

WELL PEOPLE WELL PETS



2025 Benefit Plans

English:

[WellHaven Pet Health 2025 Benefit Plans Presentation](#)

Spanish:

[WellHaven Pet Health 2025 Benefit Plans - Spanish](#)

WELL PRACTICE WELL COMMUNITY



Enrollment

Enrollment for 2025

This is your opportunity to:

- Choose your plans for January 1, 2025 – December 31, 2025
- You must log on and make your plan selections or you will not have benefits for the 2025 plan year.

Please note! Unless you experience a Qualifying Life Event throughout 2025 (birth, marriage, divorce, etc.), you will not have the opportunity to enroll or change your benefits until the next annual enrollment period (October 2025) for the 2026 Plan Year.



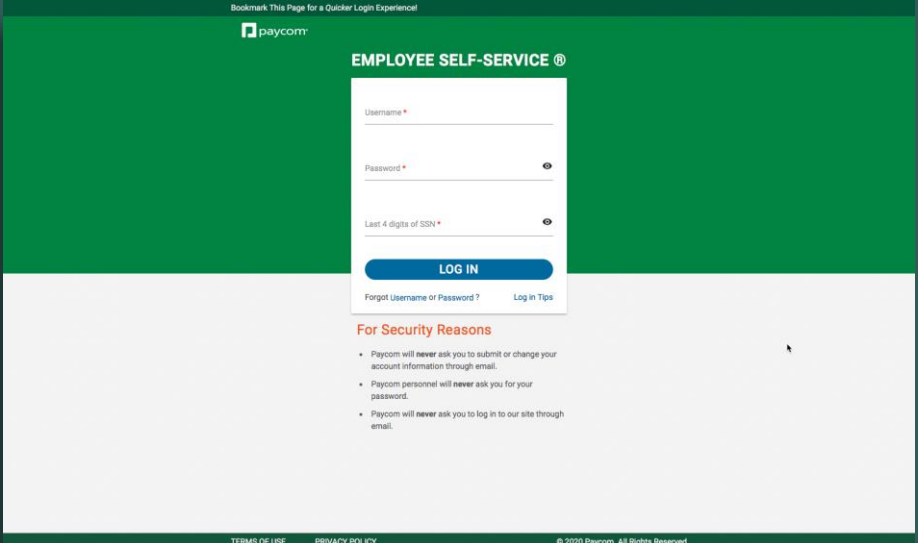
Benefits Enrollment – Enroll Through Paycom

Benefits Enrollment will be conducted online through Paycom Self-Service.

Please ensure to take the following steps as you go through the Benefits Enrollment process:

- Review/update/complete all of your personal information
- Add your life insurance beneficiary
- Fill out the enrollment portal in its entirety

Please note! All eligible employees must complete the benefits enrollment process in its entirety.




The screenshot shows the Paycom Employee Self-Service login interface. At the top, there is a green header with the Paycom logo and the text "EMPLOYEE SELF-SERVICE @". Below the header, there is a white login form with fields for Username, Password, and Last 4 digits of SSN. A blue "LOG IN" button is positioned below the SSN field. Links for "Forgot Username or Password?" and "Log in Tips" are located at the bottom of the form. Below the login form, there is a section titled "For Security Reasons" with three bullet points: "Paycom will never ask you to submit or change your account information through email.", "Paycom personnel will never ask you for your password.", and "Paycom will never ask you to log in to our site through email." At the bottom of the page, there are links for "TERMS OF USE" and "PRIVACY POLICY", and a copyright notice "© 2020 Paycom. All Rights Reserved".

2025 Benefits Selection Worksheet

The Worksheet is for you to use to:

- Take notes as you listen to the information today; it contains a section for each benefit plan
- Note any questions that come to mind
- Keep track of follow-up action items
- Have with you when you actually go into Paycom to make your benefit elections

2025 Benefits Selection Worksheet	
	
Employee Name _____	
Medical Insurance	
NOTES	
QUESTIONS / RESEARCH / ACTION ITEMS	
DECISION	

Who's Eligible?

Employee Eligibility

- All employees working a minimum of 30 hours per week
- 1st of the month following 30 days of employment

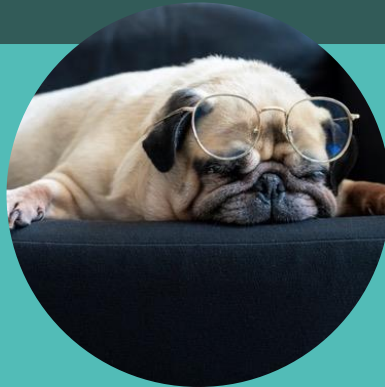
Dependent Eligibility

- Spouse
- Domestic Partner
- Children, step-children, adopted children
- Disabled children, up to any age



2025 Benefits Plan Line-up

- TouchCare – health care concierge
- Teladoc – telemedicine
- Medical /Prescription Drugs
- Dental
- Vision
- Health Care Savings Account (HSA)
- Flexible Spending Account (FSA)
- Disability – Short Term and Long Term
- Life Insurance – Company sponsored and Voluntary
- Voluntary Critical Illness and Hospital Indemnity
- Student Debt Refinancing
- Employee Assistance Plan
- 401k Retirement Plan
- PTO and Holiday Pay
- Paid Maternity/Paternity/Bereavement Leave
- Continuing Education (CE)
- Employee Pet Wellness Plan
- Pet Peace of Mind
- Additional employee discounts



Choosing Your Plan

Your Health Care Needs are Unique

Choose a plan that's right for you!

All plans include:

- Access to doctors, hospitals and health care professionals including mental health and chiropractic services
- Prescription drug benefits with a money-saving home delivery service
- Free preventive care including annual checkups and vaccinations
- Health and wellness tools that help you get the most out of your plan



Know Your Health Care Basics



CO-PAY: This is a set amount you pay for covered services, such as doctor visits.



DEDUCTIBLE: This is the set amount you pay before the Plan shares the cost.



COINSURANCE (YOUR % OF THE COSTS): After you pay your deductible, this is your percentage of costs each time you receive care, then your plan covers the rest.



OUT-OF-POCKET-LIMIT: This is the maximum amount you can pay out of your pocket for covered services each year.



IN-NETWORK: Coverage for treatment from a participating provider



OUT-OF-NETWORK: Coverage for treatment from a non-participating provider. Copayments and coinsurance will be higher than if you received treatment from a participating provider. You may also be balanced billed for services over the allowed amount.



PRESCRIPTION FORMULARY: A list of prescription medication preferred for use by the health plan. Formulary Tiers are assigned which direct the cost of the medication.

