (must use Teladoc doctors)	Covered in full	N/A	Covered in full	N/A
Urgent Care	30%*	50%*	$50	50%*
Emergency Room Care	30%*		30%*	
Inpatient Hospital	30%*	50%*	20%*	50%*
Outpatient Surgery	30%*	50%*	20%*	50%*
Routine Radiology / Lab	30%*	50%*	20%*	50%*
Advanced Radiology (MRI, MRA, CAT, PET Scan)	30%*	50%*	20%*	50%*
Prescription	You Pay		You Pay	
Retail (up to 30-day supply) Tier 1 / Tier 2 / Tier 3/Tier 4	$10 / $35 / $60/ 20% with $250 max per Rx		$10 / $35 / $60/ 20% with $250 max per Rx	
Home Delivery (up to 90-day supply)	2.5 x Retail	N/A	2.5 x Retail	N/A

Limitations and maximums may apply. For more information, please refer to the plan summaries and Summary of Benefits and Coverage.

[1] *Each family member must meet the deductible individually until the family deductible is met*

[2] *Plan Year Out-of-Pocket Maximum includes deductibles, Rx copays, and coinsurance*

*** After Deductible**

Medical Plan Options

WestCare Foundation	PPO Plan	
Medical	**You Pay**	
	In-Network	Out-of-Network
Plan Year Deductible [1] (Individual / Family)	$2,000/$4,000	$3,000/$6,000
Coinsurance	20% *	50%*
Plan Year Out-of-Pocket Max [2] (Individual / Family)	$4,000 / $ 8,000	$10,000 / $ 20,000
Preventive Care	Covered in full	50%*
Primary Care Office Visit	$30 copay	50%*
Specialty Care Office Visit	$60 copay	50%*
Telemedicine Consultation (must use Teladoc doctors)	Covered in full	N/A
Urgent Care Facility	$100 copay	50%*
Emergency Room Care	20%*	
Inpatient Hospital	20%*	50%*
Outpatient Surgery	20%*	50%*
Routine Radiology / Lab	Covered in full	50%*
Advanced Radiology (MRI, MRA, CAT, PET Scan)	20%*	50%*
Prescription	**You Pay**	
Retail (up to 30-day supply) Tier 1 / Tier 2 / Tier 3/Tier 4	$10 / $35 / $60/ 20% with $250 max per Rx	$10 [3] / $35 [3] / $60 [3]/ 20% with $250 max per Rx
Home Delivery (up to 90-day supply)	2.5 x Retail	N/A

Limitations and maximums may apply. For more information, please refer to the plan summaries and Summary of Benefits and Coverage.

[1] *Each family member must meet the deductible individually until the family deductible is met*

[2] *Plan Year Out-of-Pocket Maximum includes deductibles, Rx copays, and coinsurance*

*** After Deductible**

Medical Plan Options

About Your Medical Plan ID Card

When you enroll in medical benefits, you will receive an ID card in the mail. You will receive one card for yourself and another for your covered family members. You must present your ID card every time you receive care – at the doctor's office, urgent care clinic, lab, hospital, outpatient facility, and pharmacy.

Below is a sample of the information your ID card may include.

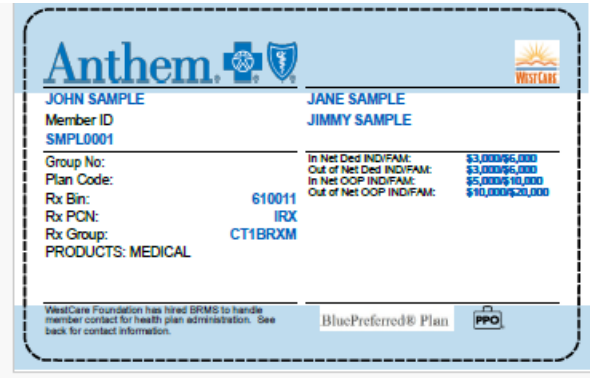
1. Eligibility Information – your name, group number (WestCare's assigned number with BRMS), your identification number

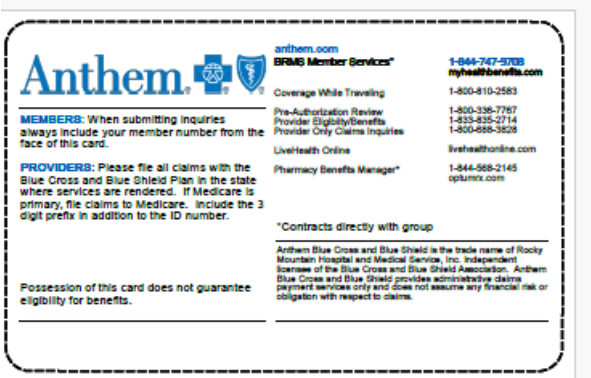
2. Pharmacy Information – Identifies the pharmacy vendor (Optum Rx), logo and contact information

3. Information for Providers – Claims questions and pre-authorization requests

4. Claims Mailing Address – Mail all claims to this address at the BRMS office

5. Member Support Tools – Phone numbers for customer support, pre-authorization, pharmacy, and more





If you need a card, call 1-844-747-9708

Where to Seek Care

ReCuro

WestCare benefit-eligible employees and their dependents can access telehealth visits **at no cost**. ReCuro provides 24-7-365 access to board-certified primary care doctors and pediatricians by secure video chat or phone. **Recuro's Telemedicine program offers a convenient, cost-effective alternative to hospital emergency rooms and urgent care clinics for an illness or injury that is not an emergency**.

ReCuro is not intended to replace your relationship with your doctor but rather provide access to healthcare when reaching the doctor is difficult or inconvenient.

ReCuro physicians can diagnose, recommend treatment, and write short-term prescriptions for minor, non-life-threatening conditions including, but not limited to:



Benefits of Telemedicine Visits

- Less time away from work
- No travel expenses or time
- Less interference with child or elder care responsibilities
- No exposure to other potentially contagious patients

WestCare RECURO HEALTH

24/7 On-Demand Care Access

Don't wait to speak with a doctor, get the care when you need it

Getting sick is never planned. Here at Recuro we provide quality care around the clock to fit within your busy lifestyle.

