



2024 EMPLOYEE BENEFITS OVERVIEW

January 1, 2024 - December 31, 2024

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This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan contracts determine how all benefits are paid.



GETTING STARTED



Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, North Wind Group supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, retirement benefits, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

WHO'S ELIGIBLE FOR BENEFITS?



You can find additional information on the Benefits App at true.North.

Email Human Resources with Questions
hr-benefits@northwindgrp.com

Employees

You are eligible if you are a full-time employee working 30 or more hours per week. Part time and temporary employees working over 90 days are also eligible for some of the benefits, please see the chart below for coverage information.

Eligible dependents

- Legally married spouse or domestic partner (limited benefits for domestic partners).
- Natural, adopted, or stepchildren up to age 26, domestic partner child(ren).
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

For additional information, please refer to the benefit booklets for each benefit.

When you can enroll

- 1) Within 30 days of your date of hire (60 days for medical). Most coverages begin the first of the month following date of hire. Medical coverage begins the first (1st) pay period following hire and submittal of required documentation.
- 2) During the annual open enrollment period for the following calendar year.
- 3) If you have a Qualifying Life Event (QLE). **Employees must elect their benefits within 30 days of event.**

If you miss the enrollment deadline, you'll need to wait until the next open enrollment period.

Insurance Type	Carrier	Eligible Groups *	% Company Paid	% EE Paid
Medical	Federal Employees Health Benefits (FEHB)	-Full-Time, Temporary over 90 Days, Part-Time	75%	25%
Dental	Delta Dental of Idaho	Full-Time	60%	40%
Vision	VSP	Full-Time	60%	40%
Basic Life and AD&D	New York Life	Full-Time	100%	0%
Short Term Disability	New York Life	Full-Time	100%	0%
Long Term Disability	New York Life	Full-Time	100%	0%
Educational Assistance	North Wind Group	Full-Time	100%	0%
Voluntary Life and AD&D	New York Life	Full-Time	0%	100%
Accident	Unum	Full-Time	0%	100%
Critical Illness	Unum	Full-Time	0%	100%
Hospital Indemnity	Unum	Full-Time	0%	100%
Whole Life	Unum	Full-Time	0%	100%
Flex Spending Accounts	PlanSource	Full-Time	0%	100%
401K	Fidelity	All North Wind Group Employees (Excluding Union Members)	4% Match After 1 Year of Service and 1,000 Hours	Employee Selects Deferral Rate After Initial Automatic 4% Rate

CHANGING YOUR BENEFITS

LIFE HAPPENS

A change in your life may allow you to update your benefit choices.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a Qualifying Life Event (QLE), including:

- Change in legal marital status.
- Change in number of dependents or dependent eligibility status.
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren).
- Change in residence that affects access to network providers.
- Change in your health coverage or your spouse's coverage due to your spouse's employment.
- Change in an individual's eligibility for Medicare or Medicaid.
- Court order requiring coverage for your child.
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change request within 30 days after the event. To do so, you will need to log in to your BambooHR account and under "Company Links," you will select "Manage my Benefits", then select "Update My Benefits," where you will then select which Life Event applies to you.

ENROLLING FOR BENEFITS



DO I NEED TO ENROLL?

This is a “passive” enrollment, which means if you do not wish to make any changes, then your current plan selections will simply roll into 2024, except FSA.

You are required to re-enroll each year for FSAs.

To enroll/change, please complete enrollment in PlanSource to make any insurance changes.

At the time of enrollment, you will need to have you and your dependents information, including social security numbers, addresses, dates of birth and other coverage information.

OPEN ENROLLMENT DATES FOR 2024: November 13 – December 11

Before you enroll

Review your enrollment materials to understand your new benefit options and costs for the coming year.

Getting started

First you will need to log in to your BambooHR account and under "Company Links," you will select "Manage my Benefits." This will take you to the PlanSource home page where you will begin.

Your PlanSource Homepage

On the Homepage, click “Get Started” to begin.

Shop for Benefits

You can then begin shopping for benefits! Educational material about the specific plan type is available at the top of the page. You can also view more in-depth FEHB Medical descriptions on the OPM website under the Tribal Employer section at www.opm.gov/healthcare-insurance/tribal-employers/plan-information/plans/

Plan Overview

Plan choices are displayed on “cards,” which provide a summary of what is included in the plan. Click a card to get more detail.

Plan Details

The plan detail page will give you information about each plan, including cost per pay period.

Select Plan

To select a plan, indicate which family members are covered by clicking “edit family covered” and select the card for each family member you’d like to be on the plan. Click “Update Cart” to choose the plan.

Shopping Cart

The shopping cart displays a running total of your combined benefits costs and shows your progress. You will need to select or decline a plan in each benefit type before you can check out.

Checkout

To finalize your choices, click “Review and Checkout.” You must complete the checkout process to be enrolled in benefits.

MEDICAL BENEFITS

Eligible employees have the choice of various medical plans offered through the Federal Employees Health Benefits (FEHB) program and we encourage you to review all the plan information and choose the FEHB plan that is the best fit for you and your family. This guide provides a high-level summary of benefits for each FEHB national plan available. For a more comprehensive view of your benefits or to view plans available specific to your area, please visit the U.S. Office of Personnel Management website at: www.opm.gov/insure/health/tribes/planinfo/index.asp

The Federal Employee Health Benefits (FEHB) plans offer three coverage options: self only, self and family or self plus one. North Wind pays 75% of the cost of health coverage for employees and their families. The premium rates listed on the public OPM website do not apply to North Wind (as North Wind is paying more, on average, towards your coverage). Refer to the Benefits app on true.North or the charts below for the premiums.

Employees experiencing a change in their family status such as marriage, divorce or the addition of a new dependent must request a change within 30 days of the status change (unless you make a change during open enrollment). The premium rate will be adjusted accordingly.

For a complete list of qualifying life events, go to: www.opm.gov/insure/lifeevents/index.asp



1 Network

Provider networks vary from plan to plan, and it is important to make sure that your providers are in the network of the plan you choose. Provider directories for each plan can be found at the OPM website:

www.opm.gov/insure/health/tribes/planinfo/index.asp

2 Cost

As you compare plans and costs, keep in mind the services you use most often and those you need or want. Make sure to take into consideration plan premiums, deductibles, copays, coinsurance, and out-of-pocket maximums to get an idea of your out-of-pocket costs.