WELL PEOPLE WELL PETS



New

TouchCare

WELL PRACTICE WELL COMMUNITY





Your healthcare concierge and caring advocacy. Here to simplify your medical and prescription needs!

As an advocate and expert Health Assistant, they can support you with:

- Benefits navigation for health insurance & voluntary benefits
- Billing & claims negotiation
- Provider searches, appointment scheduling, cost comparisons
- Procedure preparation assistance
- Prescription care
- Understanding your options about Medicare



WELL PEOPLE WELL PETS



Telemedicine

WELL PRACTICE WELL COMMUNITY



When you need a doctor, access one anytime, anywhere....
Know your care options:

General Medical

For non-emergency conditions like the flu, allergies, infections, and much more.

Family doctor

For annual exams and ongoing medical conditions needing regular monitoring.

Urgent care/ER

For severe conditions like chest pain, sprains, cuts, burns, or broken bones.

Feel better when you need to:
Visit [TeladocHealth.com](https://www.teladoc.com)



WELL PEOPLE WELL PETS



Medical Insurance

WELL PRACTICE WELL COMMUNITY



Comparing Your Medical Plan

Medical Plans	Cigna High Deductible Health Plan (HDHP)	Cigna PPO Plan
Benefits from doctors who aren't in the plan	Yes; Out-of-Network included	Yes; Out-of-Network included
Primary Care Doctor	Not Required	Not Required
Specialist referrals	Not Required	Not Required
Health Savings Account	Yes	No
Flexible Spending Account	No	Yes
Limited Flexible Spending Account	Yes	No



Medical Plan Side by Side Comparison

Plan	Cigna Qualified High Deductible Health Plan		Cigna PPO Plan	
Services	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible	\$3,300 Individual / \$6,600		\$3,,500 per person / \$7,000 Family	
Out-of-Pocket Maximum	\$5,000 per person/ 10,000 Family		\$6,700 per person/ \$13,500 Family	
Preventive Care	Covered in full	After Deductible, you pay 40%	Covered in full	After Deductible, you pay 40%
Primary Care Visit	After Deductible, you pay 20%	After Deductible, you pay 40%	\$40 Co-pay	After Deductible, you pay 40%
Specialist Visit	After Deductible, you pay 20%	After Deductible, you pay 40%	\$60 Co-pay	After Deductible, you pay 40%
Diagnostic Lab and X-Ray	After Deductible, you pay 20%	After Deductible, you pay 40%	After Deductible, you pay 20%	After Deductible, you pay 40%
Urgent Care	After Deductible, you pay 20%	After Deductible, you pay 40%	Same as Office Visit	After Deductible, you pay 40%
Emergency Room	After Deductible, you pay 20%	Paid at in-network level	Deductible applies and a \$300 copay, after deductible you pay 20%	Paid at in-network level
Inpatient Hospital/Outpatient Hospital	After Deductible, you pay 20%	After Deductible, you pay 40%	After Deductible, you pay 20%	After Deductible, you pay 40%
Chiropractic Care – 12 visit max/year	After Deductible, you pay 20%	After Deductible, you pay 40%	\$40 Copay	After Deductible, you pay 40%
Acupuncture – 12 visit max/year	After Deductible, you pay 20%	After Deductible, you pay 40%	\$40 Copay	After Deductible, you pay 40%
Prescription Drugs ¹ – Retail and Mail Order Generic/Pref-Brand/Brand/Specialty Specialty drugs available for a 30-day supply only	After Deductible, you pay 20%	After Deductible, you pay 20%	\$20 Copay / \$40 Copay / \$60 Copay / 50% up to \$300 max Mail Order: 3x Retail	

1. Compound drugs covered at 50% coinsurance

*Disclaimer – If you visit an Out-of-Network provider, you are responsible for charges above usual, customary, and reasonable (UCR) limits.

Medical Plan Rates for 2025

Medical Plan PER PAYCHECK Pre-Tax Contributions

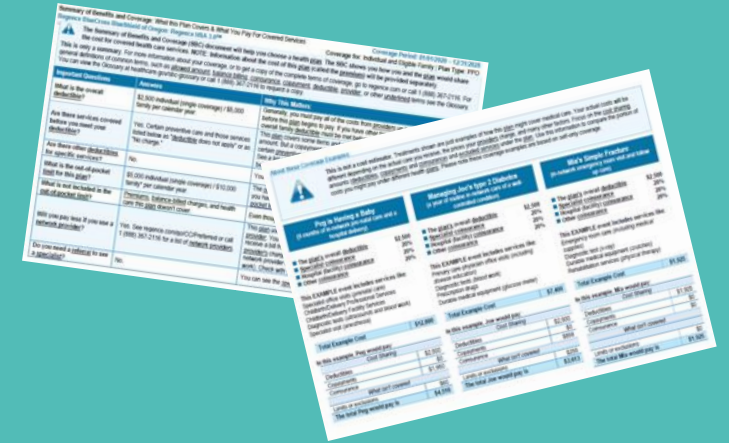
Coverage Level	QHDHP	PPO
Employee Only	\$84.81	\$88.81
Employee + Spouse	\$271.87	\$228.62
Employee Only + Child(ren)	\$212.33	\$178.56
Employee + Family (Spouse + Children)	\$443.92	\$402.01



Choosing Your Medical Plan

Utilize your SBC (Summary of Benefits and Coverage) to determine the most appropriate plan option for you or you and your family.

- The SBC is a snapshot of a health plan's costs, benefits, covered health care services, and other features that are important to consumers. SBCs also explain health plans' unique features like cost sharing rules and include significant limits and exceptions to coverage in easy-to-understand terms.



We'll take a glance at the SBC next!

Step 1: Print the SBC for the QDHP, PPO, as well as spouse plans (if applicable).

Step 2: Lay all SBC's side by side.

Step 3: Compare plan components:

- Deductible
- Coinsurance and Copays
- Out of Pocket Maximums
- Prescription Drug Coverages
- About these Coverage Examples

Step 4: Choose plan option.


1

2

3

4


Summary of Benefits Coverage at a Glance

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services WellHaven Pet Health: Cigna QHDP		Coverage Period: 01/01/2025-12/31/2025 Coverage for: Individual + Family/ Plan Type: HSA
 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan . The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, Benefit Risk Management Services, Inc. (BRMS) at 888-224-2770 or visit http://www.myhealthbenefits.com . For general definitions of common terms, such as allowed amount , balance billing , coinsurance , copayment , deductible , provider , or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 888-224-2770 to request a copy.		
Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$3,300 / individual or \$6,600 / family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible?	Yes. Preventive Care and services listed in your complete terms of coverage.	The plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at http://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet the deductible for specific services
What is the out-of-pocket limit for this plan?	\$6,700 / individual or \$13,500 / family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Copayments for certain services, balance billing charges, premiums , and health care this plan doesn't cover.	Even though you pay for these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes. See www.myCigna.com for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider , and you may receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral .

