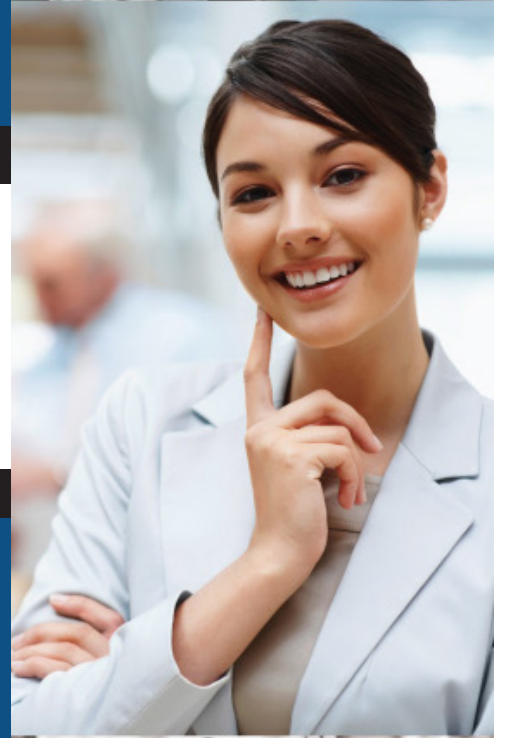


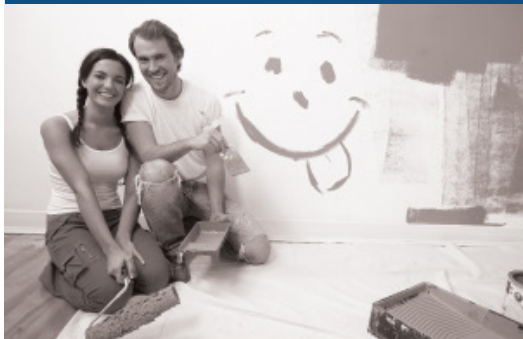


# Schwartz Brothers

R E S T A U R A N T S



## 2021-2022 Team Member Enrollment



This Enrollment Guide is a summary of your benefits as an eligible Schwartz Brothers Restaurants Team Member. We have worked closely with our benefits consultant, AssuredPartners MCM, to provide you with a comprehensive, cost-effective benefits package. We have created this Enrollment Guide to help you better understand your plans and choices. Each section contains important information, so please read this overview carefully.

Please note that this Guide is a summary of benefits. For a complete description of benefit provisions, refer to your summary plan description (SPD). In the event of a discrepancy between this Guide and the SPD, benefits will be paid as outlined in the SPD.

If you have questions about your benefits or need assistance with claims, please contact a Benefit Advocate at AssuredPartners MCM. Benefit Advocates are professionals who are available to provide confidential assistance for you and your covered family members. Please see the following page of this overview for more information.

The benefits in this summary are effective:  
**March 1, 2021 - February 28, 2022**

## Table of Contents

For Assistance	3
Health Plan Eligibility	4
Eligible Dependents	5
Open Enrollment & Election Changes	5
How to Enroll	6
Cost of Coverage	6
Medical Benefits	7
Prescription Benefits	8
Dental Benefits	9
Vision Benefits	9
Basic Life Insurance Benefits	10
Long Term Disability Income Protection Insurance (salaried Team Members only)	10
Supplemental Benefits (Accident, Critical Illness and Short Term Disability Insurance)	11
Important Information	13
Frequently Asked Questions	13
Definitions	14

The Affordable Care Act (ACA) requires large employers to offer health insurance that meets certain minimum standards, and to employers must report to the IRS the terms and conditions of the health plan coverage they offered. This information is reported on Form 1095-C, Employer-Provided Health Insurance Offer and Coverage. Schwartz Brothers Restaurants will send you a copy of your Form in early 2020. Like your Form W-2, save the Form 1095-C as you will need it when you file your 2020 income tax return.