Call 1.855.6RECURO

WestCare benefit-eligible employees and their dependents have ReCuro physicians can diagnose, recommend treatment and write short-term prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Acne
- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu Symptoms
- Ear Infections
- Headaches/Migraines
- Insect Bites
- Sinus Infections
- Nausea/Stomach Aches
- Pink Eye
- Skin Infections
- Sore Throat
- Upper Respiratory Infections

Where to Seek Care *(continued)*

Preventive Care

The Affordable Care Act requires that health plans cover certain in-network preventive services at no cost to the member. As such, your medical plan covers preventive services at 100% when performed by an Anthem provider. Some covered services include:

- Physical exam
- Immunizations based on guidelines for your age
- Pap tests
- Mammogram, based on guidelines for your age
- Colonoscopy, based on guidelines for your age
- Prostate cancer screening, based on guidelines for your age
- Tests for cholesterol and blood pressure

When you need help in a hurry, you have choices. Of course, when it's a life-threatening problem, you should call 911 or go to the nearest hospital emergency room (ER).

Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. Of course, when it's a **life-threatening problem, you should call 911 or go to the nearest hospital emergency room (ER).**

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, call Teladoc, or go to an urgent care center.

Go to Urgent Care

- Moderate fever
- Colds, cough or flu
- Bruises and abrasions
- Cuts and minor lacerations
- Minor burns and skin irritations
- Eye, ear, or skin infections
- Sprains or strains
- Possible fractures
- Urinary tract infections
- Respiratory infections

or

Go to the Emergency Room

- Heart attack or stroke
- Chest pain or intense pain
- Shortness of breath
- Severe abdominal pain
- Head injury or other major trauma
- Loss of consciousness
- Major burns or severe bleeding
- One-sided weakness or numbness
- Open fractures
- Poisoning or suspected overdose

Health Savings Account (HSA)

*Only available for those enrolled in the **HSA Base and HSA Buy-Up medical plan(s)***

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by a High-Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental, and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay amount.

WestCare will also contribute to your HSA if you enroll in the HSA Base or HSA Buy-Up plans. **You must have active healthcare coverage in one of these plans and an open and valid HSA account with Optum Bank to receive WestCare contributions.** This is "free money" to pay for eligible healthcare expenses.

HSA funds can only be used for yourself, your spouse, and your taxable dependents. Expenses for **domestic partners and/or other** dependents who do not qualify as tax dependents are not reimbursable under the HSA.



Advantages of an HSA

- Balance rolls over each year and accrues interest, so you won't lose your contributions
- Triple tax savings – you do not pay federal tax* on:
    - Contributions to the account
    - Spending on qualified expenses
    - Interest that accrues
- Account is portable, so the funds are yours even if you change medical plans next year or leave WestCare in the future
- Use the funds for eligible medical, dental, or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia, and more—now or in the future
- Money left in the savings account earns tax-free interest*

**Tax treatment of HSAs for state tax purposes may vary by state.*

Health Savings Account (HSA)
(continued)

Funding and Enrolling in an HSA

You can contribute to your HSA through pre-tax payroll contributions if you enroll in an HSA through Optum Bank*. You can change the amount you contribute to your HSA anytime during the plan year.

To enroll in an HSA, you must enroll in the HSA Base or HSA Buy-Up medical plans. WestCare will have your Optum Bank HSA opened on your behalf. You will receive instructions following enrollment on activating your account and establishing a login and password. It is important to note that expenses are not eligible for reimbursement until your HSA has been established.

Once your HSA is opened, remember to designate a beneficiary for this account.

** You also can choose to open an HSA through another financial institution. However, you would have to make after-tax contributions; they would not be automatically deducted from your paycheck, and you would need to claim those contributions as a tax deduction when you file your taxes.*

Who Can Open an HSA?

You can contribute to an HSA if you:

- Are covered under an HSA-qualified high deductible health plan (HDHP).
- Are not enrolled in Medicare*, TRICARE, or TRICARE for Life.
- Cannot be claimed as a dependent on someone else's tax return.
- Have not received Veterans Affairs (VA) benefits within the past three months
- You (or your spouse) do not contribute to a Healthcare FSA.

** Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking Social Security Retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.*

Other restrictions and exceptions may also apply. For more information, visit www.irs.gov/publications/ p969/.

2026 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs (which includes WestCare's contribution). WestCare will contribute to your HSA on a per-pay period basis up to the annual amounts listed below. For the 2026 plan year, WestCare will contribute to employees' HSA accounts per pay period up to the amount below:

Enrollment Tiers	2026 Maximum Contribution Allowed	WestCare Annual Maximum Contribution
Employee Only	$4,400	Base Plan: $408 Buy-Up Plan: $504
Employee + Dependent(s)	$8,750	$1,200
Employee 55+ Over	Additional $1,000 per year as catch-up	

IMPORTANT! If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than 65. To view a list of qualified expenses, visit https://www.optumbank.com/resources/medical-expenses.html

Health Savings Account (HSA)

(continued)

How to Stretch your HSA Funds

You may have more questions than answers when you experience an accident or illness. The first question you need to answer is **where to get medical care**.

When it comes to telemedicine, family doctor, urgent care, a walk-in clinic, or the emergency room, what you select could make a big difference in terms of cost, convenience, and care.

So, what's the best option?

Service Provider	Types of Services	When to Go	Cost	Who You'll See?
ReCuro*	Diagnostics, Prescriptions, Preventive Care for Cold & flu, allergies, bronchitis, urinary, respiratory, sinus and ear infections, rashes, pink eye, etc..	Non-acute symptoms, managing existing conditions, preventive care.	-	Practicing PCPs, pediatricians, and family medicine physicians
Walk-In Clinic	Diagnostics, Prescriptions, Preventive Care	Non acute symptoms of common illnesses or skin conditions, screenings, vaccinations	$	Nurse Practitioner, Physician's Assistant
Doctor's Office	Diagnostics, Prescriptions, Preventive Care, Illness Treatment, Disease Management Referrals	Non-acute symptoms, managing existing conditions, preventive care	$$	MD (General Practitioner)
Urgent Care	Diagnostics, Prescriptions, Minor Injury Treatment, Illness Treatment	Non-life-threatening conditions that need to be assessed the same day	$$$	Nurse Practitioner, Physician's Assistant
Emergency Room	Anything relating to triage/diagnosis + stabilization of a serious or critical injury or illness	Life threatening, sudden-onset pain, acute injuries	$$$$	ER MD, trauma surgeon, Paramedic

***For the 2026 plan year,** WestCare has enrolled every benefit-eligible employee and their dependents in ReCuro at no cost to employees. When trying to stretch your HSA dollars, consider the options when medical care is needed.

