



Benefits Guide

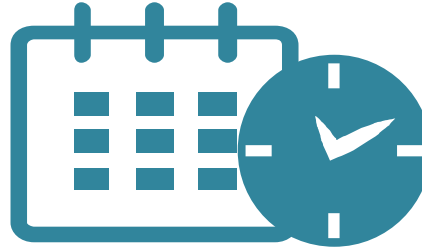


2023



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WELCOME TO THE 2023 BENEFIT PROGRAM

Twin Rivers Health Care knows your employee benefits package is extremely important to you.

Within this booklet, you will find important information on the benefits available to you. Please take a moment to look over your plan information. If you have any specific questions, please contact Human Resources.

Enclosed are details about the Twin Rivers Health Care benefit offerings for 2023.

MEDICAL PLANS



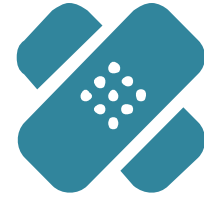
A brief highlight of benefits is on the following pages. For a detailed summary of benefits, please reference the Plan Document.

You are eligible for Medical coverage if you are actively working 30 or more hours per week. Your coverage will become effective on the 1st of the month following 30 days of active employment.

Your spouse and children up to age 26 are eligible. If you have a dependent child that is currently covered, their coverage will terminate the last day of the month in which they turn 26 years old.



MEDICAL PLAN



HDHP (HSA) PLAN

Plan Benefits	In-Network	Out-of-Network
Deductible - Individual	\$7,000	\$14,000
Deductible - Family	\$14,000	\$28,000
Coinsurance (member pays)	0%	50%
Out-of-Pocket Max - Individual	\$7,000	\$28,000
Out-of-Pocket Max - Family	\$14,000	\$56,000
Copays:		
Preventive	\$0	50%
Office Visit - Primary Care	0%	50%
Office Visit - Specialist	0%	50%
Urgent Care	0%	50%
Emergency Room	0%	Follows In-Network benefits
Telehealth Services	0%	Not Covered
Retail Prescription Coverage:		
Generic	0%	50%
Preferred Brand	0%	50%
Non-Preferred Brand	0%	50%
Specialty	0%	Not Covered
Mail Order Prescription coverage subject to deductible/coinsurance		

HDHP PLAN RATES

Tier	Employee Cost Per Pay Period	Employee Cost Monthly
Employee Only	\$72.07	\$144.14
Employee & Spouse	\$401.09	\$802.18
Employee & Child(ren)	\$307.09	\$614.17
Employee & Family	\$667.44	\$1,334.88



HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pre-tax dollars. An HSA is offered to all employees alongside the High Deductible Health Plan, which helps protect you from large healthcare expenses.

We encourage employees to set aside a certain dollar amount each pay period to contribute into their HSA account.

HSAs offer you the following advantages:

- **Tax savings:** You contribute pre-tax dollars to the HSA. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.
- **Reduced out-of-pocket costs:** You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you satisfy your plan's annual deductible.
- **A long-term investment that stays with you:** Unused account dollars are yours to keep even if you retire or leave the company. Additionally, you can invest your HSA funds, so your available healthcare dollars can grow over time.
- **The opportunity for long-term savings:** Save unused HSA funds from year to year—you can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

You are eligible to open and fund an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), flexible spending account (FSA), or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You have not received Veterans Administration benefits in the past three months.

How much can be deposited into an HSA in 2023?

- Under age 55 (and not enrolled in Medicare):
 - Up to \$3,850 for individual coverage.
 - Up to \$7,750 for family coverage.
- Age 55 or older (and not enrolled in Medicare):
 - The maximum contribution increases by \$1,000 (considered a "catch-up" contribution).
 - Up to \$4,850 for individual coverage.
 - Up to \$8,750 for family coverage.

DENTAL PLAN



A brief highlight of benefits is below. For a detailed summary of benefits, please reference the Benefit Summary. You are eligible for the Dental plan if you are actively working 30 or more hours per week. Your spouse and children up to age 26 are also eligible. Your coverage becomes effective the 1st of the month following 30 days of active employment.

