



EMPLOYEE BENEFITS GUIDE

January 1 – December 31, 2023

WASHINGTON

Welcome!

At World Wide Movers, we recognize our ultimate success depends on our talented and dedicated employees. Our goal is to provide a comprehensive benefits program that meets the needs of you and your family. It is one of the many ways we recognize the value of your contributions.

This guide is designed to help you understand the various benefits available so you can select the coverage that best meets your needs. Please read this guide carefully and refer to it when you have questions about our benefits program. If you have any questions about our benefits program, please contact the AssuredPartners Employee Service Center (1-888-343-3330 or mcm.esc@assuredpartners.com).

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Eligibility

Who is Eligible for Benefits?

All active full-time World Wide Movers employees regularly scheduled to work 30 hours or more per week. If you are eligible, you may also cover your legally married opposite-sex spouse and dependent children up to age 26.

When Does Coverage Begin?

If you are eligible, you may enroll in coverage on the first of the month coinciding with or following 60 days of full-time employment. You must complete and return the required enrollment forms to HR before coverage begins. Measurement period guidelines may be used to determine the eligibility of variable hour employees.

Can I Make Mid-Year Changes?

If you enroll in benefits, you may not drop or change coverage during the year unless you experience a change in status (e.g. marriage, divorce, birth or adoption of a child, change in employment status, etc.). The change in enrollment must be consistent with the change in status. You must notify HR of your requested benefit changes within certain time frames. Failure to request changes within the required time frame may result in having to wait until the next open enrollment period to make changes. Please refer to your plan document for a list of qualifying change in status events and the time frames for requesting changes.

For Assistance

How do I reach our benefit providers?

| Benefit | Provider | Contact Information |
|---|--------------------|--|
| Medical Prescription Drugs Dental Vision | Premera Blue Cross | Group # 4016785 Customer Service & Pre-Authorization: 1-800-722-1471 www.premera.com Network: Heritage Plus 1 Drug Formulary: Essentials (E4) |
| Life | The Hartford | 1-800-523-2233 www.thehartford.com |
| Human Resources | Human Resources | Norma Clauson 425-775-4736 nmclauson@wwmovers.com |

Whom do I call with benefit questions?

If you have a benefits question or a problem with a claims payment, a Benefit Advocate in AssuredPartners' Employee Service Center (ESC) is available to help you and your covered family members. Benefit Advocates are benefit professionals who are available to help you better understand your benefit program and to assist you in resolving complex issues such as claims appeals. **This is a service provided at no cost to you. All personal health information is confidential.**



EMPLOYEE
SERVICE
CENTER

mcm.esc@assuredpartners.com

1-888-343-3330 | TTY/TDD: 1-855-877-4726

Monday – Friday, 7:30 am to 5:00 pm PT

Language interpretation services available

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

This guide contains an overview of the World Wide Movers benefits program. If there is any discrepancy between this guide and the official plan documents, the official plan documents will govern in all cases. Although we intend to continue this program, World Wide Movers reserves the right to change and/or terminate any portion of the benefits program at any time for any reason, with or without notice. Participation in the benefits program does not give anyone the right to continued employment with World Wide Movers.

Medical, Prescription Drug, & Vision Benefits

We offer a medical, prescription drugs, and vision plan with Premera Blue Cross. The following is a summary of your medical/prescription/vision benefits. The Premera plan allows you to seek care from any licensed provider, but you will pay less out-of-pocket when you see an in-network provider. Out-of-network providers may balance bill you for charges over the pre-determined usual and customary payment amount.

