

2026



Employee Benefits Guide



Scan the QR Code

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Welcome

We are committed to offering eligible employees a comprehensive benefits package for you and your family that provides the care you need to stay healthy and productive. Please take the time to review the contents of this guide and discuss the options provided with your family.

Eligibility

Employee: available to those who work 30+ hours/week.

Dependent(s): covered under applicable plans if:

- Legal spouse, as defined by Federal Law; and/or
- Children under age 26

When do benefits start?

First of the month following date of hire.

When can you enroll?

You can sign up for benefits at any of the following times:

- As a new hire, at your initial eligibility date
- Each year during the annual open enrollment period without a life event
- Within 30 days of a qualified life event

Once your benefit elections become effective, they remain in effect until the end of the plan year.

Enrollment Changes

Make your benefit selections carefully. The elections you make during Open Enrollment are effective for the entire 12-month Plan Year. Otherwise, changes can only be made with a Qualifying Event. If you believe you have had a Qualifying Event you need to notify Human Resources and make a decision about coverage within 30 days from the event occurring.

LOOK INSIDE

Eligibility & Enrollment	pg. 3
Medical Plan Overview	pg. 7
Medical Benefit Highlights	pg. 10
Understanding DDP	pg. 12
Virtual Visits	pg. 13
Optum Rx	pg. 14
Prescription Discounts	pg. 15
Health Savings Account (HSA)	pg. 16
Flexible Spending Account (FSA)	pg. 17
UHC Rewards	pg. 18
Dental Plan Overview	pg. 21
Vision Plan Overview	pg. 22
Life / AD&D, STD & LTD	pg. 23
Critical Illness & Accident	pg. 24
Employee Assistance Program	pg. 25
Mental Health Resources	pg. 26
Contact Information	pg. 27
Government Notices	pg. 28

Examples of Qualifying Events Include:

- Marriage or Divorce
- Change in Spouse's Employment
- Birth/Adoption
- Loss of Coverage

ProLiant Enrollment Instructions

ProLiant is currently building our open enrollment platform, and we hope to be able to open the portal on November 10th, if not sooner.

The open enrollment window will be 11/10-11/24. HR will email as soon as the benefits portal is ready for you.

When you log into ProLiant, you will see a “My Benefits” tab along the top of your screen. This is where you will go to begin your enrollment process.

You will NOT be able to make selections until the open enrollment window is open.





A strong benefits program is an important part of your overall compensation; The Difference Principle offers a variety of benefits to you and your family.

We regularly review the quality and cost of these benefits to ensure we offer the most competitive package possible. Changes and relevant information are addressed on the following pages; please review this guide in its entirety.

R&R Insurance Services, Inc. prepared this benefits guide specifically for The Difference Principle as a summary overview, and it does not replace our Employee Handbook.

This document cannot, and should not, be construed as exhaustive or applicable to any other group health plan or employer. This document is not intended to and should not be construed as legal advice. Nor should any discussion with, or opinions expressed by R&R Insurance Services, Inc., or its authorized representatives, be construed as legal advice. Readers should contact legal counsel for legal advice if needed.

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the benefits guide and the actual plan documents, the actual plan documents will prevail.

COBRA/Continuation Rights

If you, or your dependents, no longer meet eligibility requirements for health and welfare plans, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) and/or State Continuation law.

Pre-Tax Premiums

Our plan setup allows you to pay for your coverage with non-taxed dollars to reduce your taxable income. This applies to a portion of the Company's Benefit Plans.



Questions about changes to your benefits?

HR CONTACT

Nicole Coyne, SHRM-CP

Human Resources Manager

414-908-0283

ncoyne@differenceprincipal.org

Contact information for our insurance carriers appears on the final pages of this guide.

Medical Plan Overview

Coverage is provided through United Healthcare and includes services like preventive care, office visits, surgery, and prescription drugs. Our plan complies with federal and state mandates, including the Affordable Care Act's requirements for coverage of 'Essential Benefits'.

Please note that the medical plan summary information in this booklet is intended as a high-level overview and is not a guarantee of coverage.

Is there a Penalty for Refusing Coverage?

No. In 2019 the financial tax penalty for not having medical coverage was eliminated. However, your future ability to enroll in this plan may be restricted to specific enrollment periods if you waive coverage now.

Key Terms to Remember

Annual Deductible - A deductible is the amount of money you pay out-of-pocket for certain covered health care services before your health plan starts to pay. Understanding how deductibles work may help you choose the plan that best fits your needs and budget.

Copays and Coinsurance - These expenses are your share of the cost paid for covered medical services. Copays are a fixed dollar amount and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service and is billed to you after the medical insurance reconciles the bill with the provider.

Out-of-Pocket Maximum - This is the total amount you can pay out-of-pocket each calendar year before the plan pays 100% of the covered expenses for the rest of that calendar year. Your deductible, copays and coinsurance are applied towards the out-of-pocket maximum (OOP).

Prescription drugs are included in the annual out-of-pocket.

Are You Medicare Eligible?

When you or a family member become eligible for Medicare, our insurance broker, R&R Insurance has a dedicated Medicare Division that can help determine which plan is best for you.

Medicare Checklist

Download the Medicare Checklist that will guide you through exactly what you should be doing and when! Click on the video camera icons within the checklist to watch informational videos.

Download the checklist [here!](#)

MEDICAL



Medical

United Healthcare
Policy #: 940217

Find a Provider Online

www.myuhc.com

No-Cost Preventive / Routine Care

Insurance plans must cover certain in-network routine and preventive services at no cost.