# For Assistance

## How do I reach our benefit providers?

Benefit	Provider	Telephone	Website	Group Number
Medical/Rx/Dental	HMA	1-800-700-7153	www.accesshma.com	020203
Vision	VSP	1-800-877-7195	www.vsp.com	30024563
Basic Life, Long Term Disability & Supplemental Benefits	Unum	1-800-421-0344	www.unum.com	466230
401k	Northwest Plan Services	1-888-700-0808	www.yourplanaccess.net/nwps/	SCHWARTZ

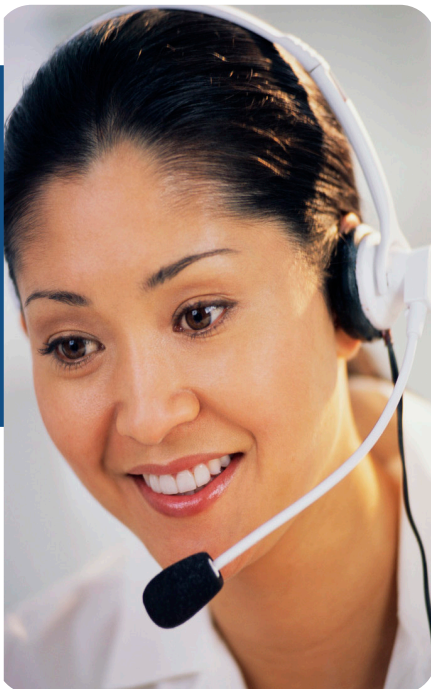
Enrollment information is available on the Schwartz Brothers webpage, [www.schwartzbrosbenefits.com](http://www.schwartzbrosbenefits.com).

The user name is **Schwartz** and the password is **benefits**. We post plan summaries and required annual notices to this website so you have access to them anytime you can access the internet. As such, we are requesting that all employees complete a "Consent to Receive Plan Disclosures Electronically" form, included in your enrollment kit.

## Whom do I call with benefit questions?

If you have a benefits question or a problem with claims payment, a Benefit Advocate in AssuredPartners MCM's Employee Service Center (ESC) is available to help you and your covered family members. Benefit Advocates can help you better understand your benefits program and to assist you in resolving complex issues such as claims appeals.

Benefit Advocates are available Monday through Friday, 7:30 AM to 5:00 PM Pacific Time. You can call AssuredPartners MCM's Employee Service Center toll-free from anywhere in the U.S. or Canada. All calls are confidential. Your Benefit Advocate will track your issue and make sure it is resolved.



## Your Benefit Advocates

*in AssuredPartners MCM's Employee Service Center*

Phone: 206-343-4175 or 1-888-343-3330

Confidential Email: [mcm.esc@assuredpartners.com](mailto:mcm.esc@assuredpartners.com)

TTY/TDD: 206-748-9578 or 1-855-877-4726

Due to HIPAA Privacy regulations, we may need to obtain your written authorization in order to assist with certain issues. Your Benefit Advocate will provide you with an authorization form, if needed.

Please Note: The Benefit Advocate team cannot provide legal representation, legal advice or medical reviews.

This plan intends to comply with all federally mandated benefit changes and patient protections required by the ACA.

# Health Plan Eligibility

Employees who work 25 or more hours/week (20 or more for entertainers) are eligible to enroll in the Schwartz Brothers Restaurants' health plan. We use the following procedures to determine your eligibility. Please contact your manager or the payroll

## Eligibility Rules for New Team Members

- New Full-Time Salaried Team Members. If you are expected to work at least 25 hours/week, you are eligible to enroll in the health plan on the first day of the month that falls on or after your 60th day of employment.
- New Variable-Hour Team Members. If you are not expected to, or it is uncertain if you will, work at least 25 hours/week we will measure your hours over your first 180 days of employment. The start of this 180-day period begins on your date of hire and ends on the last day of the pay period prior to your potential health plan entry date. The following chart illustrates these dates.

Initial Measurement Period and Plan Entry Dates For Variable-Hour Team Members		
Month of Hire	Measurement Period Ends	Health Plan Entry Date
January	July	August 1
February	August	September 1
March	September	October 1
April	October	November 1
May	November	December 1
June	December	January 1
July	January	February 1
August	February	March 1
September	March	April 1
October	April	May 1
November	May	June 1
December	June	July 1

If you average fewer than 25 hours/week during your first 180 days of employment, you are not eligible to enroll in the health plan. We will continue to monitor your average weekly hours so you may become eligible in the future. Please refer to the rules for Ongoing Variable-Hour Team Members (below).

## Eligibility Rules for Ongoing Variable-Hour Team Members

For employees who are no longer new Team Members, Schwartz Brothers Restaurants conducts audits twice a year to determine who is eligible for health plan coverage, as follows:

To determine eligibility for the first half of the plan year (March through August), we measure your hours over pay period weeks 14-26 (unless it's a year with 27 pay period weeks). The end of this measurement period coincides with our annual open enrollment.

