

TrueBlue
Employee Benefits

U.S. Associate Employees

trueblue
THE PEOPLE COMPANY®

Here is where to find...

Who is Eligible? 3

How to Enroll 3

Making Changes 3

Enrollment Deadlines 3

What's New For 2026? 4

Medical 6

Prescription Drugs 7

Fixed Indemnity Medical Plans 8

Employee Payroll Contributions 9

Tips for Optimizing Benefits 10

Accessing and Engaging in Your Benefits on the Go 10

Health Savings Account (HSA) 11

Dental 12

Vision 13

Supplemental Health Benefits 14

Life Insurance 16

Disability Insurance 17

Additional Benefits 18

Financial Benefits 19

Glossary of Terms 20

Benefits Overview Videos 21

Contacts 22

Annual notices are available here:
https://online.flippingbook.com/view/632304410/



2026 Employee Benefits Guide

Please read this guide carefully. It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits and the annual enrollment process, contact the TrueBlue Benefits Department through My Service Center for assistance.

Who is Eligible?

If you have worked for us for at least 12 months and are unsure of whether you have met the 1,560 hour requirement, you can access this information by reviewing your work history at theworknumber.com. You will need to register for this free site. Your user ID will be your Social Security number and your password will be your eight-digit date of birth (MMDDYYYY). Our employer code is 10657 or "TrueBlue".

Eligible dependents include:

	Your legally married spouse or domestic partner
	Your children from birth to age 26

(Includes your natural, legally adopted, stepchildren and/or your unmarried dependent children of any age who are mentally and physically disabled or are dependent on you for support).

How to Enroll

NEW FOR 2026 OPEN ENROLLMENT! This open enrollment period will be active, self-service enrollment. This means that you will need to manually log in and select the coverages you desire for next year. Your current coverages will not carry-over. If you don't actively select coverage, you will not have coverage during the 2026 plan year, unless you experience a qualifying life event.

To sign up for benefits, visit the link below to self-enroll or to schedule an appointment with a benefit counselor before the end of your enrollment period.

Self Enrollment: www.memberbenefitlogin.com/tbassociates

Benefit Counselor: tbassoc.mybenefitsappointment.com

Making Changes

Choose your benefits carefully. IRS regulations state that you cannot change your pre-tax benefit options during the year unless you experience a qualifying life event (QLE). Qualifying life events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within 30 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

See page 21 for **Qualifying Life Event** video.

- Major Medical Plans: Eligibility begins the first of the month following 60 days from date of eligibility. For all other benefits, first of the month following 30 days from date of first paycheck.

Enrollment Deadlines

Current Employee	New Hire	Qualified Life Event
ENROLLMENT OPPORTUNITY Annually during the open enrollment period.	**ENROLLMENT OPPORTUNITY** Must enroll within 30 days from effective date.	**ENROLLMENT OPPORTUNITY** Changes must be made within 30 days of life event.
Coverage Effective Date Start of plan year January 1st	**Coverage Effective Date** For Major Medical plans, first of the month following 60 days from date of eligibility. For all other benefits, first of the month following 30 days from date of first paycheck.	**Coverage Effective Date** Date of life event

What's New For 2026?

SELF-SERVICE OPEN ENROLLMENT

This year's Open Enrollment (OE) period, November 10 - 21, 2025, will be self-service, providing you with more flexibility to enroll in your benefits whenever and however it suits you best.

You can enroll online with Benefit Harbor at www.memberbenefitlogin.com/tbassociates or schedule a session with a benefits counselor at tbassoc.mybenefitsappointment.com.

Benefit	Description
Pharmacy with CapitalRx	TrueBlue is partnering with Capital Rx to deliver a more transparent and cost-effective pharmacy benefit experience. Capital Rx uses a national pricing model that eliminates hidden fees and ensures consistent, fair drug pricing. With access to a broad pharmacy network and easy-to-use digital tools, you'll be able to manage prescriptions easily and compare medication costs in real time. This change is intended to improve affordability and give you greater control over your pharmacy benefits.