The specific services available vary based on age, gender, and risk factors, but can include:

- Routine Vaccinations
- Cancer Screening Test
- Routine Annual Physicals
- Well-baby & Well-child office visits

[Click on the laptop to learn about your Medicare options.](#)



Preventive Care Benefits

The Affordable Care Act requires medical plans to cover certain in-network routine and preventive services at no cost to covered members. The specific types of free services available vary based on a member's age, gender and other risk factors, but can include:

- Routine vaccinations
- Routine annual physicals
- Cancer screening tests
- Regular well-baby and well-child office visits



To Find Out Which Specific Services are Eligible for You to Receive at No Cost, Visit:
www.healthcare.gov/coverage/preventive-care-benefits/

In-Network Preventive care services must be submitted by your doctor's office with appropriate preventive billing codes in order to be covered at 100%. When claims are submitted to the insurance company with diagnostic billing codes, or for other services not specifically recommended by the U.S. Preventive Services Task Force (USPSTF), you may be subject to additional member cost-sharing. You are encouraged to speak candidly with your doctor during a routine visit to confirm that services performed, and any lab work ordered, is an eligible service to be covered at 100% under the Preventive Care benefit.

Eligible preventive care services are covered at 100% only when received from an in-network doctor/provider.

Hospital Price Transparency

What is this?

- Hospital price transparency helps Americans know the cost of a hospital item or service before receiving it. Starting January 1st, 2021, each hospital operating in the US is required to provide clear, accessible pricing information online about the items and services they provide.

How will this help me?

- This information will make it easier for consumers to shop and compare prices across hospitals and estimate the cost of care before going to the hospital.

Show me how!

- Click the image to the right to watch a short video one of our R&R benefit partners put together that demonstrates how they were able to save over \$1,000 using this information!



How I Saved \$1K

Where to Seek Care

Where you go for medical services can make a BIG difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs.

Type of Care	Wait Time	Member Cost
 Virtual Visits Visit with a licensed physician allowing you to receive care, and if needed, get prescriptions. Available 24/7.	15 minutes Or less on average	\$
 Urgent Care Urgent Care centers are often open in the evenings and on weekends. When to go: <ul style="list-style-type: none"> ○ Sprains & strains / minor broken bones or cuts ○ Mild asthma attacks ○ Sore throats 	20-30 minutes approx. wait time	\$\$
 Primary Care Doctor Seeing your doctor is important. Your doctor knows medical history and any ongoing health conditions. When to go: <ul style="list-style-type: none"> ○ Preventive services & vaccinations ○ Medical problems or symptoms that are not immediate, and/or serious threat to your health or life. 	1 week+ approx. wait time for an appt.	\$\$\$
 Emergency Room (ER) Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours. When to go: <ul style="list-style-type: none"> ○ Sudden change in vision ○ Sudden weakness or trouble walking ○ Large, open wounds ○ Difficulty breathing ○ Heavy bleeding ○ Spinal Injuries ○ Chest Pain ○ Major burns ○ Broken bones 	3-12 hours approx. wait time for non-critical cases	\$\$\$\$

Medical Plan Highlights

Medical coverage is provided through **UHC with the Choice Plus network**. Our plan complies with federal and state mandates, including the Affordable Care Act's (ACA) requirements for coverage of 'Essential Benefits'.

PLAN OPTIONS	Plan A Copay	Plan B HSA		
Deductible	In-Network	In-Network		
Single	\$ 1,000	\$ 2,000		
Family	\$ 2,000	\$ 4,000		
Out-of-Pocket Maximum				
Single	\$ 3,000	\$ 4,000		
Family	\$ 6,000	\$ 8,000		
Family Deductible and Out-of-Pocket Max Accumulation	Embedded	Non- Embedded		
Coinsurance	80%	80%		
Physician Services				
Preventive Services	100%, no Ded	100%, no Ded		
Primary Care Office Visit	<19 \$0 copay & 19+ \$35 copay	Ded & Coins		
Specialty Care Office Visit	\$70 copay	Ded & Coins		
Virtual Visits	No cost with Designated Virtual Provider	Contracted amount which will apply to your deductible		
Hospital Services				
Inpatient	Ded & Coins	Ded & Coins		
Outpatient	Ded & Coins	Ded & Coins		
Lab, X-Ray, Major Diagnostic Testing	Designated Network: 20% Coins after Ded Network: 40% Coins after Ded	Designated Network: 20% Coins after Ded Network: 40% Coins after Ded		
Emergency & Urgent Care				
Emergency Room	\$350 copay	Ded & Coins		
Urgent Care	\$100 copay	Ded & Coins		
Retail Pharmacy				
Tier 1	\$0 Copay Drug List!	\$10 copay	Click image for Essential Rx Drug list!	Ded & Coins
Tier 2		\$40 copay		Ded & Coins
Tier 3		\$85 copay		Ded & Coins
Tier 4		\$250 copay		Ded & Coins

See next page for payroll deductions

Click the button(s) for more plan information and out-of-network coverage if applicable →

Summary of Benefits and Coverage

Summary of Benefits and Coverage

Medical Plan Costs Per Paycheck – 24 Pay Periods

What Is My Cost Per Paycheck	Plan A Copay	Plan B HSA
Employee	\$ 49.46	\$ 27.20
Employee + Spouse	\$ 97.81	\$ 54.40
Employee + Child(ren)	\$ 97.81	\$ 54.40
Family	\$ 150.80	\$ 81.60

Understanding Designated Diagnostic Provider (DDP)

United Healthcare includes a Designated Diagnostic Provider (DDP) feature on the medical plans. DDPs are laboratory providers and imaging centers that meet certain quality and efficiency requirements.

You'll have the highest level of coverage – and likely save money – when you use DDPs for your outpatient lab and/or major imaging services. When going to a non-DDP, but still an in-network provider, members could have a higher coinsurance and copays.