- If you do average at least 25 hours/week, you are eligible to enroll in or make changes to your health plan coverage.
- If you do not average at least 25 hours/week, you are not eligible for the health plan. If you are currently enrolled, your coverage will terminate, and you will be offered COBRA continuation coverage.

To determine eligibility for the second half of the plan year (September through February) we measure your hours over pay period weeks 1 through 13.

- If you do average at least 25 hours/week, your coverage continues unchanged if you are currently enrolled. If you are newly eligible, you will be given the opportunity to enroll in the health plan.
- If you do not average at least 25 hours/week and are currently enrolled, your coverage will terminate, and you will be offered COBRA continuation coverage.

The following chart illustrates the two measurement periods and the corresponding coverage eligibility periods:

Measurement Period	Eligibility Period
Pay period weeks 14-26 (determines eligibility for open enrollment in February)	March 1 through August 31
Pay period weeks 1-13	September 1 through February 28

The above is only a brief description of Schwartz Brothers Restaurants eligibility requirements. Please refer to your Summary Plan Descriptions or see the payroll department for a complete definition of dependent eligibility.

# Eligible Dependents

Eligible dependents are limited to the following:

- The Team Member’s lawful spouse, unless legally separated. Lawful spouse means a legal union of two persons that was validly formed in any jurisdiction.
- The Team Member’s eligible dependent child under age 26. An eligible child is one of the following:
  - A natural offspring of either or both the subscriber or spouse
  - A legally adopted child of either or both the subscriber or spouse
  - A child placed with the subscriber for the purpose of legal adoption in accordance with state law
  - A legally placed ward of the subscriber or spouse
  - A Team Member’s unmarried dependent child(ren) who is incapable of self-support due to a mental or physical incapacity that began prior to the date on which the child’s eligibility would have terminated due to age
- State-registered domestic partners in which one person in the partnership is age 62 or older.

Any individual who is covered as a Team Member cannot also be covered as a dependent. No dependent can be covered as a dependent of more than one Team Member.

# Open Enrollment and Election Changes

As an eligible new hire and each year at open enrollment, you have the opportunity to enroll yourself and your eligible dependents in these programs. Please note, if you do not enroll in benefits when initially eligible as a new hire, you will not be able to enroll until the next open enrollment period in February, for a March 1<sup>st</sup> effective date, unless you or your dependents experience a permitted election change event.

Permitted election change events include, but are not limited to:

- Birth or adoption of a new child
- The death of a dependent
- Marriage, divorce or legal separation
- Spouse gains or loses coverage through his or her employer

If you experience a permitted election change event, the change should be reported to the payroll department within 31 days of the event date or 60 days for newborn/adopted child or gain or loss of CHIP coverage.



# How to Enroll

1. Please read this Benefit Guide carefully and share it with your family. It provides all the information you will need to help you choose your benefits.
2. You must complete the *Consent to Receive Plan Disclosures Electronically* form included in your enrollment kit.
3. You must complete the Employee Health Care Enrollment/Waiver form, even if waiving coverage. This form can be signed electronically by checking the “I Agree” box in section G. By checking “I Agree” you are agreeing to electronically sign and submit the enrollment form. Completed enrollment forms can be emailed to Schwartz Brothers Payroll Department.
4. If you are a salaried Team Member, and would like to enroll in Voluntary LTD, please complete the Voluntary LTD Enrollment Form. If you do not enroll when initially eligible and decide to enroll at future open enrollment, underwriting will be required.
5. If you are interested in enrolling in any of the supplemental benefits (Critical Illness, Accident or Short Term Disability) please contact HR to determine your eligibility date.

Questions? Please call the payroll department at the Main Office at 425-455-3948 or the AssuredPartners MCM Employee Service Center at 888-343-3330. Enrollment information, including Rx mail order forms, Long Term Disability enrollment materials, and benefit summaries/SBCs can be found on the Schwartz Brothers Restaurants benefits webpage:

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

Username: schwartz

Password: benefits

New Hires must return completed benefit form(s) to the payroll department at the Main Office, no later than 30 days. If you are enrolling during Schwartz Brothers Restaurants Open Enrollment, a specific due date will be provided from the payroll department.

## Cost of Coverage

Your costs for medical, dental and vision coverage on a bi-weekly basis (26 pay periods) are shown in the tables below. Please note, you must elect medical to elect dental.

