SPOONER

THE MAHONEY GROUP®

2027

EMPLOYEE BENEFITS GUIDE

Plan Year:
1/1/27 to 12/31/27



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Spooner BENEFITS

At Spooner, we know our dedicated employees—YOU—are key to our overall success as an organization. We recognize that offering a quality, comprehensive benefit program is an important way to show you how valuable you are to the organization. We understand that navigating the world of employee benefits is challenging and no two employees are alike, which is why we offer this benefits guide to explain the multiple benefit options to improve your physical, financial, and mental well-being.

This booklet provides a summary of plan highlights. Please consult the carrier contract for complete information on covered changes, limitations, and exclusions. This is not a binding contract. In the event of any discrepancy, the carrier's contract will prevail. If you have further questions, please contact the insurance carrier or The Mahoney Group.

LETTER FROM TIM SPOONER

Dear Team,

What if we measured the value of our health plan not just by what it costs, but by how it helps us care for ourselves and our families?

At Spooner, we believe healthcare should be something we actively participate in, not something we navigate only when a problem arises. That's why we've worked to put healthcare back into our health plan, creating opportunities for our team members and their families to access care, connect with providers and make informed decisions about their health.

And we're seeing that approach in action.

In 2026, our team made **843 visits to Ark**, accessed **69 MRIs and 20 CT scans** *(covered at 100% when ordered through Ark)* and welcomed **10 new babies** into our Spooner families.36 surgeries and procedures and 385 specialist visits round out the picture of how our plan is being used. Behind every number is a person, a family or a decision that matters. These are real examples of our benefits being put to work to help our people access the care they need.

But access is only part of the equation. We must also understand the healthcare system we are navigating and recognize the value of asking questions, exploring our options and advocating for ourselves. The price initially attached to a medical service is not always the only price available and knowing how to access the resources Spooner provides can make a significant difference.

One Spooner team member recently experienced this firsthand. Before undergoing surgery, the hospital quoted an initial charge of around **$150,000**. Rather than simply accepting that price and processing the procedure through traditional insurance billing, the team member worked with ClaimDOC, our third-party member advocacy partner, to explore an alternative. ClaimDOC negotiated a self-pay price with the hospital of just **$13,000** - a difference of $137,000 from the initial quoted amount!

The impact extends beyond one procedure. By working to avoid unnecessary healthcare spending, we help preserve the funds available through Spooner's medical plan to support our employees and their families. Those dollars can remain within our organization and be reinvested in the people and programs that make Spooner what it is, including initiatives such as our loan repayment program. The team member also experienced a much smaller out-of-pocket expense. This is a powerful example of how asking questions, using the resources available to us and taking an active role in our healthcare decisions can help us avoid wasteful overspending while still accessing the care we need.

Examples like this show what it means to be a judicious steward of our health plan. It doesn't mean avoiding care or choosing the least expensive option at the expense of quality. It means understanding our options, seeking appropriate care and making informed decisions that serve our health and our shared resources.

We are encouraged that **75% of employees surveyed reported being satisfied or extremely satisfied with our benefits**. While there is always room to improve, this feedback reinforces the importance of continuing to build a benefits program that serves our team and their families.

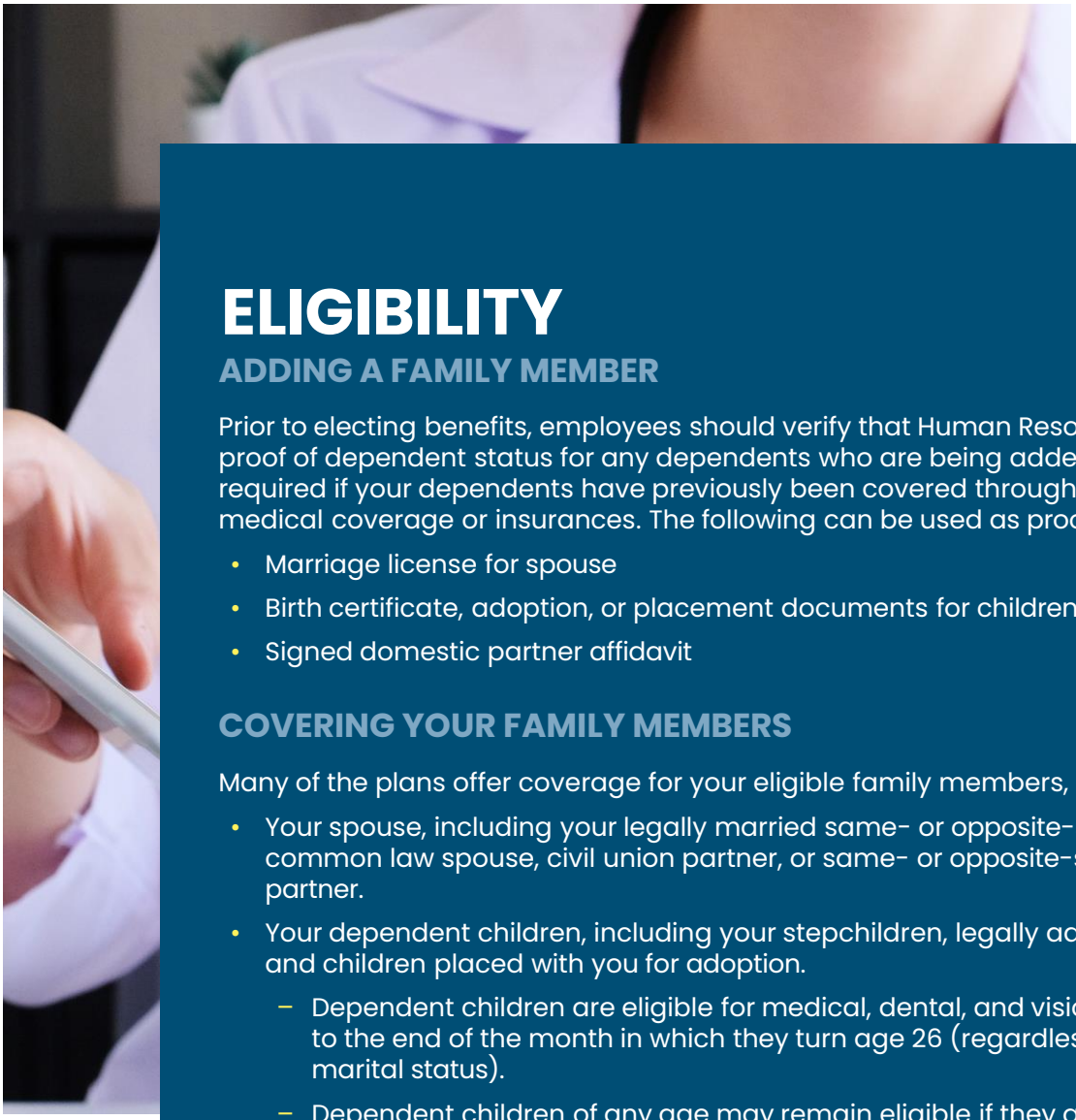
As a healthcare organization, we also have a responsibility to lead by example. We believe in the importance of proactive care and we strive to put that belief into practice in how we care for ourselves, our families and the communities we serve. The more engaged we are in our own health, the better equipped we are to help others navigate theirs.

As you look ahead to your 2027 benefits, take time to consider how you can make the most of the resources available to you. Write down your questions and come prepared for our next quarterly **Medical Plan Education Seminar**, where you'll have an opportunity to better understand your benefits and how to use them effectively for yourself and your family. Our health plan is a shared resource and its greatest value comes when we use it thoughtfully and intentionally.

Thank you for being part of Spooner and for helping us build a culture that puts people and their health first. Together, we can continue challenging the traditional approach to healthcare and making meaningful choices that support healthier futures for ourselves, our families and the communities we serve.

Here's to putting healthcare to work in 2027!

Tim Spooner
Founder & CEO



ELIGIBILITY

ADDING A FAMILY MEMBER

Prior to electing benefits, employees should verify that Human Resources has proof of dependent status for any dependents who are being added. This is not required if your dependents have previously been covered through Spooner's medical coverage or insurances. The following can be used as proof:

- Marriage license for spouse
- Birth certificate, adoption, or placement documents for children
- Signed domestic partner affidavit

COVERING YOUR FAMILY MEMBERS

Many of the plans offer coverage for your eligible family members, including:

- Your spouse, including your legally married same- or opposite-sex spouse, common law spouse, civil union partner, or same- or opposite-sex domestic partner.
- Your dependent children, including your stepchildren, legally adopted children, and children placed with you for adoption.
  - Dependent children are eligible for medical, dental, and vision insurance up to the end of the month in which they turn age 26 (regardless of student or marital status).
  - Dependent children of any age may remain eligible if they are physically or mentally incapable of self-support.

