




# 2022 BENEFITS GUIDE

January 1, 2022 – December 31, 2022



Dear Team,

We continuously aim for an environment at Spooner that fosters vitality in mind, body and spirit. This includes providing the best health benefits to you and your families at the lowest cost to our employees. As a company that strives to be innovative and progressive, Spooner made some bold decisions in 2019 to significantly change our medical benefits. Every year, as we learn more, we make changes aimed at improving your employee benefits and your experience as a healthcare consumer.

As I have mentioned to you before, the landscape of healthcare has changed in our country, and therefore, how we consume healthcare continues to change. As a self-insured employer, Spooner pays our employees' and your families' medical bills. We also take on full risk and reward for the healthcare decisions of our employees. In 2019, we chose to administer our own benefits and we removed the administrative cost of using a large health insurer and a conventional broker. This decision resulted in significant cost savings for you in premiums, deductibles, and out-of-pocket costs. The plan was also designed to provide a more efficient pathway of care for you and your families. While we know we took a step in the right direction, we still found it challenging to direct you to the appropriate care as proactively as we would like.

We upgraded our partnerships in 2020, and are seeing significant success. This year, with our continued partnerships with Aither Health and Ark Family Health, we will continue to execute on greater efficiency for your care pathway and provide easier access to primary care services. Aither Health ([aitherhealth.com](https://aitherhealth.com)) has advocates dedicated to Spooner that know our plan inside and out and will guide you to access the right care at the right time with the right provider for the right price. In addition, you and your family will have access to direct primary care services through Ark Family Health ([arkfamilyhealth.com](https://arkfamilyhealth.com)) that will be 100% included in our plan at no cost to you for visits (including telehealth), in-office procedures, and many prescriptions. You will continue to have access to Ark Family Health 24/7 for urgent medical situations so that you can avoid unnecessary urgent care and emergency department visits. The result? A better healthcare experience for you and your family!

My number one priority through these decisions is the health and well-being of you and your families. My wish for you is to experience vitality in life by being healthy in mind, body, and spirit. I want you and your families to be healthy, to make good healthcare choices, and to have affordable healthcare.

Please don't hesitate to contact me directly if you have questions or would like to discuss the changes.

In Health,  
Tim Spooner



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*This is an overview of your benefit options. The complete provisions of the plans are set forth in the plan documents. If the information in this overview is inconsistent with the plan documents, the plan documents will govern. This overview is not intended as a contract of employment or a guarantee of current, past or future employment. The plan sponsor(s) reserve the right to amend or terminate each plan at any time. This overview describes the benefits for employees of Spooner .*

# ELIGIBILITY & ENROLLMENT



## WHO IS ELIGIBLE?

### Employee

All full-time employees working at least 30 hours per week are eligible to participate in all benefits offered by Spooner. Part-time employees working 20-29 hours per week are eligible for all benefits excluding medical. Benefits become effective on the following dates:

#### Salaried Employee:

- First day of the month following date of hire

#### Hourly Employee:

- First day of the month following 60 days of employment

#### Other Eligible Dependents

- Your spouse or domestic partner
- Your dependent children up to age 26



## ENROLLMENT PERIODS

### Annual Open Enrollment

During December of each year Spooner conducts an Open Enrollment. This is the time for employees to re-evaluate their needs and elect benefit options for the new plan year. Spooner is moving to a calendar year beginning January 2022. Thus, your benefits will then be effective from January to December. During December 2022, there will be a passive open enrollment in which employees may make changes to their benefits. Unless change is initiated, existing enrollments will remain in place.

### Newly Eligible Enrollment

Newly hired or newly eligible salary employees must complete their online enrollment no later than the last day of the month before their first day of eligibility. Hourly employees must complete enrollment no later than 10 days before day of eligibility.

### Between Enrollment Periods

Generally, once you enroll, you cannot make changes to your enrollment selections until the next enrollment period. You may make changes to your benefit elections outside of the annual Open Enrollment ONLY if you experience a Qualifying Life Event (QLE)<sup>1</sup>, as defined by the IRS. Benefit changes must also be consistent with the QLE.

Some examples of QLEs that may allow you to make benefit changes:

#### Your legal marital status changes:

- Marriage
- Divorce, legal separation, or annulment
- Death of your spouse

#### The number of your eligible children changes:

- Birth or adoption of a child
- Child gains or loses eligibility for coverage under the plan
- Death of a child

#### Your benefits eligibility changes because of:

- Taking or returning from a leave of absence
- A change in work schedule or status that causes you to gain or lose eligibility

### Your family member's benefits eligibility changes because of a change in his or her eligibility or coverage under another employer's plans:

- A change in work schedule or status that causes him or her to gain or lose eligibility
- He or she gains a benefit option or loses coverage
- He or she makes new coverage choices during his or her employer's annual enrollment
- You or your family member's COBRA coverage from another employer expires
- You or your family member become eligible for or loses Medicare or Medicaid
- You or your family member loses coverage under a government's or educational institution's plan

### DEPENDENT SOCIAL SECURITY NUMBERS

Spooner is required by Medicare legislation to collect Social Security Numbers for your enrolled dependents. When enrolling or renewing your coverage, please have this information with you. Please submit Social Security Numbers for newborns once they are issued.

<sup>1</sup>You must notify the Plan in writing within 30 days of the change in family status (Qualifying Life Event) in order to make changes to your benefit elections. All status changes require documentation and any change you make must be related to a family status change. For example, if you give birth, you may only add the newborn baby to your coverage, not the baby and other children.