	HMA Medical/Rx
	Team Member Contribution
Team Member Only	\$76.62
Team Member & Spouse	\$221.54
Team Member & Child(ren)	\$197.08
Team Member & Family	\$330.92

	HMA Dental
	Team Member Contribution
Team Member Only	\$15.69
Team Member & Spouse	\$31.85
Team Member & Child(ren)	\$33.69
Team Member & Family	\$54.46

	Voluntary Vision Service Plan (VSP) Signature Vision
	Team Member Contribution
Team Member Only	\$3.54
Team Member & Spouse	\$5.67
Team Member & Child(ren)	\$5.78
Team Member & Family	\$9.33

Premiums are automatically deducted pre-tax unless you instruct the payroll department otherwise. This includes premiums to cover legally wed same-sex spouses. Team members cannot drop coverage mid-year when premiums are deducted pretax, unless you experience a permitted election change event. An election to reduce compensation under the Plan may result in a reduction of Social Security benefits in the future.

If you cover a domestic partner, deductions will be taken on a post-tax basis unless your domestic partner qualifies as a dependent under the Internal Revenue Code Section 152. In addition, unless your domestic partner qualified under IRC Section 152, Schwartz Brothers Restaurants contribution to your domestic partner will be included in our taxable income.

# Medical Benefits

Schwartz Brothers Restaurants provides medical insurance through HMA. HMA uses the Regence BlueShield network of providers. To receive the highest level of benefits, you must see a preferred provider. Deductible applies unless otherwise noted.

	HMA PPO	
	In-Network	Out-of-Network
<b>Deductible</b> <i>Per calendar year</i>	\$2,000 / Individual \$6,000 / Family	\$4,000 / Individual \$12,000 / Family
<b>Out-of-Pocket Maximum</b> <i>Per calendar year (includes deductible and copays)</i>	\$5,000 / Individual \$10,000 / Family	\$10,000 / Individual \$20,000 / Family
<b>Preventive Care Office Visit</b> <i>Well-child care, well woman exams, and routine adult physical</i>	Covered at 100%, deductible waived	40% coinsurance
<b>Primary Care Office Visit</b>	\$30 copay, deductible waived	40% coinsurance
<b>Specialist Office Visit</b>	\$45 copay, deductible waived	40% coinsurance
<b>Urgent Care Facility</b>	\$45 copay, deductible waived	40% coinsurance
<b>Emergency Room</b>	\$150 copay, 20% coinsurance	\$150 copay, 20% coinsurance
<b>Diagnostic Lab &amp; X-Ray</b>	20% coinsurance	40% coinsurance
<b>Inpatient Hospital Services</b>	20% coinsurance	40% coinsurance
<b>Outpatient Surgery</b> • Facility charges • Physician services	20% coinsurance	40% coinsurance 40% coinsurance
<b>Mental Health Benefits</b> • Inpatient • Outpatient	20% coinsurance \$30 copay, deductible waived	40% coinsurance 20% coinsurance, deductible waived

The deductible, out-of-pocket limit and maximums are not combined for the Preferred and Out-of-Network eligible expenses. The benefit maximums are combined for both the Preferred and Out-of-Network eligible expenses.

**Out-of-Pocket Maximum:** Once you meet the out-of-pocket maximum, the plan will pay 100% of qualified expenses for the remainder of the calendar year. This limit does not include all out-of-pocket expenses. The following expenses do not apply to the Out of Pocket Maximum: 1) Penalties; 2) Ineligible charges; 3) Charges for Dental and Vision care. Where a copay is applicable, only one copay is taken per day for related outpatient services rendered.

**Provider Claims Codes:** Claims are paid based on the codes submitted by your provider. For example, providers that are affiliated with a hospital system may code professional services as either office visits or as outpatient hospital services. The code selected depends on the provider's established billing procedures and will dictate how your benefits are paid.

**Pre-authorization for medical facility admissions and outpatient surgeries is required for full benefits.** Failure to pre-authorize will result in an additional \$250 penalty, which will not apply toward the out-of-pocket maximum.

# Prescription Benefits

When you enroll in the medical plan, you also receive coverage for prescription drugs. The HMA prescription drug plan gives you coverage for a wide range of prescriptions.

