

EMPLOYEE BENEFITS

2024-2025
Plan Year



Who is Eligible

If you are a full-time employee at TEN Salon & Spa you are eligible to enroll in the benefits outlined in this guide the first of the month following 60 days of full-time employment. Full-time employees are those who work 34 or more hours per week. In addition, the following family members are eligible for Medical, Dental, Vision and Aflac coverage:

- Your legal spouse
- Dependent children through the date in which they turn 26, regardless of marital status, student status or financial dependency. Children include stepchildren, legally adopted children and children over the age of 26 who are physically or mentally unable to care for themselves.

How to Enroll

During the 2024 Annual Open Enrollment period, all employees, wanting to make a change to their benefits, must complete the Medical and/or Dental and Vision enrollment form.

Newly hired employees must return their completed 2024 Medical Enrollment Form, Dental and Vision Enrollment Form, and ERISA Electronic Consent Form to the HR Department prior to their benefit effective date.

When to Enroll

Elections are effective May 1, 2024 through April 30, 2025.

Newly hired employees or employees with a mid-year qualifying life event must return their completed forms to the HR Department prior to their benefit effective and/or change date.

Once enrollments are confirmed, they can only be changed at the next open enrollment period or if a qualifying life event occurs mid-year. *Please see the “How to Make Changes” section below for more details.*

How to Make Changes

Because premiums are deducted on a pre-tax basis, except for Aflac, the IRS does not allow you to make changes to your benefits until the next open enrollment period unless you experience a qualifying life event. Qualifying life events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child’s dependent status
- Death of a spouse, child or other qualified dependent
- Change in spouse’s benefits or employment status
- Involuntary loss of other coverage

You have 30 days from the date of the qualifying life event to submit your election change(s) to the HR Dept.

Medical Insurance



Medical insurance is provided through **Anthem BCBS**. To access a list of network providers, please visit www.anthem.com. The two plans summarized below utilize the **Anthem Pathway EPO** network.

Benefit Highlights - In-Network Coverage Only	Silver Pathway EPO 6000/30%/9000 9LXH	Silver Pathway EPO 4000/30%/8250 9LWD
Network	Anthem Pathway EPO	Anthem Pathway EPO
Deductible <i>Individual / Family</i>	In-Network: \$6,000 / \$12,000 Out-of-Network: Not Covered	In-Network: \$4,000 / \$8,000 Out-of-Network: Not Covered
Co-Insurance	In-Network: Paid at 70% (<i>member pays 30%</i>)	In-Network: Paid at 70% (<i>member pays 30%</i>)
Maximum Out-of-Pocket <i>Individual / Family</i> <i>Deductible & Copays Included</i>	In-Network: \$9,000 / \$18,000 Out-of-Network: Emergencies Only	In-Network: \$8,250 / \$16,500 Out-of-Network: Emergencies Only
Preventive Care / Preventive Labwork <i>Annual Physicals, Well-Woman Exams, Well-Child Care, Cancer Screenings, Immunizations, etc.</i>	Paid at 100% Annually	Paid at 100% Annually
Office Visits	Primary Care Physician: \$50 Copay Specialist: \$100 Copay	Primary Care Physician: \$40 Copay Specialist: \$80 Copay
Virtual Visit - LiveHealth Online	Paid at 100%	Paid at 100%
Hospitalization & Outpatient Services	\$500 Copay per Visit Paid at 70% After Deductible (<i>member pays 30%</i>)	\$500 Copay Per Visit Then Paid at 70% After Deductible (<i>member pays 30%</i>)
Diagnostic Labwork / X-Rays	Lab Corp: Paid at 100% All Others: Paid at 70% After Deductible (<i>member pays 30%</i>)	Lab Corp: Paid at 100% All Others: Paid at 70% After Deductible (<i>member pays 30%</i>)
MRI/CAT/PET Scans	Deductible, Then \$250 Copay + 30% CoIns.	Deductible, Then \$250 Copay + 30% CoIns.
Emergency Room	Facility: \$500 Copay All Other Services: Paid at 70% After Deductible (<i>member Pays 30%</i>)	Facility: \$500 Copay All Other Services: Paid at 70% After Deductible (<i>member Pays 30%</i>)
Urgent Care	\$100 Copay	\$80 Copay
Prescription Drug Coverage Essential Drug List Retail Copay	Tier 1a: No Charge Tier 1b: \$10 Copay Tier 2: \$60 Copay Tier 3: \$125 Copay Tier 4: \$500 Copay	Tier 1a: No Charge Tier 1b: \$10 Copay Tier 2: \$60 Copay Tier 3: \$125 Copay Tier 4: \$500 Copay
90-Day Rx Supply	Tier 1b: 2.5 Times Tiers 2 & 3: 3 Times Tier 4: 1 Time (30 Days)	Tier 1b: 2.5 Times Tiers 2 & 3: 3 Times Tier 4: 1 Time (30 Days)
For additional benefit details, please refer to the medical plan summaries.		

