

2023

BENEFITS SUMMARY - Drivers

You are eligible for benefits on **January 1, 2023.**

WELCOME Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This overview will answer some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive. View more detailed information on our benefits app - trans-system.mybenefitsapp.com.

Enrollment Dates: November 1 – November 15

HOW TO ENROLL

1. Call the Benefits Call Center at 551-300-2730
2. Use the Self-Service Portal by visiting <https://benefits.plansource.com>

WHEN DO I NEED TO ENROLL?

You must call the Benefits Call Center or use the Self-Service Portal during your new hire period. If you do not enroll before your eligibility date, you will no longer be eligible until Open Enrollment or if you have a Qualifying Event.

WHAT DO I NEED TO ENROLL?

- Dates of birth and Social Security numbers for you and any family members whom you want to cover.
- Documentation that substantiates your dependents if you are enrolling them in medical, dental or vision.
- ID cards for any other medical plans under which you or your family members are covered

2023 SUMMARY OF BENEFITS

MEDICAL

HDHP (Base Plan – VBP)

- \$4,000 Individual Deductible/ \$8,000 Family Deductible
- \$6,900 Individual Out-of-pocket Maximum/ \$13,800 Family Out-of-pocket Maximum
- Lower premiums
- Employer Funded Health Savings Account (HSA) \$500 per individual/ \$750 per family

PPO (Buy-up Plan – VBP) – PHCS/Multiplan Network

- \$1,500 Individual deductible/ \$4,500 Family Deductible
- \$7,150 Individual Out-of-pocket Maximum/ \$14,300 Family Out-of-pocket Maximum
- Higher premiums

PPO (Traditional Plan) – Cigna Network

- \$1,500 Individual deductible/ \$4,500 Family Deductible
- \$7,150 Individual Out-of-pocket Maximum/ \$14,300 Family Out-of-pocket Maximum
- Highest premiums

DENTAL

- Preventative care covered at 100%
- Basic care covered at 80%
- Major services covered at 50%
- Deductible: \$50 Individual/\$150 per family
- Annual Maximum Benefit: \$1,000 per person

The below table shows how much of the premiums are your responsibility.

If a spouse enrolled on our group medical plan has access to affordable health care coverage through his/her own employer that provides minimum value (as defined by the Affordable Care Act) and is not eligible for Medicare, Trans-System will implement a \$50/month surcharge for spouses. An annual affidavit will be required for all spouses enrolling in our group plans.

If you or your spouse use nicotine, your rates will increase by **\$80/month for 1 or \$160/month for both**. However, if at any time during the plan year you complete a tobacco cessation program and provide documentation of completion to Human Resources you will receive the discounted rate and be credited for the increased premiums that you paid during the year. Reach out to Human Resources for additional information on available free cessation programs.

IMPORTANT: Per IRS Section 125 guidelines open enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period.

| Drivers – discounted rates | | | | | | |
|-----------------------------------|---------------------------------|-----------------|-------------------------------|----------------------|----------------|---------------|
| | Pay Period Cost | HDHP | PPO PHCS/Multiplan | PPO Cigna | Dental | Vision |
| Employee Only | Your per pay period cost | \$18.50 | \$28.50 | \$69.23 | \$1.91 | \$0.66 |
| Employee + Spouse | Your per pay period cost | \$117.00 | \$138.00 | \$221.32 | \$7.85 | \$1.79 |
| Employee + Child(ren) | Your per pay period cost | \$57.00 | \$76.00 | \$145.83 | \$4.10 | \$1.20 |
| Employee + Family | Your per pay period cost | \$160.00 | \$195.00 | \$308.60 | \$10.52 | \$2.67 |

Note: Deductions are based on 52 pay periods

HEALTH SAVINGS ACCOUNT CONTRIBUTION

For those employees enrolling in the HDHP, Trans-System will contribute \$500 for individuals (\$9.62 per pay period) or \$750 for families (\$14.42 per pay period) per year into your Health Savings Account.

BASIC LIFE/AD&D

Trans-System automatically provides you with Basic Life and Accidental Death & Dismemberment (AD&D) insurance through Mutual of Omaha at no cost to you. You are eligible for a benefit of \$10,000.