Flexible Spending Account (FSA)

Flexible Spending Accounts (FSA) allow you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. **If you are enrolled in an FSA and want to continue, you must re-enroll each year.** The money is set aside pre-tax, reducing your taxable income. Three types of FSAs are available:

- Health Care
- Limited Purpose Health Care–HSA plan participants only
- Dependent Care

Money cannot be transferred between the accounts (i.e., you cannot use your Health Care FSA money to pay for dependent care expenses and vice versa).

Health Care FSA

Not available to HSA plan participants

This FSA allows you to submit eligible **medical, dental, and vision** expenses for reimbursement. You can deposit up to $3,400 to the Health Care FSA for the 2026 calendar year.

Limited Purpose Health Care FSA

Available to HSA plan participants only

Using this account in conjunction with the HSA allows you to save additional pre-tax money. You can use the Limited Purpose Health Care FSA only for eligible dental and vision expenses. You can contribute up to this account to $3,300 for the 2026 calendar year.

Health Care FSA Roll Over

If you enroll in a Health Care FSA, you can carry forward up to $680 from 2026 to the following plan year. These funds will not count against your future FSA election plan contribution limit. **Any unused balances over $680 will be forfeited at the end of 2026.**

Dependent Care FSA

Available to all benefit-eligible employees

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under age 13 and older dependents, including children, spouses, and parents who are physically or mentally unable to care for themselves and live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters, and elder daycare. For the 2026 calendar year, you can deposit up to $5,000 to a Dependent Care FSA per household.

How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into the Health Care (or Limited Purpose Health Care) and/or the Dependent Care Account for the entire plan year. The plan year for the FSA benefit is January 1 to December 31. The total amount is then equally divided by the number of pay periods remaining in that year, which is deducted from each paycheck. The money is set aside in your FSA account(s).

The easiest way to use your funds is to use your Flex Facts debit card at the point of service. The cardcan be used at any medical or dependent care facility that accepts MasterCard. You can also use your card at most pharmacies. When you use your card, the funds are automatically deducted from your account to pay for eligible expenses. Please note that you should retain all your receipts. The IRS requires that we request copies of receipts for specific claims. If you must send in receipts, an e-mail or letter will be sent to you the business day after you use your card.

BRMS administers the FSA plans. To register and log into your FSA account(s), visit www.brms.com.

How To Save $$$!

When Using Your Medical and Prescription Plans

Telehealth

Each medical plan includes ReCuro visits, which provide 24-7-365 access to board-certified primary care doctors and pediatricians by secure video chat or phone.

Use In-Network Doctors

By using in-network doctors, clinics, hospitals, and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

Know your options when you need care. Urgent care centers, Recuro online doctor visits, and a visit to your doctor's office can help you save time and money.

Use freestanding imaging centers for MRIs, CT scans, and other imaging.

Use Your Preventive Care Benefits

The Affordable Care Act requires that health plans cover certain in-network preventive services at no cost to the member. As such, your medical plan covers preventive services at 100% when performed by an Anthem provider. Some covered services include:

- Physical exam
- Immunizations based on guidelines for your age
- Pap tests
- Mammogram, based on guidelines for your age
- Colonoscopy, based on guidelines for yourage
- Prostate cancer screening, based on guidelines for yourage
- Tests for cholesterol and blood pressure



Use Optum Rx

Through Optum Rx, you will use network pharmacies to obtain your prescriptions. To locate participating pharmacies near you, visit **www.optumrx.com** or call (844) 568-2145. You can also save money using your mail-order pharmacy benefit and getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand-name drug. Generic drugs contain the same active ingredients, are identical in dose, form, and administrative method, and are less expensive than their brand-name counterparts.

If you must take a brand-name drug, ask your doctor for samples or coupons. You can also check the drug manufacturer's website for available rebates and discounts.

Employee Wellness Program

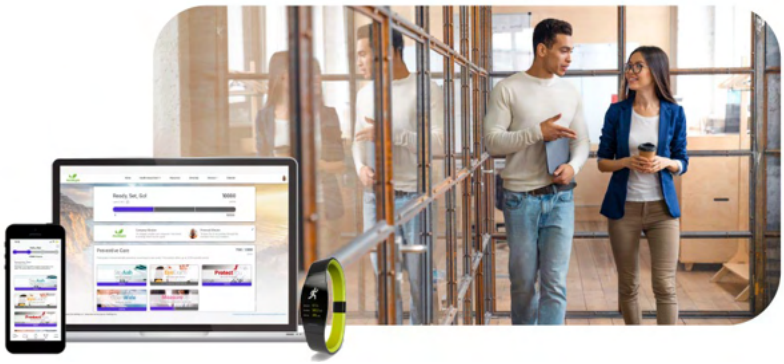


The WestCare Wellness Program will reward you for making healthy choices. Get the motivation you need to reach personal health goals along with the education and support to make wellness a lifestyle.

Getting Started

All employees are eligible to register at: **wellness.westcare.com.** Download the mobile app by searching "WellRight" in the App Store or Google Play.

The Health Risk Assessment (HRA) consists of questions about specific lifestyle habits. Your HRA responses are analyzed to show your risk level and generate a Health Age. You can complete your HRA on the home screen or through the WellRight app.



Biometric Screening

Biometric Screenings will be offered this year. These screenings provide vital information about your overall health, including cholesterol, triglycerides, cardiac risk, glucose, blood pressure, BMI, and waist measurement.

WellRight

Participation in the program is voluntary and includes the completion of wellness activities. All aspects of the program are completely confidential and will be administered by Well Right.

Employees (and their spouses or domestic partners) who complete their challenges as required within a calendar quarter throughout the wellness plan year – January 1 through December 31 – may be eligible to earn and receive Wellness Premium Contribution Incentives.

Earning Incentives

The WellRight platform is run on a point system. As you accumulate points, you become eligible to receive incentive prizes. Eligible employees can earn reduced premiums on their medical insurance. Quarterly raffles will also be available for participation in specific challenges. Manage all your program activities on the WellRight homepage or through the app.

5 Simple Ways to Improve Your Wellness Today

Here are a few tips for healthy habits you can start doing today:

- Make water your drink of choice.
- Move for 30 minutes daily.
- Have a meaningful conversation.
- Sleep at least, 7-9 hours per night.
- Buy vegetables and nuts for snacks.

