



*Committed to Providing
Comprehensive Health Benefits for our
Employees and their Families.*



GUIDE TO YOUR 2023 BENEFITS

FINANCIAL HEALTH



EMOTIONAL HEALTH



PHYSICAL HEALTH



SOCIAL HEALTH



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IMPORTANT CONTACTS

Benefit Plan	Group ID#	Toll-Free Contact	Website
Kaiser CA HMO	606153	1-800-464-4000	www.kp.org
Kaiser WA HMO	2020700	1-888-901-4636	www.kp.org/wa
UnitedHealthcare (UHC) HMO/ PPO/HDHP	PPO & HDHP—0916166 HMO—362661	PPO-1-866-633-2446 HDHP-1-866-633-2446 HMO-1-800-624-8822	www.myuhc.com
United Healthcare (UHC) Voluntary Benefits	308275	Toll-Free Contact: 1-888-299-2070	myuhcftp.com
MetLife PPO Dental	5966838	1-800-275-4638	www.metlife.com/mybenefits
EyeMed Vision	1013952	1-866-939-3633	www.eyemed.com
CA State Disability Insurance	Not Applicable	1-800-480-3287	www.edd.ca.gov
MetLife Life/AD&D	5966838	1-800-275-4638	www.metlife.com/mybenefits
MetLife Disability	5966838	1-800-275-4638	www.metlife.com/mybenefits
Wex (FSA/HSA/Commuter)	Not Applicable	1-866-451-3399	www.wexinc.com
Norton LifeLock	Not Applicable	1-866-456-9316	Sageveterinary.excelsiorenroll.com
Calm	Not Applicable	Not Applicable	https://www.calm.com/b2b/sagecenters/subscribe www.kp.org/selfcareapps
Principal Financial Group 401(k)	7-14528	1-800-547-7754	www.principal.com
Health Advocate	N/A	1-866-799-2691	Email: answers@healthadvocate.com Web: HealthAdvocate.com/members

EMPLOYEE BENEFITS WEBSITE

To review details of the benefit plans offered through SAGE Veterinary Centers, please visit the Paylocity website. Within the website, view carrier information such as:

- Carrier benefit summaries
- Summary of Benefits and Coverage
- Legal Notices
- Links to carrier websites

CHOOSE YOUR PATH

At SAGE Veterinary Centers, we recognize the hard work and dedication that you demonstrate every day. That is why you have access to a comprehensive and competitive benefits package.

Your benefits should complement you and your family's needs and lifestyle, and we encourage you to choose benefits that will best suit you and your family in the 2023 plan year. You can make changes during the plan year only in the event of a qualified IRS Qualified Life Event. Please see page four for more information regarding these changes.

This guide provides an overview of SAGE Veterinary Centers' coverage choices and enrollment information so you can build your benefits. For more information, please visit Paylocity to view detailed plan summaries for each plan.



BENEFITS ELIGIBILITY

If you are a full-time employee, working at least 30 hours per week (130 hours per month), you and any of your dependents are eligible to participate in the benefits program, which begins the first of the month following 30 days from the date of hire for medical, dental, vision, short term disability, long term disability, life, accidental death and dismemberment, flexible spending account(s), health savings account (HSA), and commuter benefits. To maintain your benefit eligibility status, you must consistently work 130 hours per month. If you are a part-time employee, you are still able to participate in the Flexible Spending Account benefit and may also be eligible for 401(k) plan participation.

Eligible Dependents

- Your spouse with a certified marriage certificate
- Your domestic partner with a notarized Domestic Partner Affidavit. * Applies to CA residents only
- Your children up to age 26 for medical, dental, and vision
- Your unmarried children who are age 26 or older who are mentally or physically disabled for medical, dental, and vision coverage

Children include your biological children, stepchildren, children covered under a child support order, adopted children, children placed with you for adoption, and your domestic partner's children who are dependent upon you for support.

***To be eligible...** *You and your domestic partner:*

- Are each eighteen years of age or older and are capable of consenting to the domestic partnership
- Are not married or a member of another domestic partnership
- Are not related by blood in a way that would prevent you from being married to each other in California

- Have a common residence (both domestic partners share the same residence; two people can have a common residence even if one or both have additional residences)

It is important to note that domestic partner coverage is subject to imputed income tax as defined by the IRS.

COVERAGE

Coverage Levels

The coverage level you select may differ between the medical, dental, and vision plans. You may select from the following levels of coverage when you enroll in these plans:

- Employee Only
- Employee + Spouse/Domestic Partner
- Employee + Child(ren)
- Employee + Family

Coverage Ends

Coverage for you and your dependents will terminate if:

- The plan is discontinued
- Your employment ends; or
- You and/or your dependents become ineligible

Your medical, dental, and vision coverage ends the last day of the month. Life, accidental death and dismemberment (AD&D), short term disability, long term disability, flexible spending account(s), and commuter benefits coverage ends on the date your employment ends. If you cease to work due to retirement, disability, leave of absence, temporary layoff, or termination, please see People & Culture about the possibility of continuing coverage.

ELIGIBLE IRS CHANGE IN STATUS

Outside of annual open enrollment, you may make changes to your elections only when you have one of the following “Qualified Life Events.” Any changes to your healthcare plan elections must be made within 31 days of the family status change.