	Caremark Health Systems
<b>Retail Pharmacy</b> <i>34 day supply limit</i>	Generic Drugs: \$25 copay Brand Name Drugs on Performance Drug List: 30% coinsurance Brand Name Drugs <u>not</u> on Performance Drug List: 50% coinsurance
<b>Mail Order Pharmacy</b> <i>90 day supply limit</i>	Generic Drugs: \$50 Copay Brand Name Drugs on Performance Drug List: 30% coinsurance Brand Name Drugs <u>not</u> on Performance Drug List: 50% coinsurance

Prescription claim forms for mail order and retail are available from the payroll department. If you have questions, concerns or any difficulty filling your prescriptions, contact HMA at 800-700-7153.

This Plan requires that pharmacists fill a prescription with a generic product whenever one is available, unless the prescription is written as “Dispense as Written.” If the prescription is not specified as “Dispense as Written” and the prescription is filled with a name brand prescription at the participant’s request, then the participant is responsible for the copay plus the difference between the ingredient cost of the generic drug and the brand name drug.

## Important Prescription Drug Program Features

**Step Therapy Program:** Steers members to more cost effective first-line generics. The strategy requires that a cost effective generic alternative is tried first before targeted single-source brands are covered. If your physician determines that a generic alternative is not right for you, they can call the Prior Authorization department to discuss the change.

**Prior Authorization (PA) and Quantity Limits:** A prior authorization is required for certain drugs in the following categories: ADHD (for members age 19+) and opioid pain management. Quantity limits will apply to the following drugs: Lidocaine; Butorphanol nasal spray and Opioid Pain Management

**Specialty Quantity Limits:** Quantity limits apply to specialty drugs to ensure that members receive the correct amounts of medicine to treat their conditions. If you have a unique medical situation that requires taking amounts exceeding the limits, your physician can contact HMA’s PA Department to request authorization for a larger amount

**Specialty Guideline Management Program:** Includes PA for all specialty drugs, along with ongoing monitoring of specialty patients to ensure members are benefiting from / tolerating the drugs, the dosing regimen is optimized and the drug is continued only if it is effective and necessary. The goal is to promote safe and cost-effective use of specialty medications.

**Specialty Exclusive Network:** Requires members to obtain specialty drugs from CVS Caremark’s specialty pharmacy. This ensures a consistent specialty service model, high touch and effective clinical support for you and your physician, and ongoing clinical monitoring to optimize clinical outcomes and the patient specialty experience.



## Dental Benefits

Schwartz Brothers Restaurants offers you a dental plan through HMA. There is not a formal network for the dental plan- you may see the dentist of your choice.

	HMA
<b>Deductible</b> <i>Per calendar year</i>	\$75 / Individual \$225 / Family
<b>Plan Maximum</b> <i>Per calendar year</i>	\$1,000 per person
<b>TYPE I - Preventive</b> <i>Exam, cleaning, x-rays, fluoride, sealants</i>	Plan pays 80%, deductible waived
<b>TYPE II - Basic and Restorative</b> <i>Fillings, oral surgery, endodontics, periodontics, pathology, anesthesia, injectables</i>	Plan pays 70% after deductible
<b>TYPE III - Major and Prosthetics</b> <i>Bridgework, crowns, dentures and their repairs, relines and rebases</i>	Plan pays 50% after deductible

**Pre-Treatment Estimate:** If you are having dental work done and you expect the bill to be over \$200, you should have your dentist submit the proposed treatment plan to HMA before you begin treatment. HMA will provide you with a summary of the plan's coverage and your estimated out-of-pocket costs.

The dental plan will pay the dental benefits subject to the limits shown in the above summary. Charges in excess of the usual, customary, and reasonable fees in the geographic area where treatment is rendered are not eligible and will become the patients responsibility. This is commonly referred to as "balance billing".

## Vision Benefits

Schwartz Brothers Restaurants offers a voluntary vision plan through Vision Service Plan (VSP).

	VSP Signature	
	Preferred	Non-Preferred
<b>Eye Exam</b> <i>Limited to one every 12 months</i>	\$10 copay	Up to \$50 copay
<b>Prescription Glasses - Frames</b> <i>Limited to one pair every 24 months</i>	\$25 copay Covered in full up to \$130	\$25 copay Covered up to \$70
<b>*Basic Lenses</b> <i>Limited to one every 12 months</i>		
Single vision	Included in frame \$25 copay	\$20 copay, Covered in full up to \$50
Bifocal		\$20 copay, Covered in full up to \$75
Trifocal		\$20 copay, Covered in full up to \$100
<b>Progressive Lenses</b> <i>Limited to one pair every plan year in replacement of basic lenses</i>		
Standard progressive lenses:	\$50 copay	\$50 copay, Covered in full up to \$75
Premium progressive lenses:	\$80 - \$90 copay	\$80-\$90 copay, Covered in full up to \$75
Custom progressive lenses:	\$120 - \$160 copay	\$120-\$160 copay, Covered in full up to \$75
<b>Contacts (Instead of glasses)</b> <i>Limited to one pair every plan year</i>	Up to \$60 copay, Covered in full up to \$130	Up to \$60 copay, Covered in full up to \$105

\*Polycarbonate lenses are covered for dependent children.