3 Coverage

In addition to premiums, you are encouraged to look at the benefit structure to determine what coverage fits you and your family's needs best. Consider what the copay is for an office visit, the cost of a trip to the emergency room, care before and after your baby is born, prescription drugs, pediatric care, etc. Additional details not outlined in this packet can be found at the OPM website.

MEDICAL BENEFIT HIGHLIGHTS

FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB)

Please note that while many of the FEHB Medical Plans will renew as is or with minor changes, some carriers have removed and/or introduced new plan options. Minor changes to the plans are **bolded in blue**, for a more in-depth summary of changes, please see the Summary Plan Description for that plan.

Please make sure you review your FEHB enrollment options prior to finalizing your elections. For plans that provide out-of-network benefits, be sure to review the full plan brochure. The charts below reflect the in-network benefits only.

BLUE CROSS/BLUE SHIELD

Plan Description	Standard Plan PPO (104, 106, 105)	Basic Plan EPO (111, 113, 112)	FEP Blue Focus (131, 133, 132)
Network Benefits	In & Out of Network	In-Network Only	In-Network Only
Deductible	\$350 (self) \$700 (self+1 or family)	\$0 (self) \$0 (self+1 or family)	\$500 (self) \$1,000 (self+1 or family)
Out-of-Pocket Maximum	\$6,000 (self) \$12,000 (self +1 or family)	\$6,500 (self) \$13,000 (self +1 or family)	\$9,000 (self) \$18,000 (self +1 or family)
Office Visit Copay	\$30	\$35	\$10 for each for your first 10 combined professional visits
Office Visit Copay - Specialist	\$40	\$45	
Telehealth Services	\$0 for first 2 visits \$10 copay all additional visits	\$0 for first 2 visits \$15 copay all additional visits	\$0 for first 2 visits \$10 copay all additional visits
In-Network Coinsurance	85%	85% - 100% / Copays vary	70%
Out-of-Network Coinsurance	65%	No Coverage	Not Covered
Retail Rx	Generics: \$7.50 Preferred Brand: 30% Non-Preferred Brand: 50% Preferred Specialty: 30% Non-Preferred Specialty: 30%	Generics: \$15 Preferred Brand: \$60 Non-Preferred Brand: 60% (\$90 min) Preferred Specialty: \$85 Non-Preferred Specialty: \$110	Generics: \$5 Preferred Brand: 40% up to \$350
Mail-Order Rx	Generics: \$15 Preferred brand: \$90 Non-Preferred brand: \$125	Available to members with Medicare Part B primary only: Generics: \$20 Preferred brand: \$100 Non-Preferred brand: \$125	No Benefit
Specialty Rx	Preferred specialty: \$65 Non-Preferred specialty: \$85	Preferred specialty: \$85 Non-Preferred specialty: \$110	Preferred generic specialty, and Preferred brand specialty: 40% up to \$350
Wellness Incentive	Earn up to \$170 with the Wellness Incentive Program	Earn up to \$170 with the Wellness Incentive Program	\$150 MyBlue Wellness Card when they complete their annual physical.
Additional Information			
Network	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
HSA/HRA Funding Levels	N/A	N/A	N/A
Additional Fees	N/A	N/A	N/A
Dental	Preferred: 15% of the Plan allowance (deductible applies) Participating: 35% of the Plan allowance (deductible applies) Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount	\$35 per evaluation; up to 2 evaluations per year	Not Covered

MEDICAL BENEFIT HIGHLIGHTS

FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB)

GOVERNMENT EMPLOYEES' HEALTH ASSOCIATION (GEHA)

Plan Description	High Option PPO (311, 313, 312)	Standard Option PPO (314, 316, 315)	HSA/HDHP (314, 343, 342)
Network Benefits	In & Out of Network	In & Out of Network	In & Out of Network
Deductible	\$350 (self) \$700 (self +1 or family)	\$350 (self) \$700 (self +1 or family)	\$1,600 (self) \$3,200 (self +1 or family)
Out-of-Pocket Maximum	\$5,000 (self) \$10,000 (self +1 or family)	\$6,500 (self) \$13,000 (self +1 or family)	\$6,000 (self) \$12,000 (self +1 or family)
Office Visit Copay	\$20	\$20	5% after deductible
Office Visit Copay – Specialist	\$20	\$35	5% after deductible
Telehealth Services	\$0 with MDLIVE \$20 with PCP	\$0 with MDLIVE \$20 with PCP	\$0 with MDLIVE 5% with PCP
In-Network Coinsurance	90%	85%	95%
Out-of-Network Coinsurance	75%	65%	75%
Retail Rx	Generic: \$10 Preferred brand-name: 25% (\$150 max) Non-Preferred brand-name: 40% (\$200 max)	Generic: \$10 Preferred brand-name: 40% (\$250 max) Non-Preferred brand-name: 60% (\$350 max)	Generic: 25% Preferred brand-name: 25% Non-Preferred brand-name: 40%
Mail-Order Rx	Generic: \$20 Preferred brand-name: 25% (\$350 max) Non-Preferred brand- name: 40% (\$500 max)	Generic: \$20 Preferred brand-name: 40% (\$550 max) Non-Preferred brand-name: 60% (\$650 max)	Generic: 25% Preferred brand-name: 25% Non-Preferred brand-name: 40%
Specialty Rx	CVS Exclusive Generic & Preferred brand- name: 25% (\$150 max) Non-Preferred brand- name: 40% (\$200 max)	CVS Exclusive Generic & Preferred brand- name: 50% (\$250 max) Non-Preferred brand- name: 50% (\$400 max)	CVS Exclusive Generic & Preferred brand- name: 25% Non-Preferred brand- name: 40%
Wellness Incentive	Earn rewards up to \$250 annually	Earn rewards up to \$250 annually	Earn rewards up to \$250 annually
Additional Information			
Network	UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus
HSA/HRA Funding Levels	\$1,000 Medicare Part B premium reimbursement	N/A	\$1,000 (self) \$2,000 (self +1 or family)
Additional Fees	N/A	N/A	N/A
Dental	\$22 per visit (maximum two visits per year)	50% up to the Plan allowance for diagnostic and preventive services (maximum two visits per year)	Preventive 100% plan allowance (maximum two visits per year)

MEDICAL BENEFIT HIGHLIGHTS

FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB)

