

PT PRN

WELCOME TO TEAM SELECT INTERACTIVE BENEFITS GUIDE

December 1, 2025 - December 31, 2026

Each day, every member of Team Select Home Care plays a vital role in bringing our mission and core values to life. It is with sincere pleasure that we acknowledge your invaluable contributions by offering a comprehensive benefits package for you and your loved ones.

MEDICAL | DENTAL | VISION AND MORE



How to use this interactive guide



Links to websites



Access to documents



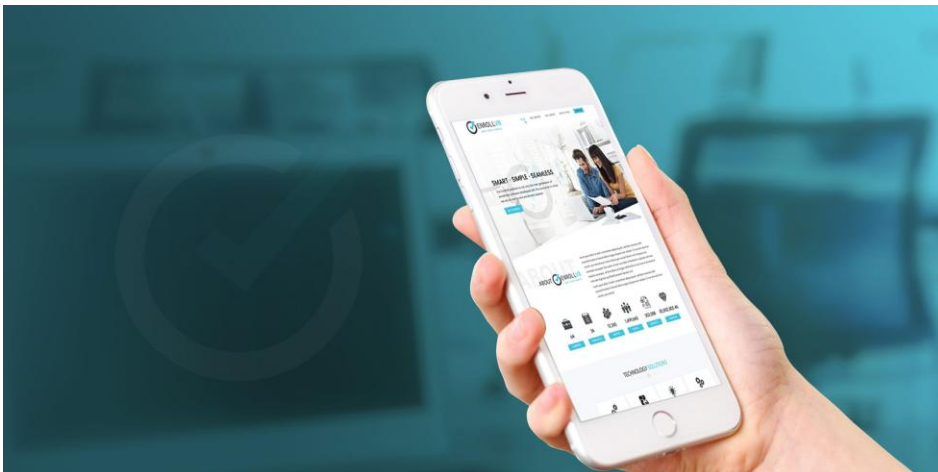
Links to videos



What's New?

Each day, every member of Team Select plays a vital role in bringing that mission to life. It is with sincere pleasure that we acknowledge your contributions by offering the following benefits for you and your loved ones:

- Medical Minimum Essential Coverage, Dental, and Vision plans are now offered through United Healthcare FlexWork.
- Individual Short-Term Disability, Accident, Critical Illness, and Hospital Indemnity plans are now offered through Unum.
- Introducing EnrollVB as the new platform for enrollment elections and premium payment processing.



Open Enrollment Through EnrollVB

Enrollment in all benefits will be done through EnrollVB.

EnrollVB integrates all your enrollment needs into an elegant solution for mobile self-service online enrollments, call center support, and premium payment management.

All Part-Time PRN employees interested in enrolling in benefits, will need to visit the EnrollVB website by scanning the QR code or clicking on this website:

<https://enrollvb.com/teamselect> . For additional information about EnrollVB call them at **(770) 709-6499** or email **support@enrollvb.com**



Contact EnrollVB with Questions:

(770) 709-6499

support@enrollvb.com



Eligibility

If you wish to participate in the plans outlined in this guide, you must elect during the 2025-2026 Open Enrollment period or within 30 days of your hire date.

Benefits Eligibility

As a Part-Time PRN employee who works less than an average of 30 hours per week or is in their initial measurement period, you and your eligible dependent(s) are eligible to enroll in the Minimum Essential Coverage medical, dental, and vision plans.

Eligible Dependents Include:

- Your legal spouse
- Your domestic partner
- Your children by birth or adoption up to age 26, including those incapacitated due to disability and primarily dependent on you for support, and those named in a Qualified Medical Child Support Order (QMCSO) as defined by law.

Enrollment and Employee Contributions

Employees pay the entire portion of premium contributions for Minimum Essential Coverage Plus medical, dental, and vision insurance through EnrollVB with your desired method of payment.

Employees may only make changes to their elections during the annual open enrollment period or within 30 days of a qualified Change in Family Status or transitioning from part-time to full-time employment.

Minimum Essential Coverage (MEC) Medical Benefits

Our Premium Minimum Essential Coverage plan benefits are provided through **UnitedHealthcare FlexWork**. The MEC (Minimum Essential Coverage) plan only covers eligible preventative and wellness services from in-network providers. Out-of-network services are not covered.