# ELIGIBILITY & ENROLLMENT



## ENROLL ONLINE

### Quick and Easy Online Enrollment, Step-by-Step

Enrolling in benefits is easy. Paycom is available 24 hours a day, seven days a week, so you can visit the site at anytime and any place you have computer access.

#### Step 1:

Go to the Paycom website

<https://www.paycomonline.net/v4/ee/web.php/app/login> or login to your Paycom app

**Step 2:** Login by entering your username and password

**Step 3:** You should now be on the home page

- From the Benefits Tab, select '2022 Benefits Enrollment'
- Select 'Start Enrollment'
- Follow the steps to see what plans you are eligible to enroll
- Enroll or waive coverage as desired

**Step 4:** Review all elections at the end of the enrollment process

- Click 'Finalize' to finish enrollment



## AFTER YOU ENROLL

Print a copy of your Enrollment Summary after making your coverage selections. Review it thoroughly to ensure that your benefit elections have been recorded correctly.

If there are any errors, contact your designated HR Representative immediately so the necessary corrections can be made. Errors that are not reported by the communicated deadline cannot be corrected.

Your next opportunity to correct any errors will be during the next annual Open Enrollment or within 30 days of experiencing a Qualifying Life Event.





# MEDICAL



## IMPORTANT INFORMATION ABOUT YOUR MEDICAL PLAN

### Direct Primary Care - FREE

You have access to a Direct Primary Care doctor included in your plan. No copays!

### 14-Day Pre-Approval

You must call Aither 14-days prior to any non-urgent, non-emergent service or procedure for pre-approval. If pre-approval is not received, services or procedures will **not** be covered, and the bill will be your responsibility.

### Banner Exclusion

Any services performed at a Banner Health facility are excluded from the Plan and will not be covered. If you, or your dependents go to a Banner facility for services or procedures, they will **not** be covered by the plan and you will be responsible for the bill. Some Banner facilities do not specify they are a Banner facility. Call the Aither Advocates at 855.282.8337 to confirm whether a facility is a Banner facility.



**Aither Health is committed first and foremost to YOU.** They know that the healthcare world can be a confusing place to navigate—and your Aither Advocate is here to walk you through every turn!

**aither**  
health

Aither Advocates

**855.282.8337**

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

Aither Health	\$500 Copay Plan
Benefits	No Network
<b>Deductible</b>	
Individual	\$500
Family	\$1,000
Coinsurance	You pay 20%
<b>Out of Pocket Maximum</b>	
Individual	\$6,000
Family	\$12,000
<b>Office Visit</b>	
Direct Primary Care	\$0 copay
Primary Care Physician	\$25 copay
Specialist	\$50 copay
Preventive	100% covered
Laboratory	You pay 20% after deductible (Free if done at Ark Family Health)
Imaging <sup>1</sup> (X-Ray, CT, PET, MRI)	You pay 20% after deductible (Free if referred by Ark Family Health)
<b>Hospital Services</b>	
Inpatient <sup>1</sup>	You pay 20% after deductible
Outpatient <sup>1</sup>	You pay 20% after deductible
<b>Emergency Services</b>	
Urgent Care	\$75 copay
Emergency Room.	\$200 copay, then deductible and 20% coinsurance
<b>Prescription Drugs</b>	
Preventive	\$0 copay
Generic	\$15 copay
Brand	\$50 copay <sup>2</sup>
Specialty	\$150 copay <sup>2</sup>
<b>Pharmacy Maintenance Benefits</b>	
(102-day supply of covered drugs that appear on the Maintenance Drug list.)	
Generic	\$30 copay
Brand	\$100 copay <sup>2</sup>

Employee Cost per Pay Period	
Employee Only	\$35.00
Employee + Spouse	\$170.00
Employee + Child(ren)	\$170.00
Employee + Family	\$245.00



Questions?  
855.282.8337  
www.myaiterhealth.com

**SPOONER**

**Member**  
**Spooner Physical Therapy**

**Group #: 10009**  
**Member ID: SMPL0001**  
**Member: JOHN SAMPLE**  
Dependent(s)  
JANE SAMPLE  
JIMMY SAMPLE

Coverage:  
Copay(s): DPC: \$0 PCP: \$25 Specialist: \$50

**Ark Family Health**  
It's like having a doctor in the family! Contact Ark Family Health with any Health related questions. No charge for appointments, in-house medications, labs or medically necessary procedures. These are covered at 100% and you will not receive a bill.

Call, text or email anytime!  
hello@arkfamilyhealth.com  
623.226.8825

**MSD Solutions**  
Contact us first to get relief from your aches, pains and injuries. No cost to you, no referral needed. Initial consult within one business day.

480.398.2015

**14 Day Pre-Approval**  
All non-urgent / non-emergent procedures and services require pre-approval at least 14 days prior.  
If you don't call Aither Health and fail to obtain approval, the procedure/service will be deemed not covered under the plan and denied.  
For emergency admissions, all members must notify Aither at 855.282.8337 within 24 hours after the admission. Contact Aither at 855.282.8337 with questions regarding your benefits.  
Call 855.282.8337 for pre-approval

**Pharmacy Plan**  
Rx Bin: 018448 www.drexl.com  
PCN: 66202303 844.728.3479  
Rx Group: 10009  
Copay(s): Generic: \$15 Brand: \$50

**Medical Claims Submission**  
EDI: Payer ID 64884  
Mail: Aither Health  
PO Box 211440, Eagan, MN 55121  
855.282.8337  
www.aiterhealth.com

**Medical Plan**  
Due to this being a self-funded employer plan, members have access to any provider. This plan does not access a network. All claims paid at the Maximum Allowable Charge, generally 140% of Medicare for physicians and 150% Medicare for hospitals. See the applicable Plan Document for details.  
Acceptance of this card and subsequent payments received from the Plan will indicate acceptance of the Plan's benefits as payment in full for services rendered.  
Depositing checks received from the Plan represents accord and satisfaction and will take precedence over any previous terms.

