

This Guide is a brief review of the Holt International Children’s Services, Inc., Employee Benefits plan. This is the time of year when we do the annual review of our employee benefits program. To better assist you in understanding your benefits and changes to the Plan for this year we are providing this Quick Guide. The Quick Guide will serve as the Summary of Material Modification for our plan. It describes changes to Holt International’s employee benefits plan and supplements the Plan Document and Summary Plan Description for the Plan. You may ask to have the complete Plan Document and Summary Plan Description delivered to you at no cost at any time. This is an overview of your benefits and is not a written contract. The actual policies including the plan summaries issued by the insurance companies contain the legally binding terms and conditions and always shall prevail.

Plan Highlights for 2024-2025

Medical | Providence: Our medical plans will be renewing with Providence. We will continue to offer an HSA plan and a PPO Plan. Highlighted benefits are for in-network services. Refer to benefit summaries for out of network benefits. Please see the options listed below:

	HSA 2000	PPO 5000
Preventive Care	Paid in full, no copay or deductible	Paid in full, no copay or deductible
Primary Care Office Visit	Deductible then first 3 visits covered in full; future visits 20% coinsurance	First 3 virtual or in-person visits \$5 copay \$25 thereafter
Annual Deductible	\$2,000 Individual \$4,000 Family	\$5,000 Individual \$10,000 Family
Annual Out of Pocket Maximum (Includes Deductible)	\$4,000 Individual \$8,000 Family	\$7,500 Individual \$15,000 Family
Coinsurance	20% in-network after deductible	20% in-network after deductible
Prescription Benefits	ACA Preventive Drugs: Covered in full Tier 1: Deductible then 20% coinsurance Tier 2: Deductible then 20% coinsurance Tier 3: Deductible then 20% coinsurance Tier 4: Deductible then 20% coinsurance Tier 5 & 6: Deductible then 50% up to \$200	ACA Preventive Drugs: Covered in full Tier 1: \$0 copay Tier 2: \$10 copay Tier 3: \$40 copay Tier 4: \$75 copay Tier 5 & 6: 5% coinsurance up to \$200
Acupuncture Services	Subject to deductible then 20% coinsurance 12 visits per calendar year	\$25 copay 12 visits per calendar year
Chiropractic Manipulations	Deductible then 20% coinsurance; 20 visits per calendar year	\$25 copay 20 visits per calendar year
Virtual Visits-	On Demand: ExpressCare: covered in full after deductible Virtual: Primary Care/Specialists: 20% coinsurance after deductible	On Demand: ExpressCare: covered in full Primary Care: \$10 copay Specialist: \$25 copay
Urgent Care	20% coinsurance after deductible	\$25 copay
Emergency Room	20% coinsurance after deductible	\$250 copay
Vision Exam	\$10 copay; 1 exam allowed every 12 months	\$10 copay; 1 exam allowed every 12 months

Health Savings Account (HSA)

If you choose the HSA plan a health savings account will be opened for you. Holt International will deposit money to this account on a monthly basis based on your enrollment status. Please see the chart on page 7 for 2024-2025 HSA contribution amounts.

Medical Transport Solutions | MASA

See enclosed flyers for details on our MASA benefits that are available to you. Following are a few highlights to the benefit:

- Are you prepared for the unexpected? A MASA membership covers out-of-pocket expenses for emergency transportation services for you and your family
- Both ground and air ambulance transport services are available
- Members are covered anywhere in the US and Canada
- Platinum membership provides worldwide coverage

Dental | Guardian and Willamette Dental

We will be renewing our dental plan with Guardian and Willamette Dental. Below is a highlight of the in-network benefits under each plan. Please refer to the benefit summaries for detailed information.

Guardian

- Preventive Care: 100% paid by plan, no cost to member
- Basic Care: Deductible then 20% member coinsurance
- Major Care: Deductible then 50% member coinsurance
- Orthodontia: Pediatric only, 50% member coinsurance, \$1,000 lifetime maximum
- Includes Max Rollover; see benefit summary for details
- Annual Deductible: \$25 per Individual/\$75 per Family
- Annual Maximum Plan will pay per person: \$2,000 (does not include orthodontia)

Willamette Dental - Please refer to the benefit summaries for detailed information.

- Copay: \$20 per Visit
- Diagnostic/Preventive Care: 100% paid by plan after Copay
- Basic Services: Copay then scheduled benefits
- Major Services: Copay then scheduled benefits
- Individual Annual Deductible: No deductible
- Annual Maximum Plan will pay per person: No annual Max
- Orthodontia \$150 consultation copay, then \$2,400 copay (consultation copay credited towards comprehensive treatment copay if patient accepts treatment plan)

Vision | VSP

Our vision benefits will remain with VSP. Please refer to the provided benefit summary for detailed information on the plan.