MEC plans encourage members to seek out preventive treatment, with over 70 preventive & wellness services covered. The use of HealthiestYou App for preventive care is also covered.

The table on the on the next slide shows in-network Minimum Essential Coverage benefits for covered services.

Find a Network Provider

To find a medical provider, visit <https://flexwork.uhc.com/home> or call **(855) 892-2401** to speak with a UHC representative.

Prescription Drug Note: The Limited Medical Plans include Optum Rx®* for pharmacy benefit management services. The Limited Pharmacy Plan provides coverage for medications as described in the FlexWork Limited Benefit Prescription Drug List (PDL). Specialty drugs are not covered. The overview of prescription benefits include:

- \$0 cost preventive medications, including select contraceptives and tobacco cessation**
- No limit on the number of prescriptions covered by the plan
- 30-day retail supply at participating network pharmacies only, mail order not covered

Please refer to your plan documents for full details and exclusions.



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MEC Limited Medical Benefits (in-network only ²)	Basic		Standard		Enhanced	
	Member Cost	Annual Limit	Member Cost	Annual Limit	Member Cost	Annual Limit
HCR preventive services & prescriptions	\$0 (covered in full)	ACA allowable	\$0 (covered in full)	ACA allowable	\$0 (covered in full)	ACA allowable
HealthiestYou virtual care visits	\$0 (covered in full)	unlimited	\$0 (covered in full)	unlimited	\$0 (covered in full)	unlimited
Emotional support line (EAP)	\$0 (covered in full)	unlimited	\$0 (covered in full)	unlimited	\$0 (covered in full)	unlimited
Doctor's office visits Retail clinic Primary care physician Specialist Urgent care provider	\$15 copay \$25 copay \$50 copay \$150 copay	6 combined visits	\$15 copay \$25 copay \$50 copay \$150 copay	6 combined visits	\$10 copay \$20 copay \$30 copay \$100 copay	8 combined visits
Diagnostic laboratory testing In-office, freestanding facility Hospital outpatient	\$50 copay \$150 copay	1 service day (unlimited tests per day)	\$50 copay \$150 copay	1 service day (unlimited tests per day)	\$50 copay \$150 copay	2 service day (unlimited tests per day)
Minor diagnostic imaging (x-ray) In-office, freestanding facility Hospital outpatient	Not covered (see hospital indemnity benefits)		\$50 copay \$150 copay	1 service day (unlimited tests per day)	\$50 copay \$150 copay	2 service day (unlimited tests per day)
Major diagnostic imaging (MRI, CT, PET) In-office, freestanding facility Hospital outpatient	Not covered (see hospital indemnity benefits)		\$50 copay \$150 copay	1 service day (unlimited tests per day)	\$50 copay \$150 copay	1 service day (unlimited tests per day)
Chiropractor, acupuncture	Not covered		\$15 copay	10 combined visits	\$15 copay	15 combined visits
Pharmacy benefits PPACA Preventive Medications (included) FlexWork Limited Pharmacy benefits ³ Tier 1 Tier 2 Tier 3 & 4	<i>Included</i> \$0 copay Per PPACA guidelines <i>Optional</i> \$15 copay \$30 copay 50% coinsurance Unlimited		<i>Included</i> \$0 copay Per PPACA guidelines <i>Optional</i> \$15 copay \$30 copay 50% coinsurance Unlimited		<i>Included</i> \$0 copay Per PPACA guidelines <i>Optional</i> \$15 copay \$30 copay 50% coinsurance Unlimited	
Hospital Indemnity Benefits (EHFP +NET)	Benefit Amount	Annual Limit	Benefit Amount	Annual Limit	Benefit Amount	Annual Limit
Minor diagnostic imaging (x-ray)	\$50	1 day	Not covered (see MEC limited medical benefits)		Not covered (see MEC limited medical benefits)	
Major diagnostic imaging (MRI, CT, PET)	\$100	1 day				
Invasive diagnostic tests (colonoscopy)	\$500	1 day	\$500	1 day	\$500	1 day
Emergency room visits	\$100	2 days	\$100	2 days	\$100	2 days
Outpatient surgery	\$500 surgery \$125 anesthesia	2 days 2 days	\$750 surgery \$187 anesthesia	2 days 2 days	\$1,000 surgery \$250 anesthesia	2 days 2 days
Inpatient facility and services	\$500 admission \$100 confinement (2x ICU) \$500 surgery \$125 anesthesia	2 days 364 days 2 days 2 days	\$1,000 admission \$150 confinement (2x ICU) \$750 surgery \$187 anesthesia	2 days 364 days 2 days 2 days	\$1,500 admission \$200 confinement (2x ICU) \$1,000 surgery \$250 anesthesia	2 days 364 days 2 days 2 days
Accident Indemnity Benefits	Applies to All Bridge Plans					
Accident benefit schedule	• Schedule covers 80+ accidental injuries - fixed payments for Initial Care, Hospital Care, Follow Up Care, Common Injuries and more (see formal proposal Accident Plan summary for details)					
Accident death & dismemberment	• Loss of life - \$20,000, \$80,000 common carrier (50% for dependent child). Dismemberment - 25-100% of Principal Sum (see formal proposal Accident Plan summary for details)					