DISABILITY- MUTUAL OF OMAHA

- Long term Disability
- Short term Disability

VOLUNTARY LIFE/AD&D INSURANCE- MUTUAL OF OMAHA

- Employee: You can elect in \$10,000 increments, up to a maximum of 5 times annual salary up to \$100,000, whichever is less
- Spouse: You can elect \$5,000 increments, up to a maximum \$100,000, not to exceed 100% of the employee’s amount.
- Dependent Children: You can elect \$1,000 increments with a minimum of \$2,000 up to a maximum of \$10,000.

VOLUNTARY WHOLE LIFE INSURANCE WITH LONG TERM CARE- TRUSTMARK

- Universal Life: Ability to use 4% of policy towards Long term care
- Universal Life Events: Benefit shifts to two-thirds Long term care and one-third life benefit at age

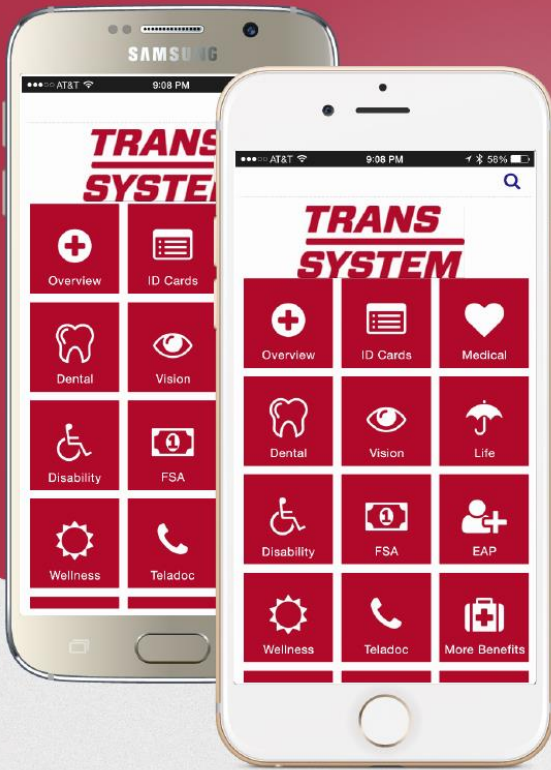
IMPORTANT: For employees interested in the Long-Term Care product, please call the Benefits Call Center. This product is not available via online enrollment.

GUARDIAN

- Critical Illness
- Hospital
- Accident

Please download our benefits app at trans-system.mybenefitsapp.com

If you'd like a full 2023 Benefit Guide, please visit the Documents section in the app or reach out to HR at 509-960-5085 or humanresources@trans-system.com



Access your Trans-System Benefits Anytime, Anywhere!

As a Trans-System employee, you can now access most employee benefits plan information and resources when you're "on the go" from your mobile device.



*Nothing to install!
Access from a computer,
tablet or smartphone.*



Searchable

Quickly find service contact information and online resources



Benefits Plans

Review benefit plan design information and find online provider directories



Group Information

Access and print generic ID cards with group information



Forms

Download and print benefit-related documents and forms

Add an icon to your smartphone for quick access

iPhone



Tap the Share icon in Safari's lower menu bar



Add to Home Screen

Tap the Add to home screen icon

Android



Tap this Icon in the top right menu bar

Select: Add to Home screen

Online Enrollment Instructions

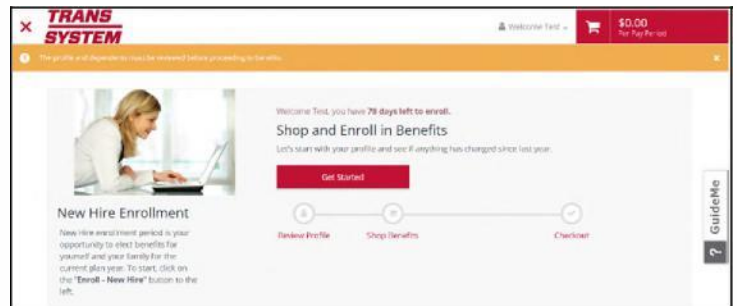
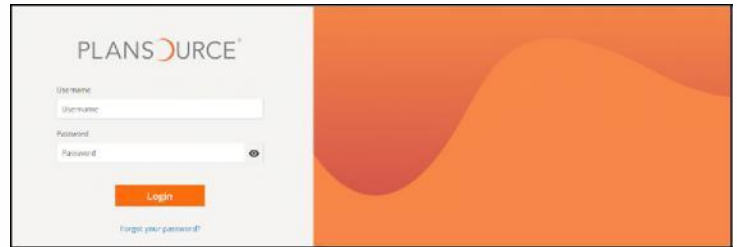
1. Login