<sup>1</sup> 14-Day Pre-Approval is required on all non-urgent, non-emergent services and procedures. Contact Aither Health at 855.282.8337 for Pre-Approval. Banner facilities are excluded from the Plan.

<sup>2</sup> If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug. There are specific Name Brand prescriptions that have a generic therapeutic alternative. Refer to the Therapeutic Alternative Drug list. If you do not choose one of these Generic Therapeutic Alternatives, the copay will be 50% of the brand therapeutic alternative drug cost.

# DIRECT PRIMARY CARE



Spooner is pleased to continue our partnership with Ark Family Health. You have access to a family healthcare provider through your Direct Primary Care membership at Ark. This is included in your healthcare plan at no additional cost.

Direct primary care is like having a doctor in the family, one you call at any hour, day or night. Your Direct Primary Care Physician's primary concern is you! And that's the way it should be.

## **BENEFITS INCLUDE**

- Prescriptions
- Bloodwork  
(*in-office or home visits*)
- EKG's
- Spirometry
- In-Office Procedures
- Much more...

## **NO COST TO YOU**

No charge for appointments, in-house medications, labs or medically necessary procedures. These are covered at 100% and you will not receive a bill.

## **AVAILABILITY**

- Ark Family Health is available in office Monday-Thursday from 8:00am-4:30pm and Fridays from 8:00am-12:00pm. They are available via phone, virtually (through the use of Spruce) or in-office appointments. You can also email them or send them a text message.
- 24/7 access for urgent needs. This means no more unnecessary trips to the urgent care or long expensive visits to the ER.
- Same-day or next day appointments for any urgent problem with little to no waiting.



## **Meet Ark Family Health**

*Your own personal physician.*

ARK's mission is to give 5 times better care than what you are currently receiving. This is possible by cutting out the middleman and keeping insurance out of primary care.

The average family doctor has 2,500 patients which means patients wait up to 50 minutes in the waiting room, while only spending 5 minutes with a doctor.

Ark Family Health, focuses their time and energy on a smaller number of patients. Meaning, you will receive access to your doctor when you need it in the way you want it.

All at no charge to you!

**Ark Family Health**  
8514 W Deer Valley Rd  
Ste #105  
Peoria AZ 85382

Call or text anytime!

Including after hours.

**623.226.8825**

Email:  
**hello@arkfamilyhealth.com**



# MEDICAL



## 14-DAY PRE-APPROVAL

If you are planning a non-urgent, non-emergent service or procedure, you must call Aither at least 14-days prior to your scheduled service date and receive pre-approval. If you do not receive pre-approval, your service or procedure will not be covered by the Plan.



## BANNER HEALTH EXCLUSION

Banner facilities do not accept our Plan reimbursement rates and will charge upwards of 400% more than what the Plan reimbursement is. They will not negotiate and have a history of bringing more cost to you, the member.

**What that means to you:** Your Plan will not cover services performed at a Banner facility. Should you or your dependents obtain services at a Banner facility, you will be responsible for 100% of the bill. Some Banner facilities do not specify they are a Banner facility. Call the Aither Advocates to confirm whether a facility is a Banner facility.



Aither Advocates

**855.282.8337**

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



## DIRECT PRIMARY CARE

Enrollment in the medical plan includes direct access to your own personal primary care physician through Ark Family Health.

Virtual Appointments are available through the Spruce App.



Spruce Health is a patient communication app that provides:

- Secure Messaging
- Video Calling
- Photo, Video and File Sharing

To use the Spruce app:

1. Download the Spruce app through your app store.
2. Select create a new account
3. Select I'm a patient
4. Enter 623.226.8825
5. You should see a screen stating 'You're joining Ark Family Health'
6. You will then enter your personal information
7. The app is ready to use!



## IDENTIFICATION CARDS

Once you enroll you will receive a welcome packet from Aither with your identification card. If you misplace or need a new card, call Aither at **855.282.8337**.



## ONLINE SERVICES

To help you make the most of your healthcare benefits, it pays to be involved, aware and in control. Aither offers a secure member website:

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

You can view claims, benefit accumulation (deductible, number of visits used, etc), and search for a provider within your area.



## OTHER COVERAGE OPTIONS

In addition to Spooner's medical plan, you may have other coverage options available to you. These may include coverage on a spouse's plan, Medicaid/CHIP or the federal and state public exchanges. To learn more about these last two options, including how to apply, visit Healthcare.gov or InsureKidsNow.gov.

# PRESCRIPTION DRUGS



## DRUG GLOSSARY

### Generic

Generic drugs are the most affordable way for you to get quality medications at the lowest out-of-pocket cost.

Generic drugs are just as effective as brand name drugs and meet all the same FDA standards. You will always save money when using a generic. Remember to ask your doctor if a generic is right for you.

### Brand Name

Just like name brand clothing, you will pay more for brand name medications than for generic drugs. If you choose a drug in this category, your out-of-pocket cost will be the highest. In addition, if you select a brand name drug when a generic drug is available, you pay your copay PLUS the difference in cost between the generic and the brand name drug.

### Specialty Drugs

Specialty drugs are prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex, chronic and often costly conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.