- **Change in legal marital status.** Events that change your legal marital status, including marriage.
- **Change in number of dependents.** Birth, death, adoption, and placement for adoption.
- **Change in employment status.** A termination or commencement of employment; a strike or lockout; a commencement or return from an unpaid leave of absence; and a change in employment status for you or your dependents that results in you or your dependents becoming eligible, or ceasing to be eligible, under the plan.
- **Dependent Satisfies or Ceases to Satisfy Eligibility Requirements.**
- **Change in Residence (and access to networks).**
- **Judgment, Decree, or Order.** Compliance with a judgment, decree, or order resulting from a divorce, legal separation, annulment, or change of custody including a qualified medical child support order.
- **Entitlement to Medicare or Medicaid.**

Before diving into your benefit choices for this year, here is a refresher on key health insurance terms.

Premium Contributions	The amount of money you pay for your health insurance each pay period
Deductible	The amount of money you need to pay out of pocket before the insurance plan pays.
In-Network Providers	Doctors, hospitals, labs , and other providers that the health insurance carriers
Health Savings Account (HSA)	A personal savings account that you can make pre-tax contributions into for qualified healthcare expenses only if you are enrolled in the high deductible health
Copay	A predetermined dollar amount you pay for visits to the doctor, prescriptions, and other healthcare services.
Coinsurance	The percentage you pay for the cost of covered healthcare services after you have met your deductible.
In-Network Out-of-Pocket Maximum	The threshold on your out-of-pocket costs for the year. Once you’ve reached this amount, your plan will cover the rest of your qualified medical expenses at 100% for





WHAT'S CHANGING FOR 2023

SAGE Veterinary Centers offers a comprehensive benefit program that supports employee health and well-being. To better manage rising healthcare costs for you and SAGE Veterinary Centers, we're making some changes to the 2023 benefit programs (see details below).

Medical

- **UHC HMO plan (CA Only).** Copays will continue to apply when you access most medical services, including primary and specialist office visits. However, an individual deductible of \$500 will need to be met before the copays apply. Family deductible cost will be capped at \$1,000. Preventive services are not subject to deductibles or cost-sharing.
- **UHC PPO plan.** The UHC PPO plan deductible will increase to \$2,500 for individual coverage and \$5,000 for family coverage in the 2023 plan year. Out-of-pocket maximums, copays and coinsurance amounts will increase for 2023 as well.
- **High Deductible Health plans.** There will only be one High deductible plan offered in 2023. The UHC \$5,500 HDHP plan will continue and the UHC \$3,500 HDHP will no longer be offered. Members have the option to open a Health Savings Account to realize the triple-tax advantage. The deductible will apply to all services before members are responsible for coinsurance.

CHOOSE YOUR MEDICAL & PRESCRIPTION DRUG BENEFITS

Each year SAGE Veterinary Centers reviews the plans we offer to ensure our employees and their covered dependents can have choices to meet their individual family needs. This year we are making some changes to our plan offerings that will allow our employees a choice of providers and plan designs, while keeping healthcare costs as low as possible for employees and SAGE Veterinary Centers.

Each plan provides comprehensive, high-quality healthcare. The plans will differ in the biweekly costs, the way your care is managed, and the structure of out-of-pocket expenses. The benefits program includes the following medical plans:

- HMO: Kaiser (California & Washington)
UnitedHealthcare HMO (California)
- PPO: UnitedHealthcare PPO
- HDHP: UnitedHealthcare \$5,500 HDHP

HMO: UnitedHealthcare (UHC) or Kaiser

The Kaiser CA HMO has a \$750 deductible for specific services such as hospitalization or outpatient surgery and has lower out-of-pocket costs but requires you to obtain all medical care through the HMO providers. The Kaiser WA HMO has a \$500 deductible for services such as hospitalization or outpatient surgery. The UHC HMO has a \$500 deductible, that the first \$500 of cost is the employee's responsibility before the plan covers any cost of services. Preventive services are always covered at 100% regardless of plan. Members are still required to obtain all medical care through the HMO network. Your PCP provides routine services and refers you to other providers in the HMO network when you need to see a specialist or be hospitalized. Kaiser enrollees will need to choose a Primary Care Physician (PCP) and organize all their care through that PCP at Kaiser facilities.

UHC members may select a PCP from the UHC Signature Value HMO network. You have the right to designate any primary care provider who participates in the HMO network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

PPO and the High Deductible Health Plan: UnitedHealthcare (UHC)

If you enroll in the PPO or the High Deductible Health plan (HDHP), you may receive care from any provider. However, the plan pays for eligible expenses at a higher level when you visit a network provider. When you visit an out-of-network provider, the plan still pays for eligible expenses but you may pay more out-of-pocket before expenses are payable by the plan.

Reasons to Consider a High Deductible Health Plan with a Health Savings Account (HSA)

- You can contribute pre-tax dollars to your HSA (IRS annual limits apply)
- Use your funds to pay for qualified medical expenses
- Unlike a Flexible Spending account (FSA), you never forfeit your HSA funds

Reasons to not consider a High Deductible Health Plan with an HSA

- The main reason for not electing an HDHP is due to cash flow concerns
- HDHP enrollees will pay less out of their paycheck but will have to save more money in the event the high deductible needs to be met.

2023 HSA ANNUAL Limits	
Coverage Tier	2023 Employee Maximum Contribution
Single	\$3,850
Family	\$7,750

2023 IRS Limits on HSA Deposits

- \$3,850 for single enrollment
- \$7,750 for family enrollment (family members must be eligible tax dependents)
- Catch up contribution of \$1,000 for individuals age 55 and older. Separate accounts are required for spouses to make catch up contributions
- These limits are inclusive of any employer contribution received into your HSA

Tax-related questions should be directed to your tax professional and you are responsible for keeping relevant documents relating to your HSA.

