# Employee Benefits

## Hourly

## 2024

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**Working together is what makes Worldwide Flight Services a success, and this teamwork extends to your benefits. We provide options to support your family's overall well-being. This guide offers details on your 2024 benefits. Contact the Human Resources department with any questions.**


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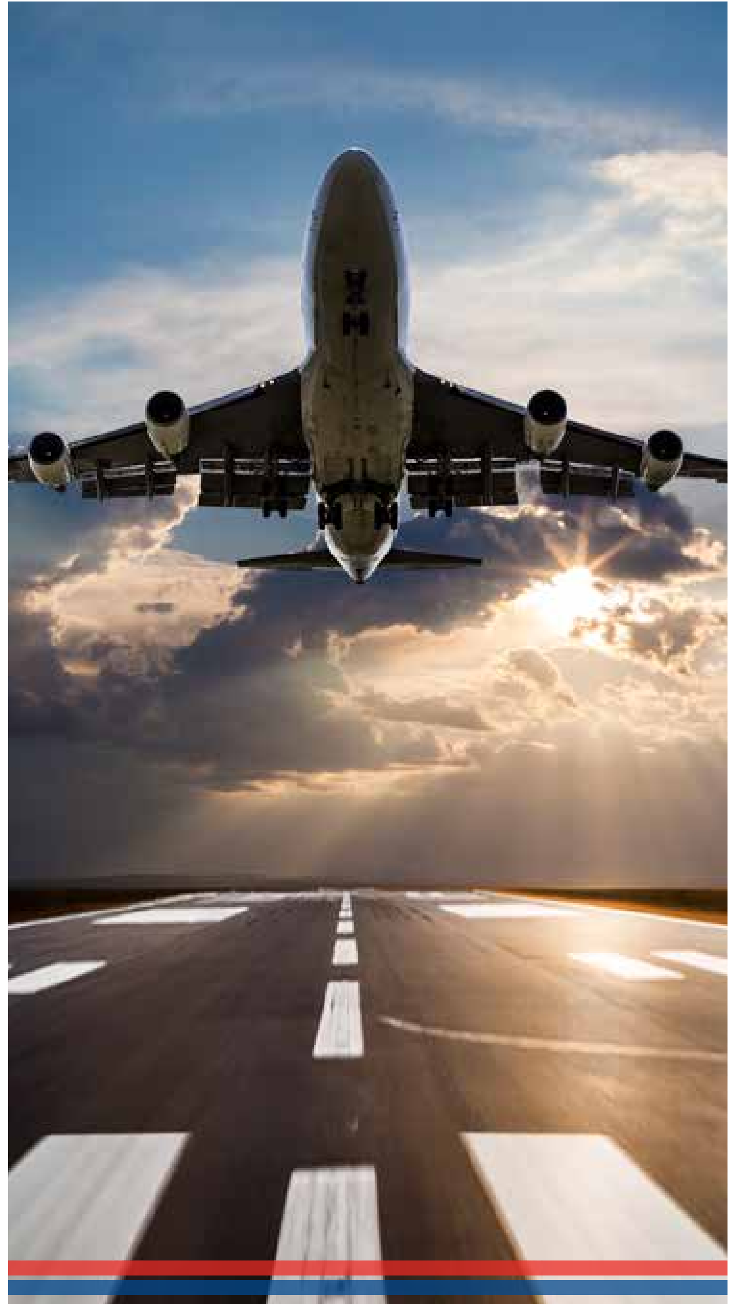


**See page 44 for important information concerning Medicare Part D coverage.**

In this Guide, we use the term company to refer to Worldwide Flight Services, Inc. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

# Welcome

Dear Worldwide Flight Services employee,

You matter to us. So, the things that are important to you matter to us, too. That's why we offer comprehensive benefits options for you and your family, including medical, dental, vision, life and disability, and additional benefits coverage. We are committed to excellence in our work and in our offerings for 2024.

This guide includes:

- An overview of your 2024 benefits options
- Explanations of each offering to help you make the best decisions for you and your family
- Contact information for all benefits vendors
- Costs associated with your benefits

## What's changing this year?

We are pleased to inform you that starting in 2024, the premiums for Accident and Sickness coverage through Hooray Health will be decreasing slightly. In addition, Hooray Health has increased the value of the plan by adding benefits. Please refer to the Hooray Health section of this guide for more information.

All other health plans and their rates will remain unchanged. You will continue to have access to the same quality healthcare options at the same cost.

Thank you for being a valued member of the WFS family; we look forward to continuing to support your health and well-being.

### Any questions?

We're here to help. Contact Human Resources at benefitsdept@wfs.aero.

# Eligibility and Enrollment

**Worldwide Flight Services' benefits are designed to support your unique needs.**

## Eligibility

If you are a full-time employee of Worldwide Flight Services who is regularly scheduled to work at least 30 hours per week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

## Coverage Dates

**Open Enrollment:** Your benefits will take effect on January 1, 2024 and will remain in effect until December 31, 2024.

**New Hire:** Most benefits are effective on the 90th day of service. Life/Disability is effective upon 1 year for Union employees. You won't be able to change your benefits until the next enrollment period unless you experience a qualifying life event.

## Dependents

Dependents eligible for coverage include:

- Your legal spouse, if they are not offered coverage elsewhere.
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility is required upon enrollment.

## Note

**Open Enrollment is your annual chance to choose your benefits, unless you have a qualifying life event, such as marriage or the birth/adoption of a child.**

# Now's the Time to Enroll!

## What are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.

## Common qualifying events include:

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Entitlement to Medicare or Medicaid

## Some lesser-known qualifying events are:

- Turning 26 and losing coverage through a parent's plan
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Reach out to Worldwide Flight Services' Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

# Ready for Open Enrollment?

**Worldwide Flight Services covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your portion.**

## Open Enrollment Action Items

### Register and log in.

Visit www.wfs-benefits.com and click the Register button to get started. The case-sensitive company key is WFSBenefits. Create your username and password, verify your personal information, and answer a few security questions. Log in using your new username and password.

### Explore your options.

Explore the site to learn about your benefits. You'll find lots of helpful information in the Reference Center. The calendar at the top of the Home page lets you know how many days you have to enroll.

### Start your enrollment.

Click the Start Here button to review your personal information and add or edit any dependents you wish to cover. You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.* Sofia, your personal benefits assistant, can answer questions and guide you as you enroll.

*You may be required to provide documentation to prove your relationship to each dependent.

### 2 ways to enroll in coverage.

- **MyChoice Recommendation Engine:** Answer a few simple questions to receive a personalized benefits recommendation. Your answers are never shared.
- **Explore on your own:** Use the Next and Back buttons to review and elect options available to you. Choose or decline coverage for each option, and select which family members you want to cover.

### Review and finalize your elections.

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections. To finish, click I Agree. When your enrollment is complete, you will receive a confirmation number and can print your Benefit Summary for your records.

### After you enroll.

Return to the Home page to check for any additional tasks needed to complete your enrollment, view or download your Benefit Summary, and download the MyChoice™ Mobile App. Visit this site anytime you want to learn more about your benefits or make a change to your coverage (if you experience a qualifying life event).

### Questions?

833-397-0550, Monday–Friday 8am–8pm EST
www.wfs-benefits.com | Company Key: WFSBenefits

# Wellness

**It’s never too late to better your wellness. Worldwide Flight Services is here to help with CIGNA MotivateMe. This health-management benefit is included for all CIGNA medical plan participants and is completely confidential.**

## CIGNA MotivateMe

Worldwide Flight Services wants to help you get healthy and stay healthy. So when you get involved in wellness goals sponsored by Worldwide Flight Services, you can easily earn rewards, including money. The more you do, the more you earn! You can earn rewards for participating in a variety of activities, including the following:

- Annual Physical Exam
- Health Assessment
- Age Appropriate Screenings
- Healthy Pregnancy and Healthy Babies

Getting started is easy. Visit www.myCIGNA.com and select Incentive Awards Program to:

- Find detailed instructions on how to get started
- View a list of eligible goals and matching rewards
- Check and track your completed goals and earned rewards

## Omada

Omada is a digital lifestyle change program that inspires healthy habits that last. We combine the latest technology with ongoing support so you can make the changes that matter most — whether that’s around eating, activity, sleep, or stress. It’s an approach shown to help you lose weight and reduce the risks of type 2 diabetes and heart disease.