ALL SALARIED AND FULL-TIME HOURLY EMPLOYEES	PART-TIME HOURLY EMPLOYEES	COVERAGE STARTS	COVERAGE ENDS
If you are a salaried employee or a full-time hourly employee who works 30 or more hours/week, you are eligible to enroll in all Spooner benefits.	If you are a part-time hourly employee, working 20-29 hours/week, you are eligible to enroll in all Spooner benefits except medical.	Your coverage is effective as follows: Salaried Employee: First day of the month following date of hire. Hourly Employee: First of the month following 60 days of employment. If you enroll during open enrollment, your coverage is effective January 1 of the following year.	If your employment with Spooner terminates (voluntarily or otherwise), your benefits will end on the last day of the month (Note: Disability insurances will end on your last day of employment).

BENEFITS ENROLLMENT

Newly hired or newly eligible salary employees must complete their online enrollment no later than the last day of the month before their first day of eligibility. Newly hired or newly eligible hourly employees must complete enrollment no later than 10 days before their first day of eligibility.

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event. During the open enrollment period, you have the opportunity to newly enroll in coverage and/or make changes to your current coverage.

Any changes you make during open enrollment become effective January 1 of the following year.

CHANGING YOUR BENEFITS DURING THE YEAR

As stated here, you cannot change your benefits during the year unless you experience a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation, or divorce
- Birth, adoption, or change in legal custody of eligible child(ren)
- Death of your spouse or covered child
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan)

Please contact Human Resources for a complete list of qualifying life events.

If you experience a qualifying life event and wish to change your benefits, you must notify Human Resources. You may be required to provide proof of your life event, such as a birth certificate or marriage license. You can only change benefits that were impacted by the life event (e.g., if you get married, you can add your new spouse to the medical plan, but you cannot change medical plans).

ONLINE ENROLLMENT

Benefits enrollment is completed online through the **Paycom** website at **https://www.paycomonline.net/v4/ee/web.php/app/login** OR login to your Paycom App

In order to complete your enrollment, you need:

- Dates of birth and social security numbers for yourself as well as any family members you are enrolling.
- Proof of eligibility for your spouse and dependent children (e.g., marriage license, birth certificate).

NEED TO KNOW UPDATES AND INFO

- NEW! Facility Only - Plan Design Changes for Tier 1 and Tier 2 benefit coverage levels for both plan

  For Facility Claims Only, created Tier 2 Benefit with higher deductible, out-of-pocket maximums and co-insurance. Facility claims will default to Tier 2 unless agreed upon pricing is secured from facility.

  Members will be utilizing ClaimDOC to find alternative facilities for agreed upon pricing to be paid at the Tier 1 lesser deductible and out of pocket maximums. Agreed upon pricing includes Single Case Agreements, Bundled Pricing or Cash Pay Opportunities.

- Open Enrollment Dates: Friday, November 6th to Sunday, November 15th (PASSIVE ENROLLMENT)

MEDICAL COVERAGE

Spooner offers two medical plan options through Benefit & Risk Management Services (BRMS). Please take the time to understand the features and differences of each plan so that you choose the coverage that is best for you and your family.

If utilizing Plan A (DPC Plan), you must use your DPC Provider for illness or injury office visits. They will coordinate care with a specialist after their examination to ensure coordination of care is taking place.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

Services	Plan A (DPC)	Plan B (Non-DPC)
Preventive care	100% Covered	100% Covered
Office visits (primary care)	$0 Copay at DPC Provider $50 Copay Pediatric and OBGYN $75 Copay All other PCP Providers	$50 Copay
Specialist	$50 Copay	$75 Copay
Emergency Room	$400 Copay, then deductible and coinsurance, copay waived if admitted	$400 Copay, then deductible and coinsurance, copay waived if admitted
Urgent Care	$200 Copay	$200 Copay
Lab/X-Ray/Imaging *subject to tier 2 pricing	Coinsurance after deductible $0 if referred by DPC	Coinsurance after deductible
Inpatient hospital *subject to tier 2 pricing	Coinsurance after deductible	Coinsurance after deductible
Outpatient hospital *subject to tier 2 pricing	Coinsurance after deductible	Coinsurance after deductible
Rx (generic/preferred/brand/specialty)	$0 for Preventative/Tiered Copay Structure for generic, brand, specialty	$0 for Preventative/Tiered Copay Structure for generic, brand, specialty

MEDICAL COVERAGE

NEW! Plan Design for Facility Charges Only

There will be a Tier 1 and Tier 2 benefit change for facility claims only.

Before planned facility care, work with ClaimDOC to secure agreed-upon pricing. This includes Single Case Agreements, Bundled Surgical Services and Cash Pay Reimbursements. When you have an upcoming procedure, request a written pre-service estimate of the total expected billed charges and proposed services, including any applicable procedure codes and expected facility and professional charges, from your providers office. This will be used to evaluate facility options that can reduce your out-of-pocket cost.

When agreed upon pricing is completed, the facility claim will process under Tier 1 benefits, for lower out of pocket cost. If not, facility claims will default to Tier 2 benefits for higher out of pocket cost.

Plan Accumulators	PLAN A (DPC)	
	Tier 1 Provider Claims	Tier 2 Facility Claims
Deductible (individual/family)	$500 / $1,000	$3,000 / $6,000
Out-of-pocket maximum (individual/family)	$6,000 / $12,000	$8,000 / $14,000
Coinsurance	20%	30%

Plan Accumulators	PLAN B (Non-DPC)	
	Tier 1 Provider Claims	Tier 2 Facility Claims
Deductible (individual/family)	$3000 / $6,000	$6,000 / $12,000
Out-of-pocket maximum (individual/family)	$9,000 / $18,000	$12,000 / $24,000
Coinsurance	20%	30%

Premiums	PLAN A (DPC)	PLAN B (Non-DPC)
	Cost per pay period	Cost per pay period
Employee Only	$75.00	$95.00
Employee + Spouse	$240.00	$275.00
Employee + Child(ren)	$240.00	$240.00
Employee + Family	$345.00	$380.00

BRMS
Third Party Administrator (TPA)

Benefit and Risk Management Services (BRMS) is Spooner's NEW Third Party Administrator (TPA). They are responsible for processing eligibility and claims, help with customer service inquiries, such as insurance verification or ordering a new medical ID Card, and can help you best utilize your medical benefits. For any medical benefit related questions, please call 888-245-5067.

How do I Contact BRMS? 888-245-5067

What are BRMS' hours? 7:00am-6:00pm PST

Where do I go to access my claims, EOBs and ID cards?
Visit www.myhealthbenefits.com

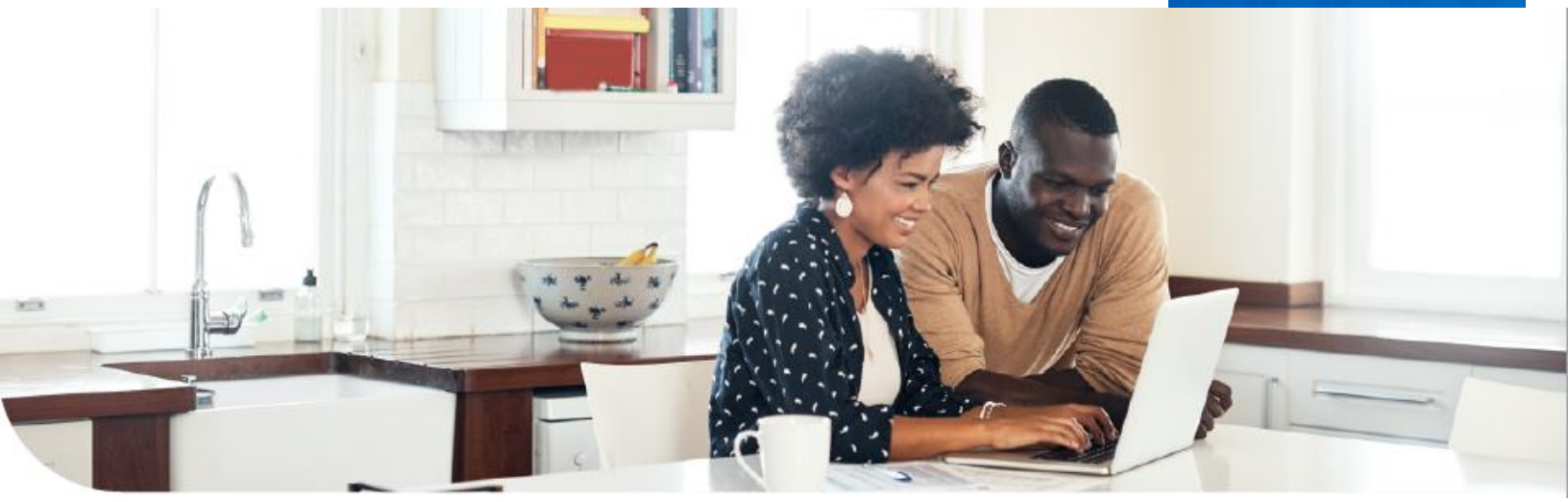
QR CODE to My Health Benefits

My Benefits through BRMS:

- Medical benefit and coverage questions
- How to find a provider
- Obtaining a new or additional ID card
- Accumulator verification: deductible and out-of-pocket questions
- Access copies to Summary Benefit Coverage (SBC) and Summary Plan Document (SPD) for medical plans
- Request Self-Pay Reimbursements
- Questions about our website, portal, or mobile apps



BRMS
Third Party Administrator (TPA)



MyHealthBenefits.com

New User Registration

With MyHealthBenefits®, you have access to an all-inclusive resource library, current benefit information, digital ID cards, our pricing comparison tool, and much more! Log into myhealthbenefits.com to take advantage of these tools.

Registering for your new MyHealthBenefits account is required in order to view and manage your benefits. This reference guide will walk you through how to register for an account. Follow the steps below to complete your registration.

REGISTERING FOR A NEW ACCOUNT

1. In your web browser, enter www.myhealthbenefits.com.
2. You will be directed to the benefits system login page. All users will be required to go through the registration process to create a new username and password.
3. To register for an account, click Create New Account.
4. Complete the registration process. You will be required to validate your account with an active email address.
5. Once your email address has been validated, your account will be successfully verified.
6. Click Log In to enter your account credentials.
7. Enter your username and password, and the system will prompt you to validate your identity by entering a code (sent via phone call, text message or email). *Note: This second step in the authentication process will be required every time an attempt to access your account is made from a device the system does not recognize.*
8. Upon completing the multi-factor verification, you will be taken to your MyHealthBenefits dashboard.

Building Trusted and Valued Relationships

MEDICAL COVERAGE

14-Day Pre-Approval

If you are planning a non-urgent, non-emergent service or procedure, you must call BRMS at least 14-days prior to your scheduled service date and receive pre-approval. If you do not receive pre-approval, your service or procedure will not be covered by the Plan. **Contact BRMS at 888-245-5067** for pre-approval.

NEW! Plan Design for Facility Charges Only

There will be a Tier 1 and Tier 2 benefit change for facility claims only.

Before planned facility care, work with ClaimDOC to help secure agreed-upon pricing. This includes Single Case Agreements, Bundled Surgical Services and Cash Pay Reimbursements. When agreed upon pricing is completed, the facility claim will process under Tier 1 benefits, for lower out of pocket cost. If not, facility claims will default to Tier 2 benefits for higher out of pocket cost.

The next page includes a HOW TO for steps on how to start the process for planned facility care.

Identification Cards

Once you enroll you will receive a welcome packet from with your identification card. If you misplace or need a new card, call **BRMS at 888-245-5067**

Online Services

To help you make the most of your healthcare benefits, it pays to be involved, aware and in control. BRMS offers a secure member website: www.myhealthbenefits.com

Also available as an online mobile experience on IOS and Android via mobile browser.

Direct Primary Care

Enrollment in the medical Plan A: DPC Plan includes direct access to your own personal primary care physician through Ark Family Health in Arizona and Mid Cities DPC in Texas.

SigmaMD ARK Family HEALTH

Your Mobile App for Continuous Care

For Ark Family Health members, please download the SigmaMD App for access to:

- Secure messaging and chatting
- Virtual appointments
- Self- scheduling
- Access to your medical records
- Educational information
- And much more…

Download on the App Store

GET IT ON Google Play

Other Coverage Options

In addition to Spooner's medical plan, you may have other coverage options available to you. These may include coverage on a spouse's plan, Medicaid/ CHIP or the federal and state public exchanges. To learn more about these last two options, including how to apply, visit Healthcare.gov or InsureKidsNow.gov.

SPOONER

FACILITY CARE: GET THE MOST FROM YOUR MEDICAL PLAN

Tier 1 vs. Tier 2 — and how ClaimDOC can help you access lower cost-sharing

THE KEY THING TO KNOW

New Plan Design Set Up for Facility Claims ONLY

Before planned facility care, work with ClaimDOC. If ClaimDOC helps secure agreed-upon pricing, the facility claim can process under Tier 1 — with a lower deductible, coinsurance and out-of-pocket maximum.

1 TIER 1

Agreed-upon facility pricing secured

How pricing may be arranged:

- Single Case Agreement
- Bundled surgical service
- Cash-pay arrangement

RESULT: Lower member cost-sharing

2 TIER 2

Default for facility claims without agreed-upon pricing

If you use a facility without coordinating agreed-upon pricing, facility charges will default to Tier 2.

RESULT: Higher deductible, coinsurance and out-of-pocket maximum

WHAT TO DO BEFORE PLANNED FACILITY CARE

1 Call BRMS

For non-urgent/non-emergent care, obtain required pre-approval at least 14 days before your scheduled service.

2 Connect with ClaimDOC

Tell your Member Advocate what service you need and where you are considering receiving care. CPT codes from your provider will be required to obtain treatment pricing for evaluation.

3 Let ClaimDOC Pave The Way

ClaimDOC can help identify a facility and work toward agreed-upon pricing so eligible facility claims can receive Tier 1 benefits.

WHY TIER 1 MATTERS

Tier 1 reduces your cost-sharing for facility services.

OPEN ACCESS PLAN

Tier 1: $3,000 individual deductible | 20% coinsurance
Tier 2: $6,000 individual deductible | 30% coinsurance

DPC PLAN

Tier 1: $500 individual deductible | 20% coinsurance
Tier 2: $3,000 individual deductible | 30% coinsurance

NEED HELP? START HERE

ClaimDOC Fair Payment Solutions for Health Plans

ClaimDOC Member Advocacy
888.330.7295 • portal.claim-doc.com

brms

BRMS — Pre-Approval & Plan Questions
888.245.5067 • myhealthbenefits.com

Important: This flyer is a summary. Refer to your official plan documents for complete terms, coverage, limitations and exclusions. For emergencies, seek appropriate emergency care.

ClaimDOC

Member Advocacy Support > PAVE THE WAY

Your medical plan provides you with member advocacy support through ClaimDOC. The ClaimDOC Member Advocates are here to help you navigate your health plan and assist you with:

- **Introducing the Medical Plan to Your Current Provider:** An unfamiliar health plan can cause unnecessary stress for you and your provider. Allow ClaimDOC to make the introduction and ensure your provider has your new insurance information BEFORE your appointment.
- **Finding a Doctor or Facility for your Medical Treatment:** ClaimDOC will help find a primary care physician, specialist, lab, radiology facility, or other providers to meet your healthcare needs.
- **Finding a Less Costly Health Care Provider:** ClaimDOC will help you find high-quality providers for non-emergent services, such as mammograms and elective surgeries, who are more cost-efficient than providers in hospital setting.
- **Understanding Your Bill:** Deciphering a bill and Explanation of Benefits (EOB) can be confusing. Send the EOB to ClaimDOC for review and they will ensure you do not pay more than your Patient Responsibility.

Example

Your wrist is injured during a pickleball game so you visit a local urgent care clinic.
You're treated by an urgent care doctor and the office submits the claim to your medical plan.

EXPLANATION OF BENEFITS

Urgent Care Visit		$300
Insurance Discount	-$162	
Plan Payment	-$118	
Patient Responsibility		**$20**

URGENT CARE INVOICE

Billed		$300
Insurance Discount	$0	
Plan Payment	$118	
Amount You Owe		**$182**

The Patient Responsibility is $20 but the provider's bill is $182; this is a balance bill. You are not liable for any amount over your patient responsibility. You should only pay the $20 patient responsibility, NOT the provider's invoice. If the provider continues to send bills or other communication regarding the balance bill, immediately inform ClaimDOC.

Pave the Way®

With ClaimDOC, you're never alone. The member advocate team is here to guide you every step of the way, helping you unlock the full potential of your plan's innovative features.

Open Access: More Choices For You and Your Family

Your open access medical plan gives you the freedom to choose any provider you wish, whether it is a primary care physician, specialist, clinic or facility. All benefits are paid at the same level and there are no out-of-network penalties. As long as your provider agrees to submit claims to your plan administrator, you are only responsible for applicable copays, coinsurance and deductible.