	Kaiser CA HMO (Some California locations)	Kaiser WA HMO (Some Washington locations)	UHC HMO (CA Employees Only)
	In-Network	In-Network	In-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Calendar Year Deductible			
• Individual	\$750	\$500	\$500
• Family	\$1,500	\$1,000	\$1,000
Out-of-Pocket Maximum			
• Individual	\$3,000	\$2,500	\$3,000
• Family	\$6,000	\$5,000	\$6,000
Physician Services			
• Primary Care Physician	\$25	\$20	\$25
• Specialist	\$25	\$30	\$50
Diagnostic Laboratory & X-Ray			
• At Physician's Office	\$10	20%*	\$25
• Complex Lab and X-ray services	20% up to \$150 / procedure	20%* (pre-authorization required)	\$150
Hospital Services			
• Inpatient Hospitalization	20%*	20%* (pre-authorization required)	20%
• Outpatient Surgery	20%*	20%*	20%
• Emergency Room	20%*	\$200 copay	\$250
• Urgent Care	\$25	\$20	\$25
Alternate services			
• Chiro	\$15 / visit, 20 visits max (Combined)	\$20 / visit, 20 visits max	\$15 / visit, 20 visits max (Combined)
• Acupuncture		\$20 / visit, 20 visits max	
Retail prescriptions			
• Drug Deductible	None	None	None
At Retail Pharmacy	30-day Supply	30-day Supply	31-day Supply
• Generic	\$10	\$10	\$10
• Brand Name	\$30	\$30	\$35
• Non-Formulary	N/A	\$60	\$70
• Specialty Drugs	20% up to \$250	20% up to \$250	N/A
Mail-Order Prescriptions	100-day Supply	90-day Supply	90-day Supply
• Generic	\$20	\$20	\$25
• Brand Name	\$60	\$60	\$87.50
• Non-Formulary	N/A	\$120	\$175
• Specialty Drugs	N/A	N/A	N/A

*After deductible

2023 EMPLOYEE BENEFITS

	UHC - \$5,500 HDHP		UHC PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited		Unlimited	
Calendar Year Deductible				
• Individual	\$5,500	\$11,000	\$2,500	\$7,500
• Family	\$11,000	\$22,000	\$5,000	\$15,000
Out-of-Pocket Maximum				
• Individual	\$6,500	\$13,000	\$7,500	\$22,500
• Family	\$13,000	\$26,000	\$15,000	\$45,000
Physician Services				
• Primary Care Physician	30%*	50%*	\$30	50%*
• Specialist	30%*	50%*	\$60	50%*
Diagnostic Laboratory & X-Ray				
• At Physician's Office	30%*	50%*	No Charge	50%*
• Complex Lab and X-ray services	30%*	50%*	20%*	50%*
Hospital Services				
• Inpatient Hospitalization	30%*	50%*	30%*	50%*
• Outpatient Surgery	30%*	50%*	30%*	50%*
• Emergency Room	30%*	30%*	30%*	20%*
• Urgent Care	30%*	50%*	\$50	50%*
Alternate services				
• Chiro	30%* / visit, 24 visits max	N/A	\$25 / visit, 24 visits max	N/A
• Acupuncture	30%* / visit, 20 visits max		\$25 / visit, 20 visits max	
Retail prescriptions				
• Drug Deductible	Subject to Medical Deductible		None	
At Retail Pharmacy				
	31-day Supply		31-day Supply	
• Generic	\$10*	\$10*	\$10	\$10
• Brand Name	\$35*	\$35*	\$35	\$35
• Non-Formulary	\$70*	\$70*	\$85	\$85
• Specialty Drugs	N/A	N/A	N/A	N/A
Mail-Order Prescriptions				
	90-day Supply		90-day Supply	
• Generic	\$25*	N/A	\$25	N/A
• Brand Name	\$87.50*		\$87.50	
• Non-Formulary	\$175*		\$212.50	
• Specialty Drugs	N/A		N/A	

*After deductible

HEALTH SAVINGS ACCOUNT

The high deductible health plan is designed to work with a Health Savings Account (HSA) to give you more control over how your health care dollars are spent. Federal legislation allows you to contribute to your HSA on a pre-tax basis and then use these funds to pay for qualified health expenses until you meet your deductibles and out-of-pocket maximums.

Advantages of an HSA

- You decide when to use your HSA funds to pay for qualified health-related expenses
- There is no “use it or lose it” rule
- Unused funds roll over each year
- Unused funds can grow through interest and investment earnings and can be “banked” for future health-related expenses
- Contributions, interest earnings and withdrawals for qualified health-related expenses are excluded from Federal income tax and FICA (Social Security and Medicare)
- HSA moves with you when you change medical plans, employers, or retire

HSA Eligibility

To open an HSA, you must meet all of the following requirements on your first day of coverage. If you do not meet these requirements, you can still enroll in the UHC HDHP medical plan, you just would not be eligible to open an HSA. An individual is considered eligible if:

- You are covered under a qualified HDHP
- You are not covered by any other medical plan
- You are not enrolled in Medicare, TRICARE or Medicaid
- You are not claimed as a dependent on another person’s tax return
- You are not enrolled in a traditional Health Care Flexible Spending Account (FSA)
- Your spouse does not have a Health Care FSA or Health Reimbursement Account (HRA)
- You have not received Veterans Administration (VA) benefits within the past three months
- You can enroll in a limited purpose Health Care FSA. A limited purpose FSA can only be used for eligible dental and vision expenses

HDHP with HSA Example

Christine asks: How does the HSA and HDHP work together?

