

2025-2026

# TEAM MEMBER BENEFITS GUIDE

May 1, 2025 - April 30, 2026

# 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 guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for medical benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- } Your legally married spouse
- } Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- } **New Hires:** You must complete the enrollment process within 45 days. If you enroll on time, coverage for Medical, Teledoc, Dental, Vision, Voluntary Life and Voluntary Options are effective the first of the month following 2 months from your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

- } **Open Enrollment:** Changes made during Open Enrollment are effective May 1, 2025 - April 30, 2026.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- } Marriage or divorce
- } Birth or adoption of a child
- } Child reaching the maximum age limit
- } Death of a spouse or child
- } You lose coverage under your spouse's plan
- } You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Inside

- Employee Navigator
- Cost of Benefits
- Medical
- Health Savings Account
- Telemedicine
- Dental
- Vision
- Colonial Plans
- Disability Insurance
- Life/AD&D Insurance
- Employee Assistance Program
- Retirement Services
- Wellness
- Contact Information

# Enrollment

Go to the website below to enroll in benefits. There, you will find detailed information about the plans available to you and instructions for enrolling

[hub.employeenavigator.com](http://hub.employeenavigator.com)

Company Identifier

BlvdHome

# Employee Navigator

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**Your benefits website:** [hub.employeenavigator.com](http://hub.employeenavigator.com)

## First Time Registration:

1. Access website, click on “New User Registration”
2. Provide personal information and company identifier
3. Create username and password

## Open Enrollment/New Hire Login

1. Access website to login
2. Log in using username and password previously created
3. Click on “Start Benefits” button
4. Complete employee info
5. Enroll or decline each eligible benefit option in benefits
6. Review benefit elections in summary and click **AGREE** to electronically sign

## Making Changes

1. Access website to login
2. Log in using username and password
3. Click the “Change Benefits” Box and select applicable option
4. Follow prompts & complete required fields & applicable forms
5. **Provide required documentation to HR within 30 days of event date.**

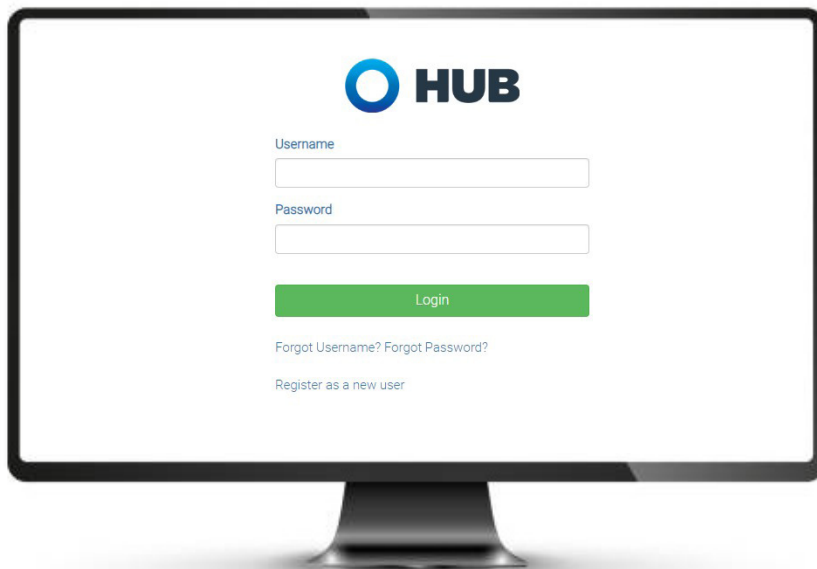
## You can:

Enroll In coverage & update benefits

Access benefit summaries

Find key contact info for insurance carriers and HUB management

Access required legal and compliance notices



### Wittwer Hospitality TM's

[hub.employeenavigator.com](http://hub.employeenavigator.com)

### BlvdHome

[www.boulevardhome.net](http://www.boulevardhome.net)

### Company Identifier

BlvdHome

# Cost of Coverage - Premiums listed as Per-Paycheck

Your contributions toward the cost of medical, dental, vision, accident, hospital, and first of \$50,000 of life insurance coverage are automatically deducted from your paycheck before taxes. The rates listed below are the per-paycheck rates.