### Omada features:

- Interactive program to guide your journey
- Wireless smart scale to monitor your progress
- Weekly online lessons to empower you
- Professional Omada health coach for added support
- Small online peer group to keep you engaged

You’ll receive the program at no additional cost if you or your covered adult dependents are enrolled in the company medical plan offered through CIGNA, are at risk for diabetes or heart disease, and are accepted into the program.

# Mental Health

**You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.**

## Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plan covers behavioral and mental health services. Coverage includes virtual therapy from MDLIVE. Via video or telephone, you can receive confidential 1-on-1 counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. See plan documents for specifics on coverage for inpatient and outpatient services. To schedule an appointment with an MDLIVE provider or licensed therapist, go to www.myCIGNA.com or call 888-726-3171.

An important aspect of your overall well-being is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

## The Big Five of Emotional Wellness

1. **Practice mindfulness.**

   Practice deep breathing, enjoy a stroll, and stay present in each moment.

2. **Strengthen social connections.**

   Reach out to a friend or family member daily — even if it's just a video call or text.

3. **Get quality sleep.**

   Keep a consistent sleep schedule and limit electronic use before bed.

4. **Improve your outlook.**

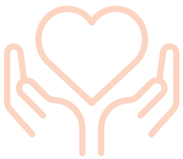
   Treat people with kindness, including yourself.

5. **Deal with your stress.**

   Think positively, exercise regularly, and set priorities.

## Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.



### 988 Suicide & Crisis Lifeline

**Dial 988 to be connected with 24/7/365 emotional support.**

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.

### Crisis Text Line

**Text "HELLO" to 741741**

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

### War Vet Call Center

**Veterans and their families call 877-WAR-VETS (877-927-8387)** to talk about their military experience and/or readjustment to civilian life.

**Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.**

## Note

According to the American Psychological Association, 61% of adults say they could have used more emotional support in 2020.

# Medical Benefits

**Medical benefits are provided through CIGNA. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 2024 plan year unless you have a qualifying life event.**

## Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

| | PPO 1 | PPO 2 | PPO 3 | HSA |
|---|---|---|---|---|
| BI-WEEKLY CONTRIBUTIONS | | | | |
| EMPLOYEE ONLY | $108.60 | $65.23 | $14.27 | $29.50 |
| EMPLOYEE + SPOUSE | $298.54 | $191.94 | $72.26 | $99.56 |
| EMPLOYEE + CHILD(REN) | $232.20 | $149.28 | $53.08 | $77.43 |
| EMPLOYEE + FAMILY | $398.05 | $255.91 | $90.99 | $132.74 |

## How to Find a Provider

Visit www.myCIGNA.com or call Customer Care at 800-244-6224 for a list of CIGNA network providers.

### Note

**Preventive care offered by an in-network physician, such as an annual physical, is often covered at 100%.**

## Medical Plan Summary

This chart summarizes the 2024 medical coverage provided by CIGNA. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

| | PPO 1 | | PPO 2 | | PPO 3 | | HSA | |
|---|---|---|---|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| **ANNUAL DEDUCTIBLE** | | | | | | | | |
| INDIVIDUAL | $750 | $1,500 | $3,500 | $7,000 | $7,000 | $14,000 | $2,000 | $4,000 |
| FAMILY | $1,500 | $3,000 | $7,000 | $14,000 | $14,000 | $28,000 | $4,000 | $8,000 |
| COINSURANCE (PLAN PAYS) | 80%* | 60%* | 100%* | 80%* | 100%* | 80%* | 80% | 60% |
| **ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)** | | | | | | | | |
| INDIVIDUAL | $2,500 | $5,000 | $6,850 | $12,000 | $7,000 | $14,000 | $5,000 | $12,000 |
| FAMILY | $5,000 | $10,000 | $13,700 | $24,000 | $14,000 | $28,000 | $10,000 | $24,000 |
| **COPAYS/COINSURANCE** | | | | | | | | |
| PREVENTIVE SERVICES | No charge | 60%* | No charge | 80%* | No charge | 80%* | No charge | 60%* |
| VIRTUAL VISIT | $25 copay | N/A | $25 copay | N/A | $40 copay | N/A | 80%* | N/A |
| PRIMARY CARE PHYSICIAN | $25 copay | 60%* | $25 copay | 80%* | $40 copay | 80%* | 80%* | 60%* |
| SPECIALIST | $45 copay | 60%* | $45 copay | 80%* | 100%* | 80%* | 80%* | 60%* |
| URGENT CARE | $100 copay | | $100 copay | | $100 copay | 80%* | 80%* | |
| INPATIENT HOSPITAL | $250 copay then 80%* | $500 copay then 60%* | $550 copay then 100%* | $700 copay then 80%* | 100%* | 80%* | 80%* | 60%* |
| OUTPATIENT HOSPITAL | $100 copay then 80% | $150 copay then 60%* | $200 copay then 100%* | $200 copay then 80%* | 100%* | 80%* | 80%* | 60%* |
| EMERGENCY CARE | $250 copay | | $250 copay | | 100%* | | 80%* | |

*After deductible

## PPO 1, PPO 2, and PPO 3 Plans

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a "per individual" deductible amount will also be applied toward the "per family" deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the "per family" deductible amount. The same typically applies for the out-of-pocket maximum.

## HSA Plan

Each covered individual is not required to meet the individual deductible. The HDHP has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan. The same typically applies for the out-of-pocket maximum.

# Pharmacy Benefits

## Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through CIGNA. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at www.myCIGNA.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Brand Formulary, and Brand Non-Formulary.

| | PPO 1 | | PPO 2 | | PPO 3 | | HSA | |
|---|---|---|---|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| **RETAIL RX (30-DAY SUPPLY)** | | | | | | | | |
| GENERIC | $20 | Not Covered | $15 | Not Covered | $15 | Not Covered | 80%* | Not Covered |
| BRAND FORMULARY | $40 | | $30 | | 100%* | | 80%* | |
| BRAND NON-FORMULARY | $60 | | $50 | | 100%* | | 80%* | |
| **MAIL ORDER RX (90-DAY SUPPLY)** | | | | | | | | |
| GENERIC | $20 | Not Covered | $30 | Not Covered | $30 | Not Covered | 80%* | Not Covered |
| BRAND FORMULARY | $80 | | $60 | | 100%* | | 80%* | |
| BRAND NON-FORMULARY | $120 | | $100 | | 100%* | | 80%* | |

*After deductible

## CIGNA 90 Now

CIGNA 90 Now is your 90-day benefit and pharmacy network. Under your plan, you can choose to fill your maintenance medications in either a 30-day or a 90-day supply.

- If you choose to fill a 30-day supply, you can use any retail pharmacy in your plan's network.
- If you choose to fill your prescription in a 90-day supply, you have to use a 90-day retail pharmacy in your plan's network or CIGNA Home Delivery Pharmacy.

## Generic Drugs

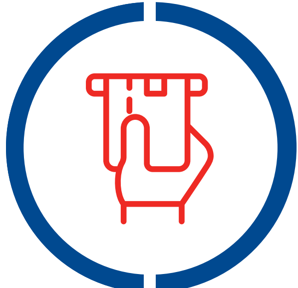
Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. **But generic versions cost 80% to 85% less on average than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

**NOTE:** Apps and prescription discount programs such as GoodRx, Amazon Prime RX Savings, and Optum Perks let you compare prices of prescription drugs and find possible discounts.

How do they work? These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription will not count toward your deductible or out-of-pocket maximum under the benefit plan.

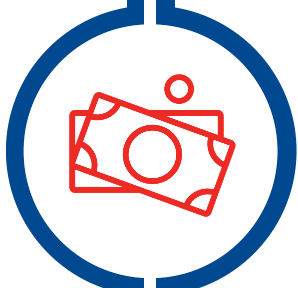
# Out-of-Pocket Costs

## These are the types of payments you're responsible for:



### Copay

The fixed amount you pay for healthcare services at the time you receive them.



### Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

### Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

### Coinsurance

Your percentage of the cost of a covered service. If your office visit is $100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be $20.

## Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit www.myCIGNA.com to learn more.

## Our Plans are Self-Funded

Our medical and pharmacy plans are self-funded. What does that mean? Rather than paying premiums to an insurance carrier as with fully insured plans, the Company pays fixed costs to use the carrier's network and variable costs for members' claims. Self-insured plans allow for more freedom in plan design. Together, the Company and employees share the cost of healthcare.

### Note

**The cost of an MRI can vary between $500 and $4,000 — even within your area.**

# How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

## How does a PPO (Preferred Provider Organization) work?

- You'll pay more in premiums, but perhaps less at the time of service.
- You can choose from a network of providers who offer a fixed copay for services.
- If you expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

## How does a HDHP (High Deductible Health Plan) work?

- You'll pay less in premiums. (Think less money from your paycheck.)
- You'll pay for the full cost of non-preventive medical services until you reach your deductible.
- You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- If you expect to mostly use preventive care (which is covered), this plan could be for you.

# Preventive Care

**Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.**

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:

Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

## What about the COVID-19 vaccine?

The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

# Where to Go for Care

**You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.**

## Nurse Line

### When to Use

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

### Types of Care*

Answers to questions regarding:

- Symptoms
- Self-care/home treatments
- Medications and side effects
- When to seek care

### Costs and Time Considerations**

- Usually available 24 hours a day, 7 days a week
- Typically free as part of your medical insurance

## Telemedicine

### When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

### Types of Care*

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

### Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Usually immediate access to care
- Prescriptions through telemedicine or virtual visits not allowed in all states

## Primary Care Center

### When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

### Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

### Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment

## Urgent Care Center

### When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

### Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

### Costs and Time Considerations**

- Often requires a copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but waiting periods may be longer (urgency decides order)

## Emergency Room

### When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

### Types of Care*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

### Costs and Time Considerations**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

### Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

# Virtual Medicine

**When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual medicine is a convenient and easy way to connect with a doctor on your time.**

## CIGNA Health Information Line

### We're here when you need us.

We know being available when you need us is important to you. We don't want to make you wait until "normal business hours" for assistance with a health question or information on medical treatment. The fact is, sometimes you need us at odd hours — such as the middle of the night, on the weekend or during a national holiday. Sometimes your questions just can't wait.

- "I hurt my leg this weekend and I am not sure whether I should go to the ER or just call my doctor. Can you help me?"
- "I think my wife may have arthritis. Can you tell me more about it?"
- "My son has a fever and we're visiting relatives. Is there a doctor in Cleveland?"

That's why you can call us 24 hours a day, seven days a week, 365 days of the year.

### And there's more:

You can also listen to hundreds of our latest podcasts in English and Spanish to help you stay informed about your health.

### To listen:

Select a topic and listen via live stream. Visit www.myCIGNA.com for more information.

Dial the toll-free number on your CIGNA ID card. Ask to speak with a nurse who is ready to help answer your health questions.

## Virtual Visits

A virtual visit with MDLIVE lets you see and talk to a doctor from your phone, tablet or computer. Most visits take about 10-15 minutes, and doctors can write a prescription (in participating states). Try a virtual visit when your doctor is not available or you're traveling.

Whether it's late at night and your doctor or therapist isn't available, or you just don't have the time or energy to leave the house, you can:

- Access care from anywhere via video or phone.
- Get medical virtual care 24/7/365 – even on weekends and holidays.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Connect with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to your local pharmacy, if appropriate.

# You have options.

CIGNA partners with MDLIVE® for minor medical and behavioral/mental health virtual care. This can be accessed via www.myCIGNA.com. Additionally, CIGNA's in-network medical and behavioral providers also provide access to virtual medical and behavioral care, including virtual counseling.

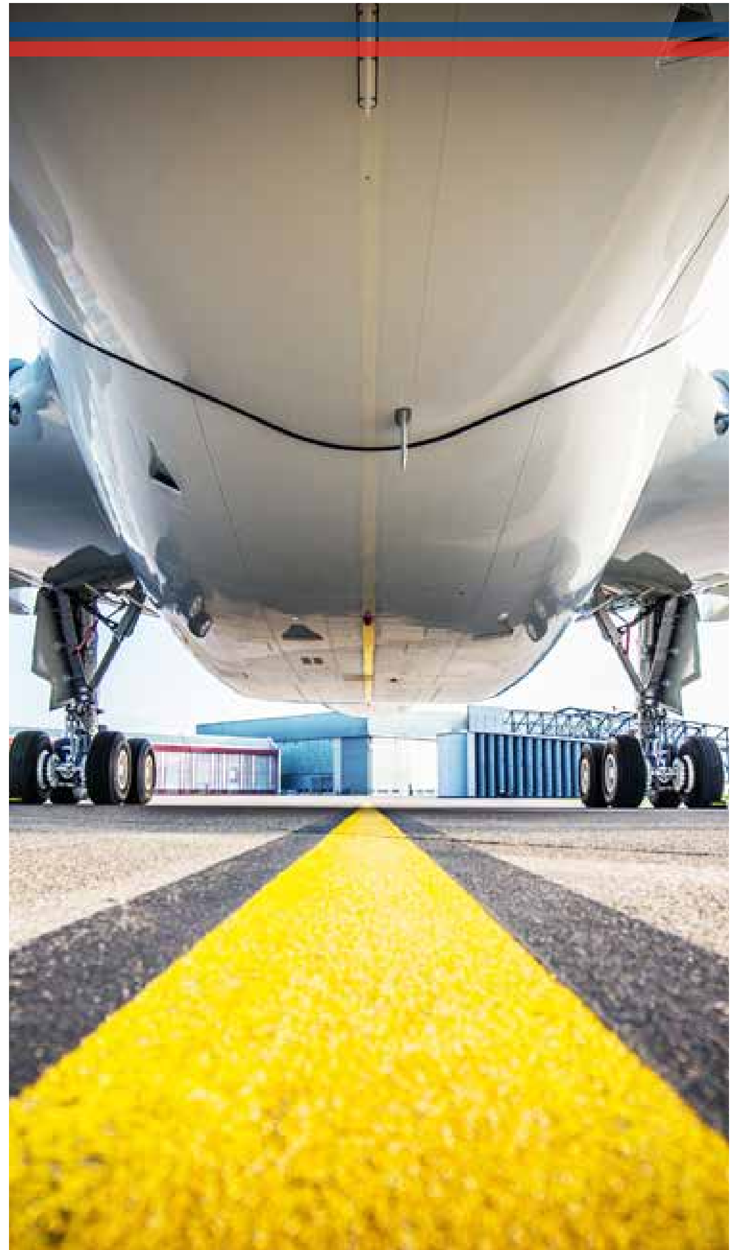
## Connect with virtual care your way.

- Contact your in-network provider or counselor
- Talk to an MDLIVE medical provider on demand on www.myCIGNA.com
- Schedule an appointment with an MDLIVE provider or licensed therapist on www.myCIGNA.com
- Call MDLIVE 24/7 at 888-726-3171

# Medical Virtual Care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headache
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections



# Behavioral/Mental Health Virtual Care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for non-emergency behavioral/mental health conditions, such as:

- Addictions
- Bipolar disorders
- Child/adolescent issues
- Depression
- Eating disorders
- Grief/loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women's issues

HOORAY HEALTH | WFS A Member of the SATS Group

# Advantage Max Plan Overview

# Enroll Today!

## No Deductibles

With a Hooray Health Advantage Max Plan, you have fixed payments for illness and sickness services outlined in the benefit schedule, with a policy year maximum and no deductibles. If you reach your policy year maximum, you still have access to Hooray Health's network of savings, accident coverage, telemedicine, prescription discounts, and more!