Medical Insurance

Medical insurance is provided through **Anthem BCBS**. To access a list of network providers, please visit www.anthem.com. The two plans summarized below utilize the **Anthem Pathway EPO** network.

Benefit Highlights - In-Network Coverage Only	Gold Pathway EPO 3000/40%/7300 9QDP	Gold Pathway EPO 1500/20%/5700 9LWT
Network	Anthem Pathway EPO	Anthem Pathway EPO
Deductible <i>Individual / Family</i>	In-Network: \$3,000 / \$6,000 Out-of-Network: Not Covered	In-Network: \$1,500 / \$3,000 Out-of-Network: Not Covered
Co-Insurance	In-Network: Paid at 60% (<i>member pays 40%</i>)	In-Network: Paid at 80% (<i>member pays 20%</i>)
Maximum Out-of-Pocket <i>Individual / Family Deductible & Copays Included</i>	In-Network: \$7,300 / \$14,600 Out-of-Network: Emergencies Only	In-Network: \$5,700 / \$11,400 Out-of-Network: Emergencies Only
Preventive Care / Preventive Labwork <i>Annual Physicals, Well-Woman Exams, Well-Child Care, Cancer Screenings, Immunizations, etc.</i>	Paid at 100% Annually	Paid at 100% Annually
Office Visits	Primary Care Physician: \$20 Copay Specialist: \$40 Copay	Primary Care Physician: \$40 Copay Specialist: \$80 Copay
Virtual Visit - LiveHealth Online	Paid at 100%	Paid at 100%
Hospitalization & Outpatient Services	Paid at 60% After Deductible (<i>member pays 40%</i>)	\$500 Copay Per Visit Then Paid at 80% After Deductible (<i>member pays 20%</i>)
Diagnostic Labwork / X-Rays	Lab Corp: Paid at 100% All Others: Paid at 60% After Deductible (<i>member pays 40%</i>)	Lab Corp: Paid at 100% All Others: Paid at 80% After Deductible (<i>member pays 20%</i>)
MRI/CAT/PET Scans	Paid at 60% After Deductible (<i>member pays 40%</i>)	Deductible, Then \$250 Copay + 20% CoIns.
Emergency Room	Facility: Deductible, Then \$300 Copay All Other Services: Paid at 60% After Deductible (<i>member Pays 40%</i>)	Facility: \$300 Copay All Other Services: Paid at 80% After Deductible (<i>member Pays 20%</i>)
Urgent Care	\$40 Copay	\$80 Copay
Prescription Drug Coverage <i>Essential Drug List Retail Copay</i>	Tier 1a: No Charge Tier 1b: \$10 Copay Tier 2: \$60 Copay Tier 3: \$125 Copay Tier 4: \$500 Copay	Tier 1a: No Charge Tier 1b: \$10 Copay Tier 2: \$60 Copay Tier 3: \$125 Copay Tier 4: \$475 Copay
90-Day Rx Supply	Tier 1b: 2.5 Times Tiers 2 & 3: 3 Times Tier 4: 1 Time (30 Days)	Tier 1b: 2.5 Times Tiers 2 & 3: 3 Times Tier 4: 1 Time (30 Days)
For additional benefit details, please refer to the medical plan summaries.		