Designated Diagnostic Provider benefits apply to most outpatient lab or major imaging services, including (but not limited to):

- Lab work
- Blood Draws
- Blood panels
- Drug Tests
- Rapid Strep tests
- MRI/MRAs
- CT & PET Scans
- X-Rays

In-network Deductible and Out of Pocket Maximums are the same, regardless of seeing a DDP or Non-DDP.

How to tell if my provider/facility is a DDP?

Look for the green check

To find a DDP near you, look for the green check at myuhc.com® >

Find Care & Costs or on the UnitedHealthcare® app. If you need lab work, be sure to tell your doctor which DDP to use. 



ABC Laboratory
Laboratory
1234 Any Street
Any City, State 12345
(123) 456-7890 PHONE
5.9 Miles Away | [Get Directions](#)

 Designated Diagnostic Provider

**Note that some facilities offer services, such as lab work, but will outsource the testing to a different vendor. It's always best to ask before your services, where the facility sends the testing for results to determine if that vendor is a DDP.*

Designated Diagnostic Providers (DDP)



More Information

Click the link and image below for more information on the Designated Diagnostic feature of your plan.

[UHC DDP FAQ Page](#)



Say hello to the Designated Diagnostic Provider benefit

Designated Diagnostic Providers (DDP) are laboratory providers that meet certain quality and efficiency requirements. With your DDP benefit, you have the highest level of coverage – and likely save money – when you use a DDP for outpatient lab services. If you don't use a DDP, your lab services may not be covered, and you may be responsible for 100% of the cost.

Look for the green check

To find a DDP near you, look for the green check at myuhc.com® > **Find Care & Costs** or on the UnitedHealthcare® app. If you need lab work, be sure to tell your doctor which DDP to use. 

 ABC Laboratory
Laboratory
1234 Any Street
Any City, State 12345
(123) 456-7890 PHONE
5.9 Miles Away | [Get Directions](#)

 Designated Diagnostic Provider

Get started | Find DDPs at myuhc.com or on the UnitedHealthcare app

The UnitedHealthcare® app is not available for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google, Inc. All UnitedHealthcare trademarks can access a medical record online or on the Internet. None of the trademarks are intended to be a guarantee of your health care services. Your actual costs may vary after accounting for insurance and other factors. © 2012, UH 10101161-A01. 03-0201 UnitedHealthcare Service Inc. All Rights Reserved. 17-0303-00

United Healthcare

Virtual Office Visit Overview

Virtual Visits provide care 24/7 for a wide range of non-emergency conditions from wherever you are. You can connect with a provider via your mobile device, visiting online, or calling. If a prescription is needed, providers can send it to the pharmacy of your choice. The following are some examples of instances when it would be appropriate to call:

Allergies	Colds	Pink Eye	Sinus Problems
Sore Throat	Diarrhea	Rash	Urinary Tract Infection
Bronchitis	Fever	Migraines	Stomachache

How to Use Virtual Visit Services

No appointment is necessary. Go to the website, call, or download the app to get registered. Virtual Visits requires you to complete a brief medical history prior to requesting your first visit. Before each visit, the doctor will review your medical history, so they are aware of any chronic illnesses, current medications, and allergies. After your visit, Virtual Visits can share the results of your visit with your primary care physician with your consent.

VIRTUAL



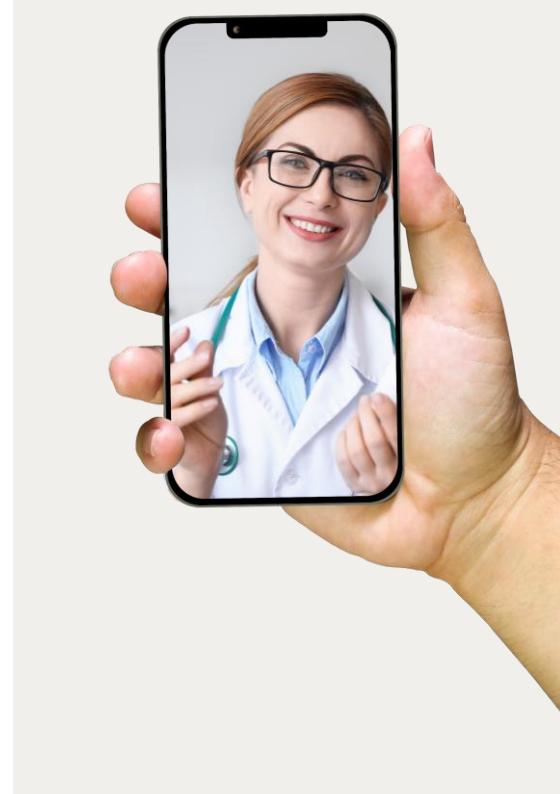
Virtual Visit

Talk to a licensed doctor for non-emergency conditions 24/7 from anywhere you are!

How this Service Works:

[**UHC Virtual Visits Copay Plan**](#)

[**UHC Virtual Visits HSA Plan**](#)



Optum Rx Overview

Optum Rx pharmacy services help make it easier to save on medications and keep track of them too—whether you're online or on the go.

Manage your meds

When you go to myuhc.com > Pharmacies & Prescriptions you can:

- Find and compare medication costs
- Locate a network pharmacy
- See if your medications have any requirements before filling them

Critical medications available for \$0 out-of-pocket

Designed to help make prescription drugs more affordable, the United Healthcare Vital Medication Program eliminates out-of-pocket costs for certain preferred medications that are critical to maintaining health, including:

- Insulin – rapid, short and long-acting insulins to treat diabetes
- Epinephrine – to treat allergic reactions
- Glucagon – to treat hypoglycemia (low blood sugar)
- Naloxone – to treat opioid overuse
- Albuterol – to treat asthma



Keep costs in check

Your Prescription Drug List (PDL)

Available on myuhc.com – lists the most commonly prescribed medications covered by your plan. Choosing medications in the lower tiers may help you save money. And consider generic medication instead of brand names which may keep costs down.