If you choose a frame valued at more than your allowance, you'll save 20% on your out-of-pocket costs for frames when you see a VSP Preferred Provider.

## Basic Life Insurance

Schwartz Brothers Restaurants provides basic life insurance coverage through Unum with a benefit of \$10,000 at no cost to you. This benefit is available when you enroll in the medical plan.

Basic Life	
Team Member Basic Life Benefit	Maximum benefit of \$10,000
Benefit Reductions due to Age	Reduced by 65% at age 65, by 50% at age 70, and by 45% at age 75

## Long Term Disability Income Protection Insurance

Schwartz Brothers Restaurants provides eligible salaried Team Members with the opportunity to purchase Long Term Disability (LTD) insurance through Unum. Disability insurance provides income protection if you are unable to work due to an injury or illness. LTD protects your most valuable asset; your ability to earn an income.

What if you became injured or sick and were unable to work? Could you pay your mortgage? Other household bills? For how long? What if the disability left you unable to work forever? Would your kids still have a college savings account? Would you be able to retire? These are all reasons to consider purchasing disability insurance.

Your benefits begin after a 90 day elimination period of continuous disability from the date of your disabling condition. The plan will pay 60% of your covered pre-disability monthly base earnings up to a maximum of \$10,000 per month up to age 65.

You are considered disabled under this plan for up to 24 months if you cannot perform the duties of your regular occupation. After 24 months, if you are unable to perform the duties of any occupation for which you are trained and educated, you could be eligible for benefits up to age 65. If the disability occurs at or after age 60, benefits would be paid according to a benefit duration schedule. You must be under the care and treatment of a licensed physician.

You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days of your eligibility date. If you apply more than 31 days after your eligibility date, your coverage will be medically underwritten, and will be based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

**Important note:** The plan will not pay benefits for a disability that results from a pre-existing condition for your first 24 months of coverage unless you have been treatment free for 12 consecutive months after your effective date of coverage. A pre-existing condition is a condition for which you received medical treatment, consultation, care or services (including diagnostic measures), or took prescribed drugs or medicines in the 12 months prior to your effective date of coverage.

Long Term Disability	
Monthly Benefit	60% of covered monthly earnings* to a maximum monthly benefit of \$10,000
Benefit Start Date	You must be disabled for at least 90 days before you can receive a benefit payment
Benefit End Date	Your benefits could continue until you reach the age of 65.

\*Covered monthly earnings means your rate of monthly earnings as figured from your prior calendar year W-2 Form with Schwartz Brothers Restaurants.

Long Term Disability Rates per \$100 of Covered Earnings	
Age	Team Member Rates
24 and below	\$0.14
25 - 29	\$0.21
30 - 34	\$0.38
35 - 39	\$0.61
40 - 44	\$0.99
45 - 49	\$1.37
50 - 54	\$1.77
55 - 59	\$2.04
60 - 64	\$1.90
65 - 69	\$1.25
70+	\$1.20

**Note:** Important contract limitations may apply and benefits may be reduced based on other sources of income. Please refer to your summary plan description (SPD) for details.

# Supplemental Benefits (Accident, Critical Illness & Short Term Disability Insurance)

To qualify for voluntary benefits, you must work a minimum of 30 hours a week and satisfy your waiting period. Please see the flyer in your packet for more information.

## Accident (Injury) Insurance

Schwartz Brothers Restaurants provides Accident insurance through Unum. Accident insurance can pay a benefit directly to you if you suffer a covered injury. It can offset the cost of co-pays, deductibles and other expenses your medical insurance doesn't cover. How it protects:

- Pays a lump-sum benefit based on type of injury sustained and treatment needed; these funds are available to be used however you choose.
- Covered injuries include broken bones, cuts, burns, eye injuries, ruptured discs, coma, etc.
- Pays additional benefits if you suffer death or dismemberment due to an accident.