Employee Wellness Program

Our company's strength and success depend on you, so your health and well-being are important to us. Our everyday choices can help us live healthier, happier, and more fulfilling lives–both at work and home. That's why we offer you an opportunity to participate in the WestCare Wellness Program.

The Wellness Program, available to all employees and their spouses or domestic partners, focuses on health awareness and provides tools and resources to learn more about healthy living.

Participation in the program is voluntary and includes the completion of wellness activities. All aspects of the program are completely confidential and will be administered by Well Right.

Employees (and their spouses or domestic partners) who complete their challenges as required within a calendar quarter throughout the wellness plan year – January 1 through December 31 – may be eligible to earn and receive Wellness Premium Contribution Incentives.



Wellness Activities

Our wellness challenges change every year, to cover a wide range of Wellness activities. Be sure to log onto the site below on January 1st to see what WestCare has planned for the new year!

Wellness.westcare.com

Rewards for participating in WestCare's Wellness Program are available to all employees and spouses/domestic partners covered under a WestCare medical plan. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Benefits Department at benefits@westcare.com, and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you considering your health status.

Wellness Incentive

Employees and their spouses/domestic partners can earn a wellness premium contribution incentive. The incentive is based on participation in the activities, not the outcome.

Please check your WestCare email for more information from the Human Resources team about the upcoming year's participation goals.

Dental

WestCare offers two dental plans through Delta Dental. Your choice of dentists can determine the cost savings you receive. In-network providers are paid directly by Delta Dental and agree to accept negotiated fees as "payment in full" for services rendered.

When you use out-of-network providers, Delta Dental will apply the applicable percentage of the allowed amount, and you are responsible for paying the bill's balance.

When you use Delta Dental providers, you receive in-network coverage. To set up your online account or search for in-network providers, visit **www.deltadentalins.com**. You may also contact Delta Dental at (800) 521-2651. **No ID card will be provided;** give your provider the group number and SSN when obtaining services.

Delta Dental	Delta Dental PPO Middle Plan**		Delta Dental PPO High Plan**	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum * (plan pays)	Up to $1,000 per person		Up to $1,500 per person	
	Plan Pays	Plan Pays	Plan Pays	Plan Pays
Calendar Year Deductible * (applies to Basic and Major Services)	$25 Individual / $75 Family		$50 Individual / $150 Family	
Preventive Services (no deductible)	100%		100%	
Basic Services (after deductible)	80%		90%	
Major Services (after deductible)	50%		60%	
Orthodontia (to age 19)	Not Covered		50%	
Orthodontia Lifetime Maximum (per person)	N/A		$2,000	

** Plan deductibles and maximums accumulate on a calendar year (January 1 – December 31). These amounts reset on January 1 of each year.*
*** Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists, and the program allowance for non-Delta Dental dentists.*

Important Information!

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment begins after your plan's effective date of coverage. You can find this date by logging in to Online Services.

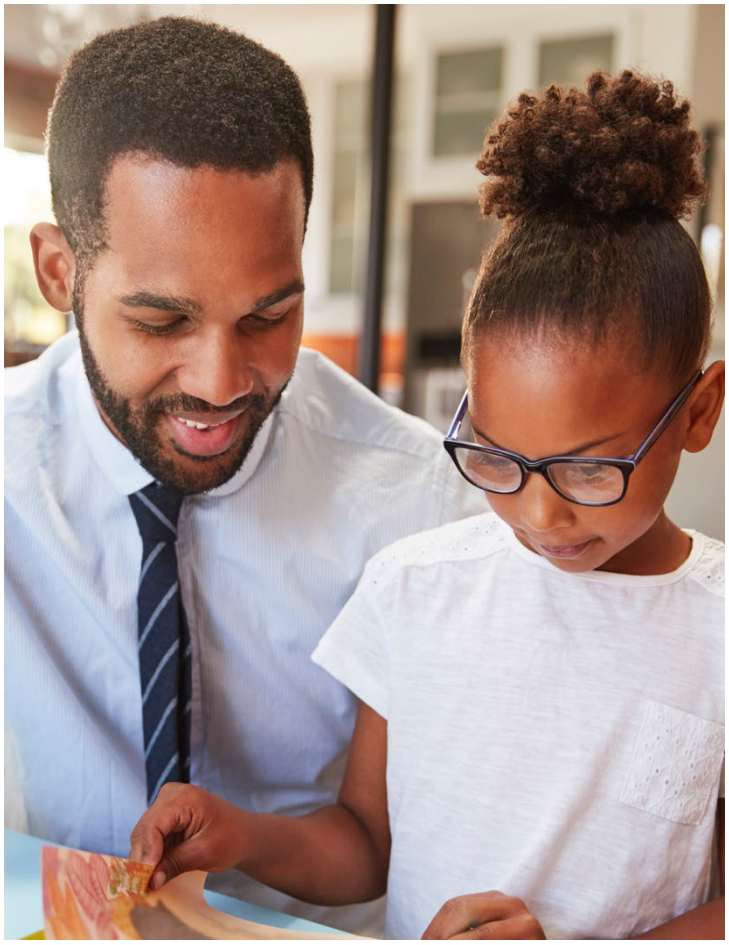


Vision

Routine eye exams are essential for maintaining good vision and can also provide early warning of other health conditions. The Anthem Blue View Vision plan covers exams, glasses, and contact lenses, as shown below.

In-network coverage is provided when you use Anthem Blue View Vision providers. To locate a participating network eye care doctor or location, log in at **www.anthem.com**, or from the home page menu under Care, select Find a Doctor. If you choose to, you may receive covered benefits outside **the BlueView Vision network**. Pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance. You can email claim forms to oonclaim@eyewearspecialoffers.com or mail them to Blue View Vision, OON Claims, P.O. Box 8504, Mason, OH 45040-7111.

You may choose from many private practice doctors and local optical and national retail stores, including Lens Crafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com.



No ID card will be provided; give your provider the group number and SSN when obtaining services.
Call 866-723-0515 for card requests.