Medical Payroll Deductions

TEN Salon & Spa contributes a significant amount towards the cost of medical premiums for all eligible employees, regardless of the plan chosen. Employees are responsible for the difference plus 100% of dependent premiums. The following rate table summarizes your bi-weekly payroll deductions effective June 1, 2024. Premiums are deducted on a pre-tax basis, saving you money on your income taxes.

Employee's Per Pay Period Premiums (26)				
Coverage Type	9LXH 6000/30%/9000	9LWD 4000/30%/8250	9QDP 3000/40%/7300	9LWT 1500/20%/5700
Employee Only	\$136.68	\$143.86	\$163.84	\$172.34
Employee & Spouse	\$365.67	\$380.03	\$419.98	\$436.98
Employee & Child(ren)	\$331.32	\$344.61	\$381.56	\$397.29
Family	\$560.31	\$580.78	\$637.70	\$661.93

Anthem EPO Network Reminders

Anthem EPO Plan

The Anthem EPO physician network is a national network. Members are not required to select a PCP, however, Anthem will choose a PCP for you and this provider's name will be printed on your ID card. You are not required to see this PCP for benefits to apply and you do not need a referral to see a specialist.

BlueCard Program

Members must reside in Colorado in order to enroll in one of the Anthem EPO plans. Keep in mind, however, if/when traveling outside the state of Colorado, the Pathway EPO plan provides coast-to-coast coverage and access to more than 90% of doctors and hospitals across the country through Anthem's *BlueCard* program.

Locate an In-Network Provider

1. Go to www.Anthem.com
2. Near the top right of the website, click "Find Care"
3. Click on "Basic search as a guest"
4. Select the type of care you're searching for (Medical), the state in which you want to search (CO), the type of plan you want to search (Medical Networks) and the plan/network name (Pathway PPO/EPO); click "Continue"
5. The next page will guide you through various doctor preference searches

Stay In-Network

Participating providers (doctors, hospitals, and others in the plan's network) generally charge discounted rates for plan members. If you visit a non-participating provider, you will likely have additional out-of-pocket expenses which include paying the difference in cost between the participating provider's discounted fee and the non-participating provider's fee. Out-of-network coverage is provided for emergency services only.

Preventive Care – Paid at 100%

Preventive care-related services are paid at 100%. This includes services like annual physicals, well-woman exams, well-child visits, including immunizations, state-mandated cancer screenings, routine colonoscopies and any preventive-related pathology. Take advantage of this benefit and schedule a wellness exam once a year. Please check with your physician and/or directly with Anthem BCBS to ensure your procedure is covered under the Preventive Care Guidelines.

LiveHealth Online (Virtual Visit)

Get the support you need easily using LiveHealth Online. Whether you have cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are there and ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere. **Medical Visit Phone:** 844.784.8409
Psychiatry Phone: 888.548.3432
Website: www.livehealthonline.com (or get the app)

Choose the Right Doctor

Urgent Care or Emergency Room? The cost of an urgent care visit is considerably less than an emergency room. For non-life-threatening conditions (flu, minor cuts/burns, joint pains, etc.), visit an in-network urgent care clinic. Visit an emergency room for critical injuries or illness (numbness, heavy bleeding, chest pains, shortness of breath, etc.) or call 911.

Primary Care Physician (PCP) or Specialist? PCPs typically provide medical care over a period of time to help and guide you to maintain a healthy life plan. While not required, it's wise to visit your PCP before seeing a Specialist. PCPs are typically less expensive than Specialists.

\$4 Generic Drug List

If your prescription is for a brand-name medication, ask your doctor to recommend a generic alternative so that you can save money. Better yet, many drugstores are committed to lowering healthcare costs and offer a \$4 generic prescription program to help save even more money and live better. Visit participating retailers today to learn how you can take advantage of great cost-saving programs. **Walmart:** www.walmart.com
Sam's Club: www.samsclub.com

Treatment Cost Estimator

Become an informed consumer. Estimate the cost for a procedure or treatment by using Anthem's "Estimate Your Cost" tool from the member home page at www.Anthem.com. You can select a procedure or treatment from the alphabetic listing that comes up once you click on the tool.