REMINDERS

Dependent verification required. Additional information on verifying your dependents' eligibility will be provided during your enrollment or by mail.



Medical

www.myuhc.com

833.822.7259

UNITEDHEALTHCARE

Your medical benefits are provided by UnitedHealthcare and include coverage for both in-network and out-of-network providers. You will always receive higher benefit coverage when visiting in-network providers.

Medical	Major Medical Plan		Enhanced Major Medical Plan (HSA Qualified)	
	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible (Individual/Family)	$6,750/$13,500	$13,300/$26,600	$3,000/$6,000	$6,000/$12,000
Out-of-Pocket Maximum (Individual/Family)	$6,750/$13,500	$26,600/$53,200	$6,750/$13,500	$26,600/$53,200
Preventive Care	Plan pays 100% before ded.	50% after deductible	Plan pays 100%	50% after deductible
Primary Physician Office Visit	Plan pays 100% before ded.	50% after deductible	20% coinsurance	50% after deductible
Specialist Office Visit	Plan pays 100% before ded.	50% after deductible	20% coinsurance	50% after deductible
Inpatient Hospital Services	0% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Hospital Services (lab, x-ray, diagnostic)	0% after deductible	50% after deductible	20% after deductible	50% after deductible
Urgent Care	0% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room Care	0% after deductible	0% after deductible	20% after deductible	20% after deductible

Prescription drugs	Major Medical Plan		Enhanced Major Medical Plan (HSA Qualified)	
	In-network	Out-of-network	In-network	Out-of-network
Prescription Drug Deductible	Plan deductible applies		$25 individual, $75 family	
Prescription Drug Out-of-Pocket Maximum	Plan out-of-pocket maximum applies		$1,000 individual, $2,000 family	
Retail (30-Day Supply) (Tier 1/Tier 2/Tier 3/Tier4)	$12/$35/$60/30% after deductible	N/A	$12/$35/$60/30%	N/A
Mail Order (90-Day Supply) (Tier 1/Tier 2/Tier 3/Tier4)	$24/$70/$120/30% after deductible	N/A	$24/$70/$120/30%	N/A

This is a summary of coverage, please refer to your summary plan description for the full scope of coverage.

Medical

www.myuhc.com

833.822.7259

UNITEDHEALTHCARE

Medical benefits provided by UnitedHealthcare are available to employees and include coverage for in-network providers. The Minimum Essential Coverage (MEC) plan provides coverage for preventive services only. The plan covers all preventive services required by the Affordable Care Act (ACA).

Note: Hawaii residents are not eligible to enroll in the Minimum Essential Coverage (MEC) plan.

Medical	Minimum Essential Coverage (MEC)
	In-network
Annual Deductible (Individual/Family)	This MEC is coverage for preventive services only. ● Covers all preventive services required by the Affordable Care Act (ACA) ● Requires use of a UnitedHealthcare in-network provider for services to be covered.
Out-of-Pocket Maximum (Individual/Family)	
Preventive Care	
Virtual Visit through Telehealth	
Primary Physician Office Visit or Virtual Visit	
Specialist Office Visit or Virtual Visit	
Inpatient Hospital Services	
Outpatient Hospital Services (lab, x-ray, diagnostic)	
Emergency Room Care	
Children's Vision Benefits: Eye Exam, Glasses & Lenses or Contacts	

This is a summary of coverage, please refer to your summary plan description for the full scope of coverage.

Prescription Drugs

Capital Rx

NEW
Pharmacy Benefit is CapitalRx for 2026

Transitioning Made Easy!

If you are enrolled in one of the UHC Major Medical plans, Capital Rx will be the new Pharmacy Benefit Manager (PBM) for 2026. TrueBlue is working closely with Capital Rx to ensure a smooth transition for 2026. At TrueBlue, we are committed to offering a high quality of care and service. In partnership with Capital Rx, we strive to deliver the best service and resources to help you and your family make informed healthcare decisions every day.