Coverage Options:

- Sickness Hospital Confinement Benefit – Pays a daily benefit of \$200 (\$150 for children) if confined to the hospital for a covered illness. The benefit will last a maximum of 30 days.

Who it protects:

- Team Members, their spouses, and their children (spouse and child coverage requires additional premium).

Why purchase it:

- Your coverage is portable, so you take it even if you leave the company or retire. Unum will bill you directly for the same premium.
- Premiums are conveniently deducted from your paycheck.

## Critical Illness Insurance

Schwartz Brothers Restaurants provides Critical Illness insurance through Unum. Critical Illness insurance helps you keep your finances in check, by providing a benefit when the expenses of a serious illness start to add up. You can only enroll in this benefit during Open Enrollment. Please see the flyer in your packet for more information.

Team Members can choose a benefit of \$25,000 to \$50,000 in \$5,000 increments

- \$25,000 Guarantee Issue

Spouses can choose a benefit of \$5,000 to \$30,000 in \$5,000 increments

- No Guarantee Issue

Children may be enrolled with a benefit of \$2,500 or \$5,000

- \$2,500 Guarantee Issue

Premiums for Critical Illness are based on your age at the time you apply. Rates are locked in and will not change. Should you leave Schwartz Brothers Restaurants or retire, you can take the policy with you.

When initially eligible, you have a one-time opportunity to apply for critical Illness coverage with guarantee issue. If you enroll outside of your initial eligibility period, you will be required to answer medical questions in order to be approved for coverage.

Why Purchase Critical Illness Insurance:

- Covered illnesses include heart attack, stroke, major organ transplant, kidney failure, coronary artery disease and cancer
- Health screening benefit pays \$50 per calendar year if you have certain screenings or tests performed, including chest x-rays, stress tests, mammograms and colonoscopies. You must be covered for 30 days before becoming eligible for this benefit
- Individually-owned policy that you can pay for through convenient payroll deduction
- Since you own the policy, you can take your coverage with you – at the same benefit amount and premium – if you leave the company or retire
- Family coverage options are available
- No physical exams are required for base plan (minor underwriting required for cancer rider)
- Coverage becomes effective on the date shown in your policy schedule page

# Short Term Disability Income Protection Insurance

Schwartz Brothers Restaurants provides Team Members with Voluntary Short Term Disability (STD) insurance through Unum. Everyday illness or injuries can interfere with your ability to work. Even a few weeks away from work can make it difficult to manage household costs. STD coverage pays a percentage of your income so you can focus on getting better and worry less about keeping up with your bills.

Short Term Disability	
Benefit Percentage	60%
Minimum Weekly Benefit	\$400
Maximum Weekly Benefit	\$5,000
Elimination Period	
• Illness/Maternity	7 or 14 days
• Accident	7 or 14 days
Benefit Duration	3 months
Pre-Existing Condition Exclusion	12/12

If newly eligible, you can elect 60% of your monthly earnings up to a maximum of \$3,000 with no medical underwriting.

If you enroll outside of your initial eligibility period, all amounts are subject to medical underwriting.

Beginning in January 2020, workers in Washington may apply for paid leave benefits under the state’s Paid Family and Medical Leave (PFML) program. In general, eligible employees may take up to 12 weeks of paid leave per year to care for themselves or their family members or to bond with new children. For information about how to apply for State benefits, please refer to the state’s website at <https://www.paidleave.wa.gov/workers>.

Carefully consider your needs prior to purchasing the coverage through Unum as coverage through the State may be sufficient.



# Important Information

## Seattle Minimum Wage Ordinance

The City of Seattle passed a minimum wage ordinance in 2015. Each year since then the minimum wage has increased, adjusted for inflation. Schwartz Brothers Restaurants has complied with this law since inception, and we continue to do so. Please note, the minimum wage ordinance applies only to Team Members working in Schwartz Brothers Restaurants located in Seattle, If you have any questions, please contact Human Resources.

## Affordable Care Act (ACA)

Some individuals decline employer-sponsored coverage because they think they will qualify for a premium tax credit if they enroll in coverage available through the Affordable Care Act (ACA). Because the health coverage we offer meets the affordability and minimum value standards required under the ACA, it is likely that you will not qualify for a premium tax credit.