Future Moms

Future Moms can help you have a healthy pregnancy and a healthy baby. Sign up as soon as you know you're pregnant! You'll get 24/7 phone access to a nurse coach whom you can talk to about your pregnancy and your health. A nurse may also call you from time to time to see how you're doing. **Phone:** 800.828.5891

24/7 NurseLine

Health concerns can happen when you least expect them. Call the 24/7 NurseLine, day or night, to talk with a registered nurse about your health concern. Whether your question relates to allergies, fever, preventive care or any other topic, nurses are always there to provide support and peace of mind. **Phone:** 800.337.4770

Condition Care

If you have a long-term health problem, Condition Care is for you. When you join the program, Anthem will give you the tools and resources you need to take charge of your health. You'll also get:

- 24/7 phone access to a nurse care manager to answer your questions and give up-to-date information about your condition.
- A health review and follow-up calls, when needed.
- Tips on prevention and lifestyle choice to help you improve your quality of life.

Phone: 877.236.7486

Health and Wellness

Your health goals and needs are unique. What's right for one person is not always right for another. Whatever your needs, Anthem's health and wellness resources can help you live your life to the fullest.

- **MyHealth Advantage** – Identify your health risks and mail a confidential MyHealth Note to you outlining specific actions to take for better health.
- **Online Wellness Toolkit** – Visit anthem.com to participate in the Online Wellness Toolkit. This includes a Health Assessment to identify health risks, guidance for lowering those risks, personalized trackers to track progress and fun activities to help achieve your health goals.

Voluntary Dental Insurance



Dental coverage is provided through **Ameritas**. To locate a participating dentist please go to www.ameritas.com.

Ameritas Dental Benefits		
Type of Service	In-Network	Out-of-Network
Deductible <i>Basic & Major Services Combined</i>	\$25 Individual / \$75 Per Family	
Preventive Services <i>Cleanings, Exams, X-rays, Fluoride Treatments, Space Maintainers & Sealants</i>	Paid at 100% (member pays 0%)	
Basic Services <i>Fillings, Endodontics, Periodontics, Space Maintainers, Denture Repairs & Simple Extractions</i>	Paid at 80% After Deductible (member pays 20%)	
Major Services <i>Crowns, Inlays/Onlays, Complex Oral Surgery, Bridges & Dentures</i>	Paid at 50% After Deductible (member pays 50%)	
Annual Maximum <i>Preventive, Basic & Major Services Combined</i>	\$1,000 Per Covered Person	
Waiting Periods	None for Timely Applicants If enrolling AFTER the initial eligibility date: Basic Services: No coverage for the first 12 months Major Services: No coverage for the first 12 months	

A predetermination of benefits is recommended for dental work in excess of \$200.

If you choose to utilize an out-of-network provider, you may be subject to "balance billing." These are amounts in addition to any portion you are responsible for under the dental contract.

Dental Payroll Deductions

Dental coverage is 100% voluntary. The following rate table summarizes your bi-weekly (26) payroll deductions effective May 1, 2024. Premiums are deducted on a pre-tax basis, saving you money on your income taxes.

Ameritas Dental Premiums	
Coverage Type	Employee's Per Pay Period Premiums (26)
Employee Only	\$15.82
Employee & Spouse	\$30.41
Employee & Child(ren)	\$32.29
Family	\$51.90

Voluntary Vision Insurance



Vision coverage is provided through **Vision Service Plan (VSP)** and administered by **Ameritas**. To access a list of network providers, please visit www.vsp.com. Be sure to choose the *VSP Choice Network* option.