Preventive and Wellness Benefits

A List of the “Minimum Essential Coverage” Required by ACA for Adults ages 18 and older.

1. Abdominal Aortic Aneurysm one time screening for men of specified ages who have ever smoked
2. Alcohol Misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease for men and women of certain ages
4. Blood Pressure screening
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults 45-75
7. Depression screening
8. Diabetes (Type 2) screening for prediabetes and type 2 diabetes screening for adults 35-70 who are overweight or obese
9. Diet Counseling for adults at higher risk for chronic disease
10. Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting.
11. Hepatitis B screening for people at high risk
12. Hepatitis C screening for adults aged 18-79 years
13. HIV screening for everyone ages 15 to 65, and other ages at increased risk
14. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use.
15. Immunizations vaccines (Chicken pox (Varicella), Diphtheria, Flu (influenza), Hepatitis A & B, r, Human Papillomavirus (HPV), Measles, Mumps, Rubella, Meningococcal, Whooping cough (pertussis), Pneumococcal, Tetanus, Shingles)
16. Lung Cancer screening for adults 50-80 at high risk for lung cancer because they’re heavy smokers or have quit in the past 15 years
17. Obesity screening and counseling
18. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
19. Statin preventive medication for adults 40-75at high risk
20. Syphilis screening for adults at higher risk
21. Tobacco Use screening for all adults and cessation interventions for tobacco users
22. Tuberculosis screening for certain adults without symptoms at high risk
23. Unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred

Required ACA Preventive and Wellness benefits are subject to change without notice. Coverage is subject to exclusions and limitations and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the plan document.

This plan covers Preventive Care only. For a complete list of preventive care services covered, please go to:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>



Virtual Care

Team Select uses UnitedHealthcare for Virtual care.

With Virtual Care visits, you can connect to a care provider by phone or video through www.healthiestyou.com or the HealthiestYou® app. Providers can treat a range of nonemergency health conditions – and may even prescribe medication as needed.

Anytime Access to Everything Health Plan

Your plan comes with digital tools that are designed to help make managing your plan easier. With flexwork.uhc.com, your member website, you can connect with your plan 24/7 with flexwork.uhc.com.

Support for Emotional Well-Being

UHC helps members connect to self-help digital tools, in-person or virtual behavioral health providers and more. These resources and programs are designed to help with a variety of concerns, from depression and anxiety to mental health and substance disorder services

Want to learn more?

<https://flexwork.uhc.com/home>

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Dental Plans

Our dental plan benefits are provided through **the UHC FlexWork Network**. This plan encourages preventive treatment and allows you to achieve good oral health while minimizing your out-of-pocket dental expenses.

Dental Plan Summary

Dental benefits are available to you and your dependents. The cost for the dental plan is voluntary, meaning that you pay for the cost of coverage through EnrollVB. The chart on the following page provides a summary of the 2025-2026 dental coverage benefits.

Network Providers

When you use a dentist in United Health Cares Network, you lower your out-of-pocket costs because network dentists have agreed to charge lower fees while your plan's in-network services cover a larger share of the charges. If you choose to use a dentist who doesn't participate in the network, your out-of-pocket costs will be higher, and you are subject to any charges beyond Reasonable and Customary (R&C).