Anthem Blue View Vision	Frequency	In-Network	Out-of-Network
		You Pay	Plan Allowance / Reimbursement
Eye Exam	Once every calendar year	$10 copay	Up to $42
Eyeglass Frames (1 pair)	Once every calendar year	$180 allowance, then 20% of remaining balance	Up to $45
Lenses - instead of contacts (Single vision/lined bifocal/lined trifocal)	Once every calendar year	$10 copay	Up to $40/$60/$80
Progressive Lenses (Standard)	Once every calendar year	$55 copay, in addition to other applicable charges	N/A
Contacts–instead of glasses (Elective conventional/elective disposable/non-elective)	Once every calendar year	$180 allowance + 15%/180 allowance/covered in full	Up to $105/$105/$210

Various vendors offer savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids, and even LASIK laser vision correction surgery. Just log in at **anthem.com.**

For a list of exclusions and limitations, please refer to the certificate of coverage for this plan.

Life Insurance

Basic Life/AD&D

Appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, childcare costs, debt repayment, and children's education expenses.

WestCare provides Basic Life insurance coverage of $20,000.This coverage includes an Accidental Death and Dismemberment (AD&D) provision that pays $20,000 in the event of accidental death and certain other conditions. Basic Life and AD&D insurance are administered by New York Life and paid for by Westcare. You are automatically enrolled in these benefits.

(According to federal law, only the first $50,000 of employer-paid life insurance is not taxable. Premium paid by WestCare for coverage levels over $50,000 will be taxable and included on your year-end W-2 statement.)

Voluntary Life

*New York Life is the new carrier this year for these benefits. * You can purchase Voluntary Life insurance for yourself, your legal spouse, and dependent children without providing medical information up to certain guarantee issue (GI) amounts (see chart). If you leave WestCare, you can take this coverage with you.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by New York Life.

Benefit amounts are reduced at age 65. Please refer to the benefit summary for details.

If you elect not to enroll within 31 days of your hire date, you can still purchase coverage in the future. However, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your evidence of insurability is not satisfactory to NY Life, you will not have Voluntary Life coverage.

Voluntary Life Amounts Available	
Employee	Increments of $10,000 to lesser of 5 times your salary or $500,000 Guaranteed Issue: $200,000
Spouse	Increments of $5,000 to $150,000, not to exceed 50% of your coverage. Guaranteed Issue: $50,000
Unmarried, Dependent Child (to age 26)	Increments of $5,000 to $10,000 Maximum for children under six months is $500.

To enroll in Voluntary Spouse and/or Child Life, you must be enrolled in Voluntary Employee Life.

**The guaranteed issue is the coverage you or your dependents can elect without medical questions. It is only available to newly benefit-eligible employees.*

Voluntary AD&D

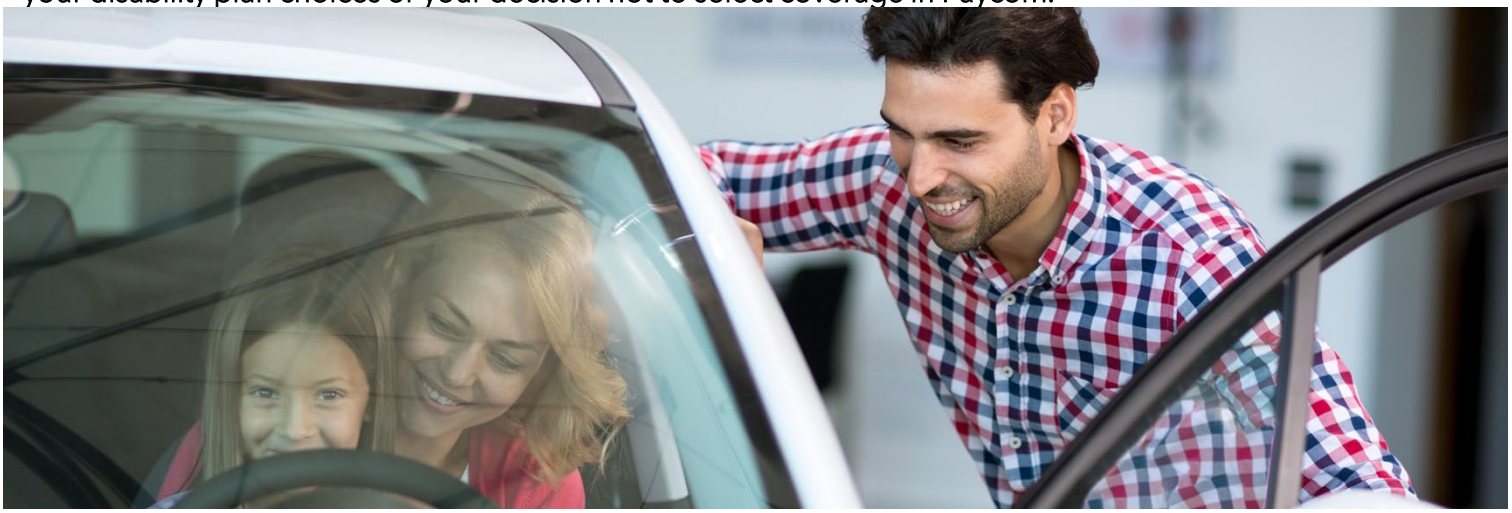
Employees can also elect to purchase Voluntary AD&D coverage for themselves, their spouses, and their dependent children in increments and maximums equal to the Voluntary Life benefits. Employees pay the full cost of Voluntary Life and Voluntary AD&D insurance on an after-tax basis.



Disability Insurance

If you were out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially "paycheck" insurance, ensuring you will receive a portion of your income if you are out of work due to injury or illness. Short-Term Disability (STD) provides a weekly benefit, while Long-Term Disability (LTD) pays a monthly benefit after STD insurance has been exhausted. *New York Life is the new carrier this year for these benefits. *

WestCare offers STD and LTD insurance that is paid by you. Administered by New York Life, you must indicate your disability plan choices or your decision not to select coverage in Paycom.



Short-Term Disability (STD) Insurance

STD benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your weekly earnings until the benefit duration has ended.

STD benefits integrate with state-mandated disability plans.

Benefit Begins	You must be disabled for 7 days for accident, 7 days for sickness
Benefit Amount	60 % of your weekly salary to $1,000 per week
Benefit Duration	Up to 13 weeks

Long-Term Disability (LTD) Insurance

LTD insurance offers a monthly benefit to help replace lost income if you experience a disability lasting longer than 24 months. Proof of disability is required.