Proactive Provider Outreach

Pave the Way® is ClaimDOC's proactive healthcare provider outreach program, which begins during implementation — before the effective date — and continues throughout the duration of the medical plan. Pave the Way is initiated when you submit a provider nomination. A ClaimDOC member advocate will then contact the provider to ensure they have the information they need for your medical plan. Completing the Pave the Way process before your first appointment ensures a seamless transition to this plan.

Nominate Your Provider

The portal is the quickest way to nominate providers and start Pave the Way. Once registered, nominate any provider you or family members on the plan may use.



PIN: SP85260

Submit a Provider Nomination Form

portal.claim-doc.com/guest

Call a Member Advocate
888-330-7295

Email a Member Advocate
membersupport@claim-doc.com

Hours of Operation
Monday – Friday 7 AM – 6 PM CST

MEDICAL COVERAGE
HOW PAVE THE WAY WORKS

ClaimDOC
Fair Payment Solutions for Health Plans

1 Before Your Appointment

ClaimDOC explains the plan and claim submissions to providers.
Mutually beneficial patient agreements for specific procedures or periods of time are available if needed. Members should nominate providers through Pave the Way.® Providers can contact ClaimDOC at 888-330-7295 with questions.





2 At Your Appointment

Present your medical plan ID card.

The back of the ID card has information providers will need, including the claims submission address and electronic payor ID for the plan sponsor, Benefit Risk & Management Services (BRMS).

3 After Your Appointment

Review your explanation of benefits.

Members are only responsible for applicable copays, coinsurance and deductible up to the out-of-pocket maximum for the plan year. Remember, if you have any questions about the plan or what to pay, call a member advocate at 888-330-7295.





4 Only Pay Your Patient Responsibility

Don't forget to open your mail and compare the EOB to the bill.
Remember to open your mail and compare the Explanation of Benefits (EOB) to the bill you receive. If the bill is for more than the Patient Responsibility stated on the EOB, call 1-888-330-7295 to speak with a ClaimDOC Member Advocate for guidance. Member Advocates are here to support you!

ClaimDOC Is Here to Help!

888-330-7295

balancebills@claim-doc.com

portal.claim-doc.com

Monday – Friday 7 AM – 6 PM CST

DIRECT PRIMARY CARE (Arizona Members)

Ark Family Health

Spooner is pleased to continue our partnership with Ark Family Health. You have access to a family healthcare provider through your Direct Primary Care membership at Ark. This is included in your medical coverage - Plan A, at no additional cost.

Direct primary care is like having a doctor in the family, one you call at any hour, day or night. Your Direct Primary Care Physician's primary concern is you! And that's the way it should be.

Benefits Include	
Prescriptions	Spirometry
Bloodwork	In Office Procedures
EKG's	MUCH MORE!

NO COST TO YOU! No charge for appointments, in house medications, labs or necessary procedures. These are covered at 100% and you will not receive a bill!

Availability:
Ark Family Health is available in office Monday-Thursday from 8:00am-4:30pm and Fridays from 8:00am-12:00pm. They are available via phone, virtually (though the use of Sigma MD App) or in-office appointments. You can also email them or send them a text message.

24/7 access for urgent needs. This means no more unnecessary trips to the urgent care or long expensive visits to the ER.

Same-day or next day appointments for any urgent problem with little to no waiting.



Meet Ark Family Health

Your own personal physician.

ARK's mission is to give 5 times better care than what you are currently receiving. This is possible by cutting out the middleman and keeping insurance out of primary care.

The average family doctor has 2,500 patients. Patients wait up to 50 minutes in the waiting room, while only spending 5 minutes with a doctor.

Ark Family Health, focuses their time and energy on a smaller number of patients. Meaning, you will receive access to your doctor when you need it in the way you want it. All at no charge to you!

Peoria Location
8514 W Deer Valley Rd #105
Peoria AZ 85382

Gilbert Location
459 N Gilbert Rd A-138
Gilbert, AZ 85234

Call or text anytime!
Including after hours.
623.226.8825

hello@arkfamilyhealth.com

DIRECT PRIMARY CARE (Texas Members)

Mid Cities Direct Primary Care

Spooner is pleased to start our partnership with Mid Cities Direct Primary Care. You have access to a family healthcare provider through your Direct Primary Care membership at Mid Cities DPC. This is included in your medical coverage - Plan A, at no additional cost.

Direct primary care is like having a doctor in the family, one you call at any hour, day or night. Your Direct Primary Care Physician's primary concern is you! And that's the way it should be.

Benefits Include	
Prescriptions	In Office Procedures
Bloodwork	MUCH MORE!
EKGs	

NO COST TO YOU! No charge for appointments, in house medications, labs or necessary procedures. These are covered at 100% and you will not receive a bill!



Availability:
Mid Cities DPC is available in office Monday-Thursday from 8:30am-4:00pm and Fridays from 8:30am-12:00pm. They are available via phone, virtually or in-office appointments. You can also email them or send them a text message.

24/7 access for urgent needs. This means no more unnecessary trips to the urgent care or long expensive visits to the ER.

Same-day or next day appointments for any urgent problem with little to no waiting.

Meet Mid Cities DPC

Your own personal physician.

Mid Cities DPC mission is to give easy access to quality care. This is possible by cutting out the middleman and keeping insurance out of primary care.

The average family doctor has 5,000 patients which means patients wait up to 50 minutes in the waiting room, while only spending 5 minutes with a doctor.
Mid Cities DPC, focuses their time and energy on a smaller number of patients. Meaning, you will receive access to your doctor when you need it in the way you want it.

Mid Cities DPC
1501 Hughes Road, Suite 103
Grapevine, TX 76051

Call or text anytime!
Including after hours.
817.284.9875

admin@mid-citiesdirectcare.com

midcitiesdirectcare.com

PHARMACY BENEFIT MANAGER (PBM)

Prescription Drug Coverage

TrueScripts

Through your medical coverage, TrueScripts provides you pure honest pricing. Their model encourages pharmacies to compete for your business.

Track your prescriptions
TrueScripts makes it easy to keep track of the prescriptions you are taking now and the ones you have taken in the past.

Save Money
TrueScripts will let you know the cost of your prescription at the pharmacies in your area.

Stay informed to stay healthy
With features like keeping an accurate record of your meds, TrueScripts is a partner in your wellness along with you saving you money.

Visit www.TrueScripts.com to check your benefits, search prescription costs and manage your account.

Below are the prescription copays for generic, brand and specialty medications:

1-30 Day Supply:	PPO Copay Tiers
ACA	$0
$1-$50	100%
$50.01-$100	$20 per 30 day fill
$100.01-$200	$40 per 30 day fill
$200.01-$500	$50 per 30 day fill
$500.01-$1000	$100 per 30 day fill
$1000.01-$1500	20% with $300 cap per 30 day fill
$1500.01-$5,000	$300 per 30 day fill

844.257.1955

www.truescripts.com

RxManage

The International Program allows you to order from a formulary of over 250 brand medications from pharmacies in New Zealand, Australia, Canada and England. These countries are classed as Tier One countries (designated by the US Congress) for pharmaceutical supply. All prescription drugs are from Good Manufacturing Practices-certified manufacturing plants. Medications are brand name medications, in original sealed manufacturer's packaging. The medication you receive through this program will be **exactly the same** as what you currently take.

Have a 30-day supply on hand before placing your first order for each medication. Receive your first order 10-15 working days after the order has shipped.

Ordering is easy! You can place your first order online at the website address below, or phone at 1-800-883-8841. Alternatively email us at inquiries@rxmanage.com.

The RxManage call center is open 9am - 9pm Monday to Friday (EST) and 9am - 4pm Saturday and Sunday to answer simple questions or take your orders.

Scan this QR code for new account activation

800.883.8841

www.rxmanage.com

ADYPTATION

PHARMACY SOLUTION & COACHING -Specialty Rx Sourcing

Adyptation is available to members enrolled in the Spooner Medical Plan and prescribed high-cost specialty drugs. This program helps in a couple of great ways!

1. Obtain expensive prescriptions for less – no out of pocket and shipped to your door without delay

2. Optionally, can pair you with health coaches and innovative technology so employees/dependents can get treatments that will have the most impact on minimizing your symptoms

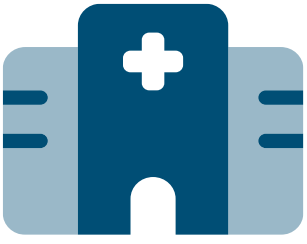
How ADYPTATION works:

- Supplies your high-dollar meds and ships a 90-day supply to your door with no co-pay
- Optionally sets you up with an Oura Ring or Fitbit to track your physical activity and sleep
- Optionally pairs you with a health coach for monthly coaching and health insights
- Optionally arranges a med review with a pharmacist to analyze all your Rx and OTC drugs

Why we picked this benefit program:

We chose ADYPTATION because our health plan wants to give you the medication you need, along with the tools and expert support that can help you or your dependents achieve a health breakthrough!