2 ways to fill your prescriptions



Use home delivery

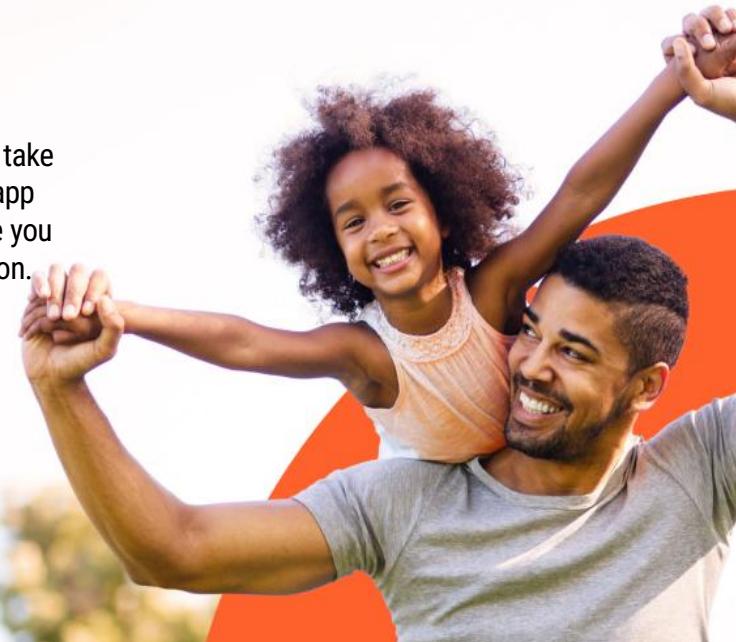
Order up to a 3-month supply of medications you take regularly.* Sign up on myuhc.com, use the UnitedHealthcare app or call the member phone number on your ID card. Make sure you have at least 1-month supply to cover you through the transition.



Pick up at the pharmacy

Show your ID card at any network pharmacy – which can be found by checking the Pharmacy Locator at myuhc.com, on the UnitedHealthcare app or by calling the member phone number on your ID card.

*Not all prescriptions are eligible for home delivery



How GoodRx Works

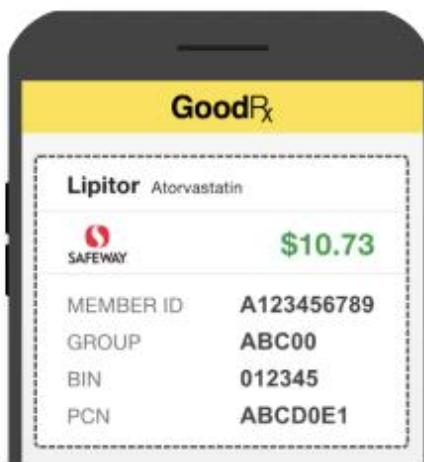
GoodRx gathers and compares prices for every FDA-approved prescription drug at more than 70,000 pharmacies. They then provide those current prices and discounts to help you find the lowest cost pharmacy, near you, for your prescriptions. GoodRx is 100% free. No registration required.



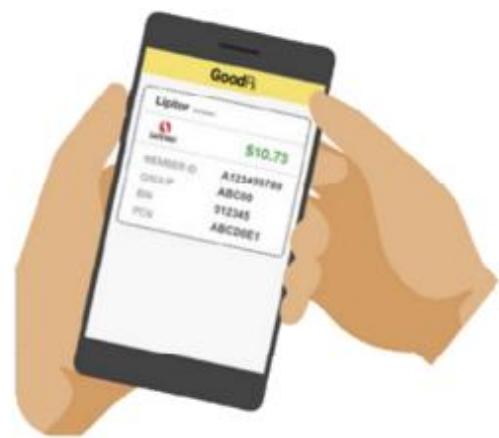
Drug Prices Vary Widely Between Pharmacies. GoodRx Finds the Lowest Prices & Discounts!



Compare Prices



Get Free Coupons



Show to Your Pharmacist

75%

GoodRx customers with insurance

70,000+

U.S. pharmacies accept GoodRx

\$100+

How much prices can differ between pharmacies



GoodRx for Pets

We love our pets, but they can be expensive! It has been hard to compare prices on pet medications — until now. GoodRx brings together prices from major online pet medication retailers, local pharmacies and other sources to help find you the lowest prices on all your pet medications.



Click the button for more information →

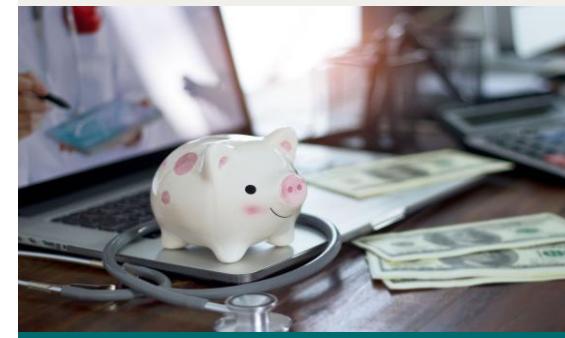
GoodRx Information

Pre-Tax Accounts

These accounts allow you to pay (or be reimbursed) for eligible expenses and/or dependent care expenses tax-free. For all healthcare-related accounts, eligibility is determined in-part by which medical plan you choose.

	HDHP*	Copay Plan
Health Savings Account (HSA)	✓	
Health Care Flexible Spending Account (HCFSA)		✗
Limited Purpose Flexible Spending Account (LPFSA)	✓	
Dependent Care Flexible Spending Account (DCFSA)	✓	✗

* High-Deductible Health Plan (HDHP)



Health Savings Account

Click the laptop to watch a Video on HSA's:



Health Savings Account (HSA)

The Difference Principle offers a High-Deductible Health Plan (HDHP) that features a Health Savings Account (HSA). This investment tool allows you to contribute money, earn interest, and pay for qualified health care expenses, all tax-free.