## Hooray Health Network

**No preset limit on the number of Urgent Care and Retail Clinic visits.** Access a nearby Retail Clinic or Urgent Care Center for everyday illness and injury. Pay **only a $25 copay** with no balance billing on medical bills following your visit.*

## First Health Network

You also have access to additional providers through the First Health Network. With First Health Network providers, your fixed benefit payment will go farther with discounts on services with a Primary Care Physician, Specialist, or even an Urgent Care Center outside of the Hooray Health Network. With the First Health Network, you may be balance billed after the benefit payment.**

*Search for a provider by visiting **myhoorayhealth.com/providers** and selecting "Hooray Health Network" or "First Health Network."*

## Telemedicine

If you'd rather see a provider from the comfort of your own home, your Hooray Health Max Plan also includes **24/7 access** to board-certified doctors for treatment of common medical concerns.

*Simply call 855-673-2876 to connect with Telemedicine.*

## Prescriptions

**Need a prescription?**
**No problem!** Use the Hooray Health App to locate the closest and least-expensive pharmacy. **It's that simple!**

Click on each plan feature below to learn

- Virtual Urgent + Virtual Primary Care
- Discount Radiology Services***

Other Features Include:

- Accidental Death Coverage
- Hospital Benefits

*No balance bills apply for covered services performed in contracted Hooray Health Network Providers.

** Note: Because there is a discount on fees and fees are not fully covered, you may receive a balance bill following a visit to a First Health Network Provider. This plan does not provide comprehensive medical coverage and is not intended to replace a major medical plan



**Hooray Health Plans provide limited essential accident and sickness coverage and are not a substitute for major medical insurance.**

# How does Hooray Health work?

HOORAY HEALTH | WFS A Member of the SAFS Group

| Member is sick. | Member has the flu. | Member injures their wrist. | Member needs to see a Specialist. |
|---|---|---|---|

**SEARCH HOORAY HEALTH APP**
Start with the app to find In-Network Providers and get the care you need.

| Member is sick. | Member has the flu. | Member injures their wrist. | Member needs to see a Specialist. |
|---|---|---|---|
| **UTILIZE TELEMEDICINE** Locate the Telemedicine Services button on the Hooray Health app. | **FIND A PROVIDER** Find a Hooray Health Network Provider through the app. | **FIND A PROVIDER** Find an in-network provider through the Hooray Health app. | **MAKE APPOINTMENT** Find a First Health Network Provider through the app. |
| **CALL** Use the button to call our Telemedicine service. | **CHECK-IN** Show Hooray Health I.D. card at check-in. | **CHECK-IN** Show Hooray Health I.D. card at check-in. | **CHECK-IN** Show Hooray Health I.D. card at check-in. |
| **VISIT A VIRTUAL DOCTOR** Consult with a physician who will diagnose condition and order prescriptions, if required. $0 | **Visit a Hooray Health Network Provider** The provider performs a flu test, diagnoses you based on the results, and $25 | **Visit with Provider** The provider examines your wrist, orders x-rays, casts your arm, and writes a prescription if required. | **Visit a First Health Network Doctor** The provider performs an exam, orders lab work, and writes any needed prescriptions. |

**SEARCH MEDICATIONS**
Locate pharmacies nearby and compare prices of prescribed medications.

**VISIT THE PHARMACY**
Get directions to chosen pharmacy.

**MEMBER RETURNS HOME, RESTS, AND RECOVERS.**

| TELEMEDICINE | THE FLU | BROKEN WRIST | DERMATOLOGIST EXAM |
|---|---|---|---|
| **HOORAY HEALTH** **$0** *plus discounted prescriptions* | **HOORAY HEALTH** **$25**† *plus discounted prescriptions* | **HOORAY HEALTH** **$0** *with Hooray Health's $5,000 accident benefit* | **HOORAY HEALTH** **$75***† *once the claim is submitted* |
| *Without Coverage* $90 *plus cost of prescription* | *Without Coverage* $434** *plus cost of prescription* | *Without Coverage* $3,096*** *plus cost of prescription* | *Without Coverage* $250**** |

*Estimated Member balance after the network discounts and insurance plan claim filed.
The claim scenarios are intended to show the types of situations that may result in a claim. Scenarios are not based on actual claims.
**Fairhealthconsumer.org Uninsured/Out-of-Network cost in Zip Code 75248 for CPT Code 99202 Patient visit and 88106 Examination of body fluid
***CDC – WI SQARSTM (Web-based Injury Statistics Query and Reporting in System). Retrieved from https://www.cdc.gov/injury/wisqars/nonfatal.html
****Actual billable charge from a Provider in Zip Code 75266 for Procedure Code 88305 Gross & Micro, Level 4 Biopsy
†With Hooray Health's fixed indemnity benefit payment utilized.



**Hooray Health Plans provide limited essential accident and sickness coverage and are not a substitute for major medical insurance.**

# Advantage Max Benefit Plan Summary

Hooray Health's **Advantage Max Plans** provide fixed payments you can use towards plan visits and services, with **no preset limit on the number of Urgent Care and Retail Clinic Visits.** In addition to the policy year's fixed payments for illness and sickness, Hooray Health Advantage Max plans also include Accident Medical Expense Benefits.

*Please see the next page for plan rates.*

| | **MAX $5,000** |
|---|---|
| ILLNESS AND SICKNESS POLICY YEAR MAXIMUM | $5,000 |
| PLUS **ACCIDENT MEDICAL EXPENSE MAXIMUM** (PER ACCIDENT) | $5,000 |
| LIFETIME MAXIMUM | N/A |
| **OUTPATIENT SICK VISIT BENEFITS** | **Plan Pays Per Day** |
| URGENT CARE/RETAIL CLINIC OFFICE VISITS | |
| Hooray Health Network includes Office Visit + In-House lab test, X-Rays, etc. | **Member Pays $25 copay No Balance Bills*** $175 |
| Urgent Care or Retail Clinic Office Visits (First Health Network Provider at discounted rates** or Out-of-Network Provider with no discounts)*** | $175 |
| Outpatient Physician Office Visits | $75 |
| **OUTPATIENT IMAGING/LAB TEST** | **Plan Pays Per Day** |
| Diagnostic Lab Indemnity Benefit | $50 |
| Diagnostic X-Ray Indemnity Benefit | $50 |
| Diagnostic Exam Indemnity Benefit | $100 |
| **OUTPATIENT SURGERY BENEFITS** | **Plan Pays Per Day** |
| ASC or Hospital Benefit | $125 |
| Anesthesia Benefit | $75 |
| **INPATIENT BENEFITS** | **Plan Pays Per Day** |
| Hospital Admission Benefit (1 per year) | $100 |
| In-Hospital Indemnity Benefit | $100 |
| In-Hospital ICU Confinement Benefit | $100 |
| Mental Illness Confinement Benefit | $100 |
| Substance Abuse Confinement Benefit | $100 |
| In-Hospital Surgery Benefit (Maternity Included) (1 per year) | $100 |
| Anesthesia Benefit (1 per year) | $75 |
| **ACCIDENT BENEFITS** (INPATIENT AND OUTPATIENT) | **Plan Pays** |
| ACCIDENT MEDICAL EXPENSE | |
| Maximum Benefit Per Accident | up to $5,000 |
| *Annual Deductible* | *$0* |
| **ACCIDENTAL DEATH COVERAGE** | |
| Principal Sum | $1,000 |
| **NON-INSURANCE SERVICES**[1] | |
| Virtual Primary Care & Urgent Care (Recuro Telemedicine) | $0 consult; 1 per day |
| Discount Prescription Program (SimpleScripts RX)[2] | Included |
| Discount Radiology (Green Imaging)[2] | Included |

| **MAX $5,000 PLAN** | **BI-WEEKLY RATES** |
|---|---|
| **EMPLOYEE ONLY** | $26.02 |
| **EMPLOYEE + SPOUSE** | $40.65 |
| **EMPLOYEE + CHILD(REN)** | $42.49 |
| **FAMILY** | $56.99 |

*For all footnotes and disclosures, please refer to the last page of this document*



**Hooray Health Plans provide limited essential accident and sickness coverage and are not a substitute for major medical insurance.**