| | Premera Blue Cross | |
|--|---|---|
| | In-Network Heritage Plus 1 | Out-of-Network |
| Medical Deductible <i>Per calendar year</i> | \$1,000 Individual / \$2,000 Family | \$2,000 Individual / \$4,000 Family |
| Medical & Rx Out-of-Pocket Maximum <i>Per calendar year (includes deductible, copays, and coinsurance)</i> | \$4,500 Individual / \$9,000 Family | \$9,000 Individual / \$18,000 Family |
| Medical Services | | |
| Preventive Care | No charge, deductible waived | No charge, deductible waived |
| Office Visit <i>Primary Care and Specialists</i> | \$25 copay, deductible waived | 50% coinsurance after deductible |
| Diagnostic Lab and X-Ray <i>Includes complex radiology (MRI, CT, PET scans)</i> | 20% coinsurance, deductible waived | 50% coinsurance after deductible |
| Outpatient Surgery | 20% coinsurance after deductible | 50% coinsurance after deductible |
| Inpatient Hospital | 20% coinsurance after deductible | 50% coinsurance after deductible |
| Emergency Room & Services | \$150 copay, then 20% coinsurance after deductible (<i>copay waived if admitted to hospital</i>) | |
| Urgent Care | \$25 copay, deductible waived | 50% coinsurance after deductible |
| Chiropractic Services <i>Limited to 12 visits per calendar year</i> | \$25 copay, deductible waived | 50% coinsurance after deductible |
| Acupuncture <i>Limited to 12 visits per calendar year</i> | \$25 copay, deductible waived | 50% coinsurance after deductible |
| Prescription Drugs | | |
| Formulary | Essentials (E4) | |
| Retail & Specialty Copays <i>30-day Supply</i> | Preferred generic: \$10 Preferred brand: \$25 Preferred specialty: \$45 All non-preferred: 30% coinsurance | In network copay plus 40% of the allowable charge |
| Mail Order Copays <i>90-day Supply</i> | Preferred generic: \$25 Preferred brand: \$62.50 Preferred specialty: Not covered All non-preferred: 30% coinsurance | Not covered |
| Vision Services | | |
| Routine Vision Exam | \$25 copay once per calendar year | |
| Vision Hardware – Adults | \$150 allowance every two consecutive calendar years | |
| Vision Hardware – under age 19 | Covered in full <i>One pair of glasses or 12 month supply of contacts, per calendar year</i> | |

Insurance Terms You Should Know

- » **Deductible** – The amount of expenses you must pay out-of-pocket before the plan begins to pay any of your expenses.
- » **Coinsurance** – The coinsurance applies once you have reached your deductible. You pay a percentage and the plan pays the remaining percentage.
- » **Out-of-Pocket Maximum** – The copays, deductible, and coinsurance amounts you pay out-of-pocket accumulate towards the out-of-pocket maximum. Once you reach the out-of-pocket maximum, the plan pays 100% of your covered expenses for the rest of the calendar year.



Dental Benefits

We offer a dental plan with Premera Blue Cross. You may seek care from any licensed provider, but you will pay less out-of-pocket when you see an in-network provider.

| | Premera Dental Plan | |
|--|--|----------------------------------|
| | In-Network Heritage Plus 1 | Out-of-Network |
| Deductible <i>Per calendar year</i> | \$50 Individual / \$150 Family | \$50 Individual / \$150 Family |
| Benefit Maximum <i>Per calendar year, per enrolled member</i> | \$2,000 (applies to Basic and Major Services only) | |
| Class 1 - Diagnostic & Preventive Services <i>Oral exams, X-rays, fluoride, sealants</i> | No charge, deductible waived | No charge, deductible waived |
| Class 2 – Basic Services <i>Restorations, endodontics, periodontics</i> | 20% coinsurance after deductible | 20% coinsurance after deductible |
| Class 3 – Major Services <i>Crowns, dentures, bridges, implants</i> | 50% coinsurance after deductible | 50% coinsurance after deductible |



Predetermination of Benefits

If your dental care will be extensive, ask your dentist to submit a “predetermination of benefits” to Premera. This will allow you to know in advance what procedures are covered, the amount Premera will pay, and what your out-of-pocket costs will be.