ADYPTATION will reach out if you are eligible for this benefit. You will have the option to try and then cancel if it doesn't meet your needs.


MEDICAL COVERAGE –IMPORTANT NOTES

Premium Reduction Program – Spooner Educational Seminar Series

Spooner offers a 10% reduction in premiums with the attendance of the Quarterly Medical Plan Education Seminar for both plans.

The premium reduction of 10% starts the first of the month following the seminar through the end of the calendar year. **Covered spouses/domestic partners must attend in order to receive the premium reduction.**

If on Plan A, members can receive an additional 10% premium reduction by having or establishing a relationship with their Direct Primary Care provider. For Plan A participants, this is a total of 20% reduction in premiums.

Contact Human Resources for more information**.**

Pharmacy – Brand to Generic

If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug. There are specific Name Brand prescriptions that have a generic therapeutic alternative.

Refer to the Therapeutic Alternative Drug list. If you do not choose one of these Generic Therapeutic Alternatives, the copay will be 50% of the brand therapeutic alternative drug cost.

ClaimDOC – Member Concierge Services

Your medical plan provides you with member advocacy support through ClaimDOC. The ClaimDOC Member Advocates are here to help you navigate your health plan. ClaimDoc will assist you with finding quality providers, introduce your plan to your current provider, help understand your bill, and balance bill issues.



DENTAL INSURANCE

Ameritas: Dental PPO Base and Buy-Up

Both dental plans include in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose a **Ameritas** network dentist. Locate an **Ameritas** network dentist at **www.ameritas.com**.

The table below summarizes the key features of the dental plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

A visit to the dentist is about more than just a teeth cleaning. By looking in your mouth, your dentist can tell a lot about your overall health. In fact, he or she may be able to identify early signs of disease, such as diabetes, heart disease, kidney disease, and even some forms of cancer, before you even notice symptoms.

	Base Plan	Buy-Up Plan
Deductible (individual/family)	$50/$150	$50/$150
Annual Benefit Maximum	$1,000	$2,000
Diagnostic/preventive Services	100%	100%
Basic Services	80%	90%
Major Services	50%	60%
Orthodontia Services (Child only to age 19)	$1,000 50% Covered	$1,500 50% Covered

Per Pay Period Rates	BASE Plan (Low)	BUY UP Plan (High)
	EMPLOYEE	EMPLOYEE
Employee Only	$12.12	$16.53
Employee + Spouse	$22.08	$30.75
Employee + Child(ren)	$27.64	$45.13
Employee + Family	$42.39	$59.36

VISION INSURANCE

Spooner offers a vision insurance plan through Ameritas, using the EyeMed network. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate a EyeMed network provider at **www.ameritas.com**.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Your eyes are your windows to the world. They are also your eye doctor's windows into your body. Just by looking in your eyes, a doctor can find warning signs of serious diseases and conditions like high blood pressure, high cholesterol, thyroid diseases, and certain types of cancer. In fact, eye doctors are frequently the first to detect signs of abnormal health conditions.

	EyeMed Insight Network
Frequency of Exams/Lenses/Frames/Contacts	12/12/24/12
Exams	$10 Copay
Lenses **Single** **Bifocal** **Trifocal**	 $25 Copay $25 Copay $25 Copay
Frames	$130 Allowance + 20% off balance
Contacts **Evaluation & Fitting** **Medically Necessary** **Cosmetic**	 Up to $40 copay Covered in Full $130 allowance

Per Pay Period Rates	Vision Plan
	EMPLOYEE
Employee Only	$4.10
Employee + Spouse	$8.04
Employee + Child(ren)	$7.29
Employee + Family	$11.24

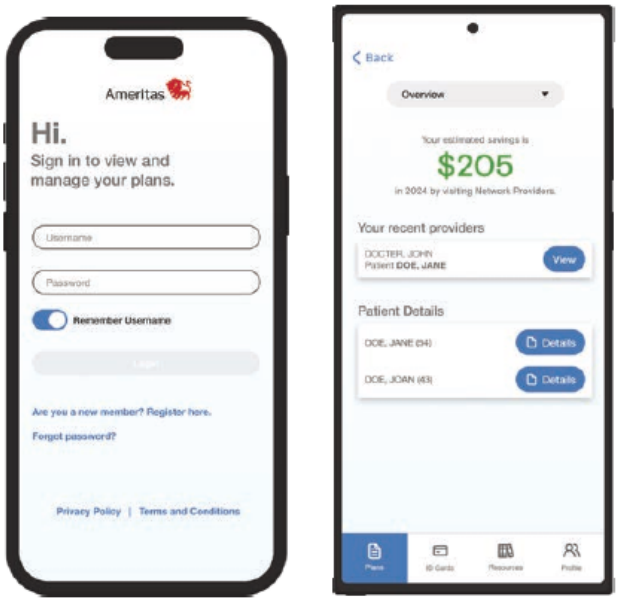


Ameritas Mobile App

Ameritas
fulfilling life.

Download Our App

As a companion to our secure member portal, we've expanded our benefit access options with the **Ameritas Benefits** app. Members can easily search for providers, view dental benefits and processed claims, and access ID cards once benefits become effective.



Available for
iOS and Android

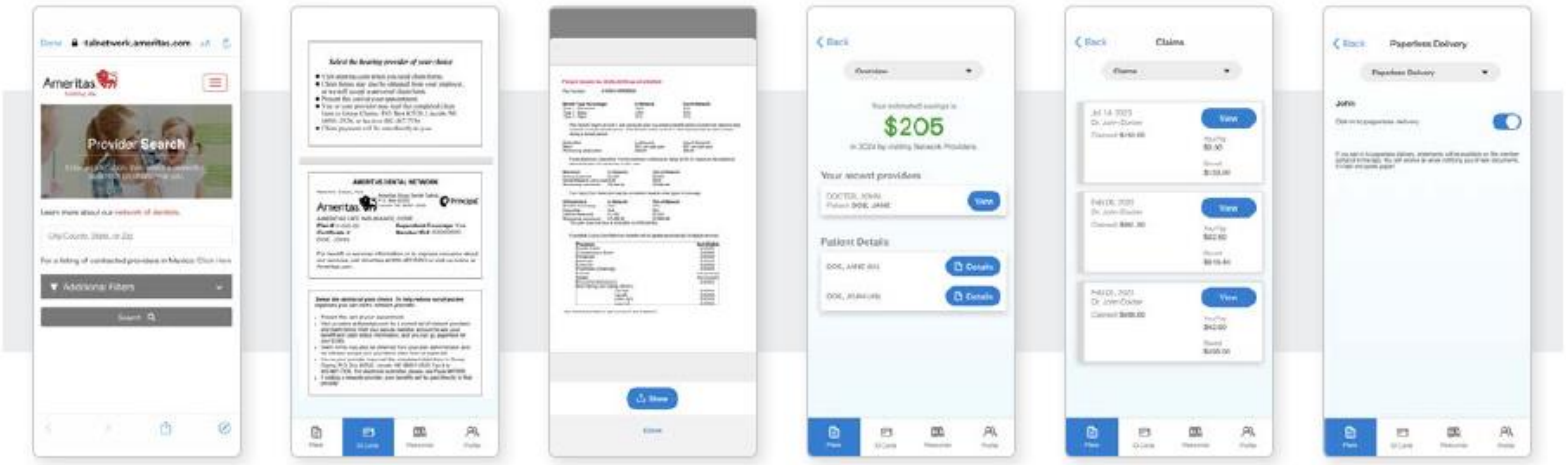
Download on the App Store

GET IT ON Google Play

Download Now

For access, use your Member ID found on your ID card. This may also be your Confirmation Number or SSN.

FEATURES



Find a dentist in your area

*Quickly access all your ID cards**

*Access your benefit information**

View deductible and maximum benefit usage

View and download EOBs

Opt-in to paperless delivery

BASIC LIFE AND AD&D INSURANCE

Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support. Upon your death, your designated beneficiary will receive the life benefit. If you die as the result of an accident, your beneficiary will receive both the life and AD&D benefits.

We provide you with basic life and AD&D insurance at no cost to you.