Benefit Begins	After 90 days of qualified disability
Benefit Amount	60% of basic monthly earnings to $10,000 per month
Benefit Duration	Social Security Normal Retirement Age (SSNRA)

LTD claims for newly covered employees will be denied if you received medical treatment, medical advice, care, or services or took prescribed drugs or medicines in the last 3 months before the effective date of this coverage and the disability began in the first 12 months after your effective date of coverage.

Optional Protection Benefits

WestCare offers additional voluntary benefit plans through New York Life. These plans are **not medical insurance** and do not replace your medical coverage but rather pay cash directly to you in addition to any benefits you receive from your health plan.

Insurance policies for purchase (through after-tax payroll deductions) include **Critical Illness, Accident, and Hospital Indemnity.** These benefits may help fill the gap until you meet your medical plan deductible.

All New York Life benefit plans are portable, so you can take these benefits with you if you leave the company.

Rates are based on age, tobacco status, and policy elected.

*New York Life is the new carrier this year for these benefits. *

Critical Illness Insurance

This insurance **pays a lump-sum cash benefit** directly to the insured following the diagnosis of a covered critical illness or event, including (but not limited to) Alzheimer's disease, invasive cancer, heart attack, kidney failure, stroke, and major organ transplants.

The plan also provides an annual cash benefit (per calendar year) for eligible health screenings and prevention measures. Since these screenings are often paid 100% under the medical plan, you could walk away with cash for practicing good preventive care.

Please refer to the New York Life benefit plan summaries for details, and please visit Paycom for rates.

Accident Insurance

Accident insurance **pays a cash benefit** when you or your covered family members suffer injuries sustained in an accident. Covered injuries include fractures, burns, concussions, tears, lacerations, broken teeth, and eye injuries. Additional benefits, including ambulance, emergency care, testing, and therapy, may be paid.

Please refer to the New York Life benefit plan summaries for details, and please visit Paycom for rates.

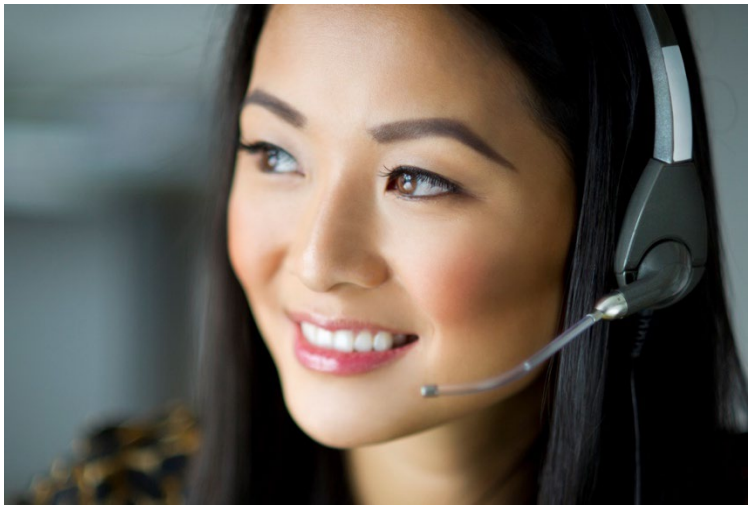


Hospital Indemnity Insurance

A Hospital Indemnity insurance policy can help by **paying lump-sum benefits** to help you manage expenses that arise if you or an eligible family member ends up in the hospital. You can use the money however you'd like – from paying for medical copays and deductibles to everyday expenses such as the mortgage, transportation, groceries, and utilities. There are no copays, deductibles, coinsurance, or network requirements. These benefits aren't reduced because you receive payment for any other coverage, such as medical, accident, or critical illness insurance.

Please refer to the New York Life benefit plan summaries for details, and please visit Paycom for rates.

Additional Benefits



Employee Assistance Program (EAP)

We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

Offered through New York Life, the EAP Program with ComPsych can provide you and your family and household members with information and assistance on various topics and issues, including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief, and much more.

Provided at **no cost to you**, counselors are available for support by phone 24 hours a day, seven days a week at **(800) 344-9752** or online access: **guidanceresources.com** (webID: **NYLGBS**)

To help you get started, the program includes up to three free in-person or virtual counseling sessions per issue per year for you and your household members. Behavioral counselors can help you navigate any additional long-term counseling needs.

Well-being coaching to help with personal and physical issues is also available telephonically.

MetLife Legal

WestCare's high-low legal assistance plan, offered through MetLife Legal, lets you choose the right plan to suit your needs and budget.

For $24 per month for our high plan or $11.80 per month for our low plan, you get legal assistance for some of the most frequently needed personal legal matters – with no waiting periods, no deductibles, and no claim forms when using a network attorney for a covered matter.

Standard legal services include estate documents (wills and trusts), real estate matters, identity theft defense, traffic offenses, document review, adoptions, name changes, and debt collection defense.

For the services included, you pay only your monthly premium through post-tax payroll deductions; there are no copays or deductibles.

MetLife Pet Insurance

MetLife offers competitive rates and discounts for WestCare employees' furry family members. **This benefit is a direct bill to the employee and will not be on the Paycom system or be deducted from your paycheck.**

- Flexible insurance plans that can cover the entire pet family with no breed exclusions
- Freedom to visit any US veterinarian
- Family plans covering multiple cats and dogs on one policy – a benefit exclusive to MetLife Pet
- 24x7 access to Telehealth Concierge services for immediate assistance
- Optional preventive care coverage
- Coverage of previously covered pre-existing conditions when switching providers

To Enroll:

Scan the QR code for

Enrollment Webinar
www.metlife.com/getpetquote
1-800-GET-MET8 (438-6388)

Additional Benefits *(continued)*

Identity Theft Protection

Identity theft occurs when thieves steal your personal information to take over or open new accounts, file fake tax returns, rent or buy properties, or commit other crimes in your name. ID Watchdog can help you avoid identity theft and, in the worst-case scenario, get your life back after a breach of your secure personal information. WestCare offers **two** plan options for purchase.

ID Watchdog 1B is our core identity monitoring, identity theft detection, and resolution product. 1B monitors:

1B includes monitoring an employee's social security number, criminal records, address history, TransUnion credit, and more. *ID Watchdog Platinum* offers, in addition to the core identity monitoring, identity theft detection, and resolution services, credit monitoring, reports, and scores for all three credit reporting agencies (Equifax, Experian, and TransUnion). Access credit reports and scores from all three bureaus from your personal ID Watchdog dashboard.

