



WCG, Inc.

A Guide To Your Benefits

Effective January 1, 2025 – December 31, 2025

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Eligibility & Open Enrollment

Full-time employees are eligible to participate in the benefits program. Benefits begin the first of the month following your date of employment. Your eligible family members may also participate. Eligible dependents may include:

- Your legally married spouse
- Your same or opposite gender domestic partner
- Your dependent children to age 26. Coverage will end the last day of the month in which your dependent reaches age 26.

During open enrollment each year, eligible employees may enroll, drop or make changes to their benefit elections during the annual open enrollment period. Once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. Qualified changes in status may include, but are not limited to:

- ❖ Changes in employment status
- ❖ Changes in legal marital status
- ❖ Changes in number of dependents
- ❖ Taking an unpaid leave of absence
- ❖ Dependent satisfies or ceases to satisfy eligibility requirement
- ❖ A COBRA-qualifying event
- ❖ Entitlement to Medicare or Medicaid
- ❖ A change in the place of residence of the employee, resulting in the current carrier not being available.

Any changes you make to your benefit elections must be consistent with your status change, as defined by the IRS, and must be approved by the plan administrator or Human Resources.

Medical

UnitedHealthcare	Choice Plus HDHP HPVV635021		Choice EPO PROE300015i8021		Choice Plus HDHP HPVV350022	
	In-Network	*Out-of-Network	In-Network	*Out-of-Network	In-Network	*Out-of-Network
Deductible (Individual / Family)	\$6,350 / \$12,700	\$12,700 / \$25,400	\$3,000 / \$6,000	N/A	\$3,500 / \$7,000	\$7,000 / \$14,000
Calendar Year / Plan Year?	Calendar		Calendar		Calendar	
Type of Deductible	Embedded		Embedded		Embedded	
Coinsurance (What Plan Pays)	100%	N/A	80%	N/A	100%	N/A
Out of Pocket Maximum (Individual / Family)	\$6,350 / \$12,700	\$25,400 / \$50,800	\$8,150 / \$16,300	N/A	\$3,500 / \$7,000	\$16,000 / \$32,000
Preventative Care	No Charge	50%	No Charge	N/A	No Charge	50%
Primary Care Office Visit	100%	50%	\$15	N/A	100%	50%
Specialist Visit (Designated Network / Network)	100%	50%	\$50 / \$100	N/A	100%	50%
Telehealth (HealthiestYou)	No Charge	N/A	No Charge	N/A	No Charge	N/A
Lab / x-ray	100%	50%	80%	N/A	100%	50%
Complex Imaging (outpatient)	100%	50%	80%	N/A	100%	50%
Outpatient Surgery	100%	50%	80%	N/A	100%	50%
Inpatient Hospital	100%	50%	80%	N/A	100%	50%
Emergency Room	100%	100%	80%	80%	100%	100%
Urgent care	100%	50%	\$25	N/A	100%	50%
Rx Formulary	Advantage		Advantage		Advantage	
Tier 1 - Generic Drugs	100%	100%	\$10	N/A	100%	100%
Tier 2 - Preferred Brand Drugs	100%	100%	\$35	N/A	100%	100%
Tier 3 - Non-Preferred Brand Drugs	100%	100%	\$75	N/A	100%	100%
Specialty Drugs	100%	100%	\$250	N/A	100%	100%
Employee Contributions	Bi-Weekly		Bi-Weekly		Bi-Weekly	
Employee	\$0.00		\$30.06		\$71.75	
Employee + Spouse	\$181.71		\$244.85		\$332.38	
Employee + Child(ren)	\$140.41		\$196.04		\$273.15	
Employee + Family	\$330.39		\$420.58		\$545.64	

*Out of network benefits are available per the medical plans. Reimbursement is at the in-network contracted rate. You are responsible for any cost over and above that, plus any applicable cost sharing.

Wellness

Through the medical plans offered by WCG, Inc., participating members are eligible to receive routine wellness services at no cost.

Which Preventive Care Services Are Covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e., Health Care Reform) compliant insurance plans cover at 100% when utilizing in-network providers. Below is a list of common services that are included in the plans offered this year:

- ❖ Routine Physical Exam
- ❖ Well Baby and Child Care
- ❖ Well Woman Visits
- ❖ Immunizations
- ❖ Routine Bone Density Test
- ❖ Routine Breast Exam
- ❖ Routine Gynecological Exam
- ❖ Screening for Gestational Diabetes
- ❖ Obesity Screening and Counseling
- ❖ Routine Digital Rectal Exam
- ❖ Routine Colonoscopy
- ❖ Routine Colorectal Cancer Screening
- ❖ Routine Prostate Test
- ❖ Routine Lab Procedures
- ❖ Routine Mammograms
- ❖ Routine Pap Smear
- ❖ Smoking Cessation
- ❖ Health Education/Counseling Services
- ❖ Health Counseling for STDs and HIV
- ❖ Testing for HPV and HIV
- ❖ Screening and Counseling for Domestic Violence

Health Spending Account (HSA) and High Deductible Health Plans (HDHP)

An HSA is a tax advantaged account. The money you contribute is not subject to federal income tax (may be subject to state tax), interest and investment earning are not taxed, and withdrawals used for eligible healthcare expenses are not taxed.

Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take home pay. HSA's are portable meaning that they are not tied to an employer, and you own 100% of the funds. There is no 'use it or lose it' rule. HSA's can be used for eligible expenses for you and your tax dependents now, in the future or during retirement.

HDHP <i>Your group medical insurance plan</i>	HSA <i>Your individual health spending account at a financial institution</i>
Health insurance that protects you against catastrophic claims	Your personal account
Lower premiums allow for saving deferral into HSA	Allows for triple tax savings; contributions, interest on deposit and investments and qualified reimbursements are tax free
Involves employee engagement	Use \$ for qualified medical, dental and vision expenses for you, your spouse and tax dependents or grow the balance
Offered through your employer	You keep your account and funds if you leave employment
Consumerism	Can start and stop contributions at any time

Health Spending Account (HSA)

Eligibility Requirements	
To be eligible to set up and contribute to an HSA, you must:	
Participate in a HDHP	Not be enrolled in Medicare or Tricare (& some VA benefits)
Not be claimed as dependent on someone else's tax return	Not have a HRA or Standard FSA (including through your spouse) or be covered under another health plan that is not a HDHP.

Other Considerations
➤ HSAs are self accountable – you do not have to submit receipts ➤ Maintain your receipts should you get audited ➤ HSA's require tax reporting by account holders ➤ There is no time limit for reimbursing yourself for qualified expenses ➤ HSA dollars can be used for eligible dependents if they are claimed on your tax return ➤ If you are a new hire or moving to a HDHP, if you participated in a standard FSA last year, you must have \$0 balance in your FSA in order to open an HSA. If you want to carry over any unused FSA balance, it must be carried over into a limited purpose FSA.

Dental

Delta Dental	Plan Details		
	PPO Provider	Premier Provider	Non-Participating Provider
Annual Deductible (Individual / Family)	\$50 / \$150 Combined in and out of network		
Calendar Year / Plan Year?	Calendar year		
Annual Maximum Benefit	\$1,500 per person Combined in and out of network		
Preventive Care	100% Ded waived. Does not accumulate to the maximum benefit	90% Ded waived. Does not accumulate to the maximum benefit	90% Ded waived. Does not accumulate to the maximum benefit
Basic Services (Periodontics / Endodontics / Oral Surgery)	80%	80%	80%
Major Services	50%	50%	50%
Orthodontia	Not Covered		
Waiting Period (for Major Services)	None		
Right Start 4 Kids	This product enhancement covers children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO provider to receive the 100% coinsurance. If a Premier provider is seen and charges more than the PPO provider's Allowable Fee, you will be responsible for the excess charges and the remainder is paid at 100%. If an out-of-network provider is seen, the adult coinsurance levels will apply.		
Employee Contributions	Bi-Weekly		
Employee	\$0		
Employee + Spouse	\$16.94		
Employee + Child(ren)	\$17.88		
Employee + Family	\$41.03		

Vision

UnitedHealthcare	UHC	
	In-Network	Out-of-Network
Vision Exam	\$20 copay	Up to \$45 reimbursement
Frequency		
Exam	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months
Contacts	Every 12 months	Every 12 months
Lenses		
Single	Covered in full	Up to \$30 reimbursement
Bifocal	Covered in full	Up to \$50 reimbursement
Trifocal	Covered in full	Up to \$65 reimbursement
Frames	Up to \$130 allowance	Up to \$70 reimbursement
Contact Exam	Up to \$60 copay	N/A
Elective Contact Lenses (in lieu of frames)	UP to \$130 allowance	Up to \$105 reimbursement
Medically Necessary Contact Lenses	Covered in full with preapproval	N/A
Network	VSP Choice	N/A

Employee Contributions	Bi-Weekly
Employee	\$0
Employee + Spouse	\$2.18
Employee + Child(ren)	\$2.98
Employee + Family	\$5.18

Short Term Disability (STD)

The importance of disability – disability insurance provides you and your family income “paycheck protection” when you cannot work and are unable to earn a paycheck due to an accident or illness.

UNUM	STD
	Employer Paid
Benefit Amount	60% of your weekly earnings
Maximum Benefit	\$1,000 per week
Benefit Begins	On the 8 th day for accident or sickness
Benefit Duration	Up to 12 weeks
Offset	CO PFML/FAMLI offsets STD

Contacts and Resources

Carrier / Policy		Phone Number	E-mail	Website
Emily Marcol, Operations Supervisor		719-445-4807	emilym@wcginc.com	N/A
Medical	UHC Policy #1417219	866-801-4409	N/A	www.myuhc.com
HSA	OptumBank	866-234-8913	customercare@optum.com	www.optumbank.com
Dental	Delta Dental	800-610-0201	N/A	www.deltadentalco.com
Vision	UHC	800-638-3120	N/A	www.myuhcvision.com
STD	Unum	800-275-8686	Askunum@unum.com	www.unum.com



This booklet includes a brief description of the benefit plans. In the event of a conflict or discrepancy between this summary and the Plan Documents and contracts, the Plan Documents and contracts will govern.