Plan Benefits	In-Network	Out-of-Network
Calendar Year Benefit	\$1,000	\$1,000
Deductibles		
Type 1 (Preventative)	Waived	Waived
Type 2 (Basic)	\$50 Individual \$100 Family	\$50 Individual \$100 Family
Type 3 (Major)	\$50 Individual \$100 Family	\$50 Individual \$100 Family
Coinsurance (member pays)		
Type 1 (Preventative)	\$0	\$0
Type 2 (Basic)	10%	20%
Type 3 (Major)	40%	50%
Orthodontia Procedures (Children)	50%	50%
Additional Information		
Orthodontia Lifetime Benefit	\$1,000	\$1,000

DENTAL PLAN RATES

Tier	Employee Cost Per Pay Period	Employee Cost Monthly
Employee Only	\$20.52	\$41.04
Employee & Spouse	\$41.58	\$83.16
Employee & Child(ren)	\$53.88	\$107.75
Employee & Family	\$80.20	\$160.40

VISION PLAN



A brief highlight of benefits is below. For a detailed summary, please reference the Plan Document. You are eligible for the Vision plan if you are actively working 30 or more hours per week. Your spouse and children up to age 26 are also eligible. Your coverage becomes effective the 1st of the month following 30 days of active employment.

Plan Benefits	In-Network	Out-of-Network
Deductible/Copay – Exam		\$10
Deductible/Copay – Lenses		\$25
Deductible/Copay – Frames		\$25
Frequency – Exam/Lenses/Frames		12/12/24
Exam	Covered in Full	Up to \$37
Frames/Lenses (per pair)		
Frames	\$130	Up to \$58
Single Vision	Covered in Full	Up to \$20
Bifocal	Covered in Full	Up to \$36
Trifocal	Covered in Full	Up to \$64
Lenticular	Covered in Full	Up to \$64
Contact Lenses		
Contact Lens Benefit – Elective	\$130	Up to \$104
Contact Lens Benefit – Med. Necessary	Covered in Full	Up to \$210

VISION PLAN RATES

Tier	Employee Cost Per Pay Period	Employee Cost Monthly
Employee Only	\$4.55	\$9.10
Employee & Spouse	\$7.46	\$14.92
Employee & Child(ren)	\$7.55	\$15.09
Employee & Family	\$11.98	\$23.95

VOLUNTARY LIFE AND AD&D PLAN



For a detailed summary, please reference the Plan Document. You are eligible for the Voluntary Life and AD&D plan if you are actively working 30 or more hours per week. The waiting period is 1st of the month following 30 days of active employment.

Plan Design	Minimum	Maximum	Guarantee Issue
Employee Benefit Amounts	\$10,000	\$300,000	Age 15-69: \$50,000 Age 70+: \$10,000
Spouse Benefit Amounts	\$5,000	\$150,000	Age 15-64: \$25,000 Age 65+: \$10,000
Child(ren) Benefit Amounts	\$5,000	\$10,000	N/A
Plan Provisions			
Benefit Reduction	35% of the original amount at age 65 60% of the original amount at age 70 75% of the original amount at age 75 85% of the original amount at age 80		
Other Features	Accelerated Life Benefit, Conversion and Portability		

VOLUNTARY LIFE PLAN RATES

Age	Employee Monthly Rate per \$10,000	Spouse Monthly Rate per \$5,000	Child(ren) Monthly Rate per \$2,000
15 - 29	\$0.63	\$0.32	\$0.33 Note: Premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.
30 - 34	\$0.70	\$0.35	
35 - 39	\$1.05	\$0.53	
40 - 44	\$1.52	\$0.76	
45 - 49	\$2.41	\$1.21	
50 - 54	\$4.09	\$2.05	
55 - 59	\$6.58	\$3.29	
60 - 64	\$10.72	\$5.36	
65 - 69	\$23.71	\$11.86	
70 +	\$42.68	\$21.34	

VOLUNTARY AD&D PLAN RATES

	Employee Rate per \$10,000	Spouse Rate per \$5,000	Child(ren) Rate per \$2,000
Monthly Rate	\$0.30	\$0.15	\$0.06

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

SHORT-TERM DISABILITY PLAN



Twin Rivers Health Care provides Short-Term Disability (STD) coverage at no cost to the employee. For a detailed summary, please reference the Plan Document. You are eligible for the Short-Term Disability plan if you are actively working 30 or more hours per week. The waiting period is 1st of the month following 30 days of active employment. Your STD benefits are as follows:

Plan Design	Benefit
Definition of Disability	<p>Total Disability: Your inability, due to Sickness or Injury, to perform each of the Main Duties of your Own Occupation.</p> <p>Partial Disability: Due to an Injury or Sickness, you: (1) are unable to perform one or more of the Main Duties of your Own Occupation or are unable to perform such duties Full-Time; and (2) are engaged in Partial Disability Employment.</p>
Weekly Benefit %	60%
Weekly Benefit Max Amount	\$500
Elimination Period (Accident)	1 day
Elimination Period (Illness)	8 days
Maximum Benefit Duration	13 weeks
Plan Provisions	
Family Income Benefit	3x weekly benefit
Rehabilitation Assistance	5% weekly earnings
Current Employer Contribution	100% Paid