GOVERNMENT EMPLOYEES' HEALTH ASSOCIATION (GEHA)

Plan Description	Elevate Plus POS (251, 253, 252)	Elevate POS (254, 256, 255)
Network Benefits	In Network Only	In & Out of Network
Deductible	\$200 (self) \$400 (self +1 or family)	\$500 (self) \$1,000 (self +1 or family)
Out-of-Pocket Maximum	\$7,000 (self) \$14,000 (self +1 or family)	\$8,500 (self) \$17,000 (self +1 or family)
Office Visit Copay	\$30	\$10
Office Visit Copay – Specialist	\$50	\$30
Telehealth Services	\$0 with MDLIVE \$30 with PCP	\$0 with MDLIVE \$10 with PCP
In-Network Coinsurance	Copays vary / 85%	75%
Out-of-Network Coinsurance	Not covered	50%
Retail Rx	Generic: \$10 Preferred brand-name: \$80 Non-Preferred brand-name: 50%	Generic: \$4 Preferred brand-name: 50% (\$500) Non-Preferred brand-name: 100%
Mail-Order Rx	Generic: \$20 Preferred brand-name: \$200 Non- Preferred brand-name: 50%	No Benefit
Specialty Rx	CVS Specialty Pharmacy Only Generic & Preferred Brand-name: 40% (\$500 max) Non-Preferred brand-name: 50%	CVS Specialty Pharmacy Only Generic & Preferred brand-name: 50% (\$500 max)
Wellness Incentive	Earn rewards up to \$500 annually	Earn rewards up to \$500 annually
Additional Information		
Network	UnitedHealthCare Choice Plus	UnitedHealthCare Choice Plus
HAS/HRA Funding Levels	N/A	N/A
Additional Fees	N/A	N/A
Dental	Not Covered	Not Covered

MEDICAL BENEFIT HIGHLIGHTS

FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB)

MAIL HANDLERS BENEFIT PLAN (MHBP)

Plan Description	Value Plan PPO (414, 416, 415)	Standard Plan PPO (454, 456, 455)	HSA/HDHP (481, 483, 482)
Network Benefits	In & Out of Network	In & Out of Network	In & Out of Network
Deductible	\$600 (self) \$1,200 (self +1 or family)	\$350 (self) \$700 (self +1 or family)	\$2,000 (self) \$4,000 (self +1 or family)
Out-of-Pocket Maximum	\$6,600 (self) \$13,200 (self +1 or family)	\$6,000 (self) \$12,000 (self +1 or family)	\$6,000 (self) \$12,000 (self +1 or family)
Office Visit Copay	\$30	\$20	\$15 after deductible
Office Visit Copay – Specialist	\$50	\$30	\$15 after deductible
Telehealth Services	\$0 with Teledoc	\$0 with Teledoc	\$0 with Teledoc
In-Network Coinsurance	80%	90%	See schedule of benefits for copays
Out-of-Network Coinsurance	60%	70%	60%
Retail Rx	Generic: \$10 Preferred: 45% (\$300 max) Non-preferred: 75% (\$500 max)	Generic: \$5 Preferred: 30% (\$200 max) Non-preferred: 50% (\$200 max)	Deductible, then: Generic: \$10 Preferred: 30% (\$200 max) Non-preferred: 50% (\$200 max)
Mail-Order Rx	Generic: \$30 Preferred: 45% (\$500 max) Non-preferred: 75% (\$700 max)	Generic: \$10 Preferred: \$80 Non-preferred: \$120	Deductible, then: Generic: \$20 Preferred: \$80 Non-preferred: \$120
Specialty Rx	CVS Caremark Pharmacy Generic/Preferred brand name: 50% (\$600 max) Non-Preferred brand name: 50% (\$700)	CVS Caremark Pharmacy Generic/Preferred brand name: 15% (\$225 max) Non-Preferred brand name: 25% (\$275)	CVS Pharmacy Deductible, then: Generic/Preferred brand name: 30% (\$225 per prescription) Non-Preferred brand name: 30% (\$275 per prescription)
Wellness Incentive	Earn up to \$300 when completing the Wellness Incentive Program	Earn up to \$350 when completing the Wellness Incentive Program	Earn up to \$75 when participating in the Diabetes Program
Additional Information			
Network	Aetna - Choice POS II Network	Aetna - Choice POS II Network	Aetna - Choice POS II Network
HSA/HRA Funding Levels	N/A	N/A	\$1,200 (self) \$2,400 (self +1 or family)
Additional Fees	\$52 annual membership fee	\$52 annual membership fee	\$52 annual membership fee
Dental	Not Covered	Not Covered	Not covered

MEDICAL BENEFIT HIGHLIGHTS

FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB)

NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC)

Plan Description	High Option PPO (321, 323, 322)	CDHP HRA (324, 326, 325)
Network Benefits	In & Out of Network	In & Out of Network
Deductible	\$300 (self) \$600 (self +1 or family)	\$2,000 (self) \$4,000 (self +1 or family)
Out-of-Pocket Maximum	\$3,500 (self) \$5,000 (self +1 or family)	\$6,600 (self) \$13,200 (self +1 or family)
Office Visit Copay	\$25	20% after deductible
Office Visit Copay - Specialist	\$25	20% after deductible
Telehealth Services	\$10	10% after deductible
In-Network Coinsurance	85%	80%
Out-of-Network Coinsurance	65%	50%
Retail Rx	Generic: 20% of cost (10% of cost for hypertension, diabetes, and asthma) Formulary brand: 30% Non-formulary brand: 50%	Deductible, then: Generic: \$10 (\$5 for hypertension, diabetes, and asthma) Preferred: \$40 Non-preferred: \$60 Non-network: 50%
Mail-Order Rx	Generic: \$10 Formulary brand: \$60 Non-formulary brand: \$84	Deductible, then: Generic: \$20 (\$13 for hypertension, diabetes, and asthma) Formulary brand: \$90 (\$70 for hypertension, diabetes, and asthma) Non-formulary brand: \$125 (\$110 for hypertension, diabetes, and asthma)
Specialty Rx	Caremark Specialty Pharmacy Mail Order: 30-day supply: \$200 60-day supply: \$300 90-day supply: \$400	CVS Specialty Mail Order 30-day supply: \$250 (after deductible is met) 90-day supply: \$450 (after deductible is met)
Wellness Incentive	Earn \$ health savings rewards by completing Incentive Programs	Earn \$ health savings rewards by completing Incentive Programs
Additional Information		
Network	Cigna - OAP Network	Cigna - OAP Network
HSA/HRA Funding Levels	N/A	\$1,200 (self) \$2,400 (self +1 or family)
Additional Fees	\$36 annual membership fee	\$36 annual membership fee
Dental	Not Covered	Not Covered