If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.fairoxrx.com	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	Prescription drugs not on the Drug List are not covered, unless an exception is approved. 90-day supply / retail prescription (your cost share is per 30-day supply) 90-day supply / mail order prescription 30-day supply / specialty drug prescription Specialty drugs are not available through mail order. Coverage includes compound medications at 50% coinsurance, deductible does not apply. Cost shares for insulin will not exceed \$35 / 30-day supply retail prescription or \$105 / 90-day supply mail order prescription. No charge, deductible does not apply for certain preventive drugs, contraceptives and immunizations at a participating pharmacy, or for self-administrable cancer chemotherapy drugs. The first fill of specialty drugs may be provided by a retail pharmacy, additional refills must be provided by a specialty pharmacy.
	Generic drugs (Tier 1)	Retail 20% coinsurance / retail prescription Mail Order 20% coinsurance / home delivery prescription		
	Preferred brand drugs (Tier 2)	Retail 20% coinsurance / retail prescription Mail Order 20% coinsurance / home delivery prescription		
	Non-preferred brand drugs (Tier 3)	Retail 20% coinsurance / retail prescription Mail Order 20% coinsurance / home delivery prescription		
	Specialty drugs	Retail 20% coinsurance / retail prescription Mail Order 20% coinsurance / home delivery prescription		

[* For more information about limitations and exceptions, see the plan or policy document at <http://www.myhealthbenefits.com>

2 of 6

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services WellHaven Pet Health: Cigna PPO		Coverage Period: 01/01/2025-12/31/2025 Coverage for: Individual + Family/ Plan Type: PPO
 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan . The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, Benefit Risk Management Services, Inc. (BRMS) at 888-224-2770 or visit http://www.myhealthbenefits.com . For general definitions of common terms, such as allowed amount , balance billing , coinsurance , copayment , deductible , provider , or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 888-224-2770 to request a copy.		
Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$3,500 / individual or \$7,000 / family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible?	Yes. Preventive Care and services listed in your complete terms of coverage.	The plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at http://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet the deductible for specific services
What is the out-of-pocket limit for this plan?	\$6,700 / individual or \$13,500 / family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Copayments for certain services, balance billing charges, premiums , and health care this plan doesn't cover.	Even though you pay for these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes. See www.myCigna.com for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider , and you may receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral .

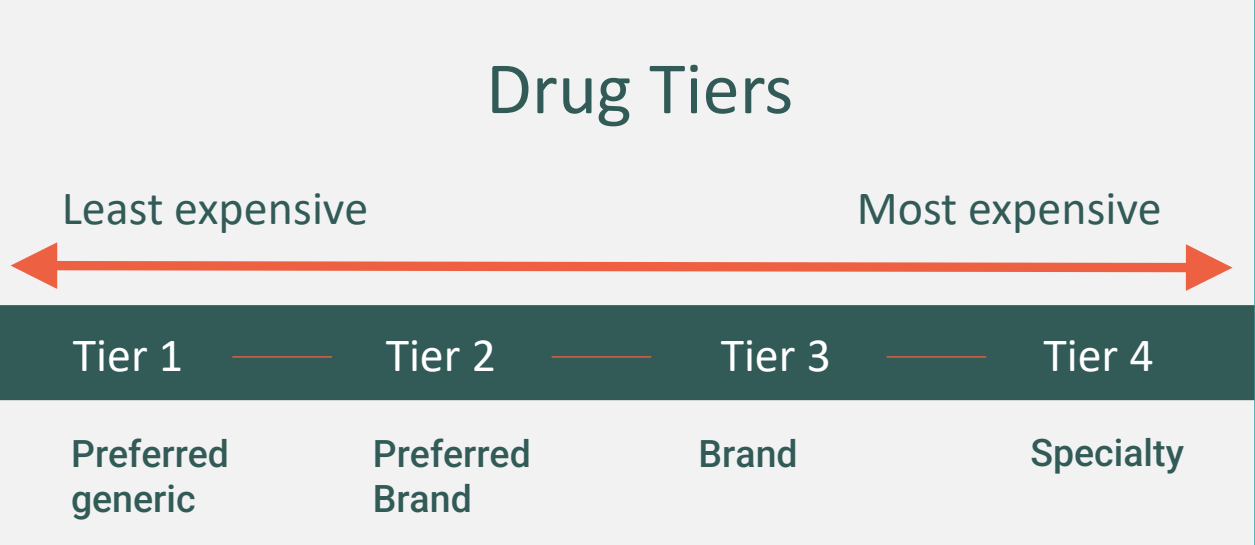
If you have a test	Preventive care/screening/immunization	No Charge, deductible does not apply	40% coinsurance	Copayment and deductible do not apply for childhood immunizations from out-of-network providers. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive, then check what your plan will pay for.
	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	
	Generic drugs (Tier 1)	\$20 / Prescription, deductible does not apply \$60 / Prescription, deductible does not apply	Retail Mail Order	
	Preferred brand drugs (Tier 2)	\$40 / Prescription, deductible does not apply \$120 / Prescription, deductible does not apply	Retail Mail Order	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.fairoxrx.com	Non-preferred brand drugs (Tier 3)	\$60 / Prescription, deductible does not apply \$180 / Prescription, deductible does not apply	Retail Mail Order	Prescription drugs not on the Drug List are not covered, unless an exception is approved. 90-day supply / retail prescription (your cost share is per 30-day supply) 90-day supply / mail order prescription 30-day supply / specialty drug prescription Specialty drugs are not available through mail order. Coverage includes compound medications at 50% coinsurance, deductible does not apply. Cost shares for insulin will not exceed \$35 / 30-day supply retail prescription or \$105 / 90-day supply mail order prescription.

1 of 6

Prescription Formulary

Drug Formulary can be accessed by visiting www.fairosrx. You will be able to determine what Formulary Tier was assigned to a particular medication.

Costs are determined by the assigned Tier number.



Tips and Tools



If you can, call Teladoc, go to your family doctor, go to a convenience clinic, or urgent care instead of an emergency room.

Unless you have an immediate emergency, you can save money by choosing to get care from an urgent care center. You pay a lower amount out of your pocket with an urgent care versus the ER.



See doctors in your plan; remember Touchcare can help guide you.

Save with a lower deductible and pay a lower percentage of the costs.



Use the Estimate Your Cost tool to check costs.

Find cost ranges for services with different doctors and check quality reviews for doctors.



Save money on stuff that's good for you.