### Therapeutic Alternatives

There are specific Name Brand prescriptions that have a generic therapeutic alternative. Refer to the Therapeutic Alternative Drug list on Paycom. If you do not choose one of these Generic Therapeutic Alternatives, the copay will be 50% of the Name Brand drug cost.

### Maintenance Benefits

A 102-day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy.



## Meet Drex.

Drex provides you pure honest pricing. Their model encourages pharmacies to compete for your business.

### Track your prescriptions

Drex makes it easy to keep track of the prescriptions you are taking now and the ones you have taken in the past.

### Save Money

Drex will let you know the cost of your prescription at the pharmacies in your area.

### Stay informed to stay healthy

With features like keeping an accurate record of your meds, Drex is a partner in your wellness along with you saving you money.

Visit [www.Drex.com](http://www.Drex.com) to check your benefits, search prescription costs and manage your account.

# Drex

The Honest PBM

# DENTAL

**Spooner's** dental plan, offered through Mutual of Omaha, provides you with the flexibility of a broad network of dental care providers as well as generous benefits towards diagnostic & preventive care, basic services, and even major services. Orthodontic services are also covered by the plan.

Just like your medical plan, you will receive the greatest benefit when you use an In-Network dental provider. To find In-Network providers in your area, please visit [www.mutualofomaha.com/dental](http://www.mutualofomaha.com/dental) or call 1-800-927-9197.

## Spooner | Dental Plan effective January 1, 2022

Mutual of Omaha	Base Plan		Buy-Up Plan	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	\$50		\$50	
Family	\$150		\$150	
Annual Plan Maximum*	\$1,000		\$2,000	\$1,500
Diagnostic & Preventive Exams, X-rays, Cleanings, Fluoride Treatments, Sealants	100% covered		100% covered	
Basic Services Simple Extractions	80% covered after ded	60% covered after ded	90% covered after ded	80% covered after ded
Major Services Root Canals, Periodontics, Crowns, Inlays, Onlays, Denture Repairs	50% covered after ded	50% covered after ded	60% covered after ded	50% covered after ded
Orthodontic Services (Child only to age 19)	50% Covered		50% Covered	
Orthodontic Lifetime Maximum	\$1,000		\$1,500	\$1,000
Employee Cost per Pay Period				
Employee Only	\$9.22		\$15.64	
Employee + Spouse	\$18.16		\$30.90	
Employee + Child(ren)	\$27.39		\$46.34	
Employee + Family	\$36.38		\$61.62	

\*Annual Plan Maximum is the maximum amount covered by the plan during the period of a year. Any amount beyond this maximum will not be covered by the plan and will be your responsibility.

Dental Benefits Helpline:

**800.927.9197**

[www.mutualofomaha.com/  
dental](http://www.mutualofomaha.com/dental)

*Please note the benefits for using an In-Network dentist are greater than when you go out of network. Whenever you use an Out-of-Network dentist, the amount you are responsible for will be much higher than if you used an In-Network dentist.*







## DENTAL TIPS

### **All About Cavities** (tooth decay)

Anyone who has teeth can get cavities, including teenagers and older adults. When you consume food and drinks that are sugary or starchy (high in carbohydrates), the bacteria that naturally live in your mouth and in plaque break down to form acids. These acids attack and dissolve the outer surface of the tooth (enamel). This process is known as demineralization. The first sign of demineralization is a chalky white spot. At this stage, the decay process can be reversed. If you suspect you have the start of tooth decay, make an appointment to see your dentist.

### **Preventing tooth decay with healthy eating**

- Limit sugars and processed foods to mealtimes (rather than between meals).
- Choose snacks such as cheese, natural yogurt, fresh fruit and vegetables, dry biscuits, nuts and wholegrain bread.

### **Preventing tooth decay with healthy drinking**

- Choose water (particularly tap water) and plain milk both with and between meals.

- Limit soft drinks, sports drinks, juice, flavored water and other carbonated drinks as they can cause decay and dissolve the tooth enamel.
- Chew sugar-free gum to stimulate saliva flow and help protect teeth from decay.

### **Preventing tooth decay with good teeth cleaning**

- Maintain good oral hygiene. Brush teeth twice a day with fluoride toothpaste and a toothbrush that has small, compact head and soft bristles. When the bristles appear 'shaggy' it is time to change toothbrushes.
- Flossing once a day is recommended. There may be some bleeding at first but this should subside after a few days if tooth cleaning is thorough. If bleeding persists, seek advice from a dentist or other oral health professional.

### **Training and sports – how to minimize getting injuries to the mouth and teeth**

- Wear a professionally fitted mouth guard when training and playing sports where there is risk of oral injury.

### **Additional Dental Tips**

- If you smoke, quit for good.
- If you drink alcohol, limit your intake.
- Protect your mouth and face from the sun to reduce the risk of skin cancer.
- Have regular oral health checkups – don't wait for a problem.

**Did you know?**



Increasingly, dentists are on the front lines for early diagnosis of a host of diseases that can present themselves orally first. According to the Academy of General Dentistry, more than 90% of systemic diseases produce oral signs and symptoms. Health threats that may be linked to oral health include heart disease, stroke, premature birth and osteoporosis.

# VISION

**Spooner's** vision plan, offered through Mutual of Omaha utilizing EyeMed's Insight Network, providing you with the flexibility of a broad network of vision care providers as well as generous benefits towards vision care, eye wear and contacts. The plan even offers discounts on laser vision correction.

An EyeMed eye doctor will check the health of your eyes and the quality of your vision, To find In-Network vision care providers in your area, please visit [www.mutualofomaha.com/vision](http://www.mutualofomaha.com/vision) or call 1-833-279-4358.