If enrolled in the HDHP option, The Difference Principle has partnered with Optum to establish your HSA.



How the HSA Works

Money Goes In* 2026	Money Goes Out**	Have Money Left? IT ROLLS OVER!
\$4,400/year max. for individual coverage	You decide whether to use your HSA for qualified expenses or pay with other resources. The amount you spend on qualified medical expenses is also tax-free.	There's no deadline or limit on how large your account can grow. If you leave The Difference Principle, you take the money with you because the account is yours.
\$8,750/year max. if you enroll your spouse and/or child(ren)		
An extra \$1,000/year max. age 55 or older.		

*Enrolling mid-year may make you ineligible for a full-year contribution to your HSA. Talk to your tax advisor before signing up for pre-tax deductions. See IRS Publication 969 for more information. **HSA funds are eligible to reimburse qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

HSA

REMEMBER to only use your HSA for eligible expenses.

HSA funds used prior to age 65 for non-eligible expenses (like a TV) are subject to income taxes plus an additional 20% federal excise tax and depending on your state, a state penalty. Keep all receipts for your HSA reimbursements—you will need them to validate HSA expenses in the event of an IRS audit!

Pre-Tax Accounts

Flexible Spending Account (FSA)

With Flexible Spending Accounts (FSA), you can set aside tax-free money to pay for eligible medical and dependent care expenses. You decide how much you want to contribute each plan year and the money is deducted from your pay before taxes are taken out saving you approximately 15-30% in taxes.

Traditional Health Care FSA (HCFSA)

Can use to pay any qualified health care expense, including copays and deductibles, dental care, and vision care. You're not eligible for the Traditional Health Care FSA if you are currently contributing to an HSA.

Limited Purpose FSA (LPFSA)

Eligible to be used if you're enrolled in the HDHP option; use the Limited Health Care FSA along with an HSA and maximize your tax savings! The LPFSA can be used for dental and vision care expenses in the plan year only.

Dependent Care FSA (DCFSA)

The DCFSA covers the eligible daycare expenses for your qualified dependent(s). This can include a dependent under the age of 13, or a parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

How the FSA Works

Money Goes In*

Health Care FSA: \$3,400/year max. \$680 rollover

Dependent Care FSA: \$7,500/year max.

Money Goes Out*

Use your FSA dollars for qualified expenses (see explanations above). Any amount you spend on qualified expenses is also tax-free. Any amount above the rollover limit will be lost if not spent within the calendar year and/or runout period.

**Talk to your tax advisor before signing up for pre-tax deductions. See IRS Publication 502 for more information. This is meant as a high-level overview—for more details and plan rules, please reference your plan documents.*

FSA



Flexible Spending Account

Diversified Benefit Services

Find a Provider Online

www.dbsbenefits.com

Why Participate in an FSA?

FSA's let you budget a fixed dollar amount each pay period to be withdrawn 'pre-tax' from your check. These deductions accumulate in your FSA for you to use on eligible expenses. Tax savings from your FSA payroll deductions can be as high as 40% (varies by individual tax bracket).

Advantages of pre-tax FSA Deductions:

Payroll deductions are tax-free (no income tax or FICA)

Payments/reimbursements from your flex account are tax-free!

UHC Rewards - Earn up to \$300 per year!

Available to employees enrolled in the UHC Health Plan

Get in on UHC Rewards -

What's better than earning rewards for reaching goals and taking care of your health? Being able to choose how those rewards are earned and spent. UnitedHealthcare Rewards is designed to meet members where they're at.



There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards.

Here are some ways you and your enrolled spouse can earn rewards:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Complete a health survey
- Get a biometric screening
- Go paperless
- Connect a tracker
- 24/7 Virtual Visit
- Flu shot
- Annual checkup

Personalize your experience by selecting activities that are right for you—and look for new ways of earning rewards to be added throughout the year.



Good news—your health plan comes with a new way to earn up to \$300. UnitedHealthcare Rewards is included in your health plan at no additional cost.



There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards. The activities you go for are up to you—same goes for ways to spend your earnings. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you—and look for new ways of earning rewards to be added throughout the year.

Earn up to
\$300

United
Healthcare

How to get started:

UnitedHealthcare plan members can register and get started with UHC Rewards in 2 ways—through the UHC app or myuhc.com.



- Scan this code to download the app or open your mobile app store and search “UHC Mobile App”
- Sign in or register
- Select **UHC Rewards**
- Activate **UHC Rewards** and start earning
- Though not required, connect a tracker and get access to even more reward activities

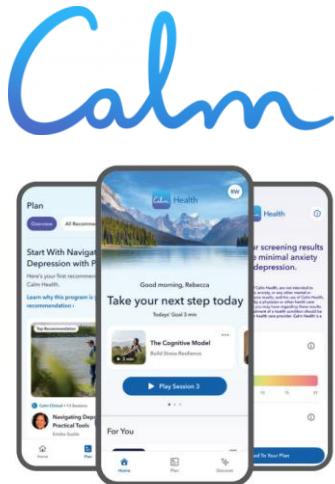
Additional Resources from UnitedHealthcare

Calm Health – Mental Well-Being Support, On Your Time

Calm is a widely recognized mental well-being app with resources for sleep, meditation, and mindfulness. Members will have access to content from Calm in addition to new features and benefits, including mental health screenings, self-guided learning modules, evidence-based content, and referrals.