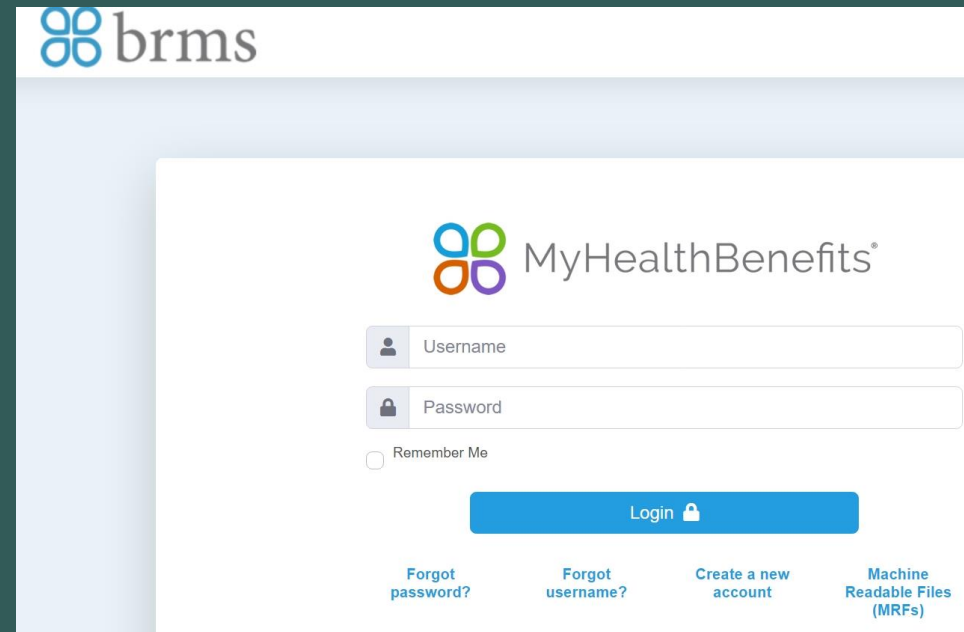
Get discounts on health-related products and services.

BRMS Website

Employee's can utilize BRMS website to review paid claims, and review the prescription formulary

Tools to Select Your Plan

- SBCs
- Website
- Insurance Cards



The screenshot shows the BRMS website interface. At the top left is the 'brms' logo. The main content area features the 'MyHealthBenefits®' logo. Below the logo are two input fields: 'Username' with a person icon and 'Password' with a lock icon. There is a 'Remember Me' checkbox below the password field. A blue 'Login' button with a lock icon is positioned below the input fields. At the bottom of the login area, there are four links: 'Forgot password?', 'Forgot username?', 'Create a new account', and 'Machine Readable Files (MRFs)'.

High Deductible Health Plan and HSA



High Deductible Health Plan

Working
Together



Health Savings Account (HSA)

The HSA Plan

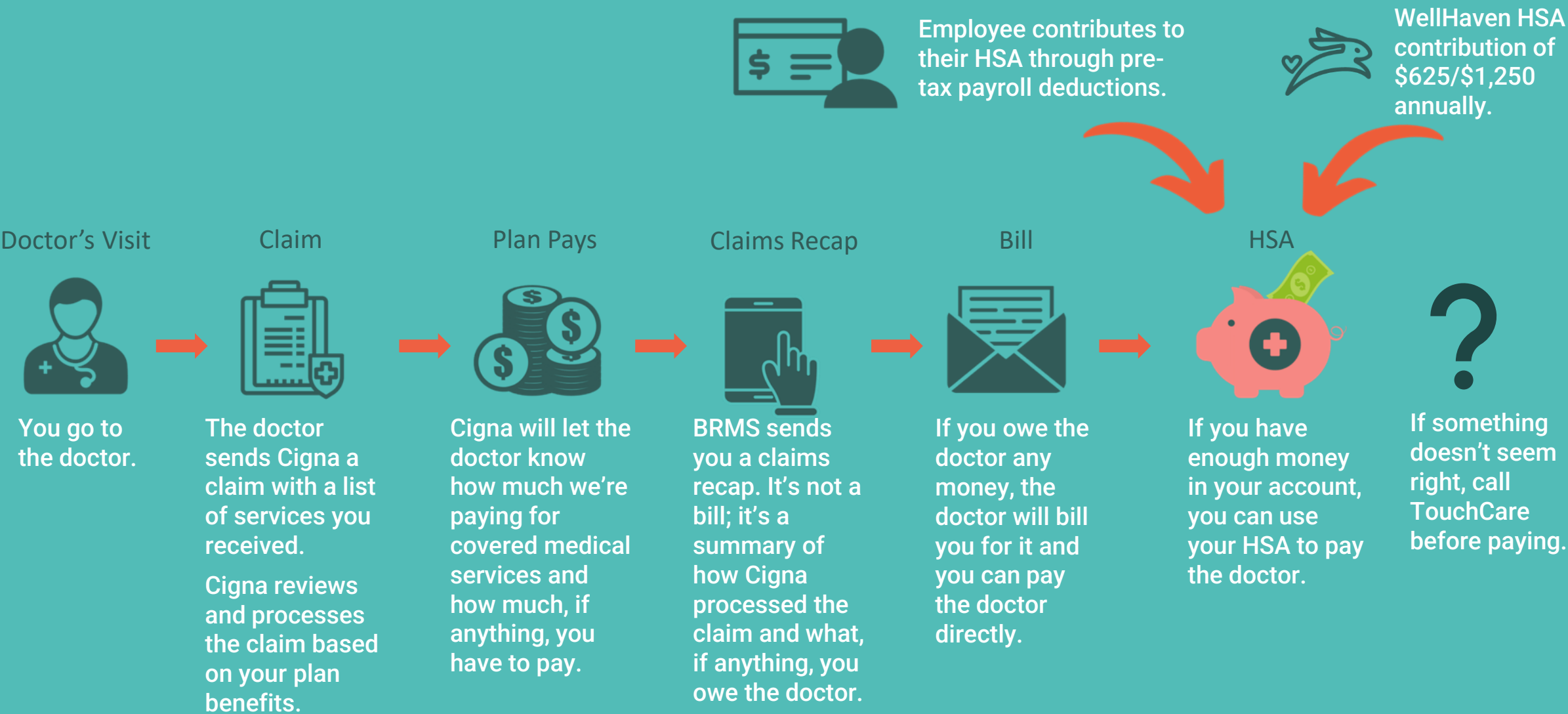
Health Savings Account (HSA)

Eligible HSA Expenses

- Deductibles, copays, and coinsurance
- Prescription drugs costs
- Dental care costs (non-cosmetic)
- Vision care costs
- IRS Publication 502 provide a complete list of eligible expenses and be found at www.irs.gov



How HSA Claims are Paid



WELL PEOPLE

WELL PETS



Flexible Spending Accounts (FSAs)

WELL PRACTICE

WELL COMMUNITY



What is an FSA (Flexible Spending Account)?