As a voluntary benefit, you are responsible for the cost of this coverage through payroll deduction.

To find a dental provider: visit <https://flexwork.uhc.com/home> or call (800) 638-3120 to speak with a UHC representative.

UHC FlexWork Dental Plans

Benefit / Feature	Low Plan		High Plan	
	PDP Network	Out-of-Network	PDP Network	Out-of-Network
Deductible - Individual - Family	\$50 \$150		\$50 \$150	
Plan Year Maximum	\$1,000		\$1,500	
Preventive Services	Covered at 100%		Covered at 100%	
Basic Services You pay	20% AD	20% AD	20% AD	20% AD
Major Services You pay	50% AD	50% AD	50% AD	50% AD
Orthodontia Services (up to age 19)	Not Covered		Covered at 50%; deductible does not apply	
Orthodontia Lifetime Maximum	Not Covered		\$1,500	

AD = After Deductible is Met

Please refer to your plan documents for full details and exclusions.



Vision Plan

Our vision plan benefits are provided through the **UHC Vision Network**. The table outlines how some of the most common services are paid at in-network providers and facilities. You will pay less for care when you see an in-network physician. As a voluntary benefit, you are responsible for the cost of this coverage with direct premium payment through EnrollVB.

To find a vision provider: visit <https://flexwork.uhc.com/home> or call (800) 638-3120 to speak with a UHC representative.

Please refer to your plan documents for full details and exclusions.



VSP Vision Plan	
Benefits / Feature	VSP Network
Frequency Exam / Lenses / Frames / Contact Lenses	Once every 12 months for exam, lenses and contact lenses Once every 24 months for frames
Eye Exam	\$10 copay
Eyeglass Lenses • Single • Lined Bifocal • Lined Trifocal • Lined Lenticular	\$25 copay for all listed lenses
Frames	\$25 copay and \$130 allowance + 30% discount on remaining balance
Contact Lenses (instead of lenses) Elective	\$25 copay and \$105 allowance



Individual Short-Term Disability

A disability can be one of the biggest financial risks you face. Your work income will end, but your living expenses will continue. When you are unable to work for a period of time due to a disability, disability insurance can replace a percentage of your lost income.

This short-term disability plan, administered by UNUM, provides financial protection for you by paying a portion of your income while you are disabled.

For a full overview of services covered, please refer to the UNUM disability summary visit <https://www.unum.com>

Plan Features

Elimination Period	Accident/Injury - 14 Days Illness - 14 Days
Maximum Benefit Percentage	60%
Maximum Benefit Amount	\$4,000 Per Month
Benefit Duration	3 months to 6 months



Accident Insurance



Unum's accident insurance is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits. The accident base plan is guaranteed issue, so no health questions are required.

Over 40 million Americans receive treatment for an injury each year. These accidents often lead to unexpected expenses that can hurt your wallet. Accident insurance is different from health and disability insurance because it helps protect you from the unexpected costs those types of insurance do not cover and can be considered a supplemental insurance.

This plan is an extra layer of protection that pays you cash when you suffer an unexpected, qualifying accident. It provides you money to cover any extra, out-of-pocket expenses associated with your injury. The money you receive from your accident can be used however you want as you recover from your injuries, covering anything from medical costs to non-medical costs like your monthly rent.

For a full overview of services covered, please refer to the UNUM Accident Summary.

Visit <https://www.unum.com>

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What is Accident Insurance?

<https://flimp.me/HubDeliverablesAccident>



Value of Accident Insurance

- Pays a lump sum cash benefit for covered expenses due to accidental injuries
- Spouse and children coverage available
- Pays in addition to other insurance
- Affordable premiums, conveniently paid through EnrollVB
- Benefits are portable, take it with you if you leave or change jobs



How Can Accident Insurance Help?

Medical expenses:

- Copayments
- Deductibles
- Other care you are financially responsible for under your medical plan

Non-medical expenses while recovering:

- Groceries
- Rent or mortgage
- Car payments
- Childcare



Critical Illness Insurance

Unum offers protection that may help ease the financial, mental, and emotional burden that comes with critical illness

- Your participation in these plans is voluntary.
- You will be responsible for 100% of the premium.