- Christine is single. Her HDHP covers preventive care at 100% and has a deductible of \$5,500.
- Christine takes a brand-name prescription medication on a regular basis. She is responsible for paying for her prescriptions and other qualified medical care until she has paid \$5,500—the amount of her deductible.
- After that, she is responsible for paying 30% of the cost—or coinsurance—until she reaches her plan’s out-of-pocket limit of \$6,500.

HDHP + HSA Example			
Expense	Charge	What the Plan Pays	What Christine Pays
Annual Physical Exam	\$250	\$175*	\$0
Medication	\$1,750	\$0	\$1,750
Specialist Visit (3)	\$250/visit	\$0	\$750
Surgery	\$15,000	\$11,000	\$3,000 + \$1,000 (deductible and coinsurance)**
Totals	\$17,750	\$11,175	\$3,640

*Plan covers preventive care 100%. Plan’s negotiated rates with Christine’s physician apply.

** Plan calls for 30% coinsurance once the deductible is met, up to a maximum out-of-pocket expense of \$6,500.

Christine opened an HSA:

- She uses pre-tax payroll deductions and direct deposit, available from her employer, to save \$2,950 in her HSA—in part, money saved from her lower premiums.
- Christine receives \$600 from the Company in annual HSA contributions.
- Her federal tax savings with her HSA are approximately \$1,093. *** Even if she uses the HSA to reimburse herself for all of her out-of-pocket expenses, she has still saved \$1,093 in taxes.

*** Assumes Christine is in the 25 percent federal tax bracket and lives in a state where HSAs are not taxed. She also saves 7.65 percent in Social Security and Medicare (FICA) taxes.

VOLUNTARY BENEFITS

Employee Paid Programs

Accident Coverage

Accident coverage pays out a cash benefit in one lump sum if you or a covered family member is injured because of an accident. You decide how to use the benefits to best support your recovery. You can use accident coverage to help pay for:

- Out-of-pocket medical costs, such as ambulance fees, physical therapy, X-rays or crutches.
- Daily expenses like rent, food, transportation or help around the house.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- No medical questions or exam needed to enroll.
- You can take your coverage with you even if you leave your employer.
- No limitations for pre-existing conditions.
- You and your spouse can each earn \$50 per year for completing a screening or test.

Please refer to the UHC Summary of Benefits for complete details.

Tier	Monthly Cost
Employee Only	\$12.06
Employee + Spouse	\$19.27
Employee + Children	\$23.58
Employee + Family	\$36.53

To view a short, educational video on how the Accident Plan works for you, please click [here](#).

See How the Accident Protection Plan Can Help

Matt was playing in his weekly men’s softball league. Trying to slide into second base, he tore a knee ligament and broke a wrist. Even with his health plan, Matt had deductible expenses and had to miss some work.

Initial Care / Hospital Care	
Ambulance (ground)	\$300
Emergency Room Visit	\$160
Initial Physician Visit	\$75
Payment to Matt	\$525

Follow-up Care / Common Injuries	
Diagnostic MRI Exam	\$250
Wrist Fracture Treatment	\$800
Surgical Ligament Tear Repair	\$600
Knee Immobilizer	\$225
Follow-up Physician Visit	\$75
Physical Therapy Sessions	\$270
Organized Sporting Injury Benefit	\$555
Payment to Matt	\$2,775

Matt receives a check for: \$3,300.
He can use it for whatever he chooses.





Hospital Indemnity Coverage

Employee Paid

Hospital Indemnity provides a lump-sum, tax-free cash benefit to help pay for costs that can come with a hospital stay that your health plan doesn't cover. Use your hospital indemnity coverage to help pay for out-of-pocket medical costs or daily expenses like rent, food or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Covers hospitalization for maternity from day one with no waiting period.
- You can take your coverage with you even if you leave your employer for up to three years.
- No limitations for pre-existing conditions.
- Use your Hospital indemnity funds to help pay your deductible or save it in a health savings account (HSA).

Please refer to the UHC Summary of Benefits for complete details.

Tier	Monthly Cost
Employee Only	\$9.83
Employee + Spouse	\$15.29
Employee + Children	\$18.38
Employee + Family	\$25.88

How the Hospital Indemnity Plan Added up to a Big Relief for Matt

Matt had an accident and suffered head and shoulder injuries. He was taken to the hospital and admitted into the ICU.

Type of Service	Matt's Plan Will Pay
Matt's injuries required admission in the ICU for his head trauma.	\$1,000 Hospital Admission (1 day)
He spent 2 additional days in ICU for treatment and observation.	\$200 ICU Confinement (2 days)
Matt's shoulder ligaments required surgery. He was moved to a hospital room for recovery and released.	\$400 Hospital Confinement (4 days)
After he submitted his Hospital Indemnity claim, Matt's plan paid him:	\$1,600

To view a short, educational video on how the Hospital Indemnity Plan works for you, please click [here](#).

Critical Illness Insurance

When you have a critical illness, such as a heart attack or cancer, you want the best care. At times like these, you shouldn't have to worry about how you're going to pay for it. Critical Illness coverage provides the added layer of security you want and need — a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits to best support recovery for yourself or a family member.

UHC's Critical Illness coverage provides benefits for heart attack, stroke, invasive cancer, major organ failure and neurological conditions such as advanced Alzheimer's and advanced Parkinson's. The coverage pays for the first diagnosis of certain illnesses after your coverage becomes effective. It may also cover a new cancer diagnosis even with a previous cancer diagnosis.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- \$100 payment towards health screenings, such as a lipid panel or fasting glucose test.
- You can take your coverage with you even if you leave your employer

To view a short, educational video on how the Critical Illness Protection Plan works for you, please click [here](#).