Enrollment website:

<https://benefits.plansource.com>

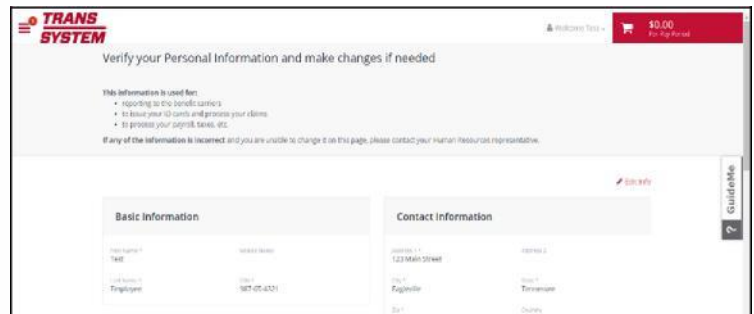
USERNAME: Your username is the following. **The first initial of your first name**, up to the **first six characters of your last name**, and the **last four of your SSN**. For example, if your name is Jane Anderson and the last four of your SSN is 1234, your username would be janders1234.

PASSWORD: Your birthdate in YYYYMMDD format. For example: if your birthdate is August 14, 1962, your password would be 19620814. At initial login, **you will be prompted to change your password**.



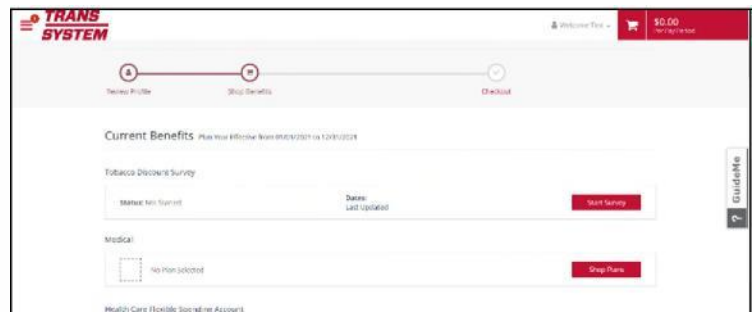
2. Launch Enrollment

During open enrollment, click on **“Enroll – Annual.”** **If you are a new hire – this link will say “New Hire – Enroll.”** Click on **“Make a Change to My Benefits”** if this is a qualifying event



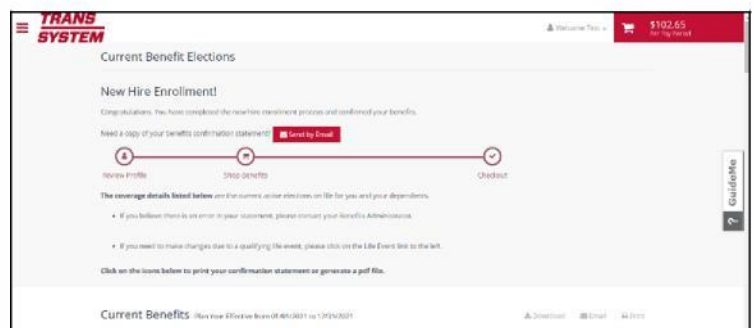
3. Enroll

- Follow the enrollment through each step of the enrollment process from top to bottom.
- In making your elections, choose the plan option of choice or select the “Decline” option and then select “Continue” after each election has been made until you reach the confirm page.



4. Confirm Enrollment Selections

Once you complete all coverage elections, you will land on the Confirmation Statement. Click the **“Confirm Enrollment”** button at the bottom of the page to complete your enrollment process.





New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employmentbased health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | | |
|---|----------------|--|--|
| 3. Employer name Trans-System | | 4. Employer Identification Number (EIN) | |
| 5. Employer address 7405 S. Hayford Rd. | | 6. Employer phone number 509-623-4000 | |
| 7. City Cheney | 8. State WA | 9. ZIP code 99004 | |
| 10. Who can we contact about employee health coverage at this job? Human Resources | | | |
| 1. Phone number (if different from above) | | 1. Email address humanresources@trans-system.com | |

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Coverage is offered to all full time employees working more than 30 hours per week.

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouse and child(ren)

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? (mm/dd/yyyy) (Continue) **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

X Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \$145.77

b. How often? Weekly Every 2 weeks Twice a month X Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

a. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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