To access Calm Health, members will be directed from myuhc.com® to a Calm Health landing page in the web browser to register for a Calm Health account. The member information will automatically pass through from myuhc.com. Once registered, members can continue using the website or download the Calm Health app and sign in.

Calm Health will be available to eligible employees and their dependents at **no additional cost** for those who are enrolled on your employer's medical plan.



Access Calm Health on your myuhc.com account or download the UnitedHealthcare App!



Quit For Life®

Take a break without a cigarette.

Need of your day reviving around smoking? If you want to enjoy life without it, we're here for you. Since 1985, we've helped over 2 million tobacco users.

The Quit For Life® program offers proven, personal support to help you quit for good – at no additional cost to you. Choose from a variety of tools to customize a plan to help you break free from tobacco.

Online Support: Connect with tips, tools and support, anytime.

Quit For Life® mobile app: 24/7 urge management support plus the app is available on the App Store® and Google Play®.

Get started at myuhc.com.

UnitedHealthcare

Quit For Life - Smoking Cessation Program

Take your last first step toward quitting for good. Discover a new approach to nicotine cessation that starts with you. Find research-based solutions and coaching to help you stay on track.

What is it?

- Free smoking cessation program
- Personalized support from a Quit Coach
- Self-Paced online courses
- Text2Quit (SM) and messages



Click on the laptop to learn more about Quit For Life

Join and start now at quitnow.net or search "Quit For Life" on myuhc.com.

Real Appeal

Get motivated.

Real Appeal® is an online weight loss program available for free* to eligible UnitedHealthcare members.

Real Appeal may help you reach your New Year's resolutions with:

- A Transformation Coach who leads weekly online group sessions.
- Online tools to help track your food, activity and weight loss progress.
- Personalized support, including weekly check-ins and encouragement right to your door.

Consider these tips to help keep your resolutions:

1. Start small: Focus on one, specific goal at a time. It will help keep things simple and give you a sense of accountability.
2. Write out your goals: Make your goals feel real, it will help you stay focused and increase your sense of accountability.
3. Forgive yourself: Remember, we're human. One slip-up doesn't have to undo your progress.

Join Real Appeal at join.realappeal.com.

Real Appeal | UnitedHealthcare

Real Appeal - Healthy Lifestyle & Weight Management Program

Take small steps for lasting change with Real Appeal - designed to help you build better habits across key areas, such as nutrition, fitness, sleep and stress, to support a healthier lifestyle. This program is available at **no additional cost** to eligible members and dependents as part of their health plan benefits.

What is it?

- Free weight loss program
- Expert one-on-one coaching
- Personalized support
- Engaging entertainment
- Tools & Tracking



Click on the laptop to learn more about Real Appeal

Join Real Appeal at join.realappeal.com or search "Real Appeal" on MyUHC.com.

Introducing the **NEW** United Healthcare WELLOS App at No Cost To You!*

United HealthCare has teamed up with **Wello**s, a voluntary digital wellness experience to help employees actively engage in their health & wellness goals.



Tracking to help you learn

Personalized suggestions based on your real-life data



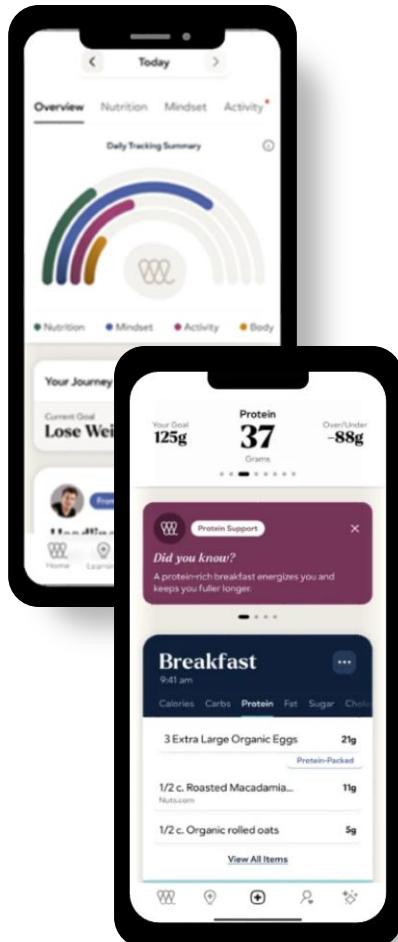
Coaching that comes to you

Online coaches and behavior change lessons by your side as you build sustainable habits



Personalized support

Challenges designed to help keep you excited about the changes you're making



How to get started:

*UnitedHealthcare plan members 18 years or older are eligible to download and start using the app.



Join Wellos at No Cost To You!*

Scan the QR Code to download the app or go to www.Wellos.com to learn more.

UHC Programs



**Weight
loss,
*smarter.***



Dental Plan Overview

Dental coverage is provided through Delta Dental and includes coverage for services like routine exams, cleanings, and restorative services.

Plan Highlights

		Delta PPO	Premier & All Other Providers
Deductible †	Single	\$ 50	\$ 50
	Family	\$ 150	\$ 150
Maximum Benefit †		\$ 1,500	\$ 1,500
Life Orthodontia Maximum		\$ 1,500	\$ 1,500

† Per Covered Member Per Year

Delta PPO and Delta Premier Benefits

	Delta PPO	Premier & All Other Providers
Preventive Services	100%	100%
Basic Services	80% after Ded	80% after Ded
Major Services	50% after Ded	50% after Ded
Orthodontia to age 19 (max. lifetime benefit)	50% after Ded	50% after Ded

What is My Cost Per Paycheck – 24 Pay Periods

Employee	\$ 2.50
Employee + Spouse	\$ 5.00
Employee + Child(ren)	\$ 5.00
Family	\$ 7.50

Click the button for more plan and network information

Benefit Summary

DENTAL



Dental

Delta Dental

Policy #: 03724

Find a Provider Online

www.deltadentalwi.com

Oral Health Impacts Your Overall Health!