Hooray Health Advantage

# MAX $5,000 DETAILS

| NETWORK OPTIONS: | SICKNESS AND ILLNESS CARE (POLICY YEAR MAXIMUM: $5,000) | | | ACCIDENT CARE |
|---|---|---|---|---|
| | HOORAY HEALTH NETWORK<br>*Urgent Care and Retail Clinics*<br>$25 Copay* | | OUT OF NETWORK***<br>*Any Doctor or Medical Facility*<br>No dis | Any Doctor or Medical Facility |
| **RETAIL CLINIC/URGENT CARE VISITS** | | | | |
| Clinic or Urgent Care Visit | Member Pays $25 copay<br>No Balance Bills*<br>Plan Pays $175 | OR | Plan Pays<br>$175 Per Visit Per Day | **ACCIDENT MEDICAL EXPENSE BENEFIT** |
| **PHYSICIAN OFFICE VISITS** | | | | |
| Outpatient Physician Visit | N/A | OR | Plan Pays $75 Per Visit Per Day | Covered up to $5,000 per accident with $0 Deductible (paid at 100% U&C) |
| **IMAGING AND LAB** | | | | |
| Diagnostic Lab Benefit | Covered under $25 copay if performed at Hooray Health in-network facility | OR | Plan Pays $50 Per Day | |
| Diagnostic X-Ray Benefit | Covered under $25 copay if performed at Hooray Health in-network facility | OR | Plan Pays $50 Per Day | |
| Diagnostic Exam Indemnity Benefit | N/A | OR | Plan Pays $100 Per Day | **ACCIDENTAL DEATH BENEFIT** |
| **OUTPATIENT SURGERY BENEFITS** | | | | |
| ASC or Hospital Benefit | N/A | OR | Plan Pays $125 Per Day | $1,000 |
| Anesthesia Benefit | N/A | OR | Plan Pays $75 Per Day | |
| **INPATIENT BENEFITS** | | | | |
| Hospital Admission Benefit (1 Per Year) | N/A | OR | Plan Pays $100 Per Day | |
| In-Hospital Indemnity Benefit | N/A | OR | Plan Pays $100 Per Day | |
| In-Hospital ICU Confinement Benefit | N/A | OR | Plan Pays $100 Per Day | |
| Mental Illness Confinement Benefit | N/A | OR | Plan Pays $100 Per Day | |
| Substance Abuse Confinement Benefit | N/A | OR | Plan Pays $100 Per Day | |
| In-Hospital Surgery Benefit (Maternity Included) (1 Per Year) | N/A | OR | Plan Pays $100 Per Day | |
| Anesthesia Benefit (1 Per Year) | N/A | OR | Plan Pays $75 Per Day | |
| **TELEMEDICINE**[1] | | | | |
| Virtual Urgent & Primary Care | $0 Consult for Member, 1 Per Day; Plan Pays $5 Per Day (Provided by Recuro) | | | |
| **PRESCRIPTION BENEFITS**[2] | | | | |
| Prescription Discount Program | Included (Provided by SimpleScripts Rx) | | | |
| **OTHER BENEFITS**[2] | | | | |
| Discount Radiology | Included (Provided by Green Imaging) | | | |

| MAX $5,000 PLAN | BI-WEEKLY RATES |
|---|---|
| Employee Only | $26.02 |
| Employee + Spouse | $40.65 |
| Employee + Child(ren) | $42.49 |
| Family | $56.99 |



**NOTE:** For all footnotes and disclosures, please refer to the last page of this document

# Footnotes and Disclaimers

HOORAY HEALTH

**Hooray Health Plans provide limited essential accident and sickness coverage and are not a substitute for major medical insurance.**

* There is a $25 copay only for sickness visits performed at a Hooray Health's in-network provider. Copay does not apply to wellness benefit.

**First Health Network contracted providers can be found at hoorayhealth.com/FHN. Discounted rates will be applied after services are rendered at physician's office through the Third Party Administrator. Member will be responsible for any payment balance above the plan payment of $175. Please see plan policy for details.

***Out-of-Network provider visits are paid $175 per the plan policy. Member will be responsible for any payment balance above the plan payment of $175. Please see plan policy for details.

(1) The services described are not insurance and are not provided by Zurich American Insurance Company.

(2)Program is offered by Hooray Health, not employer. Discount programs are not offered by the employer, but is offered by Hooray Health to everyone regardless of hours worked or who their employer is. Distribution of materials that identify discount program should not be interpreted as employer sponsorship or endorsement of discount program.

The Accident and Hospital Indemnity benefits are not dependent upon the use of the Hooray Health Network, the First Health Network, or any network. The Insurance benefits described above are underwritten by Zurich American Insurance Company, 1299 Zurich Way, Schaumburg, IL 60196, 1-800-987-3373. This document provides a general description of certain provisions and features of this insurance program and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination. Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.



HH-1C8E-9 Rev. 08/23

# Health Savings Account

**Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.**

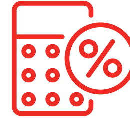
HealthEquity will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

## Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)



**Pre-tax Paycheck Contributions**

**HSA**

**Tax-free Payments**
(for qualified medical expenses)

Unused funds roll over annually

## Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax free after retirement.

## You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

## How to Enroll

To enroll in Worldwide Flight Services' HSA, you must elect the HSA Plan with CIGNA. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Worldwide Flight Services will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

## HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with HealthEquity. The money in your HSA (including interest and investment earnings) grows tax free. When the funds are used for qualified medical expenses, they are spent tax free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

### Note

*State income taxes are also waived on HSA contributions in almost all states.

## HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2024, contributions are limited to the following:

| HSA FUNDING LIMITS | |
|---|---|
| EMPLOYEE | $4,150 |
| FAMILY | $8,300 |
| CATCH-UP CONTRIBUTION (AGES 55+) | $1,000 |

HSA contributions over the IRS annual contribution limits ($4,150 for individual coverage and $8,300 for family coverage for 2024) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The Worldwide Flight Services HSA is established with HealthEquity. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit www.healthequity.com/hsalearn.

# Flexible Spending Accounts

**Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.**

## Healthcare Flexible Spending Account

You can contribute up to $3,050 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

## Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to $5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

## Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact HealthEquity with reimbursement questions. If you need to submit a receipt, HealthEquity will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

## General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2024 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must "use it or lose it" — any unused funds will be forfeited.
- You cannot change your FSA election in the middle of the plan year without a qualifying life event.

## Note

**You can use your FSA funds to pay for deductibles, copays, coinsurance, and more.**

# Supplemental Health Benefits

**Worldwide Flight Services offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.**

## Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including readying for any financial impact. Accident coverage through Allstate provides benefits for you and your covered family member for expenses related to an accidental injury that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

### ACCIDENT COVERAGE

| SUMMARY OF BENEFITS* | |
|---|---|
| INITIAL HOSPITAL CONFINEMENT | $1,000 + $200 per day ($400 per day for Intensive Care) |
| DISLOCATIONS/FRACTURES | Up to $6,000 |
| AMBULANCE | Ground: $400 / Air: $1,200 |
| ACCIDENT PHYSICIANS TREATMENT, URGENT CARE OR EMERGENCY ROOM SERVICES | $200 |
| X-RAY | $400 |
| ACCIDENT FOLLOW-UP TREATMENT | $100 |
| BURNS | Up to $1,000 |
| BRAIN INJURY DIAGNOSIS | $600 |
| COMPUTED TOMOGRAPHY (CT) SCAN AND MAGNETIC RESONANCE IMAGING (MRI) BENEFIT | $100 |
| COMA WITH RESPIRATORY ASSISTANCE | $20,000 |
| OPEN ABDOMINAL OR THORACIC SURGERY | $2,000 |
| TENDON, LIGAMENT, ROTATOR CUFF OR KNEE CARTILAGE SURGERY BENEFIT WITH REPAIR | $1,000 |
| RUPTURED DISC SURGERY | $1,000 |
| BLOOD AND PLASMA | $600 |
| PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY | $60 |
| APPLIANCE | $250 |

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

| BI-WEEKLY CONTRIBUTIONS | |
|---|---|
| EMPLOYEE ONLY | $4.14 |
| EMPLOYEE + SPOUSE | $7.15 |
| EMPLOYEE + CHILD(REN) | $10.81 |
| EMPLOYEE + FAMILY | $13.84 |

# Critical Illness Coverage

Critical Illness coverage through Allstate pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

## Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
  - Employee: $15,000 or $30,000
  - Spouse: $15,000 or $30,000
  - Child(ren): 50% of employee amount
- Wellness Benefit: A $50 wellness benefit is payable for each covered member for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test.