Benefit Type	Benefit	Coverage	Total Cost per Paycheck	Company Pays per Paycheck	Team Member Cost per Paycheck With Wellness	Team Member Cost Without Wellness Discount
Medical (MotivHealth)	HDHP HSA \$3,500 / \$7,000	Team Member Two-Party Family	\$246.50 \$561.00 \$801.50	\$221.50 \$398.50 \$491.50	\$25.00 \$162.50 \$310.00	\$50.00 \$212.50 \$360.00
Wellness Participation (Discount)		Team Member Two-Party Family			\$25.00 \$50.00 \$50.00	
Company HSA Contribution (Made once a month)		Team Member Two-Party Family			\$25.00 \$50.00 \$75.00	
Dental (Cigna)	Low Plan	Team Member Two-Party Family			\$11.18 \$23.15 \$35.27	
	High Plan	Team Member Two-Party Family			\$19.10 \$41.65 \$67.71	
Vision (Cigna)	EyeMed - C1 Standard PPO Plan	Team Member Two-Party Family			\$4.36 \$7.73 \$11.82	
Telemedicine (HealthiestYou) * Only eligible if not enrolled on Medical plan		Team Member Two-Party Family			\$4.39 \$4.39 \$4.39	
Life/AD&D (Mutual of Omaha)	Voluntary Life	Team Member + Dependents	<b>Age</b>		<b>Rate</b>	
			0-34		\$0.29	
			35-39		\$0.48	
			40-44		\$0.65	
			45-49		\$0.99	
			50-54		\$1.60	
			55-59		\$2.64	
			60-64		\$3.99	
			65-69		\$6.40	
			70+		\$12.10	
	Voluntary AD&D	Team Member Family			\$0.13 per \$10,000 \$0.23 per \$10,000	

# Cost of Coverage - Premiums listed as Per-Paycheck

Your contributions toward the cost of medical, dental, vision, accident, hospital, and first of \$50,000 of life insurance coverage are automatically deducted from your paycheck before taxes. The rates listed below are the per-paycheck rates.

Benefit Type	Benefit	Coverage	Benefits Age-Banded Costs						
			Elimination Period	7 days accident 7 days Illness			14 days accident 14 days Illness		
Disability (Colonial)	STD	Short Term Disability* 3-Month Benefit Period  * Sample Monthly Benefit Amount	<b>Age</b>	<b>17-49</b>	<b>50-64</b>	<b>65-74</b>	<b>17-49</b>	<b>50-64</b>	<b>65-74</b>
			\$1,000	\$13.75	\$15.80	\$19.15	\$8.95	\$10.85	\$13.50
			\$1,500	\$20.63	\$23.70	\$28.73	\$13.43	\$16.28	\$20.25
			\$2,000	\$27.50	\$31.60	\$38.30	\$17.90	\$21.70	\$27.00
			\$2,500	\$34.38	\$39.50	\$47.88	\$22.38	\$27.13	\$33.75
			\$3,000	\$41.25	\$47.40	\$57.45	\$26.85	\$32.55	\$40.50
Disability (Colonial)	STD	Short Term Disability* 6-Month Benefit Period  * Sample Monthly Benefit Amount	<b>Age</b>	<b>17-49</b>	<b>50-64</b>	<b>65-74</b>	<b>14-49</b>	<b>50-64</b>	<b>65-74</b>
			\$1,000	\$17.25	\$22.75	\$29.55	\$12.10	\$15.45	\$20.40
			\$1,500	\$25.88	\$34.13	\$44.33	\$18.15	\$23.18	\$30.60
			\$2,000	\$34.50	\$45.50	\$59.10	\$24.20	\$30.90	\$40.80
			\$2,500	\$44.63	\$56.88	\$72.38	\$30.25	\$38.63	\$51.00
			\$3,000	\$51.73	\$68.25	\$88.65	\$36.30	\$46.35	\$61.20
Accident	Accident	Team Member Team Member + Spouse Team Member + Child(ren) Family	\$7.10 \$11.49 \$12.85 \$17.24						
Hospital Confinement	Hospital	Team Member Team Member + Spouse Team Member + Child(ren) Family	<b>Rate per Age</b>						
			<b>17-49</b>	<b>50-59</b>	<b>60-64</b>	<b>65-99</b>			
			\$8.52	\$10.59	\$14.31	\$19.62			
			\$15.03	\$20.60	\$29.18	\$40.11			
			\$1250	\$14.58	\$18.29	\$23.60			
\$19.02	\$24.59	\$33.17	\$44.10						
Critical Illness Non-Tobacco	Critical Illness (Rates are per \$10,000)	Team Member Team Member + Spouse Team Member + Child(ren) Family	<b>Rate per Age</b>						
			<b>16-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-74</b>		
			\$3.25	\$5.00	\$8.80	\$14.90	\$33.93		
			\$4.95	\$7.55	\$13.25	\$22.75	\$51.75		
			\$3.50	\$5.25	\$9.10	\$15.20	\$34.38		
			\$5.20	\$7.80	\$13.55	\$23.05	\$52.20		
Critical Illness Tobacco	Critical Illness (Rates are per \$10,000)	Team Member Team Member + Spouse Team Member + Child(ren) Family	<b>Rate per Age</b>						
			<b>16-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-74</b>		
			\$4.35	\$7.00	\$13.05	\$22.75	\$53.95		
			\$6.60	\$10.50	\$19.65	\$34.90	\$82.50		
			\$4.65	\$7.25	\$13.35	\$23.05	\$54.40		
			\$6.85	\$10.75	\$19.95	\$35.20	\$83.03		