- Exam: \$10 copay; allowed every 12 months
- Prescription Glasses: \$25 copay
- Lenses and frames allowed every 12 months
- Frames: \$200 allowance
- Contact lenses (instead of glasses): \$60 fitting and evaluation copay; \$130 allowance, allowed every 12 months

Life and Disability | New York Life (formally known as Cigna)

Our group life/AD&D, voluntary life AD&D and long-term disability plans will remain with New York Life with no plan changes. Now is a good time to update your beneficiary if needed.

- **Employer paid Life/AD&D:** Pay grades A-E \$80,000, pay grades F-N, President and CEO \$100,000
- **Employer paid Long Term Disability (LTD):**
 - Paygrades A-E: Up to 60% of monthly covered earnings, up to a \$2,500 monthly gross maximum
 - Paygrades F-I: Up to 60% of monthly covered earnings, up to a \$4,000 monthly gross maximum
 - Paygrades J-N: Up to 60% of monthly covered earnings, up to a \$6,000 monthly gross maximum
- Employees can purchase Voluntary Life/AD&D coverage in \$10,000 increments up to the lesser of 5 times salary or \$500,000 maximum.
- Voluntary Life/AD&D benefits are available for qualified dependents, refer to benefit summary for details.
- Guarantee issue for voluntary life (no evidence of insurability required when first eligible) up to \$100,000 for employees; \$20,000 for spouses

Flexible Spending Account (FSA) and Limited Purpose FSA | PacificSource Administrators (PSA)

We have a Flexible Spending Account which allows you to increase your spendable income by paying for eligible health related and/or dependent care expenses from your salary before taxes. The maximum allowable election for medical expenses is \$3,200.00, please see the PSA FSA Handout for details on the maximum election for dependent care. If you choose not to enroll at this time, you must wait until our next open enrollment period that will be the month of September for an October 1, 2025 effective date.

For those employees electing the HSA plan, you are eligible to participate in a limited purpose FSA plan that allows you to pay for dental and vision expenses. The maximum allowable election for the limited purpose FSA is also \$3,200.00.

As a reminder: The FSA is a use it or lose it plan. For the 2023 plan year there is a \$610 rollover provision that allows you to rollover up to \$610 of unused funds into the 2024 plan year. In 2024 the rollover limit will increase to \$640. You need to elect the FSA next year to receive the rollover funds.

* **NEW** Health Reimbursement Account (HRA) | PacificSource Administrators (PSA)

Beginning October 1, 2024, we will provide a Health Reimbursement Account, a company paid benefit. PPO Medical plan participants and their dependents are responsible for the first \$1,500 of the \$5,000 annual individual deductible. Holt International will then reimburse up to \$3,500 of the remaining annual deductible through the HRA. The maximum HRA amount available per family is \$7,000.

The reimbursement process is a payment directly to the employee after a claim request has been submitted to PSA. Unused funds do not carry-over into the next plan year.

Employee Assistance Program (EAP) | Cascade Health

Holt provides an Employee Assistance Program (EAP) through Cascade Health. This program is designed to provide assessment and short-term counseling for problems that you or any dependents living in your household may have. Our EAP benefit includes up to four face-to-face counseling sessions per issue, per year as well as 24 hour on-call assistance by telephone.

Worksite Products | Colonial and Aflac

We will continue to offer you a variety of voluntary plans through Colonial and Aflac including Disability, Hospital, Accident, Critical Illness, Cancer and Life insurance.

401k (Category A Employees) – Holt provides an employer contribution to a 401k plan for employees who are over 21 years old and who have worked over 1,000 hrs/yr for Holt for two years consecutively. Holt contributes 7% of monthly gross wages to an employee defined contribution plan with Empower. See HR-26.

401k Plan (All employees) - Holt employees are eligible to set aside a portion of salary into a qualified tax deferred annuity account. This can be done through payroll deductions and is exempt from Federal or State taxes. Upon hire, all employees are automatically enrolled to participate at 3%, unless the employee actively declines to participate.

Paid Time Off – PTO (Category A Employees) – Holt provides 17 PTO days per year for the first 2 years of employment with gradual increases to 27 days per year after 15 years. PTO is earned and accrued monthly. The maximum amount allowed is 320 hours. PTO may be used for any purpose an employee chooses such as vacation, personal days, sick leave, bereavement and inclement weather. See Holt policy HR-41 for more details and the increments of accruals.

Extended Illness Benefit – EIB (Category A Employees) – Holt provides 8 days of EIB per year. The maximum amount allowed is 280 hours. EIB hours may be used for extended illness or other medical leave protected under FMLA beginning the third consecutive day of work missed. Sixteen consecutive hours of PTO must be used prior to utilizing EIB. See HR-41.