## Covered Benefits

(paid at 100% of your elected benefit amount unless otherwise noted):

- Heart Attack
- Stroke
- Coronary Artery Bypass (25%)
- Benign Brain Tumor
- End Stage Renal Failure
- Major Organ Transplant
- Coma
- Advanced Alzheimer's Disease
- Complete Blindness
- Complete Loss of Hearing
- Permanent Paralysis
- Complete loss of Speech

**PLAN 1 COVERAGE (BI-WEEKLY CONTRIBUTION)**

| EMPLOYEE'S AGE (AS OF JANUARY 1) | EMPLOYEE ONLY & EMPLOYEE + CHILD(REN) | EMPLOYEE ONLY & EMPLOYEE + SPOUSE & EMPLOYEE + FAMILY |
|---|---|---|
| 18-24 | $2.54 | $5.06 |
| 25-29 | $3.12 | $6.24 |
| 30-34 | $4.18 | $8.34 |
| 35-39 | $6.10 | $12.18 |
| 40-44 | $7.80 | $15.58 |
| 45-49 | $10.72 | $21.42 |
| 50-54 | $14.70 | $29.38 |
| 55-59 | $19.38 | $38.74 |
| 60-64 | $28.90 | $57.82 |
| 65-69 | $41.32 | $82.64 |
| 70-74 | $56.28 | $112.56 |
| 75-79 | $74.24 | $148.48 |
| 80+ | $110.08 | $220.14 |

**PLAN 2 COVERAGE (BI-WEEKLY CONTRIBUTION)**

| EMPLOYEE'S AGE (AS OF JANUARY 1) | EMPLOYEE ONLY & EMPLOYEE + CHILD(REN) | EMPLOYEE ONLY & EMPLOYEE + SPOUSE & EMPLOYEE + FAMILY |
|---|---|---|
| 18-24 | $4.34 | $8.70 |
| 25-29 | $5.50 | $11.00 |
| 30-34 | $7.56 | $15.16 |
| 35-39 | $11.34 | $22.70 |
| 40-44 | $14.68 | $29.38 |
| 45-49 | $20.44 | $40.88 |
| 50-54 | $28.24 | $56.50 |
| 55-59 | $37.46 | $74.94 |
| 60-64 | $56.26 | $112.56 |
| 65-69 | $80.74 | $161.48 |
| 70-74 | $110.26 | $220.54 |
| 75-79 | $146.00 | $291.98 |
| 80+ | $217.54 | $435.08 |

## Hospital Indemnity Coverage

Hospital Indemnity coverage through Allstate pays you cash benefits directly if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

### Plan Highlights

- Benefits are payable for pregnancy on the first day you have the policy
- Coverage is guaranteed issue; no medical questions

### HOSPITAL INDEMNITY COVERAGE

| | LOW PLAN | HIGH PLAN |
|---|---|---|
| SUMMARY OF BENEFITS* | | |
| FIRST DAY HOSPITAL CONFINEMENT BENEFIT | $500 (max one time per year) | $1,000 (max one time per year) |
| DAILY HOSPITAL CONFINEMENT BENEFIT | $100 per day (max 30 days per confinement) | $150 per day (max 30 days per confinement) |
| DAILY HOSPITAL INTENSIVE CARE UNIT BENEFIT | $200 per day (max 30 days per confinement) | $300 per day (max 30 days per confinement) |

*This is a summary. Refer to plan documents for details.

### BI-WEEKLY CONTRIBUTIONS

| | LOW PLAN | HIGH PLAN |
|---|---|---|
| EMPLOYEE ONLY | $3.60 | $6.72 |
| EMPLOYEE + SPOUSE | $11.22 | $18.36 |
| EMPLOYEE + CHILD(REN) | $4.98 | $10.20 |
| EMPLOYEE + FAMILY | $12.12 | $21.72 |

# Dental Benefits

**Like brushing and flossing, visiting your dentist is an essential part of your oral health. Worldwide Flight Services offers affordable plan options from CIGNA for routine care and beyond.**

## Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit CIGNA at www.myCIGNA.com.

The DMO plan offers in-network benefits only. It does not provide any out-of-network coverage.

The DPPO plan provides three network options, including both in- and out-of-network benefits. Members will receive greater discounts by utilizing the CIGNA in-network PPO network.

## Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

## Dental Plan Summary

This chart summarizes the dental coverage provided by CIGNA for 2024.

| | DHMO | DPPO | | |
|---|---|---|---|---|
| **BI-WEEKLY CONTRIBUTIONS** | | | | |
| EMPLOYEE ONLY | $3.78 | $12.88 | | |
| EMPLOYEE + SPOUSE | $7.38 | $24.64 | | |
| EMPLOYEE + CHILD(REN) | $8.15 | $30.18 | | |
| EMPLOYEE + FAMILY | $12.03 | $45.75 | | |
| | **IN-NETWORK ONLY** | **IN-NETWORK PPO** | **IN-NETWORK PREMIER** | **OUT-OF-NETWORK** |
| **ANNUAL DEDUCTIBLE** | | | | |
| INDIVIDUAL | $0 | $50 | $50 | $50 |
| FAMILY | $0 | $150 | $150 | $150 |
| **ANNUAL MAXIMUM** | | | | |
| PER PERSON | Unlimited | $1,500 | $1,500 | $1,500 |
| **COVERED SERVICES** | | | | |
| PREVENTIVE SERVICES<br>Cleanings, fluoride treatments, sealants and X-rays | Price based on service – see full schedule of benefits | 100% | 100% | 100% |
| BASIC SERVICES<br>Fillings, periodontics, scaling and root planning, oral surgery | Price based on service – see full schedule of benefits | 80%* | 80%* | 80%* |
| MAJOR SERVICES<br>Bridges, full and partial dentures | Price based on service – see full schedule of benefits | 50%* | 50%* | 50%* |
| ORTHODONTICS<br>(children & adults) | Planning exam – $225 treatment<br>Copay – $1,900 (child), $2,100 (adult)<br>Retention copay – $275 | 50% | 50% | 50% |
| ORTHODONTIC LIFETIME MAXIMUM | 24 months | $1,500 | $1,500 | $1,500 |

*After deductible

# Vision Benefits

**Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through EyeMed.**

## Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

## Vision Plan Summary

This chart summarizes the vision coverage provided by EyeMed for 2024.

| | STANDARD PLAN | | BUY-UP PLAN | |
|---|---|---|---|---|
| **BI-WEEKLY CONTRIBUTIONS** | | | | |
| EMPLOYEE ONLY | $1.61 | | $2.65 | |
| EMPLOYEE + SPOUSE | $3.22 | | $5.29 | |
| EMPLOYEE + CHILD(REN) | $3.45 | | $5.67 | |
| EMPLOYEE + FAMILY | $5.51 | | $9.06 | |
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| **EXAMS** | | | | |
| COPAY | $25 | Up to $42 | $10 | Up to $42 |
| **LENSES** | | | | |
| SINGLE VISION | 100% after copay | Up to $32 | 100% after copay | Up to $32 |
| BIFOCAL | 100% after copay | Up to $46 | 100% after copay | Up to $46 |
| TRIFOCAL | 100% after copay | Up to $61 | 100% after copay | Up to $61 |
| **CONTACTS (IN LIEU OF LENSES AND FRAMES)** | | | | |
| ELECTIVE | $130 retail allowance | Up to $100 | $130 retail allowance | Up to $100 |
| MEDICALLY NECESSARY | 100% covered | Up to $210 | 100% covered | Up to $210 |
| **FRAMES** | | | | |
| ALLOWANCE | $130 retail allowance | Up to $50 | $130 retail allowance | Up to $50 |
| **FREQUENCY** | | | | |
| EXAM & MATERIALS | Once every 12 months | | Once every 12 months | |
| LENSES OR CONTACTS | Once every 12 months | | Once every 12 months | |
| FRAMES | Once every 24 months | | Once every 24 months | |

## Note

**Early detection of vision conditions like diabetic retinopathy leads to more effective treatment and cost savings.**

# Survivor Benefits

**It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.**

## Basic Life and Accidental Death & Dismemberment Insurance

Worldwide Flight Services provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Lincoln Financial Group, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

**Your Basic Life and AD&D insurance benefit is $15,000.** If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

## Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Lincoln Financial Group insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.