DESIGNATE A BENEFICIARY

In the event of your death, your beneficiary would receive your Life and/or AD&D proceeds. Designate your beneficiary for your Basic Life and AD&D insurance. You may change this designation at any time. You are automatically the beneficiary on your Spouse and/or Child Life policy.

BENEFIT HIGHLIGHTS	
Effective Date / Waiting Period	All Salaried Employees & Hourly Employees working 20 hours or more/week
Employee Life Benefit Amount	$30,000
Guarantee Issue Amount	$30,000
Employee AD&D Benefit Amount	Same as Life
PLAN PROVISIONS	
Age Reduction Schedule	• 65% of benefit at age 65 • 40% of benefit at age 70 • 25% of benefit at age 75+
Basic Life Accelerated Death Benefit	If you become terminally ill while you are insured by UNUM, you will be paid a portion of your life insurance benefit one time. You may elect 100% of the life benefit, not to exceed $250,000.
Waiver of Premium	If you become and remain totally disabled your life insurance benefit will continue without payment of premium, subject to certain conditions.



SUPPLEMENTAL LIFE/AD&D

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. You have the option to purchase voluntary life and AD&D insurance at group rates through UNUM. You may also purchase voluntary coverage for your spouse and eligible children.

Benefit Option		Guaranteed Issue[1]
Employee	$500,000, in increments of $10,000 but not more than 5x annual salary	$200,000
Spouse/DP	100% of employee's benefit in increments of $5,000 up to $250,000	$35,000
Child(ren)	100% of employee's benefit, in increments of $1,000 up to $20,000 (Refer to Summary of Benefits for Benefit Amount for age 0-14 days, 14days-6 months and 6 months and older up to age 26)	$20,000 (maximum)

EVIDENCE OF INSURABILITY

If you purchase Life and AD&D insurance for yourself or your spouse and/or children when you are first eligible to enroll, you may purchase up to the guarantee issue amounts without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a future open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by UNUM.

BENEFICIARY DESIGNATION

In the event of a death, the Beneficiary would receive the Life and/or AD&D proceeds. Don't forget to designate the beneficiaries for your coverage, your spouse's coverage and/or child coverage.

You may change this designation at any time. You are automatically the beneficiary on your Spouse and/or Child Life policy.

DISABILITY INSURANCE

Spooner offers you the opportunity to purchase short- and long-term disability insurance through UNUM. The amount you pay for these plans is deducted from your paycheck on a posttax basis. This ensures that any benefit payments you receive are not taxed.



SHORT-TERM DISABILITY INSURANCE

Short-term disability (STD) insurance allows you to continue earning a portion of your salary if you are unable to work due to an illness or injury.

- Elimination period: 7 **days (benefits begin on day** 8**)**
- Benefit continues for up to: 12 **weeks** (not including elimination period)
- Benefit amount: 60% **of salary up to a maximum of** $1,500 **per week**

LONG-TERM DISABILITY INSURANCE

Long-term disability (LTD) insurance allows you to partially replace your income in the event you become disabled from injury or illness for a long period of time.

- Elimination period: 90 **days (benefits begin on day** 91)
- Benefit continues up to social security normal retirement age
- Benefit amount: 60% **of salary up to a maximum of** $6,000 **per month**

SHORT-TERM DISABILITY & LONG-TERM DISABILITY

STD and LTD insurance premiums are aged banded. Please see these calculated rates on Paycom at the time of enrollment.

OTHER INSURANCES

Spooner provides you the option to purchase accident insurance and critical illness insurance through UNUM. The amount you pay for these plans is deducted from your paycheck on a post-tax basis. This ensures that any payments you receive are not taxed. Learn more about the accident and critical illness and at www.unum.com

ACCIDENT INSURANCE

Accident insurance is a policy that can help you pay expenses that may follow an accident, including out-of-pocket health care costs. This plan pays benefits if you are injured in an accident, regardless of whether or not you are at work.

KEY FEATURES OF THE ACCIDENT INSURANCE PLAN:

- NEW! $50 per insured Be Well Benefit per year
- You are paid cash quickly.
- The amount you receive is based on your injuries, services provided, and treatment.
- You can use the money for whatever you would like.
- Benefits are not taxed.
- It does not matter what medical plan you have.

MONTHLY RATES	ACCIDENT INSURANCE
Employee Only	$8.36
Employee + Spouse	$13.83
Employee + Child(ren)	$14.80
Employee + Family	$20.27

CRITICAL ILLNESS INSURANCE

Critical illness insurance is a policy that provides a lump-sum, cash benefit if you are diagnosed with a covered illness (e.g., heart attack, stroke, cancer). These diagnoses can cause significant financial burden, especially if you are unable to work while receiving treatment. You can use the money you receive however you would like, including to help you pay your mortgage, pay your deductible, seek experimental treatment, or for any other expenses. The benefit amount you receive is based on the level of coverage you purchase. You may also purchase coverage for your spouse and/or dependent children.

Coverage Options:

- Employee: $10,000, $20,000 or $30,000; guarantee issue: $30,000.
- Spouse: 50% of Employee Coverage Amount; guarantee issue is 50% of Employee Coverage Amount
- Dependent children to age 26: 100% of Employee Coverage Amount; guarantee issue is 100% of Employee Coverage Amount

KEY FEATURES OF THE CRITICAL ILLNESS INSURANCE PLAN:

- NEW! $50 per insured Be Well Benefit per year
- You are paid cash quickly.
- You can use the money for whatever you would like.
- It does not matter what medical plan you have.

*Critical Illness insurance premium will be based on your age and covered family members at the time of purchase/enrollment. Please see these calculated rates on Paycom at the time of enrollment