Please refer to the UHC Summary of Benefits for complete details.

Employee Age	Employee Only Monthly Cost	Employee + Spouse Monthly Cost	Employee + Dependent Children Monthly Cost	Employee + Family Monthly Cost
18 - 24	\$6.10	\$11.50	\$6.60	\$12.00
25 - 29	\$8.10	\$15.00	\$8.60	\$15.50
30 - 34	\$9.40	\$17.60	\$9.90	\$18.10
35 - 39	\$11.30	\$21.50	\$11.80	\$22.00
40 - 44	\$14.90	\$29.50	\$15.40	\$30.00
45 - 49	\$19.90	\$41.90	\$20.40	\$42.40
50 - 54	\$25.30	\$55.60	\$25.80	\$56.10
55 - 59	\$30.70	\$71.40	\$31.20	\$71.90
60 - 64	\$41.10	\$98.50	\$41.60	\$99.00
65 - 69	\$65.80	\$131.60	\$66.30	\$132.10
70 - 74	\$103.80	\$171.70	\$104.30	\$172.20
75 +	\$107.30	\$218.10	\$107.80	\$218.60

Voluntary Benefit Claim Process

If you have a claim, follow these steps to easily file the claim:

Step 1. Medical Claim

- Members incur a medical claim.

Step 2. Access a claims packet on [Myuhcfc.com](https://myuhcfc.com)

- Go to [Myuhcfc.com](https://myuhcfc.com) and scroll down, without signing in. Then, select Claim Forms.
- Complete, sign and date the forms

For help or to ask questions about the process, members can contact UHC's claim service team at 1-888-299-2070 between 5 a.m. and 3 p.m. PST.

Visit with a doctor 24/7—whenever, wherever.

With a Virtual Visit, you can talk—by phone or video—to a doctor who can diagnose common medical conditions and even prescribe medications, if needed.*



Virtual Visits may make it easier than ever to get treated by a doctor.

Whether using myuhc.com[®] or the UnitedHealthcare[®] app, Virtual Visits let you video chat with a doctor 24/7—without setting up additional accounts or apps. But, if you'd rather just speak with a doctor, you can simply do a Virtual Visit over the phone.

With a UnitedHealthcare plan, your cost for a Virtual Visit is \$50 or less.**

Use a Virtual Visit for these common conditions:

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes
- And more

An estimated 25% of ER visits could be treated with a Virtual Visit —bringing a potential \$2,100*** cost down to no more than

\$50.



To get started: Sign in at myuhc.com/virtualvisits. | Download the UnitedHealthcare app. | Call **1-855-615-8335**.



* Certain prescriptions may not be available, and other restrictions may apply.

** The Designated Virtual Visit Provider's reduced rate for a virtual visit is subject to change at any time.

*** UnitedHealthcare data: based on analysis of 2016 UnitedHealthcare ER claim volumes, where ER visits are low acuity and could be treated in a Virtual Visit, primary care physician or urgent/convenient care setting.

The UnitedHealthcare[®] app is available for download for iPhone[®] or Android[™]. iPhone is a registered trademark of Apple, Inc. Android is a trademark of Google LLC.

Virtual Visits and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

Insurance coverage provided by or through UnitedHealthcare Insurance Company and its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

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Your care, your way

Connect to care anytime, anywhere



Get the care you need the way you want it. No matter which option you choose, your providers can see your health history, update your medical record, and give you personalized care that fits your life.

Choose where, when, and how you get care

Call us anytime. CA members call 1-866-454-8855 (TTY 711). WA members call 206-630-2244 (TTY 711).



24/7 care advice

Get medical advice and care guidance in the moment from a Kaiser Permanente provider.



In-person visit

Same-day appointments are often available. Sign on to kp.org anytime, or call us to schedule a visit.



Email

Message your doctor's office with nonurgent questions anytime. California members can sign on to kp.org and Washington members can sign on to kp.org/wa



Phone appointment

Save yourself a trip to the doctor's office for minor conditions or follow-up care.^{2,3}



Video visit

Meet face-to-face online with a doctor on your computer, smartphone, or tablet for minor conditions or follow-up care.^{2,3,4}

Need care now? Know before you go.

Urgent care

An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating.

Call us anytime. CA members call 1-866-454-8855 (TTY 711). WA members call 206-630-2244 (TTY 711).