## Paid Family and Medical Leave Insurance

Beginning in January 2020, workers in Washington may apply for paid leave benefits under the state's Paid Family and Medical Leave (PFML) program. In general, eligible employees may take up to 12 weeks of paid leave per year to care for themselves or their family members or to bond with new children. For information about how to apply for State benefits, please refer to the state's website at <https://www.paidleave.wa.gov/workers>.



## Seattle Community Ordinance

Businesses with 20 or more employees will be required to offer their employees (those who worked an average of ten or more hours per week in Seattle in the previous calendar month) the opportunity to make a monthly pre-tax payroll deduction for transit or vanpool expenses. The ordinance encourages commuters to use transit options other than single occupancy vehicles, thus reducing traffic congestion and carbon emissions. Schwartz Brothers Restaurants has partnered with Alice to provide pre-tax deductions from your paycheck. For more information, please visit [alicefi.com/faq](http://alicefi.com/faq) or call/email Alice at 718-313-3486 / [hello@thisisalice.com](mailto:hello@thisisalice.com).

## Frequently Asked Questions

### Can I see any doctor I choose?

You are free to see any doctor or other healthcare provider you choose. However, if you choose providers who participate in the Regence Blue Cross Blue Shield PPO network, you can take advantage of discounted rates. If you select out-of-network providers your coinsurance level will be 40%. See the SBC and benefit summary included in your packet for an overview of the preferred and non-preferred coverage.

### What if I am on Schwartz Brothers Restaurants healthcare plan and I also have other coverage?

Since Schwartz Brothers Restaurants is your employer, according to healthcare regulations, Schwartz Brothers Restaurants' plan will always pay your claims first. Your claim could then be sent to your second insurance plan for processing.

### What if my spouse and I both have the same child/children on our health insurance plans?

If you both work for Schwartz Brothers Restaurants, only one of you may put the child/children on Schwartz Brothers Restaurants healthcare plan. If your spouse has a different employer who offers healthcare benefits for dependents, then you can put the children on both plans. The parent whose birthday is earliest in the year will be the primary or first healthcare plan to cover claims. If Schwartz Brothers Restaurants is the secondary insurance plan, the coordination of benefits would be processed as outlined next.

Our plan sets the maximum that would be covered on claims at Schwartz Brothers Restaurants percentage of coverage level. This means that if your spouse's coverage pays first and the coverage amount is paid at 80%, since Schwartz Brothers Restaurants plan coverage is also at 80%, there is no additional payment from Schwartz Brothers Restaurants. Likewise, if the other plan's coverage is 80% and Schwartz Brothers Restaurants plan coverage is 100%, then Schwartz Brothers Restaurants plan would generally pay the 20% not paid by the primary plan.

### What happens if a dependent is no longer covered under my plan starting in the middle of the plan year?

A dependent child who reaches age 26 during the plan year, and/or spouse who is no longer eligible for coverage as a dependent will be offered the opportunity to continue their coverage at their own expense through COBRA.

# Definitions

## Coinsurance

Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The plan pays the rest of the allowed amount.

## Deductible

The amount you owe for covered services before your health plan begins to pay. The deductible may not apply to all services.

## Generic Drug

A product that is comparable to a brand name drug in dosage form, strength, route of administration, effectiveness, and intended use.

## Inpatient Care

Care given to a person who has been hospitalized, usually including an overnight stay.

## Non-participating provider

A provider who doesn't have a contract with your health insurer. You'll usually pay more to see a non-participating provider.

## Out-of-Pocket Maximum

Once the out-of-pocket maximum has been satisfied, the benefits of this plan will be provided at 100% of allowable charges for the remainder of that calendar year for covered services from network providers.

## Outpatient Care

Care that usually does not require an overnight stay.

## Participating Provider

A provider who has a contract with your health insurer to provide services to you at a discount.

## Preferred Provider Organization (PPO)

A type of health benefits plan in which you can see any provider, but if you receive services from a provider in the plan's network, you will generally have less out-of-pocket costs.

## Pre-Authorization

Some services require prior authorization by HMA in order for benefits to be provided. These services may include, but are not limited to: Inpatient Facility Admissions; Transplants; Non-Emergent Ambulance Transport; Surgical, Medical, Therapeutic, Diagnostic and Reconstructive Procedures; Outpatient Imaging Tests; Durable Medical Equipment and Prosthetic Devices; Certain Prescriptions; and Behavioral Health. Contact HMA for more information.

## Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe to require emergency room care.

## Notes:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Share this Employee Benefits Guide with your family**