Paid Holidays (Category A Employees) – Holt provides 10 paid holidays per year. The ten paid holidays observed are: New Year’s Day, Martin Luther King Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and following Friday, Christmas Day and a Floating Holiday, to be designated by the President and CEO at the beginning of each calendar year. See HR-17.

Who Is Eligible To Enroll?

Full Time Employees:

The benefit package is available to all eligible employees. You are considered an eligible full-time employee if you work an average of 30 hours per week. You are eligible to participate in benefits on the first day of the month following your date of hire. If you are participating in the plan you may enroll your spouse and dependents in the plan.

Part Time Employees:

Part time employees earning more than \$10,000 during the eligibility determination period are eligible for dental, vision and limited purpose FSA benefits. The eligibility determination period runs from 9/1 through 8/31 of the previous year. If you are participating in the plan you may enroll your spouse and dependents in the plan.

Part Time and Variable Hour Employees – Medical Insurance Eligibility:

For employees hired into an employment category that may work less than an average of 30 hours per week, your hours of service will be tracked during the company’s defined measurement period. Holt International has elected a measurement period of 12 months in determining eligibility to participate in the company's Medical Insurance Plan. The measurement period runs from 8/1 to 7/31. The company reserves the right to review hours of eligibility in making these determinations. This will be done during the administrative period, which may last up to 60 days. Once eligibility is established, eligible employees will have the opportunity to enroll. Employees who enroll and continue to be employed by the employer, will be allowed to remain on the plan for a period of time no less than the defined measurement period. If you are participating in the plan you may enroll your spouse and dependents in the plan.

Who Is Eligible To Enroll? (continued)

Eligible family members include:

- Legal Spouse or Registered Domestic Partner ("spouse" means an individual who is legally married to a participant as determined under Revenue Ruling 2013-17, in accordance with federal and state law and as specified in each benefit plan)
- Dependent children up to age 26 or as defined in component plan documents

Refer to underlying component benefit program documents for more information about dependent eligibility, definitions of family members and spouse, and overall coverage. Your benefits eligibility may be affected if your status changes to inactive due to a family, medical, or personal leave of absence. Contact your Plan Administrator for additional information.

When Can I Enroll or Make Changes?

Open Enrollment: Our medical, dental, vision and FSA plans have an annual Open Enrollment period. All group benefits elected during open enrollment are effective on October 1st and remain in effect through September 30th as long as you maintain your eligibility. During open enrollment, you can enroll in benefits for the first time, renew your coverage, make changes to your current coverage or cancel participation.

Initial Enrollment: Our voluntary life, Colonial and AFLAC worksite plans are offered with full guarantee issue coverage when you are initially eligible. Benefits election may be available during our annual enrollment period but could be subject to benefit limits and health underwriting.

Mid-Year Changes to Elections: When premiums are paid on a pre-tax basis, the IRS has rules defining when you can make changes to your coverage. Once you elect a plan for the plan year, you cannot change or stop your contributions during the year unless you experience a qualifying event. Qualifying events include, but are not limited to: Death of a spouse or partner, gaining a new dependent, marriage, divorce, commencement or termination of partner relationship, birth or adoption of a child, loss of your job or loss of your spouse or partner's job, employment status changes (e.g. full-time to part-time). You must notify the company within 30 days of a qualifying event in order to request a change in your insurance.

Other Plan Provisions

Summary Plan Description and Plan Documents: The Holt International Plan Document and Summary Plan Description is available at any time. Our insurance carriers and third party administrators provide the component plan documents for each line of coverage. To understand your benefits and rights, it is important that you review both the component plan documents and the company's Plan Document and Summary Plan Description. See contact information at the end of this guide to request a copy of the company's Plan Document and Summary Plan Description. The component benefit plan information is available as follows or you can request from the employee benefits contact at any time:

Medical: Once Providence completes its process, you will receive a Welcome brochure explaining that you may call customer service to request a hard copy or you can view or print a copy of your "Summary Plan Description" (SPD) at the Providence member website. The "SPD" includes the Member Handbook, Benefit Summary and any applicable Supplemental Benefit Summaries. You may request a copy from me anytime.

Dental: Since our Guardian and Willamette Dental benefits did not change, the Certificate of Dental Coverage you received prior from them is still valid. If you've misplaced your copy, you may request a copy from the HR team anytime. These documents are also available in the Paylocity Portal.

Life: Since our life and disability benefits did not change, the life Certificate of Insurance you received prior from Cigna is still valid. If you've misplaced your copy, you may request a copy from the HR team anytime. These documents are also available in the Paylocity Portal.