Life Insurance Benefits

Basic Life/AD&D

We provide a Basic Life insurance policy and an Accidental Death and Dismemberment (AD&D) policy through The Hartford for you and your dependents. The Basic Life policy provides a death benefit regardless of cause, while the AD&D policy provides a benefit due to certain injuries or death from an accident. World Wide Movers pays for the full cost of the Basic Life/AD&D insurance for you and your dependents.

| Basic Life/AD&D* Benefit Amounts | |
|----------------------------------|---|
| For You | \$40,000 |
| For Your Eligible Spouse | \$2,000 |
| For Your Eligible Children | \$100 age 14 days - 6 months / \$1,000 age 6 months to 26 years old |
| Benefit Reductions due to Age | Reduced to 67% at age 70, to 50% at age 75 |

Optional Life/AD&D

You may also choose to purchase optional life/AD&D insurance for yourself and your dependents through The Hartford. All newly eligible employees who elect coverage within 31 days of eligibility may elect the guarantee issue amount for themselves and/or their spouse. If you would like to purchase coverage in excess of the guarantee issue amounts, or after the initial eligibility period, you will need to answer health related questions to provide evidence of insurability (EOI).

| Optional Life/AD&D Benefit Amounts | |
|------------------------------------|--|
| For You | Up to five times your basic annual earnings or \$300,000, in increments of \$10,000 |
| For Your Eligible Spouse | Up to \$150,000, in increments of \$5,000. May not exceed 50% of employee's amount |
| For Your Eligible Children | \$500 for children age 14 days to 6 months \$10,000 for children age 6 months to 26 years old |
| Guarantee Issue Amounts | \$100,000 for you / \$30,000 for your spouse / \$10,000 for your children |

| Optional Life/AD&D Rates per Pay Period (26/year) | | |
|---|---|--|
| Age | Employee Rates per \$10,000 of Benefit | Spouse Rates per \$5,000 of Benefit** |
| Under 25 | \$0.68 | \$0.32 |
| 25 - 29 | \$0.55 | \$0.26 |
| 30 - 34 | \$0.62 | \$0.29 |
| 35 - 39 | \$0.80 | \$0.38 |
| 40 - 44 | \$1.10 | \$0.52 |
| 45 - 49 | \$1.68 | \$0.79 |
| 50 - 54 | \$2.50 | \$1.17 |
| 55 - 59 | \$3.45 | \$1.61 |
| 60 - 64 | \$4.20 | \$1.95 |
| 65 - 69 | \$5.94 | \$2.76 |
| 70 - 74 | \$10.15 | \$4.72 |
| Age 75 and over | \$27.36 | \$12.72 |
| Children Rate per \$10,000 of Benefit | \$0.57 per child | |



* Basic AD&D is only available for employees.

** Spouse rates are based on the employee's age.

Washington Paid Family & Medical Leave

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, their family members, or to bond with new children. For information about eligibility and how to apply for benefits, please refer to the state's website at paidleave.wa.gov/workers.

Monthly Employee Contributions

This is a list of the monthly contributions for each plan based on your coverage tier. World Wide Movers subsidizes a significant portion of the cost of coverage. Your contribution will be deducted from your paycheck pre-tax.

Medical/Prescription/Vision Plan

| Coverage | Total Cost of Coverage | WWM Contribution | Employee Contribution |
|--|------------------------|------------------|-----------------------|
| Employee | \$1,115.21 | \$987.21 | \$128 |
| Employee & Non-Working Spouse* | \$2,389.68 | \$1,895.68 | \$494 |
| Employee & Working Spouse* | \$2,389.68 | \$1,795.68 | \$594 |
| Employee & Child(ren) | \$1,911.84 | \$1,465.84 | \$446 |
| Employee, Non-Working Spouse* & Child(ren) | \$3,186.30 | \$2,424.30 | \$762 |
| Employee, Working Spouse* & Child(ren) | \$3,186.30 | \$2,324.30 | \$862 |

*A "working spouse" is a spouse that has access to medical insurance through another employer. There is a \$100 per month premium surcharge if you elect to cover your spouse on the WWM medical plan and your spouse has access to medical insurance through another employer.

Dental Plan

| Coverage | Total Cost of Coverage | WWM Contribution | Employee Contribution |
|-----------------------|------------------------|------------------|-----------------------|
| Employee Only | \$47.69 | \$40.69 | \$7 |
| Employee & Spouse | \$99.13 | \$89.13 | \$10 |
| Employee & Child(ren) | \$105.67 | \$65.67 | \$40 |
| Family | \$157.07 | \$113.07 | \$44 |



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