Ameritas (VSP Choice Network) Vision Summary			
Coverage	In-Network	Out-of-Network	Frequency Period <i>Based on the Last Date of Service</i>
Exam Copay	\$20	NA	NA
Materials Copay	\$20	NA	NA
Exam	Covered at 100% After Copay	Up to \$45	12 Months
Standard Plastic Lenses - Single Vision - Lined Bifocal - Lined Trifocal - Lenticular	Covered at 100% After Copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100	12 Months
Frames	\$130 Allowance Plus 20% Off Remaining Balance	Up to \$70	24 Months
Contact Lenses - Elective <i>(In lieu of lenses & frames)</i>	Up to \$60 Fee <i>(Fitting & Evaluation)</i> \$130 Allowance	Up to \$105	12 Months
Contact Lenses - Necessary <i>(In lieu of lenses & frames)</i>	Covered at 100% After Copay	Up to \$210	
Additional Discounts	Additional Glasses (Frames & Lenses) - 20% off retail Laser Correction Surgery - Up to 15% off usual charge, 5% off promotional price		

Vision Payroll Deductions

Vision coverage is 100% voluntary. The following rate table summarizes your bi-weekly (26) payroll deductions effective May 1, 2024. Premiums are deducted on a pre-tax basis, saving you money on your income taxes.

Ameritas (VSP) Vision Premiums	
Coverage Type	Employee's Per Pay Period Premiums (26)
Employee Only	\$3.78
Employee & Spouse	\$8.18
Employee & Child(ren)	\$6.61
Family	\$11.00

TEN Salon & Spa offers a line of supplemental policies provided through **Aflac**. You may choose to purchase any of the following: Accident, Hospital, Cancer and/or Short Term Disability (STD).

Accident Insurance – This plan is designed to help cover the out-of-pocket expenses that often follow an accidental injury. This plan pays a lump sum for injuries including fractures, dislocations, eye injuries, cuts and lacerations, burns, comas, and more.

Hospital Indemnity Insurance – This plan is designed to help provide financial protection by paying a benefit due to a hospitalization and, in some cases, treatment received for an accident or sickness. Reimbursed benefits include hospital confinement, the emergency room, and time at a rehabilitation facility.

Cancer Insurance – This plan gives you financial resources to help with expenses incurred to prevent and treat cancer. Aflac pays a benefit for early detection and preventive screening, for a diagnosis of a covered cancer, and for the duration of your treatment plan.

Short Term Disability Insurance – This plan helps with financial obligations if you become disabled and cannot work. It provides a source of income to help you cover bills and other expenses while you recover.

These plans pay cash benefits to you above and beyond anything that might be covered by other insurance plans. Premiums are deducted on a post-tax basis so that any benefit received is not taxable.

Please contact Amy Griffin at AssuredPartners if you would like to add a new benefit or if you would like to make a change to your current Aflac elections. If you're enrolling for the first time, please complete the *Aflac Information Form*, available from the HR Department, and submit it to Amy via e-mail, fax or through a text picture.

Plan details along with a complete list of rates are available online by scanning the QR code below or by using this link: <https://www.aflacrollment.com/TENSalonandSpa/YW1134700501>

Amy Griffin Contact Info (Main Contact):

Phone: 970.581.5459

Fax: 970.667.3859

E-Mail: amy_griffin@us.aflac.com

Colleen Ross Contact Info (Customer Service & Claims):

Phone: 970.667.3770

Fax: 970.667.3859

E-Mail: C1_Ross@us.aflac.com

To help speed up the processing of your Aflac claim(s), please login into Aflac at www.aflac.com/smartclaim. Begin your "SmartClaim" online and upload your supporting documentation for faster payment.



Paid Family Medical Leave



Starting in January 2024, most Colorado workers will be able to apply for FAMLI leave benefits:

- To care for a new child during the first year after birth, adoption, or foster care placement
- To care for your own or a family member with a serious health condition
- To make arrangements for a family member's military deployment
- To obtain safe housing/care/legal assistance following partner violence/stalking/sexual assault/abuse



This benefit will be available to any Colorado worker who has earned \$2,500 in the previous year for work performed in Colorado. This amount can be earned from more than one employer and there is no minimum amount of time you need to work for your current employer before you can apply for the benefit.