Identification Cards: Once Providence completes its process, new ID cards will be mailed to you at our home address.

You will not be issued new Guardian Dental ID cards unless you are enrolling for the first time or adding dependents.

VSP does not issue ID cards. If you are enrolled on the vision plan, your provider will be able to confirm your benefits based on your personal information. (Name, birthday, SS number, etc.)

Once Willamette Dental completes its process, a welcome letter will be mailed to you at your home address if you are enrolling for the first time (they do not issue ID cards). However, you do not need the letter in order to receive care.

If you need a new ID card from Providence or Guardian, please order one by calling or using the member websites listed below.

Other Plan Provisions

Member Services, Participation Providers & On-Line Resources: Speak with a Member Service Representative or access benefit information, look up providers and consult on-line tools to get the most out of your Employee Benefits Package.

	Member Services	Website – Provider Look Up & Member Tools
Providence Medical	1-800-878-4445	https://healthplans.providence.org/members/
MASA Medical Transport	1-800-423-3226	https://www.masamts.com/
Guardian Dental Plan	1-800-541-7846	https://www.guardiananytime.com
Willamette Dental Plan	1-855-433-6825	www.willamettedental.com
New York Life and Disability	1-800-225-5695	www.newyorklife.com
VSP Vision	1-800-877-7195	www.vsp.com
PacificSource Administrators FSA & HRA Plan	1-541-485-7488 or 1-800-422-7038	www.psa.pacificsource.com/PSA/
Cascade Health Employee Assistance Program (EAP)	1-541-345-2800	https://cascadehealth.org/
Colonial Life	503-808-9130, ext. 100	https://www.coloniallife.com/

Continuation Rights: Should you lose eligibility under the medical, dental, vision or FSA plan you may have a right to continuation under COBRA. If you have employer paid life or if you have elected voluntary life or individual worksite products and lose eligibility under our plan you may have a right to continue this coverage on an individual plan. Contact the benefits plan contact listed at the end of this guide for more information on continuation rights.

How Do I Enroll and Contract Information for Benefit/Enrollment Questions

The Paylocity open enrollment portal will be active **September 11, 2024, through September 22, 2024**. Prior year benefit elections, with the exception of flexible spending account elections, will roll over into the new plan year. Employees wishing to participate in flexible spending accounts must enroll each plan year, as those elections will not renew year to year. All employees are highly encouraged to login and review and confirm their benefit elections.

Remember, this is your only time to enroll or make benefit changes for the entire plan year unless you have a qualifying life event. If you have misplaced your Paylocity portal login information or have any questions, please contact Megan at 541-687-2202, ext. 109 or via e-mail megano@holtinternational.org

Your Cost

Effective October 1, 2024, the monthly premium for the medical, dental and vision plans, and your responsibility will be as follows:

	Providence HSA 2000 Plan				Providence PPO 5000 Plan		
	Employee Semi-Monthly Cost	Holt Semi-Monthly Cost	Holt Semi-Monthly HSA Contribution	Total Monthly Premium	Employee Semi-Monthly Cost	Holt Semi-Monthly Cost	Total Monthly Premium
Employee Only	\$30	\$320.39	\$50.00	\$700.78	\$60.00	\$348.82	\$817.64
Employee + Spouse	\$235.37	\$454.88	\$75.00	\$1380.50	\$319.15	\$486.21	\$1610.71
Employee + Child(ren)	\$174.50	\$417.64	\$72.00	\$1184.28	\$240.38	\$450.51	\$1381.77
Employee + Family	\$333.20	\$514.73	\$84.00	\$1695.85	\$445.76	\$543.57	\$1978.65

	Guardian Dental			Willamette Dental		
	Employee Semi-Monthly Cost	Holt Semi-Monthly Cost	Total Monthly Cost	Employee Semi-Monthly Cost	Holt Semi-Monthly Cost	Total Monthly Cost
Employee Only	\$0.00	\$21.06	\$42.11	\$0.00	\$21.33	\$42.65
Employee + Spouse	\$16.03	\$26.71	\$85.48	\$14.79	\$27.53	\$84.65
Employee + Child(ren)	\$16.87	\$33.83	\$101.40	\$15.57	\$27.85	\$86.85
Employee + Family	\$37.14	\$39.81	\$153.90	\$34.27	\$35.71	\$139.95

Your Cost (continued)

	VSP Voluntary Vision	
	Employee Semi-Monthly Cost	Total Monthly Premium
Employee Only	\$6.18	\$12.36
Employee + Spouse	\$9.89	\$19.77
Employee + Child(ren)	\$10.10	\$20.19
Employee + Family	\$16.28	\$32.55