Welcome to Capital Rx Video: https://cap-rx-2.wistia.com/medias/bimej1kvp0

Capital Rx Open Enrollment website. This site allows you to search for pharmacies and search for your medications on the formulary. https://enrollment.cap-rx.com/liberty

If you have any questions, call the dedicated TrueBlue phone number at 833-202-5951.

What is a PBM?

A PBM is a pharmacy benefit manager. PBMs process prescription drug claims for you and your employer or health plan. Capital Rx collaborates directly with pharmacy providers and drug companies to provide this service. Capital Rx aims to maintain the right balance of drug access and cost savings as part of your plan. If you take one or more medications from the PrudentRx Program Drug List, you'll receive a welcome letter and a phone call from PrudentRx with details about the program and your medication.

See page 21 for **Prescription Drugs: Benefits Overview** video.

Fixed Indemnity Medical Plans

VOYA

Fixed Indemnity Medical Plans provide a fixed daily benefit payment if you have a covered stay in a hospital, critical care unit, or rehabilitation facility. You have the option to elect the Hospital Indemnity Insurance plan that meets your needs, Standard Plan or Preferred Plan. Please note these plans do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Covered Benefits	Standard Plan Daily benefit amount $300	Preferred Plan Daily benefit amount $500
Hospital		
Hospital admission: An admission benefit is payable for the first day of hospital confinement, once per confinement.	$1,500	$2,500
Hospital confinement: A daily confinement benefit is payable for up to 365 days per confinement, beginning on day 2 of confinement.	$300 (1 times the daily benefit amount)	$500 (1 times the daily benefit amount)
Critical Care Unit		
Critical care unit (CCU) admission: An admission benefit is payable for the first day of CCU confinement, once per confinement.	$3,000	$5,000
Critical care unit (CCU) confinement: A daily confinement benefit is payable for up to 30 days per confinement, beginning on day 2 of confinement.	$600 (2 times the daily benefit amount)	$1,000 (2 times the daily benefit amount)
Rehabilitation Facility		
Rehabilitation facility confinement: A daily confinement benefit is payable for up to 30 days per confinement, beginning on day 2 of confinement.	$150 (one-half of the daily benefit amount)	$250 (one-half of the daily benefit amount)
Observation unit daily benefit: A benefit is payable up to 1 day per calendar year, for admission to a hospital observation unit for at least 4 consecutive hours other than as an inpatient.	$250	$350
Non-confinement daily benefits: Benefits may be payable for non-confinement events.		
Follow-up doctor visit $60	$3,000	$100
Outpatient surgery visit $500	$600 (2 times the daily benefit amount)	$1,000
Emergency Room visit $100	$150 (one-half of the daily benefit amount)	$100

Note: Minnesota residents enrolled in an Indemnity plan are required to also have coverage through the Minimum Essential Coverage (MEC) plan. Any employee enrolled in or electing Indemnity coverage, will automatically be enrolled in the MEC plan. Hawaii residents are not eligible to enroll in the Fixed Indemnity plans. Associates are not permitted to enroll in the Fixed Indemnity plans and the Hospital Indemnity plan simultaneously.

Employee Payroll Contributions

MEDICAL - UNITEDHEALTHCARE

Minimum Essential Coverage (MEC) Medical Plan*

Rates	Weekly	Bi-Weekly
Employee	$10.50	$21.00
Employee + spouse	$21.00	$42.00
Employee + child(ren)	$17.64	$35.28
Family	$31.15	$62.30

Major Medical Plan*

Rates	Rate Class 1		Rate Class 2		Rate Class 3		Rate Class 4	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee	$20.01	$40.02	$38.60	$77.21	$55.08	$110.16	$85.86	$171.72
Employee + dependent rates	Weekly				Bi-Weekly			
Employee + spouse	$323.19				$646.38			
Employee + child(ren)	$292.41				$584.82			
Family	$461.71				$923.41			

According to the 2026 ACA affordability guidelines, a plan is considered affordable if you pay no more than 9.96% of your income for associate-only coverage.