LONG-TERM DISABILITY PLAN



You are eligible for the Voluntary Long-Term Disability plan if you are actively working 30 or more hours per week. Your coverage will become effective on the 1st of the month following 30 days of active employment. For a detailed summary, please reference the Plan Document. Your LTD benefits are as follows:

Plan Design	Benefit
Definition of Disability	During the Elimination Period and Own Occupation Period, it means that due to an Injury or Sickness the Insured Employee is unable to perform one or more of the main duties of his or her occupation. After the Own Occupation Period, it means that due to an Injury or Sickness the Insured Employee is unable to perform one or more of the main duties of any Occupation which his or her training, education or experience will reasonably allow.
Weekly Benefit %	60%
Monthly Benefit Max Amount	\$6,000
Elimination Period	90 days
Maximum Benefit Duration	To age 65/Reducing Benefit Duration
Age	Rate per \$100 of Monthly Covered Payroll
<25	\$0.202
25 - 29	\$0.202
30 - 34	\$0.412
35 - 39	\$0.687
40 - 44	\$1.048
45 - 49	\$1.461
50 - 54	\$1.887
55 - 59	\$2.408
60 - 64	\$2.018
65 - 69	\$1.583
70+	\$1.374
Plan Provisions	
Pre-Existing Condition Exclusion	You have a pre-existing condition if: You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and the disability begins in the 12 months after your effective date of coverage.



The resources you need to meet life's challenges

*EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.



In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*SM, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)

- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings



Unlimited 24/7 assistance

You and your family can access the following services anytime —online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more

- Legal information and referrals for family law, estate planning, consumer and civil law

- Financial guidance on household budgeting and short- and long-term planning



Online resources

*EmployeeConnect*SM offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the *GuidanceNow*SM mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help 24 hours a day, seven days a week for employees and their family members. Get help with:

- | | | |
|------------|-----------|---------------|
| Family | Emotional | Relationships |
| Parenting | Legal | Stress |
| Addictions | Financial | |

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When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

You'll receive customized information for each work-life service you use.



Take advantage of *EmployeeConnect*SM

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LCN-2836182-112019

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Order code: LTD-EAPEE-FLI001



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EMPLOYEE ASSISTANCE PROGRAM SERVICES

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Visit GuidanceResources.com

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Call 888-628-4824



ACCIDENT PLAN



Accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. For a detailed summary, please reference the Plan Document. Coverage options are available for you, your spouse and eligible dependent children. You are eligible for the Accident plan if you are actively working 30 or more hours per week. Your coverage becomes effective the 1st of the month following 30 days of active employment. Your Accident benefits are as follows:

Plan Benefits	Silver	Gold	Platinum
Ambulance	\$150	\$200	\$300
Air Ambulance	\$750	\$1,000	\$1,500
Child Organized Sport	Additional 25% of payable benefits		
Chiropractic Visits	\$25 per visit	\$50 per visit	\$50 per visit
Coma	\$7,500	\$10,000	\$12,500
Concussion	\$100	\$200	\$300
Dislocation	Up to \$3,000	Up to \$5,000	Up to \$7,000
Diagnostic Exams	\$100	\$200	\$300
Emergency Room Treatment	\$150	\$200	\$250
Fractures	Up to \$4,000	Up to \$6,000	Up to \$8,000
X-ray	\$30	\$40	\$50
Accidental Death			
Employee Benefit	\$10,000	\$25,000	\$50,000
Spouse Benefit	\$5,000	\$12,500	\$25,000
Child(ren) Benefit	\$5,000	\$5,000	\$5,000
Accidental Dismemberment	Single Loss: 50% of Accidental Death Benefit Multiple Losses: 100% of Accidental Death Benefit		
Additional Information			
Wellness Benefit:	\$50 per covered person per year	\$100 per covered person per year	\$100 per covered person per year
Rainy Day Fund maximum	\$600	\$800	\$1,000

ACCIDENT PLAN RATES ON NEXT PAGE

ACCIDENT PLAN



Accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. For a detailed summary, please reference the Plan Document. Coverage options are available for you, your spouse and eligible dependent children. You are eligible for the Accident plan if you are actively working 30 or more hours per week. Your coverage becomes effective the 1st of the month following 30 days of active employment. Your Accident benefits are as follows:

SILVER ACCIDENT PLAN RATES

Tier	Employee Cost Per Pay Period	Employee Cost Monthly
Employee Only	\$5.94	\$11.88
Employee & Spouse	\$9.50	\$19.00
Employee & Child(ren)	\$10.16	\$20.31
Employee & Family	\$13.72	\$27.43

GOLD ACCIDENT PLAN RATES

Tier	Employee Cost Per Pay Period	Employee Cost Monthly
Employee Only	\$8.25	\$16.49
Employee & Spouse	\$13.30	\$26.60
Employee & Child(ren)	\$14.05	\$28.10
Employee & Family	\$19.11	\$38.21

PLATINUM ACCIDENT PLAN RATES

Tier	Employee Cost Per Pay Period	Employee Cost Monthly
Employee Only	\$10.86	\$21.71
Employee & Spouse	\$17.26	\$34.52
Employee & Child(ren)	\$17.90	\$35.79
Employee & Family	\$24.30	\$48.60

CRITICAL ILLNESS PLAN



If you're diagnosed with a covered critical illness or cancer, specified critical illness insurance can help with your expenses, so you can concentrate on what's most important - your treatment, care and recovery. For a detailed summary, please reference the Plan Document. You are eligible for the Critical Illness plan if you are actively working 30 or more hours per week. Your coverage becomes effective the 1st of the month following 30 days of active employment. Your Critical Illness benefits are as follows:

Plan Design	Benefit Election		Guarantee Issue
Employee Benefit Amounts	\$5,000 or \$10,000		\$10,000
Spouse Benefit Amounts	50% of employee coverage \$5,000 max		\$5,000
Child(ren) Benefit Amounts	25% employee coverage \$2,500 max		\$2,500
Covered Illness			
Initial Diagnosis	100%	Invasive Cancer, Heart Attack, Heart Failure, Stroke, ALS, Advanced Parkinson's Disease, Coma, Kidney Failure, Loss of Hearing, Sight or Speech, Major Organ Failure, Severe Burns	
	75%	Benign Brain Tumor	
	50%	Alzheimer's Disease	
	30%	Carcinoma in Situ, Arteriosclerosis, Huntington's Disease, Multiple Sclerosis, Addison's Disease	
	\$250	Skin Cancer	
Reoccurrence Diagnosis Benefit	Pays an additional lump-sum payment if a covered employee is diagnosed for a second time with a covered condition for which a benefit has already been paid; must be treatment and symptom free for 12 months between diagnoses Note: not all Covered Illnesses are covered as reoccurrences see plan documents for additional details		
Plan Provisions			
Benefit Reduction	50% of the original amount at age 70		
Pre-Existing Condition	12/12		
Wellness Benefit	\$50 per covered person per calendar year		

CRITICAL ILLNESS PLAN RATES ON NEXT PAGE

CRITICAL ILLNESS PLAN



If you're diagnosed with a covered critical illness or cancer, specified critical illness insurance can help with your expenses, so you can concentrate on what's most important -your treatment, care and recovery. For a detailed summary, please reference the Plan Document. You are eligible for the Critical Illness plan if you are actively working 30 or more hours per week. Your coverage becomes effective the 1st of the month following 30 days of active employment. Your Critical Illness benefits are as follows:

CRITICAL ILLNESS PLAN RATES

Age	Monthly Rate per \$5,000	Monthly Rate per \$10,000	Child(ren) Monthly Rate per \$1,000
15 - 29	\$5.05	\$10.10	Note: Premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.
30 - 39	\$7.25	\$14.50	
40 - 49	\$13.50	\$27.00	
50 - 59	\$23.95	\$47.90	
60 - 69	\$36.40	\$72.80	
70 +	\$71.00	\$142.00	