- You are not required to be enrolled in the WellHaven medical plan to participate
- Allows you to set aside money before it is taxed and use it to pay for eligible medical, dental, and vision expenses
- There is also a dependent care account to help pay for daycare expenses
- You choose how much to contribute based on your personal needs – up to the maximum annual allotment
- It's like getting a 25%-40% discount since all qualified expenses are paid for on a pre-tax basis!



You can use funds in your FSA to pay for:



FSA at-a-Glance

Medical Insurance Enrollment	WellHaven Regence Plan	Medical Plan Outside of WellHaven	Eligible Health Care FSA	Type of Health Care Eligible Expenses	Maximum Employee Contribution in 2024	Last Day to Incur Expenses	Last Day to Submit Expenses	FSA Balance on 3/31/2026	Rollover Balance 1st Day to Use \$ in 206
QHDHP			Limited Purpose	<ul style="list-style-type: none"> Dental Vision 	\$3,300	12/31/2025	3/31/2026	<ul style="list-style-type: none"> Up to \$660 can rollover to 2026 Balances over \$660 are Forfeited by Employee 	<ul style="list-style-type: none"> 4/1/2026
PPO			General Purpose	<ul style="list-style-type: none"> Dental Vision Medical 	\$3,300	12/31/2025	3/31/2026	<ul style="list-style-type: none"> Up to \$660 can rollover to 2026 Balances over \$660 are Forfeited by Employee 	<ul style="list-style-type: none"> 4/1/2026
			Eligible FSA						
N/A	N/A	N/A	Dependent Care	N/A	\$5,000	12/31/2025	3/31/2026	Balances of any amount are forfeited by Employee	N/A



Health Care FSAs...

Let's take a closer look



Basic Need to Knows of Health Care FSAs



FSA Eligible Expenses

You do not need to be enrolled in a WellHaven-sponsored medical plan.

Pay for qualified healthcare costs with pre-tax dollars

- Doctor co-pays
- Prescriptions
- Over the Counter Medications
- Dental and orthodontia costs
- Eye-glasses and contact lenses

Use a Debit Card for purchases

- You'll still need to keep your receipts!

For a full listing of eligible expenses visit the Wex website at: [Eligible Expenses](#)

FSA Contributions

Contribute up to a maximum of \$3,300 in 2025.

FSA annual contribution is determined at the beginning of the year (January 1st).

- Annual amount divided evenly across all paychecks for the year
- Cannot change your FSA elected amount (unless QLE)

FSA funds are available on the first day of the plan year

- Plan Year for 2025 = 1/1/2025 – 12/31/2025



Health Care FSA Contributions



CAUTION

- Do not over-contribute!
- You will forfeit any money left in your FSA at the end of the plan year
- You can always spend the monies on:
 - Glasses/contacts - extra
 - Contact lens solution – stock up



Use it or lose it!



Runout Period

- You have until 3/31/2026 to submit any unreimbursed healthcare expenses
- Must have been incurred in 2025

Rollover to 2026

- Rollover up to \$660
- Funds become available after the Runout Period (4/1/2026)
- You can still elect the maximum contribution in 2026
- Debit Card purchases will use the rollover funds first (beginning 4/1/2026)

Health Care FSA Contributions



How Much to Contribute?

- How much did you spend last year on health care expenses?
- Will you spend the same this year?
 - Did you have a significant expense last year that will not apply this year?
 - Do you have significant expenses planned for this year that you can account for?



Estimate a lower amount than you think you'll need.



Lowest risk - only contribute up to the Rollover amount = \$660



Locked in – your annual contribution election is “locked in” for the year = you cannot make changes (exception for QLEs)



Two Health Care FSAs...

General Purpose FSA
Limited Purpose FSA

Which one is right for you?



General Purpose Health Care FSA

You are enrolled in WellHaven's sponsored PPO Plan.



OR

You are enrolled in another plan outside of WellHaven that is not a high-deductible health plan.

General Purpose Health Care FSA

You can use funds in your General Purpose Health Care FSA to pay for:

Medical
Expenses



Rx



OTC



Chiropractic
Care



Dental Care



Vision Care,
Glasses &
Contacts

Limited Purpose Health Care FSA

You are enrolled in WellHaven's sponsored QHDHP Plan.



OR

You are enrolled in a QHDHP Plan outside of WellHaven.

Limited Purpose Health Care FSA

You can use funds in your Limited Purpose Health Care FSA to pay for:

You can continue to use funds in your **HSA** to pay for:

Medical
Expenses



OTC



Chiropractic
Care



Dental Care



Vision Care,
Glasses &
Contacts

Dependent Care FSA

Dependent
Care



Basics Need to Knows of Dependent Care FSA



FSA Eligible Expenses

Eligible Dependents

- Child up to age 12
- Disabled Dependent or Spouse
- Elder Care – tax dependent

Pay for eligible dependent care costs with pre-tax dollars

- Childcare Center
- Adult Day Care Center
- Babysitter or Nanny – work-related
- Custodial Elder Care – work-related
- Summer Day Camp
- Before or After School Care

Submit receipts for reimbursement.

For a full listing of eligible expenses visit the Wex website at: [Eligible Expenses](#)

FSA Contributions

Contribute up to a maximum of \$5,000 in 2025

- \$2,500 if married and filing separately

FSA annual contribution is determined at the beginning of the year (January 1st)

- Annual amount divided evenly across all paychecks for the year
- Cannot change your FSA elected amount (unless QLE)

FSA funds are available once your payroll contribution(s) has been deposited into your FSA account.

- Plan Year for 2025 = 1/1 – 12/31/2025



Dependent Care FSA Contributions



CAUTION

- Do not over-contribute!
- Estimate predictable dependent care expenses
- You will forfeit any money left in your FSA at the end of the plan year



Use it or lose it!



Runout Period

- You have until 3/31/2026 to submit any unreimbursed dependent care expenses
- Must have been incurred in 2025

No Rollover to 2026

Dependent Care FSA Contributions



How Much to Contribute?

- How much did you spend last year on dependent care expenses?
- Will you spend the same this year?
 - Is one of your children now over the eligible age of 12?
 - Did you add a dependent to your family, such as birth or adoption?



Estimate a lower amount than you think you'll need.