# Maximizing your Medical Plan

## MotivHealth

We are proud to offer you a medical plan that provides comprehensive medical and prescription drug coverage. The plan also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of the plan. **Your Health Savings Account is administered by MotivHealth.**

### MotivHealth \$3,500 HSA

This High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the following Network based on your residency: **Utah residents** Motiv/Health Utah Network in Utah and First Health Nationwide, **Arizona residents** BlueCross Blue Shield of Arizona in Arizona, Motiv/Health Utah Network in Utah and First Health Nationwide, **Nevada residents** Cigna Network In Nevada and Nationwide. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

### Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
- **Out-of-Pocket Maximum:** On our plan, your deductible is your out-of-pocket maximum. Once you meet this, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.
- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **Suggested** monthly minimum HSA contribution; \$25 for Team Member, \$50 for 2-Party and \$100 Family to your HSA. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs or be enrolled in another nonqualified plan through a parent or spouse. See the plan documents for full details.**

**Important:** Your contributions may not exceed the annual IRS limits listed below.

IRS HSA Contribution Limit	2025
Team Member Only	\$4,300
Family (Team Member + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>1</sup>, retire or leave the company. There is no “use it or lose it” rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents’ doctor’s visits, prescriptions, braces, glasses—even laser vision correction surgery.

<sup>1</sup> You must be enrolled in a qualified health plan to contribute to an HSA.

## MotivHealth - Steps Incentive Program

Earn \$1 for every day you and your covered spouse walk 8,000 or more steps up to 20 days per month. Earnings will be deposited into your HSA. This way, you can earn up to \$250 a year (\$500 with enrolled spouse) in HSA contributions, you can get free stuff such as a MotivTrax and, at the same time, you can improve your health and cardiovascular capacity.

- **Create Member Account:** Go to [member.motivhealth.com](http://member.motivhealth.com)
- **Choose a Steps Device:** Fitbit / Garmin / Applewatch / MotivTrax device (free). Download the app, create account, sync device.
- **Connect With Member Account:** Allow your app to sync with your member account.
- **Start Earning by Walking:** Start Earning by Walking.

For more information contact us at [www.motivhealth.com](http://www.motivhealth.com) or our service center (844) 234-4472.

# Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	MotivHealth \$3,500 HSA Motiv/Health Utah Network: For Utah Residents Cigna Network: For Nevada Residents Bluecross Blue Shield Network: For Arizona Residents	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible and Out-of-Pocket Maximum</b> (per calendar year)		
<b>Individual Coverage</b>		
Deductible	\$3,500	\$7,000
Out-of-Pocket Maximum	\$3,500	\$14,000
<b>Family Coverage</b> (Individual / Family)		
Deductible	\$7,000 <sup>2</sup>	\$14,000 <sup>2</sup>
Out-of-Pocket Maximum	\$7,000 <sup>3</sup>	\$28,000 <sup>3</sup>
<b>Covered Services</b>		
Office Visits (physician/specialist)	Plan pays 100%*	Plan Pays 80%*
Routine Preventive Care	Covered 100%	Plan Pays 80%*
Outpatient Diagnostic (lab/X-ray)	Plan pays 100%*	Plan Pays 80%*
Complex Imaging	Plan pays 100%*	Plan Pays 80%*
Mental Health Service (in office)	Plan pays 100%*	Plan Pays 80%*
Chiropractic	Plan pays 100%* - up to 20 visits annually	Plan pays 80%* - up to 20 visits annually
Ambulance	Plan pays 100%*	
Emergency Room	Plan pays 100%*	
Urgent Care Facility	Plan pays 100%*	Plan Pays 80%*
Inpatient Hospital Stay	Plan pays 100%*	Plan Pays 80%*
Outpatient Surgery	Plan pays 100%*	Plan Pays 80%*
<b>Prescription Drugs</b> (Generic Drugs / Preferred Brand Drugs / Non-Preferred Brand Drugs / Specialty)		
Retail Pharmacy (30-day supply)	Plan pays 100%* / Plan pays 100%* / Plan pays 100%* / Plan pays 100%*	Plan pays 80%* / Plan pays 80%* / Plan pays 80%* / Plan pays 80%*
Mail Order (90-day supply)	Plan pays 100%* / Plan pays 100%* / Plan pays 100%*	Plan pays 80%* / Plan pays 80%* / Plan pays 80%*

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
3. If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay eligible covered services at 100% for any one individual.

# Make Money by working with MotivHealth on Medical procedures through SmartPay!

When our members choose to have certain planned medical procedures performed by our high-value providers, and pay in advance, we can reduce member out-of-pocket expenses between **\$100-\$3,000**.

**Get money for:** MRI, CT Scan, Colonoscopy, Hernia Repair, Shoulder Surgery, Knee Surgery, Foot Surgery, Hysterectomy, Joint Replacement, Heart Bypass, Gallbladder Removal and more through **SmartPay eligible** procedures. Just give us a call!  
**844-234-4472**

## HOW TO PARTICIPATE

### 1- Call Us

Call our Personal Health Assistants (844-234-4472) PRIOR to scheduling a planned medical procedure.

### 2- Choose Care

Choose a preferred high value provider recommended by MotivHealth.

### 3- Pay Reduced Fee

Pay your reduced cost in advance. Ask about financial assistance if not able to pay in advance.

### 4- Receive Money in your HSA

If you choose the recommended provider, MotivHealth will deposit between \$100-\$3,000 into your HSA account for using that provider.

\*Deposit can happen before or after procedure.

### 5- Get Care

Receive the medical care you need.



## Are prescriptions breaking the bank?

If you or a covered dependent is taking a medication, including insulin, that costs you more than \$200 a month, we may be able to help lower or eliminate your out-of-pocket prescription costs. To see if your medication qualifies, contact our pharmacy team for a free prescription analysis at **385-247-1030**.

## Member Saving Examples



**\$5,197 saved monthly**  
MEMBER 1

**\$1,000 saved monthly**  
MEMBER 2

**\$720 saved monthly**  
MEMBER 3



# Dental

We are proud to offer you a choice between two different dental plans.

**CIGNA DPPO LOW:** This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the **Cigna DPPO Advantage Network**.

**CIGNA DPPO HIGH:** This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the **Total Cigna DPPO**.

Key Dental Benefits	Dental Low Plan		Dental High Plan	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
<b>Individual / Family</b>	\$0 / \$0	\$0 / \$0	\$50 / \$150	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)				
<b>Per Individual</b>	\$1,500		\$1,500	
<b>Covered Services</b>				
<b>Preventive Services</b>	No charge (Does not apply to benefit maximum)		No charge (Does not apply to benefit maximum)	
<b>Basic Services</b>	30%	30%	20%*	20%*
<b>Major Services</b>	60%	60%	50%*	50%*
<b>Orthodontia</b> (Eligible Children Only)	Not covered		50% (\$1,000 Lifetime) No waiting Period	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Provider Search: [www.cigna.com](http://www.cigna.com)

- Click on Find a Doctor, click on Plans through your employer or school , click on DENTIST, type in location, then click search. Any that say Cigna DPPO Advantage are In-Network with the CIGNA DPPO LOW Plan.
- Click on Find a Doctor, click on Plans through your employer or school , click on DENTIST, type in location, then click search. Any that say Total Cigna DPPO are In-Network with the CIGNA DPPO High Plan.