When you practice good oral health, harmful bacteria are less likely to enter your body through the mouth and cause problems with your digestive, respiratory, and cardiovascular systems.



Protect your health with regular visits to the dentist, plus:

- Brush twice daily
- Floss daily
- Limit sugary foods
- Avoid tobacco use

The TDP plan allows you to seek treatment from the dentist of your choice. However, if you see a dentist who is NOT contracted, the non-contracted dentist will have the right to balance bill you.

Vision Plan Overview

Vision coverage is provided through Delta Vision and a summary of benefits is below.

In-Network Benefits

	Coverage	Frequency
Routine Exam	100% after \$10 copay	Every 12 months
Eyeglass Frames	\$150 Allowance then 20% off balance	Every 24 months
Eyeglass Lenses		
- Standard	100% after \$10 copay	Every 12 months
- Bifocal	100% after \$10 copay	
- Trifocal	100% after \$10 copay	
Contact Lenses		
- Conventional	\$150 Allowance then 15% off balance	Every 12 months
- Disposable	\$150 Allowance	
- Medically Necessary	Covered in Full	

Vision is provided at no cost to you!!

Click the button for more plan and network information

Benefit Summary

VISION



Vision

Delta Vision (EyeMed)

Policy #: 46500

Find a Provider Online

www.deltadentalwi.com

Use Insight Network

Regular Eye Exams are Important!

An annual eye exam keeps your prescription current, and can detect early medical issues like diabetes, high blood pressure and glaucoma!



Protect your eyes' health with regular visits to the eye doctor, plus:

- Eat 5+ servings of fruits / vegetables daily
- Use sunglasses outdoors
- Don't smoke
- Follow instructions for contact lens cleaning

Basic Life/AD&D – Click [Here](#) for Benefit Summary

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a payment if you pass away while employed by The Difference Principle.

Premium	The Difference Principle pays this premium at 100%
Amount of Life Insurance Benefit Pays a benefit if you pass away.	\$25,000
Amount of AD&D Benefit Pays an additional benefit if you pass away in an accident or receive specific types of dismemberment injuries.	\$25,000

Voluntary Life – Click Link Above for Benefit Summary & [Here](#) for Premium Calc Sheet

You have the option to purchase additional life insurance (above the amount we provide) on yourself, spouse, and child(ren) with United Healthcare.

Employee Spouse Child(ren)

Premium	Employee pays this premium		
Guarantee Issue Amount*	\$100,000	\$20,000	\$10,000
Maximum Election Amount	5x Salary to a maximum of \$500,000	50% of EE benefit up to \$250,000	\$10,000
Election Increments	\$10,000	\$5,000	\$2,000

*No underwriting is required up to this amount if you elect coverage when first eligible.

Short-Term & Long-Term Disability (STD & LTD)

The Difference Principle offers full-time employees with short-term and long-term disability insurance. This type of insurance provides income protection in the event you become disabled and are unable to work for an extended period of time.

STD LTD

Premium	The Difference Principle pays this premium at 100%	
Benefits Begin	Accident – 8 th day Sickness – 8 th day	180 days
Benefits Payable	Up to 25 weeks	Social Security Normal Retirement Age
Percentage of Income Replaced	60% of weekly salary	60% of monthly salary
Maximum Benefit	\$1,000/week	\$5,000/month

PROTECT



Life / AD&D & Disability

United Healthcare

Policy #: 307451

Is Your Beneficiary Current?

Remember to keep us updated with any beneficiary changes (such as after a marriage, divorce, or birth/adoption of a child)! In the event of a life claim, the insurance carrier will use the most recent beneficiary from our company files.

Why Do You Need Disability Coverage?

Disability coverage protects you financially if you are injured/ seriously ill and can't work. Our disability program provides eligible claimants a source of income to help with daily expenses like a mortgage, rent, or car payment.

Click [Here](#) for STD Benefit Summary

Click [Here](#) for LTD Benefit Summary

Voluntary Critical Illness

Critical Illness coverage is provided through United Healthcare.

Critical Illness insurance pays a cash benefit if you, your spouse and/or your child are diagnosed with a specific disease. You can use the cash benefit however you see fit—to help pay for out-of-pocket medical expenses (e.g., copays or deductibles) or everyday expenses (e.g., childcare or groceries). Please refer to the insurance carrier's benefit summary for specific details on these coverages.

❖ Employee pays this premium.

	Employee	Spouse	Child(ren)
Election Amount	Click here for a Summary of Benefits and Rates and Options!		

Voluntary Accident – Click [Here](#) for Benefit Summary

Accident coverage is provided through United Healthcare. Accident insurance pays a cash benefit when you, your spouse, or your child:

- Receive an injury as the result of an accident (e.g., fractures or dislocations)
- Receive treatments (e.g., ER visit, follow-up doctor appt., or ambulance ride)
- For the loss of life or dismemberment

Use the benefit however you see fit—to help pay for out-of-pocket medical expenses (e.g., copays or deductibles) or everyday expenses (e.g., childcare or groceries). Please refer to the insurance carrier's benefit summary for specific details on this coverage.

❖ Employee pays this premium.

What is My Cost Per Paycheck – 24 Pay Periods

	Option 1	Option 2
Employee	\$3.19	\$4.27
Employee + Spouse	\$5.10	\$6.81
Employee + Child(ren)	\$6.07	\$8.40
Family	\$9.45	\$12.99

PROTECT



Critical Illness & Accident

United Healthcare
Policy #: 307451

Don't forget to submit for reimbursement of your wellness screening benefit of \$50!