MEDICAL BENEFIT HIGHLIGHTS

FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB)

APWU HEALTH PLAN

Plan Description	High Option PPO (471, 473, 472)	Consumer Driven Option HRA (474, 476, 475)
Network Benefits	In & Out of Network	In & Out of Network
Deductible	\$450 (self) \$800 (self +1 or family)	\$2,200 (self) \$4,400 (self +1 or family)
Out-of-Pocket Maximum	\$6,500 (self) \$13,000 (self +1 or family)	\$6,500 (self) \$13,000 (self +1 or family)
Office Visit Copay	\$25	15% after deductible
Office Visit Copay - Specialist	\$25	15% after deductible
Telehealth Services	\$10 with Teledoc	15% after deductible with Teledoc
In-Network Coinsurance	85%	85%
Out-of-Network Coinsurance	60%	50%
Retail Rx	Tier 1: \$10 Tier 2: 25% (\$200 max) Tier 3: 45% (\$300 max)	Tier 1: 25% (\$200 max) Tier 2: 25% (\$200 max) Tier 3: 40% (\$300 max)
Mail-Order Rx	Tier 1: \$20 Tier 2: 25% (\$300 max) Tier 3: 45% (\$500 max) Tier 4: 25% (\$150 max) Tier 5: 25% (\$300 max) Tier 6: 45% (\$500 max)	Tier 1: 25% (\$600 max) Tier 2: 25% (\$600 max) Tier 3: 40% (\$900 max)
Specialty Rx	Tier 4: 25% (\$300 max) Tier 5: 25% (\$600 max) Tier 6: 45% (\$1,000 max)	Members are required to purchase their specialty drugs through Optum RX Specialty Pharmacy
Wellness Incentive	None	You can receive a \$25 wellness incentive when you complete an annual physical with a clinical professional each year
Additional Information		
Network	UnitedHealthcare	UnitedHealthcare
HSA/HRA Funding Levels	N/A	\$1,200 (self) \$2,400 (self +1 or family)
Additional Fees	\$35 annual membership fee	\$35 annual membership fee
Dental	30% of the Plan allowance and any difference between our allowance and the billed amount (No deductible)	Not covered

MEDICAL BENEFIT HIGHLIGHTS

FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB)

SAMBA NATIONWIDE

Plan Description	High Option PPO (441, 443, 442)	Standard Option PPO (444, 446, 445)
Network Benefits	In & Out of Network	In & Out of Network
Deductible	\$300 (self) \$600 (self + 1 or family)	\$350 (self) \$700 (self +1) \$900 (self + family)
Out-of-Pocket Maximum	\$5,000 (self) \$10,000 (self +1 or family)	\$6,000 (self) \$12,000 (self +1 of family)
Office Visit Copay	\$15	\$20
Office Visit Copay - Specialist	\$25	\$30
Telehealth Services	\$10 (Nothing first 2 visits)	\$15 (Nothing first 2 visits)
In-Network Coinsurance	85%	80%
Out-of-Network Coinsurance	65%	55%
Retail Rx	Generic: \$10 Preferred: 30% (\$100 max) Non-preferred: 45% (\$300 max)	Generic: \$12 Preferred: 35% (\$150 max) Non-preferred: 50% (\$300 max)
Mail-Order Rx	Generic: \$15 Preferred: 30% (\$200 max) Non-preferred: 45% (\$400 max)	Generic: \$20 Preferred: 35% (\$300 max) Non-preferred: 50% (\$400 max)
Specialty Rx	Generic or Preferred 30% (\$160 max) Non-Preferred: 45% (\$320 max)	Generic or Preferred: 35% (\$240 max) Non- Preferred: 50% (\$480 max)
Wellness Incentives	See plan for Wellness Features	See plan for Wellness Features
Additional Information		
Network	Cigna - Open Access Plus Network	Cigna - Open Access Plus Network
HSA/HRA Funding Levels	N/A	N/A
Additional Fees	N/A	N/A
Dental	Limited coverage	Not covered

COORDINATION OF BENEFITS

If you or a covered family member are entitled to benefits from a source other than your FEHB plan, such as a spouse's health insurance coverage, Medicare, Medicaid, or no-fault automobile insurance, coordination of benefits will take place. You must disclose information about the other source of benefits to your plan's Carrier.

How it works

The Primary Plan always pays its benefits as if you were not covered under any other plan. The Secondary Plan pays its benefits taking into account what the Primary Plan has already paid. Similarly, a Tertiary Plan pays benefits after considering what the primary and secondary plans have paid.

YOUR MONTHLY BENEFIT COSTS

North Wind is pleased to contribute 75% of the cost of health coverage to employees and their families. The rates below are for the national FEHB plans. If you choose to enroll in a local regional plan, go to the Benefits App at true.North to view your premiums.