# Vision

We are proud to offer you a vision plan.

This vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **EyeMed network**.

\*Your frequency period begins on January 1 (Calendar year basis)

Provider Search: <https://eyedoclocator.eyemedvisioncare.com/cigna>

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$0	Up to \$45
<b>Lenses</b> (once every 12 months)	\$0	Single Vision
		Bifocal
		Trifocal
<b>Frames</b> (once every 12 months)	\$200 Allowance	Up to \$110
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	\$200 Allowance	Up to \$160



# Telemedicine

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## HealthiestYou

Telemedicine provides access to doctors across the nation 24/7 365 days a year. About 70% of doctor visits and 40% of urgent care visits can be handled over the phone. This service gives you access to a U.S. board-certified doctor over the phone anytime, anywhere. **This service requires a \$0 visit fee for virtual general medical 24/7 services, expert medical services, mental health, neck and back care, dermatology, and nutrition visits. All Team Members enrolled in medical coverage, as well as their dependents, are eligible for this service.** Use Telemedicine for common, non-life threatening ailments.

### Common ailments treated via telehealth include:

Allergies	Headaches	Sore Throat	Body Aches
Cold and Flu	Infections	Acid Reflux	UTI

### How does HealthiestYou work?

Create your account online at [www.healthiestyou.com](http://www.healthiestyou.com) or by calling (866) 703-1259.



#### Request a Consultant

Phone, web, or mobile app.



#### Talk to a Doctor

Your doctor diagnoses and provides treatment.



#### Get Better

If medically necessary, your doctor will issue a prescription to your pharmacy.

### Other services include but are not limited to :

- } **General Medical 24/7:** \$0 Visit Fee - Unlimited visits
- } **Expert Medical Services:** \$0 Visit Fee - Unlimited visits
- } **Mental Health:** \$0 Visit Fee - Unlimited visits
- } **Neck and Back care:** \$0 Visit Fee - Unlimited visits
- } **Dermatology:** \$0 Visit Fee - Unlimited visits
- } **Nutrition:** \$0 Visit Fee - Unlimited visits

### Set up your HealthiestYou Account in 4 easy steps!

- } **Download the app:** Search "HealthiestYou" in the app store or on Google Play
- } **Set up your account:** Once you've downloaded the app, select "Register," then choose "Employee" as your membership type.
- } **Enter basic contact information:** Type in your last name, date of birth, and ZIP code
- } **Type in your security information:** Enter a valid email address, password, the best number for our doctors to reach you, your preferred language, and accept terms and conditions.



# Colonial Benefits

## Colonial

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Colonial are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

### Accident Insurance

This coverage is designed to soften the financial impact of an accidental injury by paying a benefit to you help cover the unexpected out-of-pocket costs related to treating your injuries.

Accident	Details
Sample of Services that are Covered	<ul style="list-style-type: none"> <li>Ambulance / Air Ambulance - \$300 / \$1,500</li> <li>Accident emergency treatment / Accident follow-up doctor visit - \$150 /\$50</li> <li>Hospital Admission - \$1,000</li> <li>Hospital Confinement - \$250/day</li> <li>ICU - \$400/day</li> <li>Fractures (Non-Surgical) - \$200 to \$3,750</li> <li>Fractures (Surgical) - \$400 to \$7,500</li> <li>Burns - \$1,000 to \$15,000</li> <li>Concussion - \$375</li> <li>Dental Crown (once per accident) - \$300</li> <li>Surgery - \$225 to \$1,500</li> <li>Accidental Death (Team Member) - \$50,000</li> </ul>
Health Screening Benefits	\$50 Once per covered person/per calendar year.

### Critical Illness Insurance

With Critical Illness Insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Critical Illness	Details
Team Member	Team Members can select a face amount anywhere from \$5,000 to \$20,000 in \$1,000 increments.
Spouse	50% of Team Member Amount
Child	50% of Team Member Amount
Sample of Services Covered	Hearth Attack, Heart Transplant, Stroke, Invasive Cancer, end stage renal failure
Health Screening Benefits	\$50 Once per covered person/per calendar year.
Pre-existing Conditions	May Apply

### Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000 - and the average length of a stay is 4.8 days. Hospital Indemnity Insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury hospitalization.

