



Employee Benefits

Part-Time

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.

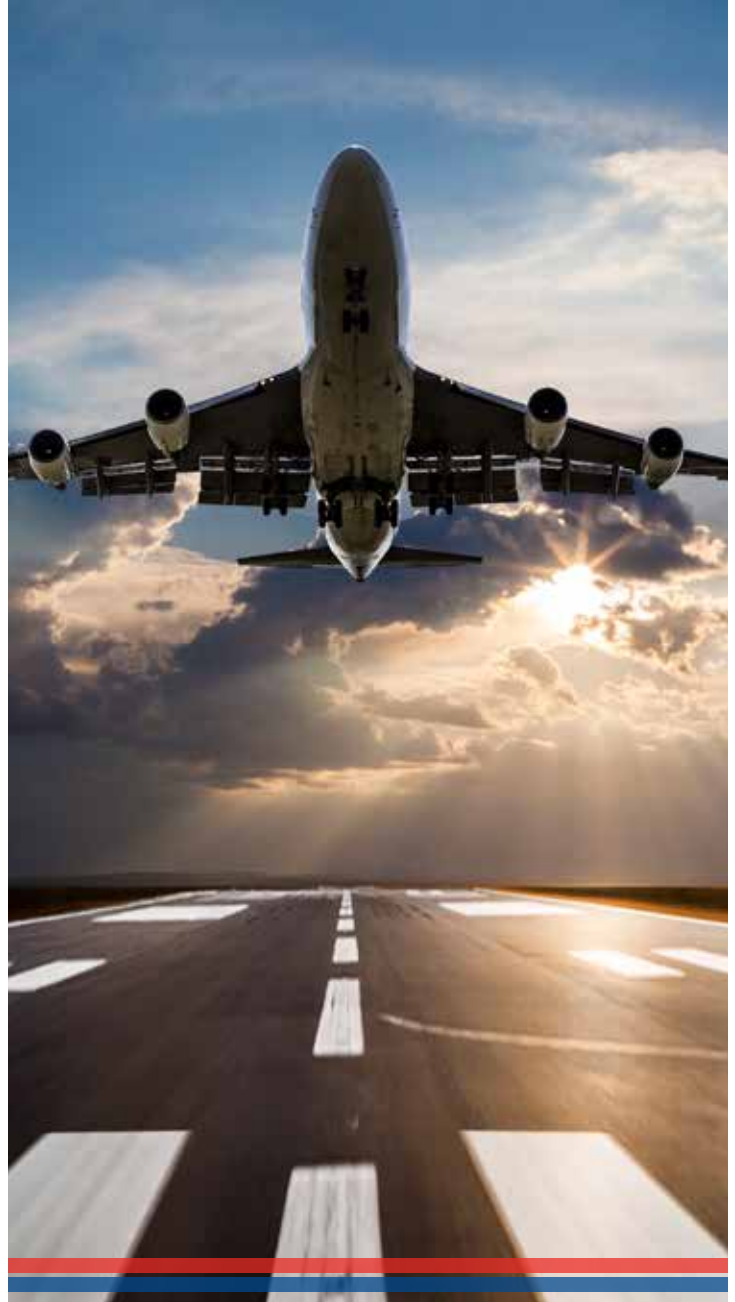
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What's changing this year?

We are pleased to inform you that starting in 2024, the Accident and Sickness plan through Hooray Health will now be available to part-time employees. 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.



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.

Eligibility and Enrollment

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

Eligibility

If you are a part-time employee of Worldwide Flight Services who works 20 hours or more, you are eligible to participate in the Hooray Health, dental, vision, life, disability, accident, critical illness, and hospital indemnity plans.

Coverage Dates

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

New Hire: Your benefits are effective on the 90th day of service. 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, foster children, 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 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

Accident & Sickness Coverage – Hooray Health



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!



✔ 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.

✔ 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.*



✔ Prescriptions

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



✔ 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.**



Click on each plan feature below to learn

- ✔ [Virtual Urgent + Virtual Primary Care](#)
- ✔ [Discount Radiology Services***](#)

Other Features Include:

- ✔ Accidental Death Coverage
- ✔ Hospital Benefits

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

*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

How does Hooray Health work?



*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.

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
<i>Annual Deductible</i>	\$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 <i>Urgent Care and Retail Clinics</i> \$25 Copay*	OUT OF NETWORK*** <i>Any Doctor or Medical Facility</i> No dis	Any Doctor or Medical Facility	
RETAIL CLINIC/URGENT CARE VISITS			ACCIDENT MEDICAL EXPENSE BENEFIT	
Clinic or Urgent Care Visit	Member Pays \$25 copay No Balance Bills* Plan Pays \$175	OR		Plan Pays \$175 Per Visit Per Day
PHYSICIAN OFFICE VISITS			Covered up to \$5,000 per accident with \$0 Deductible (paid at 100% U&C)	
Outpatient Physician Visit	N/A	OR		Plan Pays \$75 Per Visit Per Day
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	
OUTPATIENT SURGERY BENEFITS			ACCIDENTAL DEATH BENEFIT	
ASC or Hospital Benefit	N/A	OR		Plan Pays \$125 Per Day
Anesthesia Benefit	N/A	OR	Plan Pays \$75 Per Day	
INPATIENT BENEFITS			\$1,000	
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			

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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.

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	\$4.73	\$16.10		
EMPLOYEE + SPOUSE	\$9.23	\$30.80		
EMPLOYEE + CHILD(REN)	\$10.19	\$37.72		
EMPLOYEE + FAMILY	\$15.04	\$57.19		
	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 Cleanings, fluoride treatments, sealants and X-rays	Price based on service – see full schedule of benefits	100%	100%	100%
BASIC SERVICES Fillings, periodontics, scaling and root planning, oral surgery	Price based on service – see full schedule of benefits	80%*	80%*	80%*
MAJOR SERVICES Bridges, full and partial dentures	Price based on service – see full schedule of benefits	50%*	50%*	50%*
ORTHODONTICS (children & adults)	Planning exam – \$225 Treatment Copay – \$1,900 (child), \$2,100 (adult) 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.

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.



Voluntary Life Insurance

Life and AD&D benefits are an important part of your family's financial security. Voluntary 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.

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

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



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 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)

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.

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.

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.



Important Contacts

Accident & Sickness Coverage

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

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

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