Tribal Premium Rates for the Federal Employees Health Benefits Program				
Fee-for-Service Plans (FFS)		2024 Monthly Premium Rates		
Plan - Option - Enrollment Code		Total Premium	North Wind Pays	Employee Pays
Nationwide APWU Health Plan				
CDHP Self	474	\$665.45	\$499.09	\$166.36
CDHP Self & Family	475	\$1,577.81	\$1,183.36	\$394.45
CDHP Self Plus One	476	\$1,446.32	\$1,084.74	\$361.58
High Self	471	\$857.89	\$643.42	\$214.47
High Self & Family	472	\$2,058.83	\$1,544.12	\$514.71
High Self Plus One	473	\$1,801.48	\$1,351.11	\$450.37
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option				
Basic Self	111	\$795.54	\$596.66	\$198.89
Basic Self & Family	112	\$1,969.02	\$1,476.77	\$492.26
Basic Self Plus One	113	\$1,787.78	\$1,340.84	\$446.95
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus				
FEP Blue Focus Self	131	\$479.31	\$359.48	\$119.83
FEP Blue Focus S Self & Family	132	\$1,133.30	\$849.98	\$283.33
FEP Blue Focus Self Plus One	133	\$1,030.34	\$772.76	\$257.59
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option				
Standard Self	104	\$914.81	\$686.11	\$228.70
Standard Self & Family	105	\$2,203.20	\$1,652.40	\$550.80
Standard Self Plus One	106	\$2,000.57	\$1,500.43	\$500.14
Nationwide GEHA Benefit Plan				
High Self	311	\$823.51	\$617.63	\$205.88
High Self & Family	312	\$2,063.62	\$1,547.72	\$515.91
High Self Plus One	313	\$1,811.70	\$1,358.78	\$452.93
Standard Self	314	\$607.97	\$455.98	\$151.99
Standard Self & Family	315	\$1,615.03	\$1,211.27	\$403.76
Standard Self Plus One	316	\$1,307.17	\$980.38	\$326.79
Nationwide GEHA HDHP				
HDHP Self	341	\$619.26	\$464.45	\$154.82
HDHP Self & Family	342	\$1,636.07	\$1,227.05	\$409.02
HDHP Self Plus One	343	\$1,331.37	\$998.53	\$332.84
Nationwide GEHA Indemnity Benefit Plan				
Elevate Plus Self	251	\$810.29	\$607.72	\$202.57
Elevate Plus Self & Family	252	\$1,948.40	\$1,461.30	\$487.10
Elevate Plus Self Plus One	253	\$1,775.00	\$1,331.25	\$443.75
Elevate Self	254	\$452.51	\$339.38	\$113.13
Elevate Self & Family	255	\$1,329.03	\$996.77	\$332.26
Elevate Self Plus One	256	\$810.29	\$607.72	\$202.57

YOUR MONTHLY BENEFIT COSTS

Tribal Premium Rates for the Federal Employees Health Benefits Program				
Fee-for-Service Plans (FFS)		2024 Monthly premium rates		
Plan - Option - Enrollment Code		Total Premium	Tribal Employer Pays	Employee Pays
Nationwide MHBP Consumer Option				
HDHP Self	481	\$682.00	\$511.50	\$170.50
HDHP Self & Family	482	\$1,584.68	\$1,188.51	\$396.17
HDHP Self Plus One	483	\$1,509.24	\$1,131.93	\$377.31
Nationwide MHBP Standard Option				
Standard Self	454	\$698.60	\$523.95	\$174.65
Standard Self & Family	455	\$1,623.51	\$1,217.63	\$405.88
Standard Self Plus One	456	\$1,608.06	\$1,206.05	\$402.02
Nationwide MHBP Value Plan				
Value Self	414	\$504.44	\$378.33	\$126.11
Value Self & Family	415	\$1,219.10	\$914.33	\$304.78
Value Self Plus One	416	\$1,195.24	\$896.43	\$298.81
Nationwide NALC Health Benefit Plan				
CDHP Self	324	\$478.90	\$359.18	\$119.73
CDHP Self & Family	325	\$1,162.96	\$872.22	\$290.74
CDHP Self Plus One	326	\$1,074.36	\$805.77	\$268.59
High Self	321	\$825.15	\$618.86	\$206.29
High Self & Family	322	\$1,880.60	\$1,410.45	\$470.15
High Self Plus One	323	\$1,825.11	\$1,368.83	\$456.28
Nationwide SAMBA Health Benefit Plan				
High Self	441	\$864.87	\$648.65	\$216.22
High Self & Family	442	\$2,075.73	\$1,556.80	\$518.93
High Self Plus One	443	\$1,902.77	\$1,427.08	\$475.69
Standard Self	444	\$740.11	\$555.08	\$185.03
Standard Self & Family	445	\$1,688.51	\$1,266.38	\$422.13
Standard Self Plus One	446	\$1,592.96	\$1,194.72	\$398.24

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

ARE YOU ELIGIBLE?

You don't have to enroll in one of North Wind's medical plans to participate in the healthcare FSA. However, if you participate in any Health Savings Accounts (HSA) you may not participate in North Wind's Healthcare FSA.

Do you pay for dependent care?

This plan allows you to set aside \$5,000 to pay for eligible out-of-pocket dependent care expenses with pretax dollars. Eligible expenses may include daycare centers, in-home childcare and before or after school care for your dependent children under age 13. Other individuals may qualify if they are incapable of self-care and are considered your taxable dependent.

Information can be found on the Dependent Care FSA on Page 31.

Set aside healthcare dollars for the coming year.

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

How the PlanSource FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- You can contribute up to \$3,200 (2024 projection), the annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- For your 2024 election, any amounts remaining in your FSA that are not used for eligible expenses incurred between January 1 and December 31 (up to \$610) will roll over into the following plan year. To view your account balance, report a lost or stolen card as well as submit a claim, first you must access your account using the PlanSource System. Using your web browser, navigate to www.plansource.wealthcareportal.com
- You can submit claims for transactions from 2023 until 03/31/2023.

The plan and process work like this:

- You elect to participate in either or both the health care and dependent care Flexible Spending plan.
- Through payroll deduction, you begin setting pretax dollars aside based on your annual election reimbursement.
- You incur an expense that qualifies for reimbursement.

You may either:

- Use your Benefits MasterCard for the purchase, if the merchant accepts the card, or
- Pay out-of-pocket and submit a claim for reimbursement.

DELTA DENTAL OF IDAHO PPO

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat. To view the dental benefit summary, visit the Benefits App at true.North.

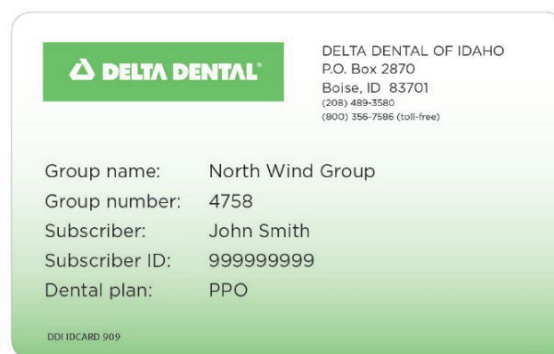
	Low PPO		High PPO	
	In-Network	Out-of Network	In-Network	Out-of Network
Calendar Year Deductible	\$0/Individual \$0/Family		\$50/Individual \$150/Family	
Calendar Year Dental Benefits Maximum	\$500/Individual		\$2,000/Individual	
Class I: Diagnostic & Preventive Services	Plan pays 100%		Plan pays 100%	
Class II: Basic Services	Plan pays 25% (limited services)		Plan pays 80% after deductible	
Class III: Major Services	Not covered		Plan pays 50% after deductible	
Orthodontia Adults/Dependent Children (to age 26)	Not covered		Plan pays 50%	
Lifetime Orthodontia Plan Maximum	Not covered		\$2,000/Individual	

Please note: Before beginning any dental work, it is STRONGLY recommended that you have your dentist obtain a pre- treatment estimate. A pre-treatment estimate ensures that you are aware of your expected out-of-pocket costs before beginning treatment.