## Spooner | Vision Plan effective January 1, 2022

Mutual of Omaha	EyeMed Insight Network	
Benefits	In-Network	Out-of-Network
<b>Frequency of Services</b>		
Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
Contacts	Once every 12 months	
<b>Eye Exam</b>	\$10 copay	Up to a \$37 reimbursement*
<b>Lenses</b>		
Single	\$25 copay	Up to a \$20 reimbursement*
Bifocal	\$25 copay	Up to a \$36 reimbursement*
Trifocal	\$25 copay	Up to a \$64 reimbursement*
<b>Frames</b>	\$130 allowance + 20% off balance	Up to a \$58 reimbursement*
<b>Contact Lenses</b>		
Evaluation & Fitting	Up to a \$40 copay	No benefit
Medically Necessary	Covered in Full	Up to a \$210 reimbursement*
Cosmetic	\$130 allowance	Up to a \$104 reimbursement*
<b>Employee Cost per Pay Period</b>		
Employee Only	\$3.03	
Employee + Spouse	\$5.58	
Employee + Child(ren)	\$4.89	
Employee + Family	\$7.39	

\*Reimbursement is distributed to you following submission of proof of payment.



Vision Benefits Helpline:

**833.279.4358**

[www.mutualofomaha.com/vision](http://www.mutualofomaha.com/vision)

During a routine eye exam, it is not uncommon for eye-care professionals to detect a systemic disease, such as high blood pressure or diabetes, in a patient who might not even be aware that he or she is sick.

**Did you know?**





## SIX STEPS TO HEALTHY VISION

### 1. Eat for Good Vision

While we have all heard that eating carrots are good for your eyes, there are other food options that do a much better job of protecting your eyesight. Studies have shown that antioxidants and nutrients that are linked to lowering the risk of common eye conditions include lutein, omega-3 fatty acids and vitamins C and E.

By regularly eating foods that are rich in protective nutrients and antioxidants you can help maintain good eye health and potentially prevent some troubling eye conditions such as macular degeneration and glaucoma. Eating a well-balanced diet also helps you maintain a healthy weight, which makes you less likely to get obesity related diseases such as type 2 diabetes. Diabetes is the leading cause of blindness in adults.

- Leafy greens such as spinach and kale
- Cold-water fish like salmon, tuna and other oily fish
- Nuts, beans, eggs and other non-meat proteins such as soy
- Dark pigment fruits such as blueberries, blackberries, strawberries, cherries and grapes
- Citrus fruits and juices
- Avocados, broccoli and tea

### 2. Say NO to Smoking

Smoking makes you susceptible to developing macular degeneration, progresses the development of

cataracts and can cause optic nerve damage. If you currently smoke, engage in a smoking cessation program to quit. The more times you try to quit smoking the more likely you are to succeed.

### 3. Wear Sunglasses

The right kind of sunglasses will help protect your eyes from the sun's ultraviolet (UV) rays. Too much UV exposure makes you more likely to get cataracts and macular degeneration. Choose sunglasses that block 99% to 100% of the both UVA and UVB rays. Wraparound lenses help protect the eyes from the side. Polarized lenses reduce glare when driving. If you wear contact lenses some offer UV protection. It's still a good idea to wear sunglasses for additional protection.

### 4. Use Safety Eyewear

If you work with hazardous or airborne materials on the job or at home, wear safety glasses or protective goggles every time. Certain sports such as ice hockey, racquetball and lacrosse can also lead to eye injury. It is recommended that you wear eye protection (such as helmets with protective face masks or sports goggles with polycarbonate lenses) to shield your eyes.

### 5. Follow the 20/20/20 Rule

Staring at your computer or other digital devices can cause major strain on your eyes and can also cause dry eyes, blurry vision and

headaches. To help combat these issues, simply rest your eyes every 20 minutes by looking 20 feet in front of you for 20 seconds.

### 6. Regular Visits

When you are seeing well and/or not having noticeable vision impairment, it's easy to forget about making an appointment to see your eye doctor. Eye exams are not just for people experiencing changes in their visual acuity. An eye exam is an essential way to detect even the slightest changes to your eye health and, it can also detect other systemic health issues, such as glaucoma and diabetes, before there are any symptoms.



## PREPARING FOR AN EYE EXAM

If you presently wear corrective lenses you should prepare for your office visit by bringing your current lens prescription or eye glasses, if available. Regardless of whether or not you currently have a vision correction issue, you should always bring your family's complete health history. Often, patients don't realize the connection between a larger systemic illness within the body and eye health. Alerting your doctor to any potential issues can help guide your doctor to the right course of action during your exam.



# LIFE & VOLUNTARY LIFE

Although some people find it tough to think about their life insurance needs, taking steps to make sure you are properly insured can bring you great peace of mind. All employees receive basic life protection and are eligible to buy additional coverage.

## Employer Paid Basic Term Life Insurance

Spooner provides Life Insurance protection for your family in the event that you are no longer able to provide for them. An accidental death and dismemberment (AD&D) clause is attached to our basic life policy.

Life Benefit Amounts	
Employee Only	\$30,000

## Employer Paid Accidental Death & Dismemberment

Spooner also provides you with Accidental Death and Dismemberment (AD&D) insurance, which pays a benefit if you suffer a dismembering injury such as losing a hand, foot, or your eyesight. The benefit amount paid depends on the type of injury sustained. However, if you pass away in an accident, the plan will pay the full amount in addition to the basic life benefit.