Emergency care

A life-threatening injury or illness that requires care right away.¹

- Trouble breathing
- Severe chest pains
- Very bad injuries or wounds

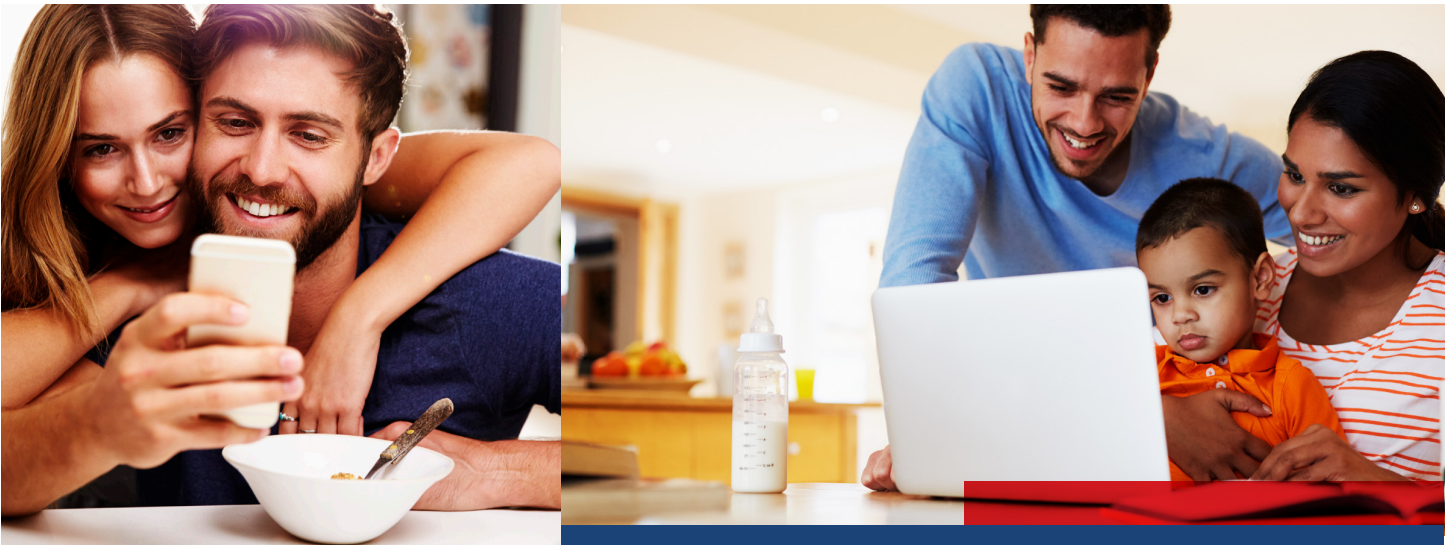
If you think you have a medical or psychiatric emergency, call **911** or go to the nearest hospital.

¹If you reasonably believe you have an emergency medical condition, call **911** or go to the nearest emergency department. An emergency medical condition is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage*.

²These features are available when you receive care at Kaiser Permanente facilities.

³You must be 18 years or older to schedule.

⁴Check with your doctor's office to find out if video visits are available to you.



EAP+Work/Life Online Services Help at your Fingertips!



Did you know you can...

- ✓ Take a test to assess your mental health or fitness
- ✓ Calculate student loans or debt consolidation
- ✓ Watch a video about Alzheimer's or binge drinking
- ✓ Read an article on parenting teens or identity theft
- ✓ Sign up for a webinar on retirement planning
- ✓ Search for a day camp or college
- ✓ Take a training course on managing anger or making presentations
- ✓ Download forms for taxes or wills

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Your EAP+Work/Life online services website has all the tools, tips and resources you need to support your mental, emotional, physical and financial well-being!

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One click takes you to hundreds of articles, videos, forms, locators and more for the following areas of interest:

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- Relationships
- Financial Matters
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- Personal Growth
- Caregiving
- Older Adults
- Volunteer Opportunities

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HealthAdvocate.com/members

Or email us your questions: answers@healthadvocate.com

HealthAdvocateSM

CHOOSE YOUR DENTAL BENEFITS

With the MetLife PPO dental plan, you have the freedom to see any dental provider you choose. However, you will pay less out of pocket expenses by using an in-network dentist through MetLife Dental Network. In-network dental providers agree to accept negotiated rates and will not balance-bill you for the amounts not allowed by MetLife. If you choose to see an out-of-network dental provider, MetLife will pay a percentage of the billed charges based on the usual, customary, and reasonable rate. You will be responsible for any additional amount billed by the dental provider.

The deductibles, copays, and coinsurance percentages below indicate the amounts for which you are responsible.

2023 MetLife Dental		
Key Features	In-Network	Out-of-Network
Annual Calendar Year Maximum	\$1,500 per member	
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services (No Deductible)	No Charge	100% (U&C)
Basic Services	20%*	40%
Major Services	40%*	50%*
Orthodontics (Children to age 19 only)	50% up to \$1,500 Lifetime Maximum*	

Out-of-network services are paid based on allowable amounts determined by MetLife. You will be responsible for any amount not paid by the plan.





CHOOSE YOUR VISION BENEFITS

With the EyeMed vision plan, you can use providers in the Insight Network for the lowest out-of-pocket costs or use any out-of-network providers and pay more out-of-pocket. When using an EyeMed provider, you can receive discounts on Lasik, a second pair of glasses, plus other services and materials. If you receive services from an out-of-network provider, you will be required to pay the provider in full at the time of service and submit your itemized receipt to EyeMed within six months for reimbursement, up to the below plan allowances.

2023 EyeMed Vision		
Key Features	In-Network	Out-of-Network
Copay	\$10 for exam, \$25 for materials ¹	Plan reimburses up to \$50
Exam (every calendar year)	No charge after copay	Plan reimburses up to \$50
Lenses (every calendar year)		
Single Vision	No charge after copay	Plan reimburses up to \$50
Lined Bifocal	No charge after copay	Plan reimburses up to \$70
Lined Trifocal	No charge after copay	Plan reimburses up to \$90
Standard Progressive	\$75 copay ²	Plan reimburses up to \$70
Frames (every other calendar year)	Covered up to \$130 ³ , then 20% discount	Plan reimburses up to \$98
Elective Contact Lenses Instead of Glasses (every calendar year)	No charge up to \$130 after copay ⁴	Plan reimburses up to \$130
Medically Necessary Contact Lenses	No charge	Plan reimburses up to \$210

1. \$25 materials copay applies to single vision, bifocal, and trifocal lenses only

2. Lens enhancements subject to copay between \$15 and \$130

YOUR INCOME PROTECTION BENEFITS

In addition to medical, dental and vision benefits, SAGE Veterinary Centers also provides eligible employees with income protection. These financial benefits are intended to provide financial assistance for you and your beneficiaries in the event of disability, accident or death. For complete information about your income protection benefits, please refer to the certificate of coverage available on the Paylocity website.