Monitor & Detect

- Dark Web Monitoring[1] ◆
- High-Risk Transactions Monitoring[2] ◆
- Subprime Loan Monitoring[2] ◆
- Public Records Monitoring ◆
- USPS Change of Address Monitoring
- Identity Profile Report

Manage & Alert

- Child Credit Lock[3] | 1 Bureau ◆
- Financial Accounts Monitoring
- Social Network Alerts ◆
- Registered Sex Offender Reporting ◆
- Customizable Alert Options
- Breach Alert Emails
- Mobile App

Support & Restore

- Identity Theft Resolution Specialists (Resolution for Pre-existing Conditions) ◆
- 24/7/365 U.S.-based Customer Care Center
- Lost Wallet Vault & Assistance
- Deceased Family Member Fraud Remediation
- Fraud Alert & Credit Freeze Assistance

◆ Helps better protect children | 1 Bureau = Equifax® | Multi-Bureau = Equifax, TransUnion® | 3 Bureau = Equifax, Experian®, TransUnion

What You Need to Know

The credit scores provided are based on the VantageScore® 3.0 model. For three-bureau VantageScore credit scores, data from Equifax, Experian, and TransUnion are used respectively. Any one-bureau VantageScore uses Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.

PLAN OPTIONS	ID WATCHDOG® 1B	ID WATCHDOG® PLATINUM
Credit Report(s)[4] & VantageScore Credit Score(s)	1 Bureau Monthly	1 Bureau Daily & 3 Bureau Annually
Credit Score Tracker	1 Bureau Monthly	1 Bureau Daily
Credit Report Monitoring[5]	1 Bureau	3 Bureau
Credit Report Lock[6]	1 Bureau	Multi-Bureau
Identity Theft Insurance[7]	Up to $1M	Up to $1M
401K/HSA Stolen Funds Reimbursement[7]	-	Up to $500k
SPECIAL EMPLOYEE PRICING PER MONTH	**ID WATCHDOG® 1B**	**ID WATCHDOG® PLATINUM**
Employee	$7.95	$12.95
Employee + Family	$13.95	$22.95

Additional Benefits *(continued)*

Vacation and Time Off Benefits

Full-time employees receive pay during observed holidays. All other employees will either receive a day off without pay or, if required to work, will receive their customary pay. WestCare observes the following holidays:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day
- 2 "Floating Holidays"

If you observe a holiday on another day, you have 30 days to use the time from when WestCare observed the holiday. The time must be approved by your supervisor. You must work your regular scheduled day before and after the holiday.



Accrual Schedule For Floating Holidays (only to be scheduled with the approval of your supervisor)	
Employee as of Dec. 31st	2 days following year
Hired Jan 1st – June 30th	1 day in current year
Hired after June 30th	0 days

Vacation Accruals

New hires 0-1 year will begin to accrue paid vacation time on the first day of the month after their hire date. No vacation time can be taken until the first of the month following six months of employment.

After their 1st anniversary, full-time employees will accrue paid vacation time per pay period based on their anniversary date by the schedule below. Please note that only available vacation time may be taken, and that earned vacation time accrues to a maximum of 240 hours.

Years of Service	Accrual Rate per Pay Period	Annual PTO Accrual
Upon Hire	3.33 hours	10 days (80 hours)
3rd Year Anniversary	5.0 hours	15 days (120 hours)
5th Year Anniversary	6.67 hours	20 days (160 hours)
10th Year Anniversary	8.33 hours	25 days (200 hours)

Additional Benefits *(continued)*

Holidays

1. When a holiday falls on a Saturday, it is usually observed on the preceding Friday. If a holiday falls on a Sunday, it is usually observed on the following Monday. WestCare may recognize the holiday on another day or grant individual days depending on whether WestCare will close. Holiday observance will be announced in advance.

2. To be eligible for holiday pay, you must be regularly scheduled to work on the day of the holiday. You must work your scheduled workdays immediately preceding and immediately after the holiday unless your supervisor approves an absence on either day in advance.

Sick Leave

WestCare's policy is to provide compensation when an employee must be absent due to illness or injury unrelated to employment. This benefit is available to full-time employees and is effective the first month after the hire date. Hours are accrued based on the schedule below.

- Effective September 1, 2002, all full-time employees accrue sick time at a rate of 8 hours per month, beginning the first of the month after the hire date. The amount of sick time that may be accrued is capped at 480 hours.
- Employees may use accrued sick leave to attend doctor or dentist appointments provided WestCare was given advance notice, and the immediate supervisor approves the absence in advance.
- Employees may not accrue sick leave during either paid or unpaid leaves of absence.
- "Banked" sick time is not paid upon termination.
- For absences of 5 days or more, a release to return to work from a healthcare provider may be required before an employee will be allowed to return to work.
- Sick leave must be reported as such on employees' time sheets.

Catastrophic Leave Program

WestCare created a pilot program to provide a bank of hours for "catastrophic leave" for full-time employees. The hours available in this bank are for an employee when he/she or a member of his/her family experiences a catastrophe and the employee has used all his/her accrued leave.

Using the "Catastrophic Leave Request Form," any WestCare employee may request hours from the bank with the following provisions:

- The "catastrophe" meets program requirements.
- The requesting employee has completed at least six months of employment with WestCare.
- All other paid leave accruals have been exhausted.
- The requesting employee is not on suspension or administrative leave at the time of the request.
- The requesting employee may receive no more than 160 hours from the bank in any calendar year.
- Requests must be for a minimum of 8 hours.
- Employee must submit the "Catastrophic Leave Request Form" to his or her immediate supervisor.

Family Medical Leave Act and State Leave Laws

If you become entitled to a leave of absence, your health benefits will continue for the duration of your qualifying leave. During the leave, WestCare will continue to contribute to the cost of your coverage under the same terms and conditions as if you were actively at work. WestCare will also require you to pay the cost of coverage on the same terms and conditions that you would be required to pay if you were actively at work or to set up a reimbursement plan to pay back WestCare for covering your cost of benefits.

Lifetime Benefit Term

There is no way to know what will happen tomorrow, but there is a way to help ensure you are protected against the unexpected. Chubb's lifetime benefit term permanent life insurance can help meet your family's future financial needs in the event of your premature passing. Prudent financial planning can help protect your family's future, offering them greater peace of mind.