AD&D Benefit Amounts	
Employee Only	\$30,000

## Voluntary Life and Accidental Death and Dismemberment

Voluntary life insurance gives you the opportunity to purchase additional life insurance through Mutual of Omaha to meet the coverage needs of your beneficiaries. You will need to enter and designate a beneficiary during the enrollment process online. The "Guaranteed Issue

Amount" is the highest amount of coverage an insurer promises to sell you, regardless of health status. You also have the option to complete an Evidence of Insurability form (EOI), which is a type of health screening that will be reviewed by Mutual of Omaha's underwriters, if you wish to apply for coverage beyond the Guaranteed Issue Amount.

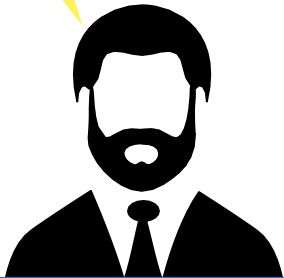
Guaranteed Issue Amounts*	
Employee	\$150,000
Spouse or Domestic Partner	\$25,000
Child	\$20,000

Employee Benefit Amounts Available for Purchase	
Employee	Increments of \$10,000 up to the lesser of 5x annual salary or a maximum of \$500,000
Spouse	Increments of \$5,000 up to a maximum of \$250,000, not to exceed 100% of employee's benefit
Child(ren) * 14 days-6 mos.	\$250
Child(ren) over 6 mos.*	Increments of \$2,000 up to \$20,000

Life / AD&D Helpline:  
**800.775.8805**  
[www.mutualofomaha.com](http://www.mutualofomaha.com)

# DISABILITY

**Why Should I Purchase Long-Term Disability Coverage?**



**What happens if you are out of work longer than your accrued sick time or paid time off?**

Long-Term Disability coverage insures a paycheck and helps offset things such as your mortgage payment, utility bills, groceries for your family, etc., if you are unable to work due to a sickness or an injury for an extended period of time.

## Short-Term Disability

Spooner provides full-time employees the option to purchase Short-Term disability income benefits. In the event you become disabled from a non-work related injury or medical condition that leaves you unable to work for a short period of time, disability benefits become a valuable source of income. This benefit, offered through Mutual of Omaha, is designed to replace a portion of your paycheck.

### Short-Term Disability

Income Replacement	60%
Weekly Maximum	\$1,500
When Benefit Begins (from date of disability)	8th day of missed work due to injury or illness
Maximum Benefit Period	12 weeks
Premium Paid By	Employee
Benefit Tax Treatment	Non-Taxable
Pre-existing condition Limitation 3/6	Any condition that was diagnosed and/or treated 3 months prior to the effective date of coverage would not be a payable claim until 6 months after the effective date of coverage

## Long-Term Disability

Spooner provides full-time employees the option to purchase Long-Term disability income benefits. Long-Term disability benefits pick-up where Short-Term disability insurance leaves off. In the event you become disabled from a non-work related injury or medical condition that leaves you unable to work for a long period of time, long-term disability partially replaces income you would have otherwise earned.

### Long-Term Disability

Income Replacement	60%
Monthly Maximum	\$6,000
When Benefit Begins (from date of disability)	91st day of missed work due to injury or illness
Maximum Benefit Period	Up to Normal Social Security Retirement Age
Premium Paid By	Employee
Benefit Tax Treatment	Non-Taxable
Pre-existing condition Limitation 12/12	Any condition that was diagnosed and/or treated 12 months prior to the effective date of coverage would not be a payable claim until 12 months after the effective date of coverage. This includes a look back, treatment free and insured period.



**MUTUAL of OMAHA**

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## Employee Assistance Program (EAP)

Life's not always easy. Sometimes a personal or professional issue can affect your work, health, and general well-being. When facing life's challenges, you often turn to family or friends for support. But sometimes that's not enough.

Sometimes you need an experienced professional to talk with to know you're not alone.

### EAP Benefits

- Access to EAP professionals 24 hours a day, seven days a week
- Provides information and referral resources
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals
- Six face-to-face sessions\* with a counselor
- Legal assistance and financial resources
  - Online will preparation
  - Legal library & online forms
  - Financial tools and resources
- Resources for:
  - Substance use and other addictions
  - Dependent and elder care resources
- Access to a library of educational articles, handouts and resources via [mutualofomaha.com/eap](https://mutualofomaha.com/eap)

### What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is no cost to you for utilizing EAP services. If additional services are needed, your EAP will help locate appropriate resources in your area.



## We're here to help.

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial matters
- Healthy lifestyles
- Work and life transitions

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### Don't delay if you need help

Visit  
[mutualofomaha.com/eap](https://mutualofomaha.com/eap)

or call  
**800-316-2796**

for confidential consultation  
and resource services.



**Mutual of Omaha**



## OTHER BENEFITS



### ACCIDENT INSURANCE

**Accident Insurance from Mutual of Omaha provides you with extra money to help make ends meet and keep savings intact when a covered accident happens to you, your spouse or your children.**

Accident insurance helps cover the costs associated with an injury that may not be covered by your traditional medical benefits such as copayments, deductibles, transportation or time lost from work or school. Your accident insurance pays a lump-sum benefit directly to you. Accident insurance is available to you and your family.

Accident insurance includes cash benefits for the following types of expenses:

Hospital confinement - \$200/day  
Ambulance (air \$1,000, ground \$200)  
Laceration - \$25 - \$600  
Eye Injury - \$300  
Concussion - \$150  
Burns (\$250/\$1,000/\$10,000)

#### **What's the value of it?**

Accident insurance helps pay for:

- Co-pays and deductibles
- Ambulance, emergency room or hospitalization expenses
- Follow-up care such as physical therapy
- Crutches or other appliances

**Myth:** Medical insurance covers everything.

**Fact:** With any type of medical insurance, there are always out-of-pocket costs, and as healthcare costs continue to increase, so do deductibles and copays. And for the 60% of adult Americans who have no savings earmarked for emergencies, there is no cushion for unexpected accidents.