Employee Assistance Program (EAP) Overview

An Employee Assistance Program (EAP) offers confidential support to you and your family members when you need help with life's challenges. Wagner offers employees EAP coverage through **All One Health**.

Please refer to the insurance carrier's benefit summary for specific details on these coverages.

What Kind of Questions can an EAP Help With?

24/7 Access to EAP Professionals

- Financial & Legal Concerns
- Stress Management
- Mental Health, Anxiety, Depression
- Substance Abuse
- Family Problems, Marital Conflict & Parenting Challenges

When Do Benefits Begin?

Coverage begins immediately upon employment

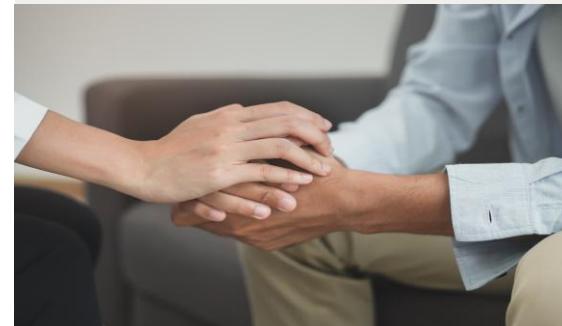
What is the Cost for this Benefit?

You pay nothing for using our Employee Assistance Program.

CALL OR TEXT 24/7



EAP



Employee Assistance Program

Our EAP offers confidential support to you and your family.

How To Get Help

Click [Here](#) for website, phone and more information on this generous Mental Health benefit offering from The Difference Principle!

Why Do People Call?

The top three reasons cited for individuals reaching out to an Employee Assistance Program (EAP) are:

- Psychological wellbeing
- Relationship problems with spouse or partner
- Family/child behavioral issues



INSURANCE

Mental Health Tools & Resources

R&R has accumulated a number of tools and resources around Mental Health support that employers can provide to their employees to assist them in navigating their challenges, from mental health, depression and anxiety as well as caregiver stress and financial hardship.

Hover your phone over the QR Code in the bottom right to access the digital resources.

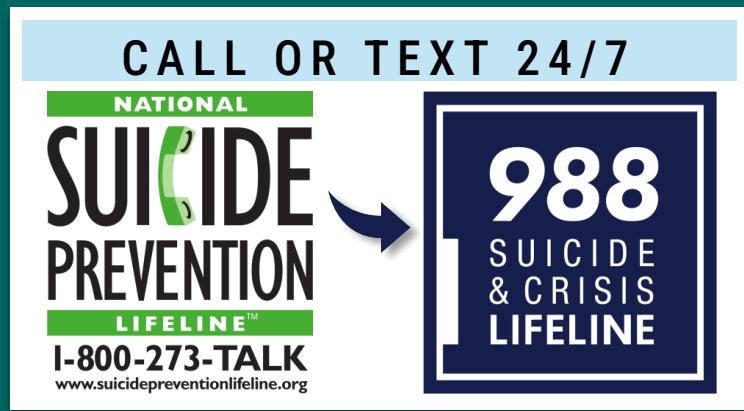


STATEWIDE Content & Courses

- ✓ Well Badger Resource Center
- ✓ Resilient Wisconsin
- ✓ Access
- ✓ Wisconsin's Family Caregiver Support Programs
- ✓ 211 Wisconsin
- ✓ Wisconsin Help for Homeowners
- ✓ UW Extension
- ✓ Coping with Stress – CDC
- ✓ Lifesaver Wellbeing Series

RESOURCES TO CONTACT

- ✓ **National Mental Health Hotline**
(free & confidential)
866.903.3787 or text NAMI to 741741
- ✓ **Local WI NAMI Chapter**
608.268.6000
www.namiwisconsin.org
- ✓ **Mental Health - Related Distress**
Call or Text: 988 or Chat 988lifeline.org
- ✓ **National Suicide Prevention**
Hours: Available 24hrs.
Languages: English/Spanish
800.273.8255
- ✓ **Prevent Suicide Wisconsin**
- ✓ **Wisconsin 211** (Free Referral Helpline)
Dial 211 from any phone
- ✓ **HOPELINE**
Text HOPELINE to 741741
- ✓ **Aging & Disability Resource Center**



Contact Information

HR Contact Information



Nicole Coyne, SHRM-CP
ncoyne@differenceprinciple.org
414-908-0283



Insurance Broker Service Contact Information

R&R Insurance Services, Inc.
N14 W23900 Stone Ridge Drive, Waukesha, WI 53188
www.myknowledgebroker.com



Nicole Rivera, HIA, HCSA
Sr. Account Manager
Nicole.Rivera@rrins.com
262-953-7228



Kami Wein
Employee Benefits Consultant
Kami.Wein@rrins.com
262-953-7178

Insurance Carrier Contact Information



Phone # 866-633-2446
Website: www.myuhc.com
Medical Group # 940217
Life & Disability Group # 307451



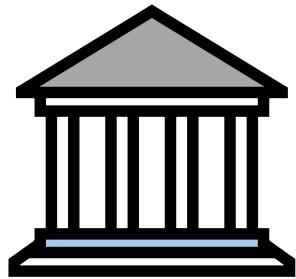
Phone # 800-236-3712
Website: www.deltadentalwi.com
Dental Group # 03724
Vision Group # 46500



800-234-1229
www.dbsbenefits.com

Government Notices

Full versions of the below notices along with Summary Plan Descriptions (SPD) and Summary of Benefits (SBC) can be found by contacting your HR representative for a printed copy.



HIPAA Special Enrollment Rights

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

HIPAA Notice of Privacy Practices

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

Notice of Healthcare Market Exchange

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

Children's Health Insurance Program Reauthorization Act Notice (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

Women's Health and Cancer Rights Act (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

Medicare Part D Coverage Notice

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.