# Basic and Voluntary Life Insurance

Life and AD&D benefits are an important part of your family's financial security. The basic benefits provided to you by Worldwide Flight Services may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

| BASIC EMPLOYEE LIFE/AD&D | |
|---|---|
| COVERAGE AMOUNT | $15,000 |
| WHO PAYS | Worldwide Flight Services |
| BENEFITS PAYABLE | Your Beneficiary |
| MAXIMUM BENEFIT | $15,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | No |
| **VOLUNTARY EMPLOYEE LIFE** | |
| COVERAGE AMOUNT | You can purchase additional life insurance in increments of $10,000. |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | Your Beneficiary |
| MAXIMUM BENEFIT | 5 times your annual salary up to $1,000,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Evidence of Insurability will be required for amounts greater than $500,000 or if you increase your amount more than 2 increments during open enrollment. |
| **VOLUNTARY SPOUSE LIFE** | |
| COVERAGE AMOUNT | The eligible employee must elect voluntary life insurance before voluntary life insurance can be elected for a spouse. You can purchase life insurance for your spouse in increments of $5,000. |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | To You |
| MAXIMUM BENEFIT | 50% of the employee coverage amount up to $150,000 in increments of $5,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Evidence of Insurability will be required for amounts greater than $30,000 or if you increase your amount more than 2 increments during open enrollment. |
| **VOLUNTARY CHILD LIFE** | |
| COVERAGE AMOUNT | The eligible employee must elect voluntary life insurance before voluntary life insurance can be elected for a child. You can purchase life insurance for your dependent children in increments of $2,000. A flat benefit of $500 is available for dependents 14 days to 6 months old. |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | To You |
| MAXIMUM BENEFIT | $10,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | No |

**For Union employees only:** One-year waiting period for Basic Life and AD&D (only for those hired after 4/1/17)

## Note

**If you have previously declined voluntary benefits or if you would like increase your coverage over the guarantee issue amount, you will need to provide evidence of insurability.**

# Voluntary Accidental Death and Dismemberment (AD&D) Insurance

| VOLUNTARY EMPLOYEE AD&D | |
|---|---|
| COVERAGE AMOUNT | You can purchase additional AD&D insurance in increments of $10,000. |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | Your Beneficiary |
| MAXIMUM BENEFIT | 5 times your annual salary up to $1,000,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Evidence of Insurability will be required for amounts greater than $500,000 or if you increase your amount more than 2 increments during open enrollment. |
| **VOLUNTARY SPOUSE AD&D** | |
| COVERAGE AMOUNT | The eligible employee must elect voluntary AD&D insurance before voluntary AD&D insurance can be elected for a spouse. You can purchase AD&D insurance for your spouse in increments of $5,000 |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | To You |
| MAXIMUM BENEFIT | 50% of the employee coverage amount up to $150,000 in increments of $5,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Evidence of Insurability will be required for amounts greater than $30,000 or if you increase your amount more than 2 increments during open enrollment. |
| **VOLUNTARY CHILD AD&D** | |
| COVERAGE AMOUNT | The eligible employee must elect voluntary AD&D insurance before voluntary AD&D insurance can be elected for a child. You can purchase AD&D insurance for your dependent children in increments of $2,000. A flat benefit of $500 is available for dependents 14 days to 6 months old. |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | To You |
| MAXIMUM BENEFIT | $10,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | No |

**For Union employees only:** One-year waiting period for Basic Life and AD&D (only for those hired after 4/1/17)

## VOLUNTARY LIFE INSURANCE

| RATES/$1,000 (MONTHLY) | |
|---|---|
| AGE (AS OF JANUARY 1) | EMPLOYEE |
| Less than 25 | $0.060 |
| 25-29 | $0.060 |
| 30-34 | $0.085 |
| 35-39 | $0.095 |
| 40-44 | $0.100 |
| 45-49 | $0.160 |
| 50-54 | $0.250 |
| 55-59 | $0.450 |
| 60-64 | $0.680 |
| 65-69 | $1.320 |
| 70-74 | $2.140 |
| 75-79 | $2.140 |
| 80 and older | $2.140 |

Your coverage amount will reduce by 35% when you reach age 65 and an additional 15% of the original amount when you reach age 70.

## VOLUNTARY AD&D INSURANCE

| PREMIUM RATES – PER $1,000 |
|---|
| $0.02 |

## VOLUNTARY CHILD LIFE INSURANCE

| COVERAGE AMOUNT | MONTHLY PREMIUM |
|---|---|
| $2,000 | $0.40 |
| $4,000 | $0.80 |
| $6,000 | $1.20 |
| $8,000 | $1.60 |
| $10,000 | $2.00 |

## TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

| $ | ÷ 1,000 = | $ | x Age Based Rate = | $ |
|---|---|---|---|---|
| Benefit Elected | | | | Monthly Premium |

# Income Protection

**You and your loved ones depend on your regular income. That's why Worldwide Flight Services offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.**

## Voluntary Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available for purchase on a voluntary basis. Through Lincoln Financial Group, you will have two STD options — a 3 month benefit option and a 6 month benefit option. Both benefit options have the same plan details below. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents for details.

| | |
|---|---|
| WEEKLY MAXIMUM BENEFIT | $1,000 |
| ELIMINATION PERIOD | 14 days |
| MAXIMUM BENEFIT PERIOD | 11 weeks (3-month option) or<br>24 weeks (6-month option) |

| VOLUNTARY STD | | |
|---|---|---|
| AGE (AS OF JANUARY 1) | | |
| AGE RANGE | 3-MONTH BENEFIT OPTION | 6-MONTH BENEFIT OPTION |
| Under 24 to 29 | $0.400 | $0.521 |
| 30-34 | $0.400 | $0.521 |
| 35-39 | $0.400 | $0.521 |
| 40-44 | $0.417 | $0.543 |
| 45-49 | $0.429 | $0.559 |
| 50-54 | $0.437 | $0.569 |
| 55-59 | $0.447 | $0.582 |
| 60-64 | $0.485 | $0.631 |
| 65-69 | $0.502 | $0.653 |
| 70+ | $0.502 | $0.068 |

## Note

**Around 30% of Americans ages 35-65 will suffer a disability lasting at least 90 days during their careers. (Source: Million Dollar Round Table)**

# Retirement Planning

**No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.**

Contributing to a 401(k) account now can help keep you financially secure later in life. The Worldwide Flight Services 401(k) plan provides you with the tools you need to prepare.

| PLAN AT A GLANCE | |
|---|---|
| PLAN NAME | Worldwide Flight Services 401(k) Plan |
| RECORDKEEPER | Empower Retirement |
| WEBSITE | www.empowermyretirement.com |
| ELIGIBILITY | On the first day of the quarter |
| COMPANY MATCH | The company will make a safe harbor matching contribution equaling 100% of the first 3% and 50% on the next 2% of your eligible pay that you contribute. Union employees are excluded from the employer match. |

## All About 401(k)

This employer-sponsored retirement account can help your future self by saving money — tax free — from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Eligible employees can invest for retirement while receiving tax advantages. The company will make a safe harbor matching contribution equaling 100% of the first 3% and 50% on the next 2% of your eligible pay that you contribute. Union employees are excluded from the employer match. Administrative services are provided by Empower Retirement. You may start making pre-tax contributions into the plan on the first day of the quarter.