Delta Dental ID Card

To get the most from your dental benefits, please visit deltadentalid.com for easy access to the following information:

- Find a network dentist
- Check your eligibility or the status of a claim
- Verify your deductible and annual maximums
- View and print your Explanation of Benefits (EOB)
- Print replacement Identification cards
- Find out more about Oral Health and Wellness



Be sure to visit www.deltadental.com to find an in-network provider.

Dental Rates

North Wind Group pays 60% of the total premium.

Your Premium per paycheck	Low PPO		High PPO	
	26 pay periods	52 pay periods	26 pay periods	52 pay periods
Employee Only	\$3.90	\$1.95	\$7.24	\$3.62
Employee + Spouse	\$7.79	\$3.90	\$14.27	\$7.14
Employee + Child(ren)	\$8.25	\$4.12	\$15.95	\$7.98
Employee + Family	\$12.77	\$6.39	\$26.81	\$13.40

VISION SERVICE PLAN (VSP) VISION PPO

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease. To view the vision benefit summary, visit the Benefits App at true.North.

	VSP Vision	
	In-Network	Out-of-Network
Examination (every 12 months)	\$10 copay	\$45 allowance
Materials - Either Glasses or Contacts (every 12 months for lenses or contacts and 24 for frames)	Frames: \$200 (after \$20 copay)	Frames: Up to \$70
Single vision	Contacts: \$200	Contacts: Elective up to \$105
Bifocal	\$20 copay	\$30 allowance
Trifocal	\$20 copay	\$50 allowance
		\$65 allowance

Please note that some FEHB plans include limited basic/preventive vision and dental coverage. If you choose one of these plans, any dental and/or vision coverage you elect will be in addition to these benefits.

VSP ID CARD

VSP will not mail an ID card. You can use your SSN at the clinic, or you can print off a copy of your VSP ID Card online at VSP.com.

Member Name: John Smith
SSN: XX-XX-XXXX



Coverage Type: VSP Vision Care
Client ID: NORTH WIND GROUP
Doctor Network: VSP Choice
Copays: Exam \$10 / Glasses \$20

For more about your coverage
visit vsp.com, or call 800.877.7195.

Using your VSP® benefit is easy.

- Find the eyecare provider who's right for you.
To find a VSP doctor, visit vsp.com or call 800.877.7195.
- Review your benefit information at vsp.com before your appointment.
- At your appointment, tell them you have VSP.

My Eyecare Provider: _____
Phone: _____

This card is not required for service and does not guarantee benefit eligibility. It is for use by VSP members. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Utah members, your VSP coverage is provided by Vision Service Insurance Plan Company and is regulated by the State of Utah Insurance Division.

Be sure to visit www.vsp.com to find an in-network provider.

Vision Rates

North Wind Group pays 60% of the total premium.

Your Premium per paycheck	26 pay periods	52 pay periods
Employee Only	\$1.31	\$0.66
Employee + Spouse	\$2.63	\$1.32
Employee + Child(ren)	\$2.81	\$1.41
Employee + Family	\$4.50	\$2.25



LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D, and disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner.

North Wind provides a base amount of life and AD&D insurance at no cost to you. We also provide short and long-term disability benefits that help you recover from financial loss.

If you need additional coverage

We offer voluntary life and AD&D coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Benefits section for details.

EMPLOYER PROVIDED LIFE AND AD&D INSURANCE



Basic Life and AD&D

If you have loved ones who depend on your income for financial support, you are probably aware of the importance of life and AD&D (Accidental Death and Dismemberment) protection. Life insurance pays your beneficiary a benefit if you die, and AD&D insurance pays a benefit if your death results from an accident or if you are severely injured in an accident. Age may affect coverage levels. Please be sure to designate a beneficiary for all life and AD&D coverages.

North Wind provides basic Life/AD&D insurance through New York Life. Enrollment is automatic, and North Wind Group pays the full cost for your coverage. You only need to designate a beneficiary.

Basic Life and AD&D

Employee Amount: \$50,000

To view a detailed summary of basic life coverage, visit the Benefits App at [true.North](https://true.north.com).

EMPLOYER PAID SHORT-TERM DISABILITY INSURANCE (STD)

EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

EMPLOYER PAID LONG-TERM DISABILITY INSURANCE (LTD)

STD Benefits

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. Enrollment is automatic and North Wind Group pays the full cost for your coverage.

New York Life Short Term Disability (STD)

Weekly benefit amount	60% up to a maximum of \$1,000 pre-tax
Benefits begin	On the 15 th day of disability due to accident or due to sickness
Maximum payment period	13 weeks

LTD Benefits

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. Enrollment is automatic and North Wind Group pays the full cost for your coverage.

New York Life Long Term Disability (LTD)

Monthly benefit amount	Plan pays 60% of covered monthly earnings up to \$4,000
Benefits begin	After 90 days of disability
Maximum payment period	Social Security normal retirement age

To view a detailed summary of disability coverage, visit the Benefits App at true.North.



VOLUNTARY PLANS

OUR VOLUNTARY PLANS

Through New York Life:

- Voluntary Life & AD&D

Through Unum:

- Accident Insurance
- Hospital Indemnity Insurance
- Critical Illness Insurance
- Whole Life Insurance

You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

North Wind Group offers plans to help:

- provide income for survivors
- replace income if you're injured or ill
- bridge the gap for special healthcare needs

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you don't have to sign up for voluntary benefits at all. The choice is yours.

VOLUNTARY LIFE AND AD&D INSURANCE



GUARANTEED ISSUE

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health for the insurance company to approve the amount of coverage.

Guarantee Issue Amounts:

Employee \$180,000

Spouse \$50,000

Child(ren) \$10,000 (age affects benefit)

Protecting those you leave behind

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security.