Life Insurance and Accidental Death and Dismemberment (AD&D)

Basic Life and AD&D—MetLife

SAGE Veterinary Centers provides you with Life and Accidental Death and Dismemberment (AD&D) insurance in the amount of \$50,000. Life insurance coverage helps to protect your family financially in the event of your death. If your death is the result of a covered accident, your beneficiary will receive an additional \$50,000 benefit.

Voluntary Life and AD&D - MetLife

To ensure you and your family have the financial protection you need, SAGE Veterinary Centers offers voluntary life and accidental death and dismemberment (AD&D) insurance. You can purchase voluntary life and AD&D insurance for yourself, your spouse and your child(ren). The amount you need will depend on your personal situation (other income, monthly expenses, short- and long-term debt such as credit card or mortgage expenses, etc.). You can elect voluntary life and AD&D insurance coverage for:

- Yourself: In increments of \$10,000 from one to five times your salary, up to \$500,000; guaranteed issue amount of \$100,000
- Your spouse: In increments of \$5,000 up to \$100,000; guaranteed issue amount of \$25,000
- Your child(ren): In the amount of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000; guaranteed issue of \$10,000

Disability

Short Term Disability (STD) - MetLife

If you are unable to work due to pregnancy, illness or a non-work related injury, you may be eligible for short-term disability benefits. SAGE Veterinary Centers provides short-term disability benefits at no cost to you. The plan pays 60% of your weekly earnings up to a maximum of \$1,500 per week and is reduced by other sources of income as defined by the short-term disability plan. Benefits are payable after 7 consecutive days of absence and will be paid up to a maximum of 12 weeks.

CA Employees: To receive short-term disability benefits under MetLife, California employees are required to apply for CA SDI. Please contact MetLife for additional information about the coordination of benefits between the MetLife short-term disability plan and CA SDI.

California State Disability Insurance (CA SDI)

The California State Disability program provides partial wage replacement income to eligible California workers who experience a loss of wages when they are unable to perform their regular or customary work due to a non-work related illness or injury, pregnancy or childbirth. Other sources of income may reduce the weekly benefit. The first seven days of your SDI claim is a waiting period for which no benefits are payable. Benefits begin with the eighth day of disability. Visit the CA SDI website for more information.

Long Term Disability Insurance (LTD) - MetLife

If you cannot perform each of the essential duties of your occupation because of injury or illness, you may be eligible for long term disability benefits. SAGE Veterinary Centers' long term disability plan covers a portion of your salary while you are recovering from your disability. On the 91st day of a long term disability, the plan pays a benefit of 60% of monthly earnings up to a maximum of \$7,000 per month, reduced by other sources of income as defined by the long term disability plan, such as workers compensation and/or CA SDI. In most cases, these benefits will continue until you are recovered, retrained, or if permanently disabled, up to age 65. Certain disability conditions will receive benefits for a shorter period of time.

CHOOSE YOUR ADDITIONAL BENEFITS

Flexible Spending Accounts (FSA)

SAGE Veterinary Centers has a Section 125 Flexible Benefit plan which allows you to pay for dependent care expenses and non-covered healthcare expenses on a pre-tax basis. Reimbursement and forfeiture rules are governed by the IRS. In addition, pursuant to IRS rules, cafeteria plan benefits are not available to domestic partners.

The plan includes a grace period of 2 ½ months. The grace period gives you an additional 2 ½ months after the end of the plan year (until March 15, 2024) during which you may continue to incur expenses that can be applied to a remaining balance of your 2023 account. You must submit claims for reimbursement by March 31, 2024.

Healthcare Reimbursement: This plan allows expenses which are not covered by your health plans such as deductibles, copays, chiropractic fees, eyeglasses, coinsurance, etc. to be paid for on a pre-tax basis. The plan does not cover over-the-counter medications without a prescription from your physician. You may set aside up to \$3,050 each calendar year to pay for non-covered healthcare coverage, which is deducted from your biweekly paycheck on a pre-tax basis. For a complete listing of eligible benefits, please go to www.wexinc.com. This plan is not available if you enroll in the high deductible health plan and elect to make contributions into a health savings account.

Limited Purpose Healthcare Reimbursement: If you enroll in the high deductible health plan with a HSA, you can only enroll in the Limited Purpose Healthcare Reimbursement plan. You may set aside up to \$3,050 each calendar year to pay for non-covered dental and vision expenses, which is deducted from your biweekly paycheck on a pre-tax basis.

Dependent Care Reimbursement: This plan allows you to pay for dependent day care expenses on a tax-free basis. The Dependent Care Reimbursement plan gives you the opportunity to set aside up to \$5,000 each calendar year for the purpose of paying day care expenses, which is deducted from your biweekly paycheck on a pre-tax basis. If your spouse is working and elected this program through his or her employer, the maximum amount you can set aside is \$2,500 each. Members who contributed funds to their 2023 Dependent Care account will have until the end of 2023 to incur claims. Members will then have until March 31, 2024 to file any claims incurred in 2023.



Benefits Mobile App

Access your benefits anytime, anywhere

Access your benefits on the go 24/7 with the WEX benefits mobile app. Our free app gives you convenient, real-time access to all your benefits accounts in one spot. This makes it easy to use your hard-earned dollars and view recent account activity without ever needing to call in.