Locked in – your annual contribution election is “locked in” for the year = you cannot make changes (exception for QLEs)

FSA Convenience Tools



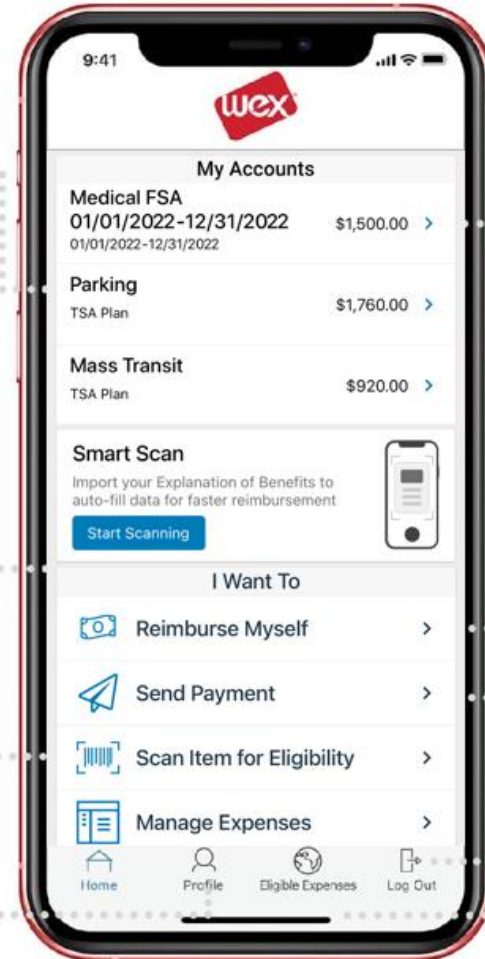
Wex Mobile App

Get instant notifications on the status of your claims.

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

Scan an item's bar code with your phone's camera to determine if it's an IRS code Section 213(D) eligible expense.

Report a card as lost or stolen.



Check your balance and view account activity.

Easily move funds from your HSA into your bank account to cover eligible expenses.

View current HSA investments balance, recent activity and rate of return.

Reset login credentials.

Log in with your Face ID.



Security on the go

Our mobile app uses secure encryption and won't store pictures on your phone, keeping your documentation safe and secure. Login is protected by a four-digit passcode of your choosing. You can also log in with your thumbprint on Apple devices.

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



Wex Benefits Card

Free Debit Card – no fees associated with using it

- Allows for purchases to be approved at the point-of-sale (POS)
 - This means your purchase can be approved at the register without requiring a receipt
- Debit Card is valid for 3+ years
- Keep your receipts as a backup!



WELL PEOPLE

WELL PETS



Dental Insurance

WELL PRACTICE

WELL COMMUNITY



Dental Plan

We will continue to offer two Plans through MetLife for this next year:

Base Plan

- Lower annual benefit maximum
- Does not include orthodontia

Buy Up Plan

- Includes orthodontia
- Higher annual benefit maximum



Dental Plan Side by Side Comparison

Plan	Buy Up Plan		Base Plan	
Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$50 Individual / \$150 Family		\$75 Individual / \$225 Family	
Annual Benefit Maximum	\$1,500 Per Person		\$1,000 Per Person	
Preventive Care	Deductible Waived Paid at 100%	Deductible Waived Paid at 100% of allowed amount	Deductible Waived Paid at 100%	Deductible Waived Paid at 100% of allowed amount
Exams				
X-Rays				
Cleanings				
Basic Restorative	After Deductible, you pay 20%	After Deductible, you pay 20% of allowed amount	After Deductible, you pay 20%	After Deductible, you pay 20% of allowed amount
Major Restorative	After Deductible, you pay 50%	After Deductible, you pay 50% of allowed amount	After Deductible, you pay 50%	After Deductible, you pay 50% of allowed amount
Orthodontia (dependent Child and Adult children to age 26)	You pay 50%, deductible does not apply	You pay 50% of allowed amount, deductible does not apply	<div>Not Covered</div>	
	Up to \$1,000 lifetime maximum benefit	Up to \$1,000 lifetime maximum benefit		

Which Dental Plan is Right for You?

Helpful Tips to Help You Select the Right Plan



Scenario: Employee only enrolled

LOW USAGE SCENARIO	Recommended Option
<ul style="list-style-type: none">• Annual cleanings• No need for orthodontia coverage	Base Plan

Scenario: Employee enrolled with family

HIGH USAGE SCENARIO	Recommended Option
<ul style="list-style-type: none">• Annual cleanings• More extensive dental work• Child needs orthodontia coverage	Buy Up Plan

Dental Plan Rates for 2025

Dental Plan PER PAYCHECK Pre-Tax Contributions

Coverage Level	Buy Up Plan	Base Plan
Employee Only	\$11.26	\$8.18
Employee + Spouse	\$22.08	\$16.05
Employee Only + Child(ren)	\$24.84	\$18.05
Employee + Family (Spouse + Children)	\$38.18	\$27.74



WELL PEOPLE WELL PETS



Vision Insurance

WELL PRACTICE WELL COMMUNITY



Vision Plan

We will continue to offer VSP as our Vision Plan.



Services	In-Network	Out-of-Network
Exams	\$10 Copay, then covered in full	\$10 Copay, then covered up to \$45
Hardware (Materials) Copay	\$25 Copay	\$25 Copay
Lenses		
Single Vision	Covered in full after Copay	After Copay, covered up to \$30
Lined Bifocal	Covered in full after Copay	After Copay, covered up to \$50
Lined Trifocal	Covered in full after Copay	After Copay, covered up to \$65
Lenticular	Covered in full after Copay	After Copay, covered up to \$100
Progressive	\$0 to \$175 Copay	After Copay, covered up to \$50
Frames	After Copay, covered up to \$130	After Copay, covered up to \$70
Contact Lenses		
Elective	Covered up to \$130	Covered up to \$105
Medically Necessary	Covered in full	Covered up to \$210
Fit & Follow-Up	Up to \$60 Copay	Not covered
Coverage Frequency		
Exams	Covered every 12 months	
Lenses	Covered every 12 months	
Frames	Covered every 24 months	

Vision Plan Rates for 2024

Vision Plan PER PAYCHECK Pre-Tax Contributions

Coverage Level	Employee Pays
Employee Only	\$0.48
Employee + Spouse	\$1.19
Employee Only + Child(ren)	\$1.23
Employee + Family (Spouse + Children)	\$2.42



WELL PEOPLE WELL PETS



Life Insurance

WELL PRACTICE WELL COMMUNITY



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

We will continue to provide base coverage at no cost to the employee:

- \$25,000 term life insurance
- \$25,000 AD&D

Employees can purchase additional coverage for:

- Employee
- Spouse or Domestic Partner
- Dependent Child

Voluntary Life Enrollment – subject to “rules” and “evidence of insurability”.