Hospital Indemnity	Details
Hospital Confinement	\$1,500
Accident Only ER	\$150
Health Screening Benefit	\$50 Once per covered person/per calendar year.
Pre-existing Conditions	May Apply

# Disability

## Colonial

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability	
<b>Benefit Percentage</b>	Up to 60%
<b>Monthly Benefit Maximum</b>	Maximum: 7,500. Up to \$4,000 is guaranteed issue for the first year enrollment on this new plan offer and then for new hires thereafter.
<b>When Benefits Begin</b>	You choose between 7 days and 14 days
<b>Maximum Benefit Duration</b>	You choose between 3 months and 6 months

# Life/AD&D

## Mutual of Omaha

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

### Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** for Team Members with 10+ years of Full-time continuous service and salaried Team Members.

<b>Benefit Amount</b>	\$50,000 / \$50,000
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## Voluntary Life (Team Member-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Mutual of Omaha for yourself and your eligible family members.

Coverage	Benefit Option	Guaranteed Issue*
<b>Team Member</b>	\$10,000 up to \$500,000, in increments of \$10,000, but no more than 5 times annual salary	5 times annual salary, up to \$200,000
<b>Spouse</b>	\$5,000 up to \$250,000 in increments of \$5,000 (can't exceed 100% of Team Member)	\$50,000
<b>Child(ren)</b>	\$10,000 (can't exceed 100% Team Member)	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

## Voluntary AD&D (Team Member-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Mutual of Omaha for yourself and your eligible family members.

Benefit Option	
<b>Team Member</b>	\$10,000 up to \$500,000 in increments of \$10,000
<b>Spouse Only</b>	50% of Team Member's benefit
<b>Spouse + Child(ren)</b>	Spouse Benefit: 40% of Team Member's benefit Child Benefit: 10% of Team Member's benefit
<b>Child(ren) Only</b>	15% of Team Member's benefit

# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our Team Members and their families. The employee assistance program (EAP) is provided at NO COST to you through **Intermountain EAP**.

**The EAP can help with the following issues, among others:**

- } Mental health
- } Relationships or marital conflicts
- } Child and eldercare
- } Substance abuse
- } Grief and loss
- } Legal or financial issues

**EAP Benefits**

- } Assistance for you and your household members
- } In-person sessions with a counselor for you and your dependents
- } Unlimited toll-free phone access and online resources

**What you can expect**

- } 24/7 Crisis service
- } 100% Confidential
- } Professional, helpful and friendly team of qualified counselors
- } No copays, deductibles, or co-insurance



# Retirement Services

**Voya**

To help you save for the retirement of your dreams, we offer a 401(k) savings plan. You may contribute to your account via convenient, pre-tax payroll deductions or ROTH deferrals. The company also matches your contributions. Your contributions may not exceed the annual IRS maximum amount of \$23,500 (Team Members age 50 or older are eligible for catch-up contributions of \$7,500 in 2025).

Benefit	Details	
<b>Eligibility</b>	6 months of employment, 19 years of age & worked 500 hours (averages 20 hour per week)	
<b>Employer Match</b>	\$0.50 for every dollar up to \$1,200 year. Match will be a Traditional Contribution	
<b>Traditional Contributions</b>	Contributions taken out of your paycheck before tax. When Funds are withdrawn at retirement taxes will be paid on contributions and interest earned.	
<b>Roth Contributions</b>	Contributions taken out of your paycheck after tax. When funds are withdrawn at retirement no taxes are paid even on interest earned.	
<b>Vesting (on employer match only)</b>	2 Years - 20% 3 Years - 40% 4 Years - 60% 5 Years - 80% 6 Years - 100%	
<b>Team Member Maximizing Company Match</b>		
Team Member Contribution	Monthly \$200.00	Annually \$2,400.00
Company Contribution	\$100.00	\$1,200.00
Total Contribution	\$300.00	\$3,600.00
<b>2025 Maximum Annual Team Member Contribution</b>	\$23,500	
<b>2025 Catch-Up Contribution (age 50+)</b>	\$7,500	
<b>Automatic Enrollment</b>	If a different election isn't made, then all eligible will be automatically enrolled at 3% increasing by 1% each July maxing out at 6%	