- Eligible employees will be entitled to up to 12 weeks of FAMLI leave in a 12-month period. This may be extended to 16 weeks if you experience serious pregnancy or childbirth complications.
- Leave may be taken continuously, intermittently or by a reduced work schedule.
- Your weekly benefit will be calculated on a sliding scale using your average weekly wage from the last five calendar quarters and the average weekly wage for the state of CO. Benefits are capped at \$1,100 per week.

How much will employees receive when using FAMLI benefits?			
Weekly Wage	Weekly Benefit	Maximum Annual Benefit	Percent of Weekly Wage
\$500	\$450	\$5,400	90%
\$1,000	\$784	\$9,408	78%
\$1,500	\$1,034	\$12,408	69%
\$2,000	\$1,100	\$13,200	55%
\$3,000	\$1,100	\$13,200	37%

FAMLI benefits are funded by premiums paid by workers and employers. Your 2024 premiums taken out can be up to 0.45% of your wages. As this benefit is required by Colorado law, you do not have the option to opt out. More information can be found on the CO state website: <https://famli.colorado.gov/>

HRService Website – Plan Documents



TEN Salon & Spa maintains a webpage that houses all of your benefit-related information and important plan documents, such as Summary Plan Descriptions (SPDs) and required employer notices. It is important that you review the notices and documents so you understand your rights and responsibilities, as well as the provisions of your benefit plans.

Under the Employee Retirement Income Security Act of 1974 (ERISA) and related regulations, employee consent must be given in order to receive electronic copies of employee materials in certain situations. You will complete a new Electronic Distribution Consent Form, when initially hired, that authorizes TEN Salon & Spa to distribute all of the documents electronically. You are entitled to withdraw your consent at any time and have the right to receive paper copies of all documents upon request and at no cost to you. If you do not have access to the equipment and software necessary to review and/or download the documents/notices, please notify the HR Department so they can provide you with paper copies.

Website: www.compliancelogin.com/dsv/shared-folder/162 | **Guest Key:** TENonline

Contact Information

Our goal is to make certain you receive the correct coverage under each benefit plan. We are here to help with any issues that may arise. Follow these steps if you require assistance:

- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.
- **Do you need claims assistance?** Please contact the insurance carrier. You will need your Member ID Number or Social Security Number, along with date of service and provider name.
- **Do you need additional assistance or have general questions?** Please contact AssuredPartners at the phone number listed below.

Medical	Provider Name: Anthem BCBS Provider Phone Number: 800.331.1476 Provider Web Address: www.anthem.com
Dental	Provider Name: Ameritas Provider Phone Number: 800.487.5553 Provider Web Address: www.ameritas.com
Vision	Provider Name: VSP (Administered by Ameritas) Provider Phone Number: 800.255.4931 Provider Web Address: www.vsp.com
Supplemental Benefits	Provider Name: Aflac Main Contact Name / E-Mail: Amy Griffin / amy_griffin@us.aflac.com Main Contact Phone Number: 970.581.5459 Service/Claims Contact / E-Mail: Colleen Ross / C1_Ross@us.aflac.com Service/Claims Phone Number: 970.667.3770 Provider Web Address: www.aflac.com
Broker Office	Agency Name: AssuredPartners Agency Phone Number: 970.223.1804 Agency Fax Number: 970.225.2296 Agency Claims Help Desk E-Mail: claimquestions@assuredpartners.com Agency Web Address: www.assuredpartners.com

The information in this benefit booklet is presented for illustrative purposes and is based on information provided by the employer. The text contained in the booklet was taken from various summary plan descriptions. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the booklet and the actual plan document, the plan documents will prevail. All information is confidential, pursuant to the HIPAA. If you have any questions about your booklet, contact HR.

AssuredPartners is a privately held organization and considers all information contained herein to be proprietary and to be held strictly confidential. This information should be viewed by our staff only and is not for distribution to any outside parties.



*Feel Secure.
Stay Healthy.
Balance Life.*

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