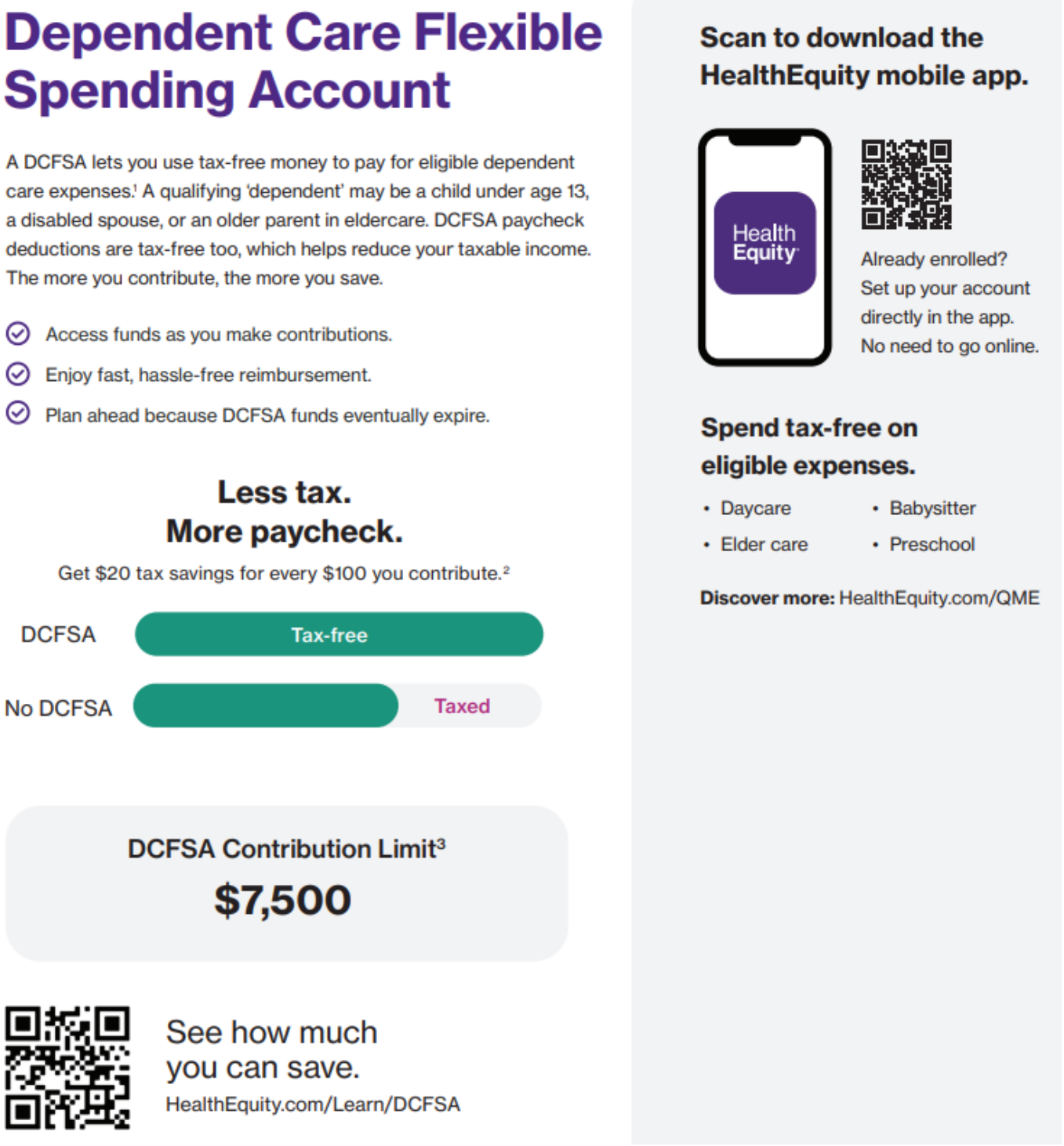
LIFE AND AD&D PREMIUM RATES

MONTHLY VOLUNTARY LIFE AND AD&D COST

	EMPLOYEE RATES PER $1,000
15-24	$0.040
25-29	$0.040
30-34	$0.060
35-39	$0.090
40-44	$0.140
45-49	$0.210
50-54	$0.310
55-59	$0.440
60-64	$0.550
65-69	$0.750
70-74	$0.640
75+	$0.470
Child Life	$0.180 per $1,000; regardless of the number of children
AD&D (Employee)	$0.020
AD&D (Employee + Dependents)	$0.020

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

Spooner offers Dependent Care flexible spending account (FSA) through HealthEquity. The money that you put into an FSA is collected from your paycheck before taxes are withheld, which means you don't pay taxes on those dollars.



EMPLOYEE ASSISTANCE PROGRAM

Spooner provides you and your household family members with an Employee Assistance Program (EAP) at no cost to you. The EAP, powered by Unum, is a valuable resource that can help you identify and resolve many workplace, family, social, economic, and mental health issues.

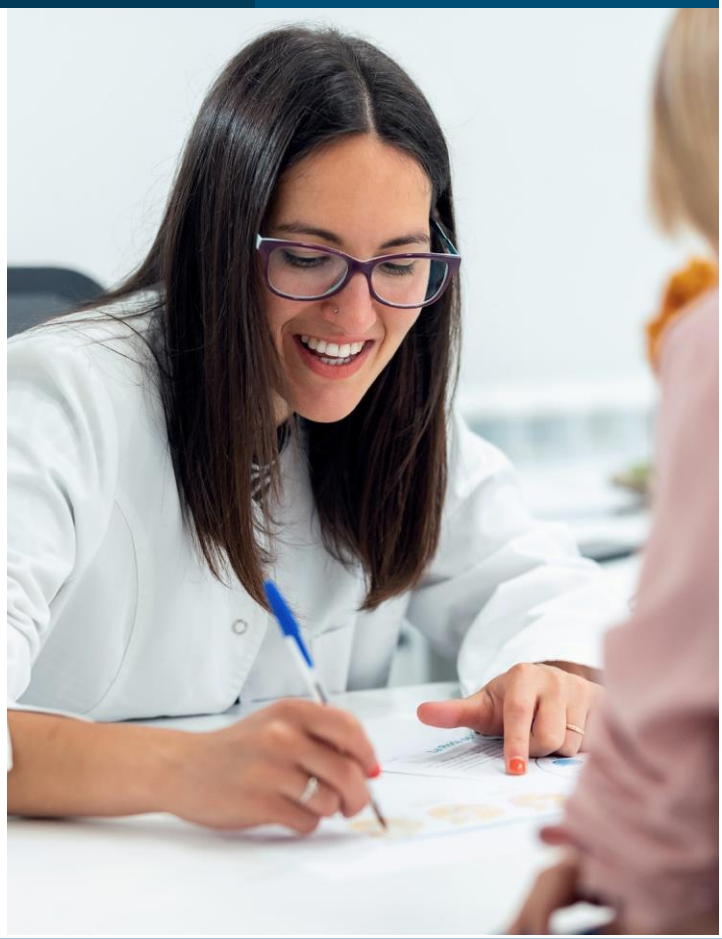
TALK TO A COUNSELOR ABOUT:	CONNECT TO LOCAL RESOURCES FOR:	GET TIPS FOR STAYING HEALTHY:
• Improving relationships • Managing life changes • Improving esteem and confidence • Achieving work-life harmony	• Childcare needs • Caring for an elder • School success • Legal resources	• Sleep practices • Eating well • Finding a gym

EAP BENEFITS

- Completely confidential. Spooner does not receive any information about who contacts the EAP
- Includes 3 Face –to-Face sessions per member, per issue, per year
- Available 24/7/365
- Online resources
- Unlimited phone consultations

CALL OR GO ONLINE FOR HELP WITH:

- Depression
- Conflict resolution
- Drug or alcohol abuse
- Marital or family difficulties
- Legal concerns
- Help finding child and elder care
- Wills and estate planning
- Financial counseling



CALL: 800-854-1446 | WEBSITE: WWW.UNUM.COM/LIFEBALANCE

EAP resources are available for free to you and your household family members.

PET INSURANCE

Spooner provides you with voluntary pet insurance through ASPCA Pet Health Insurance plans. These plans can help you follow your vet's recommendations and worry less about cost. ASPCA Pet Health Insurance plans don't limit you to a network, so you can visit any licensed vet, specialist, or emergency clinic you trust!

Our best plan ever

Complete Coverage℠

With an accident & illness plan provided by the ASPCA® Pet Health Insurance program, you have help choosing the care you want when your pet is hurt or sick. You can take comfort in knowing they have coverage.

Simple to Use

Just pay your vet bill, submit claims, and get reimbursed for eligible expenses! You're free to visit any licensed vet, specialist or emergency clinic in the US or Canada, and you can choose to receive reimbursement by direct deposit or mail.

Exam Fees, Diagnostics, and Treatments for Covered Conditions

- Accidents
- Hereditary Conditions
- Dental Disease
- Illnesses
- Behavioral Issues
- Cancer

Customizable Options

Annual Limit - from $2,500 to unlimited.

Reimbursement Percentage - 90%, 80%, or 70% of your eligible vet bill.

Annual Deductible - select $100, $250, $500

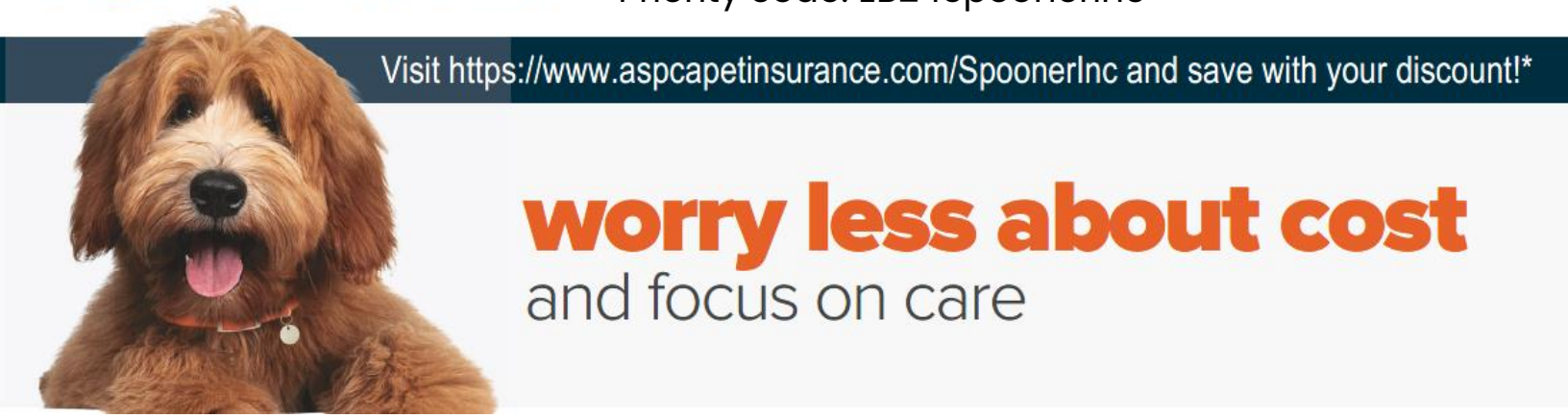
You'll only need to satisfy it once per 12-month policy period.

Add Preventive Care Coverage - Get reimbursed scheduled amounts for things that protect your pet from getting sick, like vaccines, dental cleanings, and screenings for a little more per month.

Select Accident-Only Coverage - If you're just looking to have some cushion when your pet gets hurt, you can choose coverage that only includes coverage for accidents.