Enhanced Major Medical Plan (HSA Qualified)*

Rates	Rate Class 1		Rate Class 2		Rate Class 3		Rate Class 4	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee	$35.01	$70.02	$48.96	$97.91	$69.40	$138.79	$104.97	$209.93
Employee + dependent rates	Weekly				Bi-Weekly			
Employee + spouse	$347.79				$695.57			
Employee + child(ren)	$313.92				$627.85			
Family	$500.15				$1,000.30			

VOYA

Fixed Indemnity Supplemental Medical Plans*

Rates	Standard Plan		Preferred Plan	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee	$13.50	$27.00	$17.84	$35.68
Employee + spouse	$27.85	$55.71	$38.16	$76.32
Employee + child(ren)	$22.83	$45.67	$30.78	$61.56
Family	$37.19	$74.38	$51.10	$102.20

*Deductions for these benefits will be made pre-tax.

Tips for Optimizing Benefits

Pharmacy

- Find an in-network pharmacy or use the drug cost estimator tool by visiting mycapitalrx.judi.health.
- Discount sites like GoodRx and WellRx provide immediate savings. (Please note: Your insurance does not cover prescriptions purchased through these plans.)
- Ask your provider or pharmacist if a generic or mail-order option is available.

Cost Estimator Tool

Doctors and hospitals may charge different amounts for the same service. The UHC cost estimator tool can help you compare costs based on your benefits.

Telemedicine

UnitedHealthcare provides access to telemedicine through the UnitedHealthcare app.

The program allows you to receive the care you need including most prescriptions for a wide range of minor acute conditions. Now, you can consult with board-certified doctors via secure video chat or phone without leaving your home or office.

UnitedHealthcare
member.uhc.com

UnitedHealthcare Mobile App

Use the UnitedHealthcare app to easily access your healthcare information and tools to help estimate costs, manage claims, and find providers — anytime and anywhere.

https://www.uhc.com/member-resources/health-care-tools/UnitedHealthcare-app

Download on the App Store

GET IT ON Google Play

Accessing and Engaging in Your Benefits on the Go

Search your smartphone's App Store and download these free apps:

UnitedHealthcare

Check coverage, search for benefits, manage care, find providers, track medications, and more.

Capital Rx Pharmacy Benefits

Capital Rx members can search medication history, easily identify in-network pharmacies and lookup pharmacy specific information, all in one place.

MyHealth BofA

MyHealth app is the convenient tool to keep track and manage the details of your accounts.

See page 21 for **Prescription Drugs: Tips to Manage Cost** video.

Health Savings Account (HSA)

NEW

BANK OF AMERICA

The 2026 Annual IRS Limits

You May NOT Be Eligible To Receive HSA Contributions If You:

1. Are enrolled in another health plan that is not a CDHP
2. Are enrolled in Medicare
3. Are enrolled in TRICARE
4. Have received medical benefits from VA for any non-service-connected disability at any time during the previous three months
5. Can be claimed as a dependent on someone else's tax return
6. You or your spouse is enrolled in a Medical Flexible Spending Account

1 Title 38 of the United States Code, Section 101(17) defines "non-service-connected" as, with respect to disability, that such disability was not incurred or aggravated in the line of duty in the active military, naval or air service.

How Do I Access / Make Contributions to My HSA?

You are eligible if:

- You are enrolled in the HDHP
- You are not covered by a spouse's plan
- No one else can claim you as a dependent
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life
- You have not received VA benefits in the past 3 months

Once you are enrolled in the Enhanced Major Medical plan, it is up to you to open your Health Savings Account! You can visit myhealth.bankofamerica.com to open an account.

Other HSA Advantages

- You can use the account to pay for qualified healthcare expenses.
- Unspent dollars roll over each year and are yours to keep if you retire or leave the company.
- You can invest your HSA funds, so your available healthcare dollars can grow over time.
- Employees opening an HSA account with Bank of America will have access to their account via online portal, mobile app, and 24/7/365 HSA customer care.