In the event of a serious or fatal accident

Voluntary AD&D Insurance allows you to purchase accidental death and dismemberment coverage that pays your beneficiary if you have a fatal accident. If you experience a serious injury such as a loss of a limb, speech, sight or hearing, the plan pays a benefit to you.

Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

New York Life Voluntary Life & AD&D

Employee	Increments of \$10,000 up to the lesser of 5x annual earnings or \$500,000.
Spouse	Increments of \$5,000 up to the lesser of 100% of employee amount or \$500,000.
Child(ren)	Birth to 6 months: \$1,000 - 6 months to 26 years: increments of \$2,000 up to \$10,000.

To view a detailed summary of voluntary life coverage, visit the Benefits App at true.North.

2024 Open Enrollment Elections:

Enrollment for employees currently participating in Voluntary Life:

- If your coverage is currently less than \$180,000, you may increase your coverage up to four \$10,000 increments without Evidence of Insurability (EOI). Any increases over the \$180,000 Guaranteed Issue (GI) (or over 4 increments, even if still under \$180,000) will require EOI.
- If your Spouse has less than \$50,000 in coverage, they may increase up to four \$5,000 increments without EOI. Any increases over the \$50,000 GI (or over 4 increments even if still under \$50,000) will require EOI.

Enrollment for employees not participating in Voluntary Life:

- All increases would be subject to EOI.

VOLUNTARY HEALTH PLANS WITH UNUM



Things To Consider

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

Accident Insurance

Accident Insurance from Unum helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose. For more information, visit the Benefits App at [true.North](#).

Critical Illness Insurance

Critical Illness Insurance through Unum can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed. For more information, visit the Benefits App at [true.North](#).

Hospital Indemnity Insurance

Hospital Indemnity Insurance through Unum can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide. For more information, visit the Benefits App at [true.North](#).

VOLUNTARY LIFE PLANS WITH UNUM

Why should I buy coverage now?

- It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

Long Term Care Rider

By adding a Long-Term Care Rider to your Life Insurance policy, you can help protect your savings from being drained by this expensive care. Most importantly, this coverage allows you to use the benefit whether you receive care at home, or in a long-term care facility, an assisted living facility, an adult day care, or a nursing home.

What else can I add?

An Accidental Death Benefit

This increases the payment your family would receive if you died from a covered accident before age 70.

- Available for you and your spouse and child(ren), age 15-65.
- Doubles the death benefit, which could add up to \$150,000 extra coverage.

WHOLE LIFE INSURANCE BENEFITS

You can purchase Whole Life insurance through UNUM. This coverage will pay money to your family if you lose your life. It can assist with basic living expenses, final arrangements, tuition and more.

How does it work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also earns interest, or "cash value," at a guaranteed rate of 4.5%*. You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

What's included?

A "Living" Benefit - You can request an early payout of your policy's death benefit (up to \$150,000 maximum) if you're expected to live 12 months or less, 24 months in Kansas, Massachusetts, or Washington. It would reduce the benefit that's paid when you die.

Waiver of Premium

If you're disabled for at least six months before age 65 and you remain disabled, you won't have to pay premiums until you recover and return to work.

Who can get coverage?

You	You can purchase a minimum benefit amount of \$2,000, \$5,000 in Washington, if you're between 15 and 80 years old. The cost is based on your age when coverage is issued and whether you use tobacco.
Your Spouse: Individual coverage	Available for your spouse (age 15-50), even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase a minimum benefit amount of \$2,000, \$5,000 in Washington. The cost is based on your spouse's age and whether they use tobacco.
Your Children: Individual coverage	Your children and grandchildren can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a benefit amount of up to \$50,000 for each child.
Your Children: Individual coverage	You can also purchase a Child Term Life benefit up to \$10,000, which can be added to an employee or spouse policy. Eligible children, legally adopted children and stepchildren are covered from 14 days until the earlier of their 25th birthday or the date your policy ends. At that time, the child has a right to buy an individual Whole Life policy at up to 5 times the amount of their rider. In Washington, the Child Term Life benefit is not available.



FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- Dependent Care Flexible Spending Account (DC FSA)
- Alliant Medicare Solutions
- 401(k) Retirement Savings Plan
- North Wind Group Wellness
- Educational Assistance

Is it time for a “financial wellness” checkup?

Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? And can you even think about preparing for retirement?

Ignoring your financial health can take a toll on your quality of life today and block opportunities for the future. And worrying about money matters can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money now and in the future.

DEPENDENT CARE FSA



EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent Care FSA— set aside up to \$5,000 per year tax-free.

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by PlanSource.

Here's how the PlanSource DC FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$5,000 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your professional tax advisor to determine whether you should enroll in this plan.



Estimate carefully! You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

ALLIANT MEDICARE SOLUTIONS



Alliant Medicare Solutions is a no cost service available to you, your family members, and friends nearing age 65.

[Click Here: Alliant Medicare Solutions Guide](#)

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

If, like most people, you become eligible for Medicare at age 65, you have a seven-month window to enroll, starting three months before you turn age 65 and ending three months after your birthday month.

Introducing Alliant Medicare Solutions

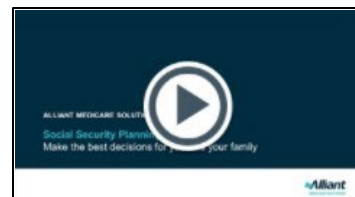
Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That's why we are offering Alliant Medicare Solutions to help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

1. Call Alliant Medicare Solutions at **(877) 203-2728** to speak to a Licensed Insurance Agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.



[Medicare 101 Video](#)



[Social Security Planning Video](#)

SAVE NOW, ENJOY LATER

WHAT ARE YOUR PLANS?

Whether your retirement plans include traveling the world, enjoying a hobby, or relaxing with family, you need a plan to get there.

Our 401(k) plan provides a convenient and tax-advantaged way to save so you can achieve your retirement goals.

The earlier you start, the more you'll save!

North Wind may make discretionary non-elective contributions in an amount determined by the Board of Directors for each plan year.

Questions or concerns? Contact Human Resource Benefits Department at HR-Benefits@northwindgrp.com

Important differences of a Roth 401(k)

- You pay taxes when you contribute, at your current tax rate.
- Account interest and dividends are not taxed if you meet certain criteria.
- Like a traditional 401(k), you can withdraw money without penalties when you reach age 59½, but you must have held the account for at least 5 years.
- You are not forced to take distributions at age 70½. You can keep the money in your Roth account as long as you want.