ASPCA® PET HEALTH INSURANCE

Apply Now:
https://www.aspcapetinsurance.com/SpoonerInc
Priority code: EB24SpoonerInc



PET DISCOUNT PROGRAM

Spooner offers United Pet Care to all employees. Use the link below to sign up and have access to your pet benefits right away.

It's not insurance!
No Claims, No Deductibles, No Underwriting, No Waiting Periods

No Exclusions
Pets are excluded from our plan due to age, pre-existing conditions, or breed. We take care of every pet!

24/7 pet helpline powered by WhiskerDocs
Members can call or email our vet care helpline without leaving the house to triage any issue their pet is having. After the appointment is over, all results will be sent directly to your preferred vet.

whiskerDocs

Affordable
The United Pet Care program is only $19.50/mo for the first pet and $18.50/mo for each additional pet. No limit on the number of pets covered.





Access a Network of 1,500 Vets in 100+ Cities

(and Growing!)

United Pet Care helps pet parents ensure long and healthy lives for their pets by providing an affordable and accessible pet healthcare membership program.

United Pet Care is NOT an insurance program — meaning it doesn't have the restrictions of an insurance policy.

877.872.8800

www.unitedpetcare.com

United Pet Care

ADDITIONAL INFORMATION

RESOURCES AND CONTACT INFORMATION

DO YOU HAVE A QUESTION ABOUT YOUR BENEFITS?

Review the Benefits Frequently Asked Questions on the **Spooner** Benefits website. Benefits eligibility, enrollment instructions, and plan information is also available on the website.

If you have a general benefit questions, contact Human Resources department at hr@spoonerpt.com.

BENEFITS WEBSITE: https://spooner.benefitsplanguide.com/
ENROLLMENT PORTAL: Paycom

PLAN	PHONE	WEBSITE
Medical – BRMS	888.245.5067	www.myhealthbenefits.com
Direct Primary Care – Ark Family Health (AZ)	623.226.8825	www.arkfamilyhealth.com
Direct Primary Care – Mid Cities (TX)	817.284.9875	www.midcitiesdirectcare.com
Member Advocacy –ClaimDOC	888.330.7295	portal.claim-doc.com
Prescription Drugs- TrueScripts (PBM) RxManage (International Rx)	844.257.1955 800.883.8841	www.truescripts.com www.rxmanage.com
Dental – Ameritas	800.487.5553	www.ameritas.com
Vision -Ameritas	800.487.5553	www.ameritas.com
Life and AD&D –UNUM	800.445.0402	www.unum/claims.com
Voluntary Life and AD&D UNUM	800.445.0402	www.unum/claims.com
Voluntary STD/LTD – UNUM	800.858.6843	www.unum/claims.com
Accident and Critical Illness –UNUM	800.635.5597	www.unum/claims.com
Dependent Care Flexible Spending (DCFSA) – Health Equity		www.healthequity.com
Pet Insurance – ASPCA	877.343.5314	www.aspcapetinsurance.com/SpoonerInc
Pet Care Discount Program – United Pet Care	877.872.8800	www.unitedpetcare.com

ANNUAL NOTICES

Each year, employers that offer health care benefit plans are required to provide specific state and federal notices to employees regardless of their participation in the benefit plans offered. Electronic versions of these notices may be found in Paycom. If you have any questions, please contact the Benefits Department at hr@spoonerpt.com.

SPOONER OVERALL BENEFITS PACKAGE

Benefit	Coverage Levels & Pricing (Per Pay Period)	Who is Eligible	Details
Medical (Plan A)	Employee Only: $75.00 Employee + Spouse: $240.00 Employee + Children: $240.00 Employee + Family: $345.00	All Salaried Employees & Hourly Employees working 30 hours or more/week	Deductibles: Individual: $500 Family: $1,000 Out of Pocket Max: Individual: $6000 Family: $12,000 Plan includes free access to Direct Primary Care services
Medical (Plan B)	Employee Only: $95.00 Employee + Spouse: $275.00 Employee + Children: $240.00 Employee + Family: $380.00	All Salaried Employees & Hourly Employees working 30 hours or more/week	Deductibles: Individual: $3,000 Family: $6,000 Out of Pocket Max: Individual: $9,000 Family: $18,000
Vision	Employee Only: $4.10 Employee + Spouse: $8.04 Employee + Children: $7.29 Employee + Family: $11.24	All Salaried Employees & Hourly Employees working 20 hours or more/week	Eye Exam: $10 copay Frames: $130 allowance + 20% off balance Contacts Eval & Fitting: $40 copay Medically Necessary Contacts: Covered 100% Cosmetic Contacts: $130 allowance
Dental (Base)	Employee Only: $12.12 Employee + Spouse: $22.08 Employee + Children: $27.64 Employee + Family: $42.39	All Salaried Employees & Hourly Employees working 20 hours or more/week	Individual Deductible: $50 Family Deductible: $150 Annual Plan Max: $1,000 Basic Services: Pay 20% after ded. Major services: Pay 50% after ded.
Dental (Buy-Up)	Employee Only: $16.53 Employee + Spouse: $30.75 Employee + Children: $45.13 Employee + Family: $59.36	All Salaried Employees & Hourly Employees working 20 hours or more/week	Individual Deductible: $50 Family Deductible: $150 Annual Plan Max: $2,000 Basic Services: Pay 10% after ded. Major Services: Pay 40% after ded.
Life Insurance	Coverage options for you, your spouse, and your children. Pricing based on coverage amount	All Salaried Employees & Hourly Employees working 20 hours or more/week	**Guaranteed Issued Amounts:** Employee: $250,000 Spouse: $35,000 Child: $20,000
Accident	Employee Only: $8.36 Employee + Spouse: $13.83 Employee + Children: $14.80 Employee + Family: $20.27	All Salaried Employees & Hourly Employees working 20 hours or more/week	Cash Benefit Amounts: Emergency Room Visit: $150 Ground Ambulance Transport: $300 Hospital Stay: $300/day
Critical Illness	Pricing based on coverage amount	All Salaried Employees & Hourly Employees working 20 hours or more/week	**Guaranteed Issued Amounts:** Employee: $30,000 Spouse: 50% of EE Coverage Amount Child: 50% of EE Coverage Amount
Short-Term Disability	Pricing based on salary and age	All Salaried Employees & Hourly Employees working 20 hours or more/week	Income Replacement: 60% Weekly Max: $1,500 Max Benefit Period: 12 weeks Waiting period: 6 months Benefits Begin: 8th day of missed work
Long-Term Disability	Pricing based on salary and age	All Salaried Employees & Hourly Employees working 20 hours or more/week	Income Replacement: 60% Monthly Max: $6,000 Max Benefit Period: Up to normal social security retirement age Waiting period: 12 months Benefits Begin: 91st day of missed work

SPOONER OVERALL BENEFITS PACKAGE

Benefit	Who is Eligible	When Eligible	Details
PTO (Paid Time Off)	All Salaried Employees & Hourly Employees working 30 hours or more/week	Start Accruing Immediately and Use after 90 Days of employment	Accumulation is based on hours worked and length of service
PSL (Paid Sick Leave)	All Employees	Start Accruing Immediately and Use after 90 Days of employment	1 hour PSL/30 hours worked; Use up to 40 hours/calendar year
Holiday Pay	All Salaried Employees & Hourly Employees working 30 hours or more/week	Immediately for salaried employees; after 90 days of employment for hourly employees	6 paid holidays/year
Bereavement Leave	All Salaried Employees & Hourly Employees working 30 hours or more/week	After 90 days of employment	Up to 5 paid days (capped at 40 hours) for an immediate family member or grandparent
Spooner-Paid Life Insurance	All Salaried Employees & Hourly Employees working 20 hours or more/week	First of the month following hire date	Spooner pays for a $30,000 life insurance policy
Continuing Education Funds	Therapists, Therapist Assistants, FIT, PSCs, HQ Staff	After 90 days of employment	$500 - $2,400
401(k)	All Salaried Employees & Hourly Employees working 20 hours or more/week	After 90 days of employment	Spooner matches 3.5% if employee contributes 6%, Fully vested after 2 years (if worked at least 1,000 hours)
Student Loan Repayment	All employees working 30 hours or more/week with eligible student loans	After one (1) year of employment	$100/month after 90 days of employment $200/month after 2 years of employment $300/month after 3 years of employment $437.50/month after 4 years of employment
EE Referral Bonus	All employees	Immediately	$4000 for therapists $300 for headquarters employees $200 for PSCs
Licensure & Certification Fees	All therapists and directors	After 90 days of employment	As needed
CPR	All employees	Immediately	Reimbursed up to $50 for CPR certification

NOTES