How Much Can Be Deposited into an HSA in 2026?

<55*

- Up to $4,400 for individual
- Up to $8,750 for family

*Not enrolled in Medicare

55+*

The maximum contribution increases by $1,000

*Not enrolled in Medicare

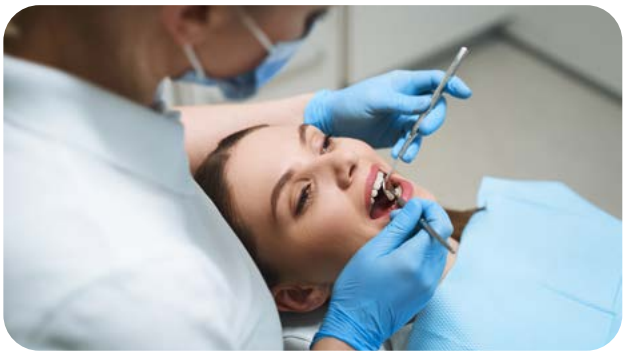
Dental

UNITEDHEALTHCARE

www.myuhc.com

833.822.7259

Dental plans cover diagnostic and preventive care, as well as basic and major services. While you can select any dental provider, you'll usually pay less with an in-network dentist. If you choose an out-of-network provider, you might be billed the difference between what UnitedHealthcare pays and what your out-of-network provider charges for the services. To find an in-network provider, please visit www.myuhc.com.



Dental	In-network	Out-of-network
Annual Deductible (Individual/Family)	$25 / $75	$25 / $75
Annual Maximum Benefit	$500	$500
Preventive	100%	100%
Basic	60%	60%
Major	50%	50%
Orthodontia	Not Covered	Not Covered

Employee Rates	Weekly Rate	Bi-Weekly Rate
Employee	$4.65	$9.30
Employee + spouse	$11.64	$23.27
Employee + child(ren)	$8.37	$16.74
Family	$12.57	$25.13

See page 21 for **Dental** videos.

Vision

www.myuhcvision.com

800.638.3120

UNITEDHEALTHCARE

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the Spectera Eyecare Network of providers who offer you higher benefits at a lower cost. Consider using an in-network provider for the most value when you need services! For out-of-network providers, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit www.myuhcvision.com.

Vision	In-network	Out-of-network
Examination (once every 12 months)	$10 copay	Up to $40
Lenses (once every 12 months)		
Single	$25 copay	Up to $40
Bifocal	$25 copay	Up to $60
Trifocal	$25 copay	Up to $80
Frames (once every 24 months)		
New frames	$25 copay; $120 allowance, 30% off balance over $120	Up to $45
Contact lenses (once every 12 months)		
Contacts (in lieu of lenses)	$25 copay; $120 allowance, 15% off balance over $130	Up to $120
LASIK	LASIK with QualSight LASIK 35% off retail price or 5% off promotional price	
Hearing Aid Discount	Savings on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. Visit www.UHCHearing.com and use promo code MYVISION when placing your order to get the special price discount.	

Employee Rates	Weekly Rate	Bi-Weekly Rate
Employee	$2.03	$4.06
Employee + spouse	$4.02	$8.05
Employee + child(ren)	$3.75	$7.50
Family	$5.73	$11.47

See page 21 for **Vision Insurance** videos.

Supplemental Health Benefits

VOYA

Our medical plans provide comprehensive coverage for a wide range of healthcare needs. However, everyone's needs differ, and that's where supplemental health options come into play. These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through Voya. Please visit https://presents.voya.com/EBRC/TrueBlue or call 800.955.7736 for additional details.

Accident Insurance

After a covered accident, accident plans pay cash benefits directly to you to cover some of the remaining costs your health insurance plan may not cover. You have the option of enrolling in the Low or High accident plan.