**Online Access: [www.voyaretirementplans](http://www.voyaretirementplans) | Member Services: 1(800) 584-6001**  
**You can reach your 401k Investment Advisor - GBS Retire at: [info@gsbretire.com](mailto:info@gsbretire.com)**



# Wellness Program

## Eligibility Requirements

Eligibility will be re-evaluated at the end of each quarter. Those team members and spouses who have used Tobacco and/or Nicotine will need to enroll in a prevention program to receive the discount. **If you and/or your spouse did not meet the quarters eligibility requirements, you and/or your spouse will no longer receive the discounts for the rest of the year. July 2026 will be the next opportunity to participate and receive the discount again.**

**\*\*Get an Annual Physical and get a Golden Ticket into the Wellness Grand Prize Drawing.** See Wellness Check Sheet if enrolled on Health or Annual Physical if not enrolled on Health Insurance for full details & dates.

## April – June

Complete Quarterly Wellness Challenge – Hiking

**-Or-**

Earn 20 Healthy Living Points and turn tracking sheet into HR by June 30th

**-And -**

For TM's who lost the discount last year because they didn't register on MotivHealth and/or complete MotivUniversity(MotivU) will need to complete what was missing and **turn in screen shots** by June 30th **in addition to other requirements** to get discount back July 1st.

In addition for those team members and/or spouses who use **Tobacco and/or Nicotine**, turn into HR by June 30th Tobacco and/or Nicotine Reporting sheet.

**New Team Members** & spouses eligible this quarter will also need to register on MotivHealth, complete MotivUniversity(MotivU) and **turn in screen shot** by June 30th.

## July – September – Additional Requirement this quarter

**Complete Preventative Wellness Check and submit Wellness Check Sheet by September 30th.** Submit image of signed Wellness Check Sheet through QR Code Link on form and keep original signed copy for your records to refer back to if needed.

**-And -**

Complete Quarterly Wellness Challenge – 2 New Challenges -To Be Announced

**-Or -**

Earn 20 Healthy Living Points and turn tracking sheet into HR by September 30th.

In addition for those team members and/or spouses who use **Tobacco and/or Nicotine**, turn into HR by September 30th Tobacco and/or Nicotine Reporting sheet.

**New Team Members** & spouses eligible this quarter will also need to register on MotivHealth, complete MotivUniversity(MotivU) and **turn in screen shot** by Sept. 30th.

## October - December

Complete Quarterly Wellness Challenge – Department Challenge & Squatober.

**-Or -**

Earn 20 Healthy Living Points and turn tracking sheet into HR by December 31st.

In addition for those team members and/or spouses who use **Tobacco and/or Nicotine**, turn into HR by December 31st Tobacco and/or Nicotine Reporting sheet.

**New Team Members** & spouses eligible this quarter will also need to register on MotivHealth, complete MotivUniversity(MotivU) and **turn in screen shot** by Dec. 31st.

## January – March

Complete Quarterly Wellness Challenge – Good nights Sleep & Biggest Loser

**-Or -**

Earn 20 Healthy Living Points and turn tracking sheet into HR by March 31st.

In addition for those team members and/or spouses who use **Tobacco and/or Nicotine**, turn into HR by March 31st Tobacco and/or Nicotine Reporting sheet.

**New Team Members** & spouses eligible this quarter will also need to register on MotivHealth, complete MotivUniversity(MotivU) and **turn in screen shot** by March 31st.

**\*\*If you lost the discount sometime during the year, you will have a one-time chance to get the discount back by completing a designated Wellness Challenge. See HR for details on how to do this. \*\***

- \* Earn 20 points each quarter and earn a \$25 per-paycheck discount on your next quarters health insurance premium.
- \* Return the tracking sheet to your Hotel GM or HR by the last day of each quarter: June 30<sup>th</sup>, Sept 30<sup>th</sup>, Dec 31<sup>st</sup> and March 31<sup>st</sup>

## Activities / Programs

- 20 pts – Completion of the Company Wellness Challenge
- 20 pts – Completion of Weight Management Program (at least 8 weeks) – an organization program that focuses on a healthy and balanced diet.
- 20 pts – Lose 5% of your body weight

## Physical Activity

- Only 1 in this category can count each qtr.**
- 20 pts – Participation in an organized event such as ½ marathon, marathon, tri (Olympic/Sprint), ½ tri
- 10 pts – Complete and track an “ING” – walking, running, jogging, biking, hiking, dancing, swimming. Can include a sport that involves running, a 5k or organized run or walk. (12 ING’s per month)
- 10 pts – Gym membership or home gym (12 times per month)
- 10 pts – Misc. Activity equaling 30 combine hours of physical strenuous farming, mowing, digging, chopping wood, etc.