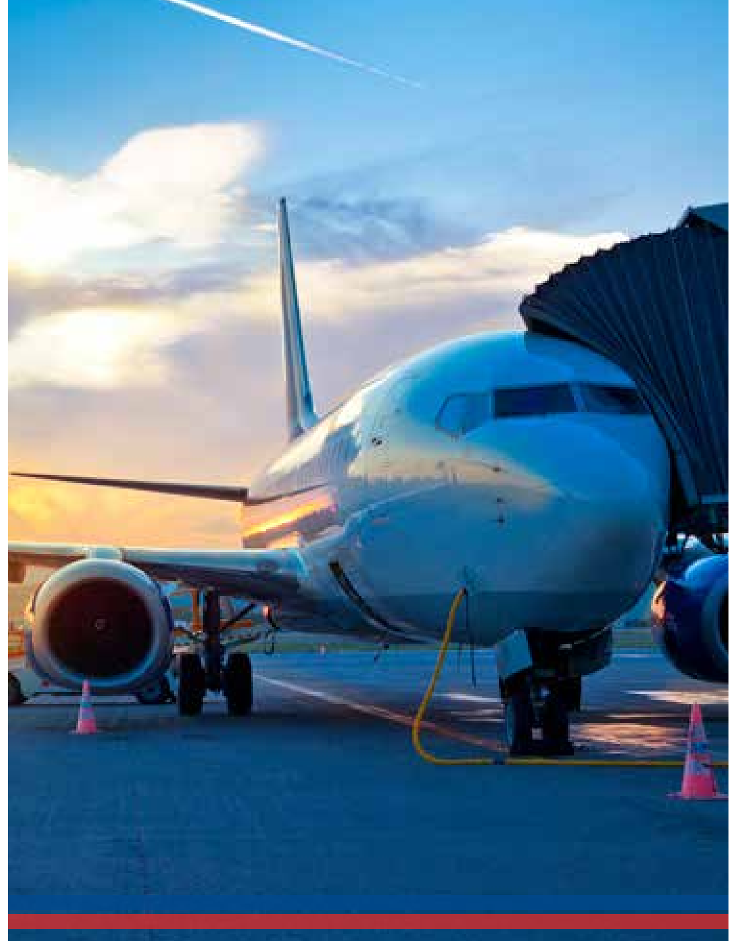
**Pre-tax vs. Roth 401(k):** What's the difference? If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

## Contributing to the Plan

The deferred contribution limit set annually by the IRS is expected to be $23,000 for 2024.

If you are age 50 or older this year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is $7,500 for 2024 — for a combined total contribution allowance of $30,500.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in.



## How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income, including Worldwide Flight Services' generous safe harbor matching contribution. If you can't afford to save that much, make sure to save up to the matching amount so you don't leave free money behind.

## Changing or Stopping Your Contributions

You may change the amount of your contributions any time. Changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

## Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Empower Retirement at 800-338-4015 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

## Investing in the Plan

It's up to you how to invest the assets. The Worldwide Flight Services 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit www.empowermyretirement.com.

### Note

The average American starts saving for retirement at age 27. But it's never too late! (Source: Annuity.org)

# Additional Benefits

**Worldwide Flight Services cares about you and wants you to succeed in all aspects of life, so we offer a variety of additional benefits to help make your day-to-day easier.**

## Employee Assistance Program

We know life is complicated, and sometimes we all just need a little help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional, and physical. And it comes at no cost to you — whether you're enrolled in a company-sponsored medical plan or not.

Through this program, you have access to mental health assistance and legal and financial help from a number of professionals. You have 24-hour access to helpful resources by phone, and the EAP benefit includes three face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Worldwide Flight Services. You may access information, benefits, educational materials, and more either by phone at 877-622-4327 or online at www.cignabehavioral.com employer ID: wfseap.

The Program provides referrals to help with:

- Emotional health and well-being
- Alcohol or drug dependency
- Marriage or family relationship problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

## Commuter Benefits

Take public transit or pay for parking? Through WFS' Commuter program, you can set aside tax-free money for eligible parking expenses or mass-transit fees.

### Transit and Parking Reimbursement Account

You may set aside up to $315 a month tax free in either a Transit Account or a Parking Reimbursement Account for work parking expenses. The funds are deducted from your paycheck. Any unused funds in your account will roll over each month. You may start or stop your account at any time.

Choose from several convenient payment options

- Send payments directly to your parking provider
- Get monthly transit passes or tickets mailed to your home
- Get reimbursed for eligible out-of-pocket parking expenses
- Load funds onto your smart card or debit card

Visit HealthEquity.com/learn/commuter to enroll in commuter benefits. If you have any questions, please call 866-735-8195.

## Employee Extras

WFS partners with Corestream to offer employees specially negotiated group rates on valuable benefits that fit your lifestyle, including savings and discounts on a variety of goods and services:

- Travel Discounts
- Identity Theft Plans
- Prepaid Legal Insurance
- Pet Insurance
- Auto & Home Insurance
- Employee Savings Program

You may elect to participate in these exclusive benefits through Corestream at wfs.corestream.com.

**Exclusively for You.** Available to all WFS employees, even if you waive optional benefits (medical, dental, etc.).

**Packed with Savings.** Chock full of discounts on hundreds of your favorite brands.

**Updated Daily.** New curated offers are constantly being added.

# Glossary

**Balance Billing –** When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

**Coinsurance –** Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

**Copay –** The fixed amount you pay for healthcare services received, as determined by your insurance plan.

**Deductible –** The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

**Explanation of Benefits (EOB) –** A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

**Flexible Spending Accounts (FSAs) –** A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA –** A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

**Healthcare Cost Transparency –** Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

**Health Savings Account (HSA) –** A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

**High Deductible Health Plan (HDHP) –** A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

**Network –** A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

**Open Enrollment –** The period set by the employer during which employees and dependents may enroll for coverage.

**Out-of-Pocket Maximum –** The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

**Over-the-Counter (OTC) Medications –** Medications available without a prescription.

**Prescription Medications –** Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

**Reasonable and Customary Allowance (R&C) –** The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

**Summary of Benefits and Coverage (SBC) –** Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

**Summary Plan Description (SPD) –** The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

# Required Notices

## Important Notice from Worldwide Flight Services, Inc. About Your Prescription Drug Coverage and Medicare under the CIGNA and Kaiser Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Worldwide Flight Services, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Worldwide Flight Services, Inc. has determined that the prescription drug coverage offered by the CIGNA and Kaiser plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Worldwide Flight Services, Inc. coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Worldwide Flight Services, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Worldwide Flight Services, Inc. changes. You also may request a copy of this notice at any time.

## For More Information about Your Options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

*Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

| | |
|---|---|
| Date: | January 1, 2024 |
| Name of Entity/Sender: | Worldwide Flight Services, Inc. |
| Contact—Position/Office: | Human Resources |
| Address: | 151 East Hanger Rd. Suite 361 Cargo Area A<br>JFK Intrntl Airport<br>Jamaica, NY 11430 |
| Phone Number: | 972-629-5000 |

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 972-629-5000.

## HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 972-629-5000.

### HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 972-629-5000.

# Important Contacts

## Medical & Pharmacy
CIGNA
800-244-6224
www.myCIGNA.com

## Virtual Care
MDLIVE
888-726-3171
www.myCIGNA.com

## Wellness
CIGNA
800-244-6224
www.myCIGNA.com

## CIGNA Health Information Line
Toll-free number is located on your CIGNA ID card
www.myCigna.com

## Hooray Health
866-746-6729
www.hoorayhealth.com

## Supplemental Health (Accident, Critical Illness, Hospital Indemnity)
Allstate
800-521-3535
www.allstatebenefits.com/mybenefits

## Dental
CIGNA
800-244-6224
www.myCIGNA.com

## Vision
EyeMed
866-939-3633
www.eyemed.com

## Health Savings Account
HealthEquity
866-346-5800
www.healthequity.com/hsalearn

## Flexible Spending Accounts
HealthEquity
866-346-5800
www.healthequity.com/fsalearn

## Life and AD&D
Lincoln Financial Group
800-487-1485
www.lfg.com

## Voluntary Short Term Disability
Lincoln Financial Group
800-487-1485
www.lfg.com

## Retirement
Empower Retirement
800-338-4015
www.empowermyretirement.com

## Employee Assistance Program
CIGNA EAP
877-622-4327
www.cignabehavioral.com
Employer ID: wfseap

## Commuter Benefits
866-735-8195
HealthEquity.com/learn/commuter

## Employee Extras
Corestream
972-635-5338
www.wfs.corestream.com
wfssupport@corestream.com

## Benefits Enrollment
833-397-0550
Monday-Friday 8am-8pm EST
www.wfs-benefits.com
Company Key: WFSBenefits

WFS

Worldwide Flight Services