The policies include a Wellness Benefit of $60 once per insured person per calendar year. This benefit is payable for wellness tests performed as a result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

Employee Rates	Accident Low Plan		Accident High Plan	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee	$0.98	$1.96	$2.23	$4.46
Employee + spouse	$2.21	$4.42	$4.86	$9.72
Employee + child(ren)	$2.21	$4.42	$4.86	$9.72
Family	$3.44	$6.88	$7.49	$14.98

See page 21 for **Accident Insurance**, **Critical Illness Insurance** and **Hospital Indemnity Insurance** videos.

Critical Illness Insurance

Critical illness insurance helps safeguard your income and personal assets when out-of-pocket costs rise due to a specific illness. The plan covers conditions such as heart attack, stroke, end-stage renal failure, and invasive cancer. You have the option to enroll in the Low or High Critical Illness plan.

This policy also offers a $60 Health Screening Benefit once per insured individual each calendar year. This benefit is paid directly to you if you complete a covered health screening test on or after your coverage start date, performed as part of preventive care, including tests and diagnostic procedures ordered during routine examinations.

Employee Rates	Critical Illness Low Plan		Critical Illness High Plan	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee	$2.46	$4.92	$4.92	$9.84
Employee + spouse	$3.69	$7.38	$7.38	$14.76
Employee + child(ren)	$2.46	$4.92	$4.92	$9.84
Family	$3.69	$7.38	$7.38	$14.76

Hospital Indemnity Insurance

Hospital stays can be costly, even with insurance. Hospital Indemnity plans are designed to offer financial protection by providing a direct benefit to cover out-of-pocket expenses and additional bills that may arise. Lump sum benefits are paid directly to you based on the type of facility and the number of days hospitalized.

This policy includes a Wellness Benefit of $50 once per insured person per calendar year. This benefit is payable for wellness tests performed as part of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

Important: Associates are not permitted to enroll in the Fixed Indemnity plans and the Hospital Indemnity plan simultaneously.

Employee Rates	Hospital Indemnity Plan	
	Weekly	Bi-Weekly
Employee	$2.08	$4.16
Employee + spouse	$4.16	$8.32
Employee + child(ren)	$3.34	$6.67
Family	$5.41	$10.83

Life Insurance

https://www.aflacgroupinsurance.com

800.433.3036

AFLAC

Voluntary Life and AD&D

Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away for a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass away or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated.

	Voluntary Life/AD&D - Low Plan	Voluntary Life/AD&D - High Plan
Benefit Amount	$20,000 for employee $2,500 for spouse $1,250 for children	$30,000 for employee $2,500 for spouse $1,250 for children

Guaranteed Issue: No EOI required

Employee Rates	Life and AD&D Low Plan		Life and AD&D High Plan	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee	$2.63	$5.26	$3.95	$7.90
Employee + spouse	$2.99	$5.98	$4.31	$8.62
Employee + child(ren)	$2.99	$5.98	$4.31	$8.62
Family	$2.99	$5.98	$4.31	$8.62

See page 21 for **Life and AD&D Insurance** and **Disability Insurance** videos.

Disability Insurance

VOYA

These plans give you income protection in the event you are ill, suffer a non-work-related injury, and can't work. If you don't enroll in Disability coverage when it's first available, you may be required to complete an Evidence of Insurability (EOI) form.

Short Term Disability

Low Plan	
Maximum Weekly Benefit	$200
Elimination Period	7 days for accident, 7 days for illness
Maximum Benefit Period	26 weeks

High Plan	
Maximum Weekly Benefit	$400
Elimination Period	7 days for accident, 7 days for illness
Maximum Benefit Period	26 weeks

Employee Rates	Low Plan		High Plan	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee	$6.36	$12.72	$11.72	$23.45

Additional Benefits

Identity and Fraud Protection	
Description	Your identity is more than your Social Security number and credit score. Aura Protection Plus offers proactive protection from threats and scams. The AI-powered solution covers the broad spectrum of identity theft, financial fraud, and digital security in one easy-to-use app. If fraud occurs, our full-service remediation and up to $5 million identity theft expense reimbursement has you covered.
Contact information	MetLife + Aura 844.931.2872 www.my.aura.com/start
Who pays?	Employee