Critical Illness Insurance offers a valuable safety net in the event certain serious illnesses or conditions occur. Even with medical insurance, a critical illness can result in extra out-of-pocket expenses, like deductibles, coinsurance and out-of-network treatments. These expenses – along with childcare, mortgage payments, and utility bills can create an additional financial burden for you and your family. Critical Illness provides you with a benefit if you, a spouse, or a dependent child is diagnosed with a covered condition.

Examples of covered conditions include cancer, heart attack, stroke, and organ failure. Some conditions include a benefit for a second occurrence. Please see Certificate of Coverage for all covered conditions.

For a full overview of services covered, please refer to the UNUM Critical Illness Summary.



Value of Group Critical Illness with Cancer Coverage

- Cash benefits for a diagnosis of invasive and non-invasive cancers
- Affordable premiums paid through EnrollVB
- Coverage is guaranteed with no medical questions asked
- No restrictions on network or medical provider
- Benefits are portable, take it with you if you leave or change jobs

Benefits can help you pay for:

- Your medical plan's annual deductible
- Non-medical expenses resulting from treatment
- Alternative and experimental treatment
- Daily expenses, like food and utilities
- Contractor fees for home modifications. Such as a wheelchair ramp

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What is Critical Illness Insurance?

<https://flimp.me/HubDeliverablesCI>



Hospital Indemnity Insurance

Everyone deserves protection against hospital bills

Hospital Indemnity provides a lump-sum tax-free cash benefit to help pay for costs that can come with a hospital stay that your health plan may not cover. Use your hospital indemnity coverage to help pay out-of-pocket medical costs or daily expenses like rent, food, or transportation.

Many people aren't prepared to handle these extra costs, so having this extra financial support when the time comes may mean less worry for you and your family.

For a full overview of services covered, please refer to the UNUM Hospital Indemnity Summary.

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What is Hospital Indemnity Insurance?

<https://flimp.me/HubDeliverablesHospitalIndemnity>



Value of Hospital Indemnity Insurance

- Cash benefit for unplanned or uninsured expenses resulting from a hospitalization due to sickness or injury
- Premiums are convenient and paid through EnrollVB
- Coverage is guaranteed with no medical questions asked
- There are no deductibles, no copayments
- and no network restrictions
- Benefits are portable, take it with you if you leave or change jobs

Benefits can help you pay for:

- Costs that are not covered by health plans
- Deductibles and copays let by major medical insurance
- Lost income while receiving care or replace a spouse's income while they're by your side
- Out-of-network costs for alternative treatment
- Travel for care and treatment, or even a second opinion
- Contractor or handyman to make changes to your home after an illness, such as a wheelchair ramp



Contacts

Benefit	Carrier	Phone	Website
Medical	United Health Care	(855) 892-2401	https://flexwork.uhc.com/home
Virtual Care	HealthiestYou	(877) 837-6346	www.healthiestyou.com
Dental	United Health Care	(800) 638-3120	www.flexwork.uhc.com
Vision	United Health Care	(800) 638-3120	www.flexwork.uhc.com
Short-Term Disability, Accident, Critical Illness, and Hospital Indemnity	UNUM	(866) 458-7502	https://www.unum.com
EnrollVB	EnrollVB	(770) 709-6499	https://enrollvb.com/teamselect

Legal Notices



Employees can access these notices on Workday. You may also request a printed copy of the required notices by contacting Human Resources.

IMPORTANT: Our benefit package is designed under “Section 125” of the IRS Code. This allows you to take advantage of federal and state laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, any required contributions for medical, dental, and vision will be made with pre-tax dollars.

REMINDER: You may only change your pre-tax benefit elections once per year, during open enrollment, unless you experience a qualified “change in status.”



Click the icon to access all legal notices.



This Benefit Guide is designed to provide basic information regarding employee benefit plans and programs available to eligible employees of Team Select Home Care [and its subsidiaries]. It does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts or the Summary Plan Descriptions (SPDs) for the various benefit plans and programs. This overview merely summarizes the employee benefit plans and programs and does not create any contractual rights for any current or former employee or any other individual. The benefit provisions of the applicable plan document, contract or SPD will govern the determination of any individual's rights under any employee benefit plan or program. This document does not constitute a plan document or SPD as defined by the Employment Retirement Income Security Act of 1974, as amended (ERISA). Team Select Home Care [and its subsidiaries] reserve the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.