The same rate applies for both Employee and Spouse based on the Employee's age



CONTACTS

Benefit	Contact Name	Contact Information	Benefit Information
Medical	Blue Cross Blue Shield	(888) 592-8961 www.nebraskablue.com	Group #: 105694 Social Security Number
Health Savings Account	Exchange Bank	(308) 382-2900 https://eb-us.com	Social Security Number
Dental	Mutual of Omaha	(800) 369-3809 mutualofomaha.com	Group #: G000CBD3 Social Security Number
Vision	Mutual of Omaha	(800) 369-3809 mutualofomaha.com	Group #: G000CBD3 Social Security Number
Voluntary Life and AD&D	Guardian	(888) 482-7342 www.guardianlife.com	Group #: G-00558726 Social Security Number
STD	Lincoln Financial Group	(800) 487-1485 www.lfg.com	Group #: 10235195 Social Security Number
LTD	Lincoln Financial Group	(800) 487-1485 www.lfg.com	Group #: 10235195 Social Security Number
Accident	Guardian	(888) 482-7342 www.guardianlife.com	Group #: G-00558726 Social Security Number
Critical Illness	Guardian	(888) 482-7342 www.guardianlife.com	Group #: G-00558726 Social Security Number

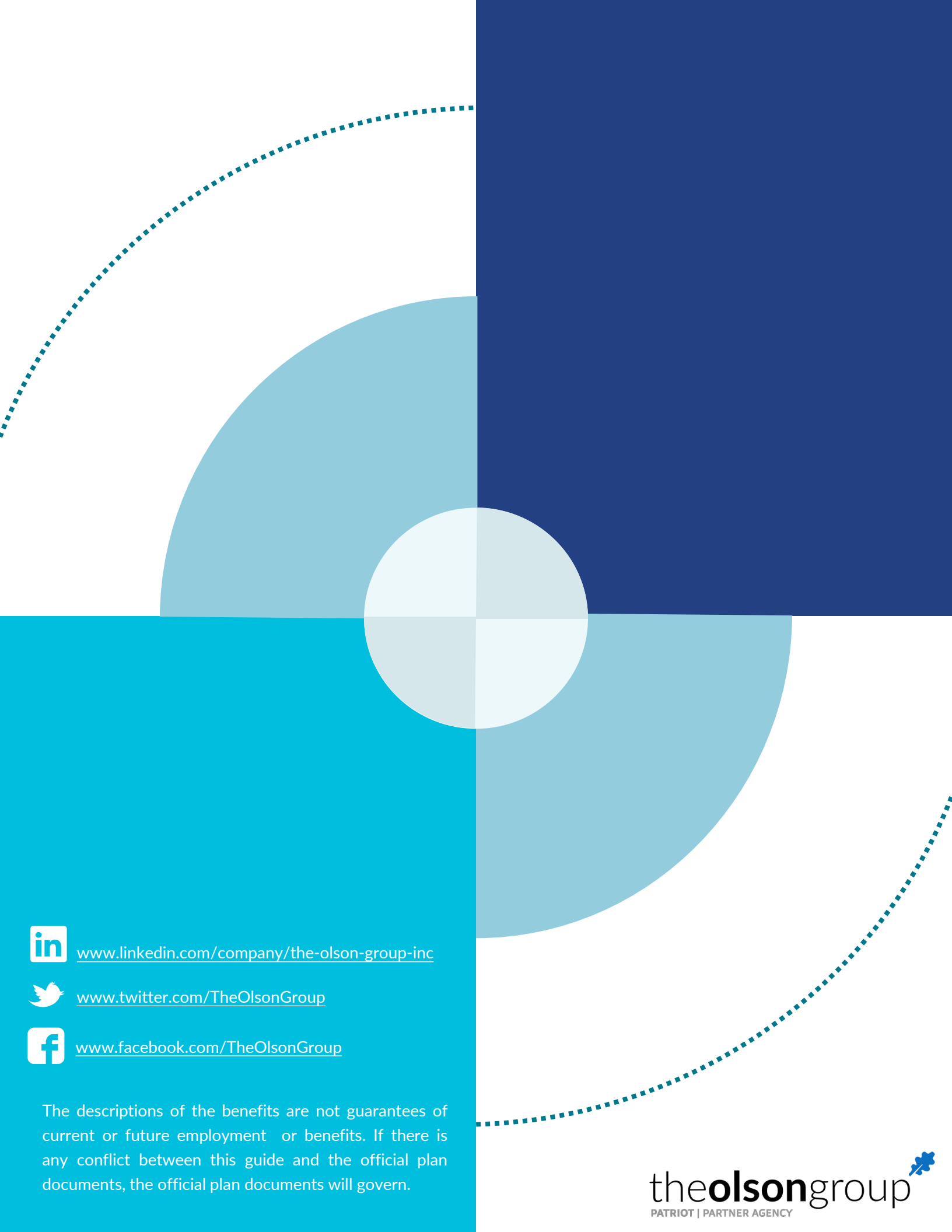


NOTES



NOTES

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The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official plan documents will govern.