### CRITICAL ILLNESS INSURANCE WITH AVAILABLE CANCER BENEFITS INSURANCE

**Critical Illness Insurance helps ease the financial burden of a major illness** by providing a lump-sum benefit upon first diagnosis of a covered critical illness or condition (e.g. heart attack, stroke, kidney failure, coma, cancer, carcinoma, skin cancer, major organ transplant). The lump-sum is paid directly to the insured and can be used to cover any expenses. A benefit is payable for each and every covered condition.

Spooner has contracted with Mutual of Omaha to offer affordable critical illness coverage for you and your spouse. You can elect up to \$50,000 for yourself. The benefit for your spouse is up to \$50,000 and your child's benefit is up to \$5,000.

Your critical illness insurance premiums will be based on your age and covered family members at the time of purchase.

#### **Guaranteed Issue Amount**

Employee	\$20,000
Spouse	\$10,000
Child	\$5,000

#### **What's the value of it?**

Critical Illness insurance provides you with options, control, choice and helps reduce stress. You can select a benefit of up to \$50,000. With it you can:

- Pursue experimental treatments, if desired
- Preserve retirement and savings accounts
- Get help from specialists to ensure best treatment
- Receive home healthcare
- Get the treatment you need when you need it, not just when you can afford it

**Did you know?**

Once purchased, your accident, critical illness and universal life policies belong to you and are portable. It means that in the event you retire or are no longer working for Spooner, you can keep your policies at the same premiums, with no additional fees.

# RETIREMENT



## 401(K) RETIREMENT PLAN

To help you build a solid financial future, Spooner is proud to offer our eligible employees a 401(k) retirement plan.

Spooner provides for a Retirement Plan for all employees, both full and part time with 3.5% employer matching to all employees that contribute a minimum of 6% of their pay.

All employee contributions must occur within the calendar year period for matching by Spooner or no earlier than the end of the first quarter of the following year.

Contributions made outside the end of the calendar year for matching will fall into the next calendar year. Contributions may not be made up once a calendar year ends for employer matching. It is the employee's responsibility to keep track of any and all contributions made to their 401k account.

Automatic enrollment for all employees is the 1st of the month following ninety (90) days of employment and you are automatically enrolled at 6%.

Participating employees can sign up and register their 401(k) accounts via the Empower website.

### Employer Matching Begins

Immediately upon plan enrollment.

### Maximum Tax Deferred Contributions

Annual maximum contributions and "catch-ups" are dictated by Federal Laws.

The maximum contribution is set at \$20,500 in 2022. If you are over the age of 50, you may contribute another \$6,500 as "catch-up" contributions, to equal a total of \$27,000 in contributions.\*

*\*Subject to change for 2023*

For more information in regard to Spooner's 401(k) plan, please contact Niki Schlotzhauer, Plan Administrator at:

[nschlotzhauer@spoonerpt.com](mailto:nschlotzhauer@spoonerpt.com)  
or via phone at 480-551-4942.

### 401(K) Vesting

Don't put your 401(k) on autopilot.

If you are unsure of which plan to invest in please contact Bill Sobers at 602-667-8113 or email at [bill.sobers@ubs.com](mailto:bill.sobers@ubs.com)

You may also contact As'ad Bahbah with UBS Financial Advisors at 602-957-5189 or email As'ad at [bahbah@ubs.com](mailto:bahbah@ubs.com)

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Retirement Helpline:

**888-652-8086**

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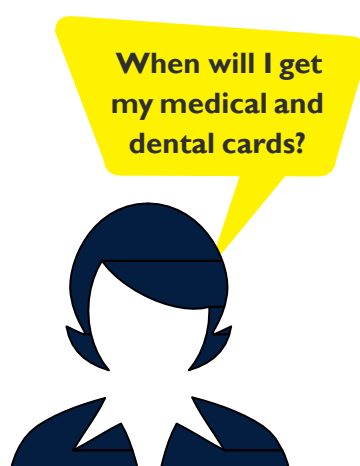
# FREQUENTLY ASKED QUESTIONS

## **Q: Who is eligible for medical coverage?**

**A:** Full-time employees who work at least 30 hours per week. Part time employees working at least 20 hours are eligible for all benefits except for medical.

## **Q: When can I enroll for coverage?**

**A:** Eligible employees can enroll during the annual Open Enrollment period and/or within 30 days of experiencing a Qualifying Life Event (QLE).



**When will I get my medical and dental cards?**

Once you have made your benefits elections in your Paycom portal, it takes about two to three weeks to receive your ID cards. If you need to use services in the meantime, you can contact Aither at **855.282.8337**.

You can also login to [www.myaitherhealth.com](http://www.myaitherhealth.com) to print a copy of your ID card.

## **Q: When will coverage begin?**

**A:** Eligible employees' coverage is effective on the following levels:

Salaried Employee:

- First day of the month following date of hire

Hourly Employee:

- First day of the month following 60 days of employment

## **Q: What is Open Enrollment?**

**A:** Open Enrollment is the time period each year that you can enroll and/or make changes to your elections. Open Enrollment is the only time each year that you can make changes WITHOUT experiencing a QLE. We will be moving our Plan to a January effective date. You will have the chance again in January 2023 to make changes to your benefit elections.