Voluntary Life comes with

- Will preparation services
- Estate resolution services



Evidence of Insurability & Voluntary Life Insurance Rules

Evidence of Insurability (EOI)

- When electing voluntary life coverages (employee, spouse, and dependent) you may be subject to provide evidence of insurability.

Evidence of Insurability: Proof presented through medical examination and/or through written statements about an individual's health.

Life Insurance Rules

- Specific “rules” apply regarding the need for EOI during Open Enrollment



WELL PEOPLE WELL PETS



Disability Insurance

WELL PRACTICE WELL COMMUNITY



Disability Insurance Plans

Employees will have the opportunity to purchase Disability Plans.

- Disability Plans provide partial income replacement in the event the employee is medically disabled due to injury or illness.

Short Term Disability (STD) – provides partial income replacement during the first 12 weeks of disability.

Long Term Disability (LTD) – provides partial income replacement after 12 weeks up to age 65 if applicable.

	Short-Term Disability
Eligibility	All active full-time employees working at least 30 hours per week
Benefits Begin	8th Day
Benefit Duration	12 Weeks
Weekly Benefit %	60% of Weekly Salary
Maximum Weekly Benefit	\$1,500
Pre-existing Limit	3/12

	Long-Term Disability
Eligibility	All active full-time employees working at least 30 hours per week
Benefits Begin	90 Days
Benefit Duration	*24 months from your own occupation
Monthly Benefit %	60% of Basic Monthly Earnings
Maximum Monthly Benefit	\$15,000 – DVM/Sr. Leadership \$8,000 – all other
Pre-existing Limit	12/12

*DVM own occupation until age 65

2025 costs are calculated based on employee's earnings over a 12 month period.

STD/LTD Premium Calculation

STD Calculation is based on benefit

Hourly Rate	x Hours Per Week	= Weekly Payroll	x %	= Benefit	Divide by 10	X Rate	Monthly Premium	/2 = Per Pay Period
\$15.00	40.00	\$600.00	.60	\$360.00	36	.607	\$21.85	\$10.93

LTD Calculation is based on covered monthly salary

Hourly Rate	x 2080 hours	Monthly Covered Salary	Divide by 100	x Rate	Monthly Premium	/2 = Per Pay Period
\$15.00	\$31,200	\$2,600	26	0.633	\$16.46	\$8.23

WELL PEOPLE

WELL PETS



Voluntary Critical Illness & Hospital Indemnity



WELL PRACTICE

WELL COMMUNITY

What is Critical Illness?



- This coverage pays you a lump sum if you are diagnosed with a covered condition
 - Help you worry less about expenses so you can focus on recovery
- Employees can choose \$15,000 or \$30,000 in coverage to cover conditions including:
 - Heart Attack, Cancer, End State Renal Failure, Paralysis, Loss of vision, and many more!
- Spouses/Domestic partners/dependent children will be offered 50% of the employee amount
- Pre-existing condition limitation not included
- Rates are based on amount selected, coverage tier and employee's age
- This plan also provides an annual wellness benefit



What is Hospital Indemnity?

- This coverage is to help pay for out-of-pocket expenses medical insurance doesn't cover, such as co-insurance, co-pays and deductibles
- Employees can choose between a low or high option depending on the level of coverage you would like
- 1st day in hospital \$500 (low) / \$1000 (high)

Benefit	High Plan	Low Plan
First Day Hospital Admission - 4 times per year	\$1,000	\$500
Hospital Confinement - Daily Benefit up to 15 days	\$200	\$100
Annual Max	\$4,000	\$2,000

Per Paycheck Rates

Tier	High Plan	Low Plan
EE	\$11.51	\$5.76
EE + Spouse	\$19.13	\$9.56
EE + Children	\$17.04	\$8.52
EE + Family	\$24.65	\$12.33

WELL PEOPLE WELL PETS



Employee Assistance Program (EAP)

WELL PRACTICE WELL COMMUNITY



Employee Assistance Program (EAP)

The EAP offers confidential support to help employee's with life's challenges and locate resources and services. It provides access to a team of experienced professionals who can help with a wide range of personal, family and work issues.

- Counseling
- Legal Services
- Financial Services
- Stress and Anxiety Support
- Alcohol and Drug Issues
- Health and Wellness Coaching
- Child and Eldercare Assistance



How EAP can help...

1. Provide you with a confidential place to talk. When you call the EAP, a trained professional will help you assess your needs and provide referrals to local counselors, psychologists, therapists, and substance abuse professionals.
2. Offer help to your loved ones. Services are available to you and anyone in your household. Your program offers unlimited telephonic consultations, and up to three face-to-face visits, with a licensed clinician for you and each household member.
3. Help you balance work and life. Sometimes life can become work, and work can become your life. The EAP is here to help you balance the two. Maybe you need someone to talk to you about a recent transition or conflict at work, or maybe you're looking for some guidance with your personal relationships. Either way, the EAP is a just a call or click away.

WELL PEOPLE

WELL PETS



Peanut Butter

WELL PRACTICE

WELL COMMUNITY



What is Peanut Butter?



Peanut Butter
Student Loan Assistance

- We have partnered with Peanut Butter to help our employees tackle student debt.
- Our student loan assistance program includes:
 - Curated advice and insights to help you restructure your loans and save money
 - Access to refinancing marketplace designed to get you the best terms possible
 - Free counseling services
- Student loan refinancing options
 - \$200 rebate put towards student loan



Wealth Management



WELL PEOPLE WELL PETS WELL PRACTICE



Retirement Manulife John Hancock



401 (k) Contact Information:

Manulife John Hancock
Phone 800-294-3575

Financial Advisor Team

Brian Siano
Vice President, Retirement Services NFP
Corporate Services (NY), LLC
Phone: 212-457-8874
Email: brian.siano@nfp.com

Deborah Sharp
Senior Advisor
Corporate Services (NY), LLC
Phone: 512-697-5209
Email: deborah.sharp@nfp.com

Choose Between Two Plans

You can contribute with pre-tax or post-tax elective deferrals (payroll contributions).

401k Traditional Plan

- Pre-tax payroll Contributions

Roth Plan

- Post-tax payroll Contributions

*There are other pro's and con's for each Plan option. Please contact your financial advisor.