401(k) Retirement Savings Plan

All newly hired North Wind Group employees will be automatically enrolled at a 4% deferral rate, typically within the first few months of employment. Employees can still choose to change their deferral %, at any time after they are enrolled in the Plan, online at www.401k.com or by calling a Fidelity Representative at 1-800-890-4015.

- Contributions to a traditional pretax 401(k) cannot exceed the 2024 IRS annual employee contribution limit of \$23,000 (2024 projection).
- Employees over 50 years in age can add another \$8,000 per year to their annual contribution limit which takes their annual max to \$31,000 (2024 projection).
- The Company match is dollar for dollar of the first 4% of earnings you contribute to the plan for both pre-tax and post-tax deferrals, upon meeting the eligibility criteria. Employees are eligible for this 401k match after completing 1 year and 1,000 hours of service with North Wind.

Roth Option: North Wind Group employees are also able to defer post-tax amounts into the Cook Inlet Region 401(k) Retirement Plan through the Roth 401(k) option:

- Unlike traditional pretax 401(k) contributions, the Roth 401(k) allows you to contribute after-tax dollars and then withdraw tax-free dollars from your account when you retire.
- Roth 401(k) deferrals are also subject to the Safe Harbor Match of 4%.
- To participate in the Roth 401(k) option, simply log into your online Fidelity account and select your desired deferral % into the Roth 401(k) option.

Through Fidelity's Annual Increase Program (AIP), if an employee's contribution rate is anywhere between 1%-9%, their rate will automatically increase by 1% on July 1st of each year. Employees can opt out of this in their Fidelity account or by calling 800-890-4015.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Employee Assistance Program

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance.

ComPsych offers Professional Counseling Sessions, available via in-person, telephonic, and/or tele video: 6 visits per person per presenting issue per year.

All counseling calls are answered by a master's or PhD- level counselor who will collect some general information and will discuss your needs.

Guidance Resources

When you need information quickly to help handle life's challenges, you can visit guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

Well-being Coaching

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

Family Source

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

Contact Info:

**Employee Assistance &
Wellness Support 24/7**



Phone: 800-344-9752



**Website: guidanceresources.com
Web ID: NYLGBS**

NORTH WIND GROUP PERKS



EDUCATIONAL ASSISTANCE

All regular full-time employees who have worked for North Wind for a minimum of six months prior to the beginning of a class are eligible to be reimbursed up to \$5,250 per year for the cost of tuition, registration, and laboratory fees if they satisfactorily complete a pre-approved, accredited course. This program is defined in Human Resource Policy HRP-002 and requires the completion of Form HRF-5002.1, Application for Educational Assistance.

WELLNESS PROGRAMS

North Wind fosters a culture of wellness. Employees are invited to participate in our innovative wellness program. All information is in a “one-stop” wellness app.

- **Personal Training Program:** This program offers a variety of fitness activities for all levels and interests to meet the needs of our diverse employee base. Our fitness counselor is available both in-person (Knoxville) and virtually for all employees and any level of personal training.
- **Wellness Publications:** Wellness Wednesday publications cover a wide variety of topics from nutrition to exercise and mental and emotional health.
- **Wellness Challenges:** We offer “wellness challenges” with rewards and prizes to encourage our employees to begin or continue healthy habits like drinking water, exercising, walking, meditating, getting adequate sleep, proper nutrition, and engaging in activities that improve our environment.
- **Wellness Reimbursement:** North Wind offers a \$250 Wellness Reimbursement to cover a variety of wellness-related items that fit the diverse and unique needs of our workforce such as fitness memberships, meditation apps, nutrition classes, and equipment.

If you have any questions regarding any of the Wellness Programs, please email wellness@northwindgrp.com

PLAN CONTACTS

Benefit	Provider	Phone Number	Group Number	Website
Medical/Rx	FEHB	See the back of your ID Card	Various	https://www.opm.gov/healthcare-insurance/healthcare/
Dental	Delta Dental	(800) 356-7586	4758 ID = SSN	www.deltadentalid.com
Vision	VSP	(800) 877-7195	30086098 ID = SSN	www.vsp.com
Life & AD&D Voluntary Life & AD&D STD, LTD & LAP	New York Life	Life/DI (800) 225-5695 LAP (800) 538-3543	Your SSN	www.newyorklife.com
Critical Illness Accident Whole Life	Unum	CI/AI - (800) 653-5597 WL (800) 445-0402	Your SSN	www.unum.com
Medicare Support	Alliant Medicare Solutions	(877) 632-4579	Your Info	www.alliantmedicareolutions.com
Flexible Spending Account (FSA & DCFA)	PlanSource	(888) 266-1732	Your Info	www.plansource.wealthcareportal.com
401K	Fidelity	(800) 835-5097	Your Info	www.401k.com

Your North Wind Group Human Resources Contact

Human Resources – Benefits

Email: HR-Benefits@northwindgrp.com

GLOSSARY

-A-

AD&D Insurance

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service.

Annual Limit

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service.

After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

Note: Beginning January 1, 2022, the "No Surprises Act" provides protections against surprise billing for emergency services, air ambulance services, and certain services provided by a non-participating provider at a participating facility. For these services, the member's cost are generally limited to what the charge would have been if received in-network, leaving any balance to be settled between the insurer and the out-of-network provider. Consult your health plan documents for details.

Beneficiary

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services

Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive

Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service

A service that your health plan doesn't pay for or cover.

-F-

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug

A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA)

An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

GLOSSARY

High Deductible Health Plan (HDHP)

A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

-I-

In-Network

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

-L-

Life Insurance

An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care

Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)

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 UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

IMPORTANT PLAN INFORMATION

HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals.
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed.
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.
- **Exchange Notice:** Describes the availability of the Health Insurance Marketplace

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

Members can call COBRA Management Services (CMS) at (888) 882-1498 Monday through Friday, 8:00 a.m. to 7:00 p.m. central, or via email at cobrasupport@accruecms.com with any questions or concerns.

PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available in the resource library of Benefits App at true.North. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources, hr-benefits@northwindgrp.com

SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on the FEHB Carrier's Website.

STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the North Wind Group Health and Welfare Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