## **Q: What if I miss the Open Enrollment period for benefits?**

**A:** If you miss the Open Enrollment period, you will not be able to enroll or make changes until the next annual Open Enrollment period unless you experience a QLE that permits you to make benefits changes under IRS rules.

## **Q: How do I enroll?**

**A:** All employee must make their elections online by visiting Paycom.

## **Q. What is a Qualifying Life Event?**

**A:** Qualifying Life Events include, but are not limited to the following:

- Marriage, divorce, legal separation
- Birth or adoption of a child
- Death of a spouse or child
- Spouse's Open Enrollment
- Change in spouse's employment and/or insurance
- Other events may qualify (contact our Benefits Department for questions)

## **Q: What if I do not want coverage?**

**A:** If you choose to waive coverage, you must still log onto the Paycom website and let us know you are declining coverage and the reason you are not interested.

## **Q: Who is an eligible dependent?**

**A:** An eligible dependent is:

- Your spouse or domestic partner
- Your dependent child(ren) up to age 26

## **Q: Can I choose coverage for my family?**

**A:** You may elect benefits for you and your family. Your dependents become eligible for coverage when you do, provided you have enrolled for coverage yourself.



# FREQUENTLY ASKED QUESTIONS

## **Q: How do I pay for my benefits?**

**A:** Throughout the year, all benefit premiums are deducted from each paycheck. Spooner pays a portion of your medical insurance premiums. Most of your benefit deductions are taken on a pre-tax basis thus reducing your taxable income, which in turn lowers the amount of federal and state taxes withheld from your paycheck.

## **Q: Who is Aither?**

**A:** Aither administers your health plan. This means they work for you. Aither is your partner to help you make smart healthcare choices, get better health outcomes and lower costs.

## **Q: Do I have to see an in-network doctor?**

**A:** Aither works with all willing providers and does not use a network. You can see any provider you want with the exception of Banner Health. And, there are no surprise out-of-network costs to you.

## **Q: What if my doctor doesn't take Aither?**

**A:** Even though your plan has no network, sometimes doctors don't know who Aither is and will tell you they don't "take" the Plan. If this happens, don't fret, call Aither at **855.282.8337**. We will educate the provider and get you the care you need.

## **Q: How do I find an In-Network doctor for dental care?**

**A:** For In-Network dental providers, visit [www.mutualofomaha.com/dental](http://www.mutualofomaha.com/dental) and click on the "Find a Provider" link. You will be able to search for providers based on ZIP code or city and state.

## **Q: How can I find out which medications are on the formulary list?**

**A:** To view medications and their costs, go to [www.drex.com](http://www.drex.com).

## **Q: If I reach my medical plan's out-of-pocket limit, am I still responsible for co-pays?**

**A:** Your medical plan pays for 100% of all covered expenses once the out-of-pocket limit is reached.

*Note: Once out-of-pocket limit is reached, the Banner exclusion still applies, and any services or procedures rendered at a Banner facility will not be covered.*

## **Q: Can I talk to someone at Aither to discuss my personal situation?**

**A:** Yes. If you have questions about your health plan and your personal situation, please call Aither's Member Care Team at **855.282.8337**.

## **Q: Can I have other health coverage?**

**A:** Yes, you can be covered by another group health plan and still receive benefits under this medical plan. This is called "dual coverage" and Coordination of Benefits (COB) will apply.

Here is how it works:

- If you are enrolled in this plan, our coverage is primary for you. You must file your claims under this plan first. If some of your out-of-pocket costs are not covered, then you can file a claim under your other insurance.
- If your spouse is covered under this plan and under their employer's plan, then our plan is secondary to them. They must file claims under their employer's plan first and then file under our plan.
- Your children are covered first under the plan of the parent whose birthday is earliest in the year. The other plan would be secondary. If you are unmarried, separated or divorced, COB may be determined by a court decree or custodial responsibility.
- Only expenses normally eligible under the plans will be considered for COB. Amounts in excess of what is covered under a plan will not be considered.

# CONTACTS

Benefit Provider	Name	Number	Website
<b>Medical</b> <i>(For help finding a provider, insurance questions, etc.)</i>	Aither	855.282.8337	<a href="http://www.myaiterhealth.com">www.myaiterhealth.com</a>
<b>Medical</b> <i>(For Health Questions and Concerns)</i>	Ark Family Health	623.226.8825	hello@arkfamilyhealth.com
<b>Pharmacy</b>	Drex	844.728.3479	<a href="http://www.drex.com">www.drex.com</a>
<b>Dental</b>	Mutual of Omaha	800.927.9197	<a href="http://www.mutualofomaha.com/dental">www.mutualofomaha.com/dental</a>
<b>Vision</b>	Mutual of Omaha	833.279.4358	<a href="http://www.mutualofomaha.com/vision">www.mutualofomaha.com/vision</a>
<b>Basic Life / AD&amp;D</b>	Mutual of Omaha	800.775.8805	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>Voluntary Life</b>	Mutual of Omaha	800.775.8805	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a> <a href="http://www.mutualofomaha.com/eoi">www.mutualofomaha.com/eoi</a>
<b>STD / LTD</b>	Mutual of Omaha	800.877.5176	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>Critical Illness / Accident</b>	Mutual of Omaha	800.775.8805	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>EAP</b>	Mutual of Omaha	800.316.2796	<a href="http://www.mutualofomaha.com/EAP">www.mutualofomaha.com/EAP</a>
<b>Retirement</b>	UBS Financial Advisors	602.667.8113 602.957.5189	<a href="mailto:Bill.sobers@ubs.com">Bill.sobers@ubs.com</a> <a href="mailto:Sad.bahbah@ubs.com">Sad.bahbah@ubs.com</a>