Get to Know the 401k Plan

Eligibility Requirements

- 21+ years of age
- First of month following 30 days of service

Employee Contributions – 2025

Contribute 0% - 100% of annual pay up to \$23,500

- 50+ years of age – additional \$7,500

Employer Match

- WellHaven will match
 - 25% of the first 6% of employee contribution deferrals
- Vesting Schedule
 - 50% vested first year of employment
 - 100% vested second year of employment



Getting Started

Set Up John Hancock Account

- myplan.johnhancock.com

Elect Deferrals

- Elect deferral contribution percentage
- Elect fund(s)
- Default fund is a BlackRock Life Path Index fund
 - Risk based on how long until retirement

Beneficiary Designation

- Set up your beneficiary designation
- If legally married, your spouse must be your beneficiary unless formally waived (requires notary services)



WELL PEOPLE WELL PETS



Additional Benefits



WELL PRACTICE WELL COMMUNITY

WELL PEOPLE WELL PETS

- Hill's VIP Market Program
- IDEXX Lab Reference Discounts
- Elanco Flea, Tick, and Heartworm Preventatives



WELL PRACTICE WELL COMMUNITY

Paid Time Off (PTO)

WellHaven offers a generous PTO program designed to support your wellbeing, and the flexibility to use time accrued to meet your needs.

PTO includes the following:

- Sick Pay
- Vacation Time Off
- Personal Time Off

PTO Eligibility

- Employees classified as Full Time (working 30+ hours per week)
- Eligible employees will accrue PTO starting on the first day of hire or status change
- PTO is available for use after ninety (90) days of hire or status change
- Prior acquisition seniority counts

Employee Classification	PTO Accrual Per Pay Period	Annual PTO Accrual	Maximum PTO Accrual CAP	Annual PTO Maximum Carry over
Salaried Exempt <i>Includes: Doctors, Hospital leadership, and certain Campus positions</i>	5.00 hours	120.00 hours	160.00 hours	Full amount accrued
Hourly Non-Exempt (<3 yos) <i>Includes: Hospital para staff and certain Campus positions</i>	3.33 hours	80.00 hours	120.00 hours	Full amount accrued
Hourly Non-Exempt (3+ yos) <i>Includes: Hospital para staff and certain Campus positions</i>	3.50 hours	84.00 hours	124.00 hours	Full amount accrued

Paid Holidays

WellHaven recognizes the following seven (7) annual Holidays:

- New Years Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- Christmas Day
- Personal Floating Holiday



Paid Holiday Eligibility

- Employees classified as Full Time (working 30+ hours per week)
- Eligible employees will be eligible for Holiday pay on the first day of hire or status change

Paid Holiday Benefit

- Eligible employees will receive an 8.00 benefit for the paid holiday whether they work the company-recognized holiday or not.

WellHaven Leaves

Maternity/Paternity/Adoption/Foster Paid Leave (MPAFL)

- MPAFL entitles eligible employees to receive 2 weeks of paid leave.
 - Full-Time classified employees receive 80.00 hours paid at the regular base rate
 - Part-Time classified employees receive an average (based on working hours) of 2 weeks paid at a regular base rate

Bereavement Leave

- Full-Time classified employees that have been with WellHaven for at least six (6) months are eligible to receive Bereavement Leave
- Eligible employees will receive three (3) days = 24 hours paid at employee's current base rate
- Eligible employees will receive two (2) days of unpaid leave time



Continuing Education (CE)

Continuing Education (CE) Eligibility

- The following employees are eligible to participate in CE program
 - Employees classified as full-time and working in an eligible position
 - Employees classified as part-time, working 20+ hours per week and in an eligible position
 - Employees are eligible upon hire

Eligible Position	Annual Maximum Reimbursement for CE Tuition/Costs	Annual Maximum Paid Hours (aka. Paid Time) for attending CE Events
DVM (Full Time: 30+ hours per week)	\$1,500.00	24 hours
DVM (Part time: 20-29.99 hours per week)	\$750.00	16 hours
Practice Manager – Credentialed CVT/LVT/RVT (Full Time)	\$750.00	16 hours
Practice Manager – Non-Credentialed (Full Time)	\$500.00	16 hours
CVT/LVT/RVT (Full Time)	\$500.00	16 hours
Veterinary Assistant or Non-Credentialed Technician (Full Time)	\$125.00	8 hours

Professional License

Position	DVM License	DVM DEA License	Renewal Cycle
DVM (Full Time: 30+ hours per week)	Yes	TBD, as needed	Per regulatory body renewal cycle
DVM (Part time: 20-29.99 hours per week)	Yes	TBD, as needed	Per regulatory body renewal cycle

Position	CVT/LVT/RVT License	Renewal Cycle
CVT/LVT/RVT (Full Time: 30+ hours per week)	Yes	Per regulatory body renewal cycle
CVT/LVT/RVT (Part time: 20-29.99 hours per week)	Yes	Per regulatory body renewal cycle
Practice Manager with CVT/LVT/RVT (Full Time: 30+ hours per week)	Yes	Per regulatory body renewal cycle
Practice Manager with CVT/LVT/RVT (Part time: 20-29.99 hours per week)	Yes	Per regulatory body renewal cycle

Wellness Plans

Eligible employees may receive a maximum of two (2) wellness plans at any given time period.

- Plans are for your personal pet(s).
- Employees enrolled in a plan receive 20% off services and products not covered under the plan.

Wellness Plan Benefit Eligibility

- Employee is working for a hospital that uses the eVet system and the hospital offers wellness plans.
- Employees must select from the currently available plans at their hospital.
- Employees are eligible on the first of the month following thirty (30) days of employment.
- Employees classified as Full Time (working 30+ hours per week) are eligible for up to two (2) plans.
- Employees classified as Part Time (regularly scheduled, not temp or per diem) are eligible for one (1) plan.

Scrubs & WellHaven Branded Clothing

- Different packages are available based on if you're classified as either Full Time or Part Time. Your Practice Manager will have more details on the packages available to you and how to order.

NEXT STEPS for Health and Welfare Benefits

REVIEW

- Review Benefits Presentation
- Review Benefits Guide
- Raise questions, research answers
- Complete 2024 Benefit Election Worksheet
- Review premium rates



DECIDE

- Decide which Plan is right for you and your family
- Decide which dependent(s) you will enroll for each Plan
- Decide who will be your designated beneficiaries

ENROLL

- Enrollment is a 10-minute process via Paycom
- Review your final Enrollment Confirmation Form before "Submitting"
- If enrolling in a Voluntary Life Plan, which requires EOI
 - Complete the EOI process in its entirety

NEXT STEPS for 401(k) Plan

REVIEW

- Review your personal situation to determine which Plan is right for you: Traditional 401k or Roth
- Review your personal situation to determine how much you can contribute



DECIDE

- Decide which Plan to enroll in: Traditional 401k, Roth, or a combination of both
- Decide how much to contribute
- Decide who will be your designated beneficiaries

ENROLL

- Enroll through the John Hancock website
- Enrollment information covered in the 401k Guide

Have questions or need help?

HR@wellhaven.com



WELL PEOPLE WELL PETS



Thank You!

WELL PRACTICE WELL COMMUNITY