## Nutritional Activities

- Only 1 in this category can count each qtr.**
- 10 pts – No soda for one month
- 10 pts – No fast food for one month
- 10 pts – Bring your lunch 3 times a week for a month
- 10 pts – 5-a-day fruits & veggies 5 times a week for one month
- 10 pts – 64 oz of water 5 days a week for one month

## Community Activities

- Only 1 in this category can count each qtr.**
- 5 pts – Participation in a community walk such as a neighborhood/private fundraiser or school event
- 5 pts – Donate blood (not plasma)
- 5 pts – Volunteer in local community

## Preventive Care

- Only 1 in this category can count each qtr.**
- 20 pts – Full annual physical with labs (note: this will incur costs, see HR with any questions. New Dr.’s form will be required to get the Golden Ticket for the Grand Prize.)
- 15 pts – Preventive care screening such as mammogram, colonoscopy, pap smear, prostate screening (1 screening, each type annually)
- 10 pts – Dental routine cleaning exam

## Stress Management Activities

- Only 1 in this category can count each qtr.**
- 10 pts – Attend a class or seminar on a Stress Management topic.
- 10 pts – Try different methods of relaxing and quiet the mind such as meditation, visualization, stretching, reading and deep breathing for 20-30 minutes a day (12 times per month)
- 10 pts – To help you reduce stress, read a book on Mental Health, Finances, Marriage, Stress Management
- 5 pts – Participate in a yoga class
- 5 pts – Get a least 7-8 hours of sleep per night for one week.
- 5 pts – Cut Screen Time (phone/TV/Social Media) in half for 1 week straight.

# Contact Information

Coverage	Carrier	Phone #	Website
Medical	MotivHealth	(844) 234-4472	<a href="http://www.motivhealth.com">www.motivhealth.com</a>
Health Savings Account	MotivHealth	(844) 234-4472	<a href="http://www.motivhealth.com">www.motivhealth.com</a>
Telemedicine	HealthiestYou	(866) 703-1259	<a href="http://www.healthiestyou.com">www.healthiestyou.com</a>
Dental	Cigna	(866) 494-2111	<a href="http://www.cigna.com">www.cigna.com</a>
Vision	Cigna	(877) 478-7557	<a href="http://www.cigna.com">www.cigna.com</a>
Disability	Colonial	(800) 325-4368	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Voluntary Benefits	Colonial	(800) 325-4368	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Life/AD&D	Mutual of Omaha	(800) 775-8805	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Employee Assistance Program	Intermountain EAP	(800) 832-7733	<a href="http://www.intermountainhealthcare.org/services/eap">www.intermountainhealthcare.org/services/eap</a>
Retirement Services	Voya	1 (800) 584-6001	<a href="http://www.voyaretirementplans.com">www.voyaretirementplans.com</a>

## Benefits Website

Our benefits website [hub.employeenavigator.com](http://hub.employeenavigator.com) can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

**Lindsey Johnson - HR & Benefits Team Leader**  
 (435) 986-3294  
[lindsey.johnson@blvdhome.com](mailto:lindsey.johnson@blvdhome.com)

**Ashley LeBlanc - Benefits Administrator**  
 (435) 986-3299  
[ashley.leblanc@blvdhome.com](mailto:ashley.leblanc@blvdhome.com)

**Brigette Delaurentos - Hotel Administrator**  
 (435) 215-1024  
[brigetted@wittwerhospitality.com](mailto:brigetted@wittwerhospitality.com)

**Sierran Padilla - Account Executive**  
 (801) 727-6005  
[sierran.padilla@hubinternational.com](mailto:sierran.padilla@hubinternational.com)

**Bill Phelps - Business Advisor**  
 (801) 727-6007  
[bill.phelps@hubinternational.com](mailto:bill.phelps@hubinternational.com)



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