The benefits mobile app keeps your benefits always within reach. Want to know the status of a recent claim or easily check the balance of your accounts? Log in to our secure app to get answers to those questions and so many more — wherever and whenever you want.

With our benefits mobile app, you can:



Get instant updates on the status of your claims.



File a claim and upload documentation in seconds using your phone's camera.



Report a card as lost or stolen, which cancels the card and ships you a new one.



Log in through face recognition or fingerprint (depending on your phone).



Check your balance and view account activity.



Use your benefits debit card directly from your mobile phone with Apple Pay or Samsung Pay.



Scan an item's bar code to determine if it's an IRS code section 213(d) eligible expense.



Reset login credentials.



Security on the go

Our mobile apps use encryption and won't store photos, keeping your documentation safe and secure.

Download the app for free on Apple and Android smartphones and tablets



Simplifying benefits for everyone.



W002



NORTON LIFE LOCK - CYBER SECURITY

Opt-in to Cyber Safety

No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help you empower you and your family to live your digital lives safely.

Enroll Online at: <http://sageveterinary.excelsiorenroll.com>



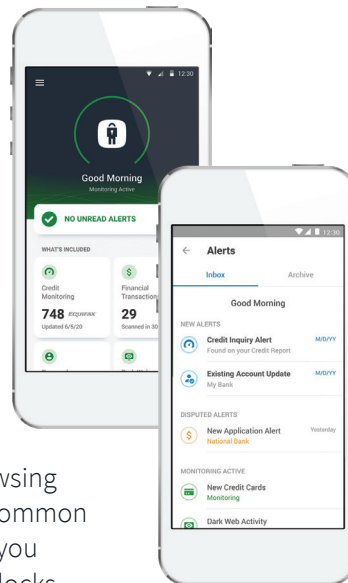
Device Security

Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.



Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.¹



Screen modified for demonstration purposes.
Features may differ depending on plan.



Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.[†]



Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.

No one can prevent all identity theft or cybercrime.

[†] We do not monitor all transactions at all businesses.

¹ Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor.



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To unlock your free Calm subscription, visit:

<https://www.calm.com/b2b/sagecenters/subscribe>

For Kaiser Permanente members, visit: www.kp.org/selfcareapps

This must be done on a web or mobile browser (not in the app itself).

Once on the page:

- Create an account or sign in to your existing Calm account
- Enter your work email in the box provided to activate the subscription on your Calm account
- Download the Calm app and log in to your account with personal email to access the premium content

Need help? Visit calm.com/support for the Calm Help Center or to contact Calm's support team.

COMMUTER BENEFITS

Commuter benefits are available to California employees only as mandated by local regulations.

You may set aside pre-tax funds to help pay for qualified transportation expenses on a pre-tax basis. You are allowed to elect up to the federally mandated maximum for both parking and transit. You can change these elections on a monthly basis. These funds do roll-over from month to month, and even year to year, but please be advised that if you have any balance in these accounts when you leave SAGE, the funds cannot be returned to you. Therefore, be sure that you do not accrue large balances in these accounts.

2023 Maximum Monthly Contribution

- Parking Spending Account: \$300
- Transit Spending Account: \$300

	Eligible Expenses	Ineligible Expenses
Transit Commuter Benefit	<ul style="list-style-type: none"> ▪ Token, pass, voucher, store-value care (e.g. Clipper Card), ferry, train, or bus purchased for the purpose of commuting to and from work ▪ Vanpooling cost provided the vehicle has a seating capacity of at least six adults (not including the driver) and the vehicle is primarily used for commuting 	<ul style="list-style-type: none"> ▪ Bridge or road tolls ▪ Gas ▪ Carpools ▪ Taxi fares ▪ Commuting expenses incurred by a spouse or dependent
Parking Commuter Benefit	<ul style="list-style-type: none"> ▪ Parking on or near the business premises of SAGE Veterinary Centers ▪ Parking at a location from which you commute, such as a mass transit station 	<ul style="list-style-type: none"> ▪ Parking at or near your residence ▪ Parking expenses reimbursed by SAGE Veterinary Centers ▪ Parking expenses incurred by a spouse or dependent



401(K) PLAN

SAGE Veterinary Centers' (401k) Plan is a qualified retirement plan that allows you to save for retirement while also saving on taxes. You are eligible to contribute to the SAGE Veterinary Centers' 401(k) plan if you are at least 18 years old and have completed one (1) year of service in which you have worked at least 1,000 work hours. You can have up to 80% of your earnings (subject to IRS limits) deducted from your paycheck before any taxes are calculated.

Employer Funding

SAGE Veterinary Centers makes matching contributions to all participating accounts on a bi-weekly basis. Your contribution will start when you are eligible to enroll in the plan (the pay period after you complete your year of service). For more information on employer funding, please refer to your summary plan description, or contact the People & Culture team.

2023 IRS Contribution Limits

- Individual Deferral Limit \$22,500
- Catch up Contribution if you are over age 50 — \$7,500 You have the freedom to decide how much to invest, and which investment funds you want to select. You can change your choices at any time.



NOTES

A series of horizontal dotted lines for taking notes.



Benefits highlighted in this guide are governed by SAGE Veterinary Centers plan contracts and policies, applicable state and federal law and company policy. If there is a conflict between the wording of this guide and the group policies and contracts, the policies, contracts and applicable laws govern. SAGE Veterinary Centers reserves the right to alter, amend or terminate any of the benefits described in this guide at any time.