You must schedule an appointment with a benefit counselor to enroll in this benefit

Guaranteed Issue	
Employee	$150,000
Spouse Modified Guaranteed Issue	the lesser of 50% of employee amount or $25,000
Child Term Rider	$25,000

Additional Benefits

Accelerated Death Benefit for Terminal Illness

After coverage has been in force for two years, employees can receive 50% of their death benefit immediately, up to $100,000, if they are diagnosed as terminally ill.

Accelerated Death Benefit for Long Term Care

When employees need LTC, death benefits can be paid early for home health care, assisted living, adult day care, and nursing home care. The benefit is equal to the greater of 4% of your death benefit per month or $50 per day while you are living for up to 25 months. Premiums are waived while this benefit is being paid.

Extension of Benefits

Payments can be extended once the full death benefit for LTC has been paid in advance. Extension of Benefits may extend the same monthly LTC benefit for up to an additional 50 months, tripling the value.

Restoration of Death Benefit (50%)

Accelerating the life coverage for LTC benefits can reduce the death benefit to $0. This rider restores the life coverage to 50% of the death benefit, up to a maximum of $50,000 on which the LTC benefits were based, assuring a death benefit available up to the insured's age 121.

Semi-Monthly Example Rates for Employees

Age	$25,000	$50,000	$75,000	$100,000
25	N/A	$12.90	$19.35	$25.79
30	$7.69	$15.38	$23.06	$30.75
35	$9.52	$19.04	$28.56	$38.08
40	$12.35	$24.69	$37.03	$49.38
45	$16.02	$32.04	$48.06	$64.08
50	$22.18	$44.35	$66.53	$88.71
55	$29.70	$59.40	$89.09	$118.79
60	$43.44	$86.87	$130.31	$173.75

Please note that the above benefits description is a brief summary and may not include all the details in the policy proposal. Please refer to your contract for full benefit details.

401(k) Retirement Savings Plan



The WestCare Foundation, Inc. 401(k) Retirement Savings Plan allows employees to save for retirement through convenient payroll deductions. Employees who have completed six months of service become eligible to participate in the Plan. The Plan, administered by Voya, is designed with the following features:

- You can defer up to an annual maximum of the lesser of 50% of your eligible compensation or the annual IRS deferral limit. For 2026, these limits are **$23,500** for regular contribution, **$7,500** for catch-up contributions for those age 50 and over, and **$11,250** for employees aged 60-63 (new for 2026). Your contribution can be done pre-tax through payroll deduction, or you may choose to make after-tax (Roth) contributions.
- WestCare will **match** $1 for $1 for up to the first 3% of your contributions and an additional $.50 for each $1 contributed for the next 2% of your contributions.
- Employees are **immediately vested in 100% of the company match**.

You Choose When to Pay Taxes

Making contributions to the 401(k) plan offers tax benefits. The type of contributions you make – pre-tax, Roth (after-tax), or a combination– will determine when you pay taxes on your contributions. You can:

Pay taxes later. If you make **pre-tax contributions** to the 401(k) Plan, you will lower your taxes today.

The money you contribute, and any earnings will not be subject to income taxes until you withdraw it, likely in retirement.

Pay taxes now. If you make **Roth contributions** to the 401(k) Plan, you will pay income taxes on the contributions today.

You can withdraw your contributions and any earnings tax-free once you have had the account for at least five years and have reached age 59½.

Not Enrolled? Get Started Today

Online

1. Go to https://enroll.voya.com
2. Enter plan number 81F805
3. Enter verification number 81F80599

Phone

1. Call (888) 311-9487, Monday through Friday, 8 a.m. – 9 p.m. ET

Be sure to review the disclosures in the Important Information section during online enrollment. If enrolling by phone, you'll be asked to verify that you have reviewed the enrollment booklet.

Resources/Contact Information

Benefit	Provider	Phone	Website / Email
Medical	BRMS Network: Anthem	(844) 747-9708 Option 2	www.brms.com Medical Claims Status www.brmsclaims.com
Prescription	Optum Rx	(844) 568-2154	www.optumrx.com
Health Savings Account (HSA)	Optum Bank	(866) 234-8913	www.optumbank.com/support
Dental	Delta Dental	(800) 521-2651	www.deltadentalins.com Claims Address: P.O. Box 1809 Alpharetta, CA 30023-1809
Vision	Anthem Blue View Vision	(866) 723-0515	www.anthem.com/ca
Flexible Spending Accounts (FSA)	BRMS	(844) 747-9708	www.brms.com
Life and Disability	New York Life	(888) 842-4462	https://www.mynylgbs.com/
Employee Assistance Program (EAP)	New York Life underwritten by ComPsych	(800) 344-9752	www.guidanceresources.com WebID: NYLGBS
Benefit Enrollment	Paycom		https://www.paycomonline.net
Optional Protection Benefits	New York Life	(888) 842-4462	https://www.mynylgbs.com
401(k) Retirement Savings	Voya	(888) 311-9487	https://enroll.voya.com
Benefits Department			benefits@westcare.com
HelpDesk Employee Call Center	Dickerson Insurance Services	(323) 310-0834, M-F, 7 a.m. – 5 p.m. PST	helpdesk@dickerson-group.com
Pet Insurance	MetLife Pet Insurance	1-800-GET-MET8 1-800-438-6388	www.metlife.com/getpetquote
Fertility Benefits	Progyny	(844) 930-3339	www.progyny.com

Benefit Definitions

What is a premium?

A premium (also called a contribution) is the monthly cost of health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

What is a deductible?

A deductible is the amount you pay out of your pocket before your insurance pays.

The deductible runs from **January – December** each year. Once you have met that dollar amount, you have met the requirements for the plan year.

What does a copay pay for?

Copayments, or copays, are pre-set dollar amounts you are expected to pay for office visits, procedures, or prescription drugs under your insurance plan.

Once the copay has been met, the insurance company pays all remaining costs.

What does coinsurance mean?

Coinsurance is a set percentage of service costs you will be expected to pay once you meet your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the full-service cost, and you pay the coinsurance or the remaining percentage.

What is an out-of-pocket maximum?

An out-of-pocket maximum is the amount you may pay for medical services in the plan's calendar year. Once you pay this amount, the plan will cover additional eligible expenses at 100%.

What counts toward my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of the remaining medical expenses for the year.



Uplifting the Human Spirit



1711 Whitney Mesa
Henderson, NV
89014
(702) 385-2090