Employee Rates	Identity Theft Protection	
	Weekly	Bi-Weekly
Employee	$2.07	$4.14
Employee + spouse	$3.45	$6.90
Employee + child(ren)	$3.45	$6.90
Family	$3.45	$6.90

Legal Plan	
Description	Every online transaction leaves a trace behind, which can put your credit and identity at risk. MetLife can help monitor your credit and protect your identity. ● General phone advice and office consultations ● Wills and estate planning ● Document review and preparation ● Home and real estate matters ● Debt and identity theft matters ● Family law ● Eldercare
Contact information	MetLife 800.821.6400 https://www.legalplans.com
Who pays?	Employee

Cancer Detection and Genetic Screening	
Description	You and your family members will have peace of mind for the future through Genomic Life. You will have access to proactive genetic tests that will unlock insights into your inherited risks for cancer and other diseases. This includes: ● Genetic Health Screen - An accurate, medical-grade DNA test that analyzes 147 genes to identify a predisposition to developing hereditary cancers, cardiovascular diseases, and additional conditions ● Pharmacogenomics (PGx) - Helps uncover how an individual metabolizes and responds to medications ● Carrier Screening - Identifies a potential risk of having a child affected by a recessive genetic disease ● Precision Cancer Care - Should you or your family member face a cancer diagnosis, our cancer services team will provide personalized support throughout the course of treatment. *Some services are not available to dependent children
Contact information	Genomic Life 844-694-3666 www.genomiclife.com
Who pays?	Employee: Rates vary based upon age and coverage level

Employee Rates	Cancer Detection Plan	
	Weekly	Bi-Weekly
Employee: Under 50	$4.15	$8.30
Employee + spouse: Under 50	$8.30	$16.60
Employee: 50-64	$5.08	$10.16
Employee + spouse: 50-64	$10.16	$20.32
Employee: 65+	$6.00	$12.00
Employee + spouse: 65+	$12.00	$24.00

Auto & Home Insurance	
Description	Farmers GroupSelect helps you save money on the benefits you need, with group discounts and convenient payment options. By switching your auto insurance to Farmers GroupSelect, you may save an average of $55 a month. Farmers also offers recreational vehicle (RV), boat, and Personal Excess Liability Protection insurance. Home insurance protects your most valuable assets. Farmers offers a range of home insurance solutions to balance costs with employees' needs.
Contact information	Farmers www.myautohome.farmers.com (use TRUEBLUE INC) 800.438.6381

Financial Benefits

Employee Discount Programs		
Description	Your work-life balance and general well-being are as important to us as the work you contribute. That is why we are excited to offer you these savings marketplaces. Access national and local discounts on the brands you know and love. Browse deals for child and senior care services; gyms and nutrition plans; automotive services and care rentals; travel and hotels; computers and cell phones; theme parks or movie tickets and restaurant - even grocery coupons!	
Contact information	LifeMart discountmemberlifecare.com (Registration Code: 1TB)	MyLife Savings Marketplace trueblue.savings.workingadvantage.com

Glossary of Terms

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan covers a certain percentage of the total cost of service/care, and you are responsible for the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is $1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the $1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): This type of medical plan requires that members reach a deductible prior to having services covered by coinsurance. All expenses paid by a member count toward the deductible and out-of-pocket maximum.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

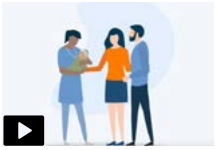
OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

See page 21 for **Benefits Key Terms Explained** and **Medical Plans: HDHP** videos.

Benefits Overview Videos

Scan the QR codes or click anywhere to watch.

Qualifying Life Events



Prescription Drugs: Benefits Overview



Prescription Drugs: Tips to Manage Costs



Accident Insurance



Critical Illness Insurance



Hospital Indemnity Coverage



Dental Insurance



Vision Insurance



Life and AD&D Insurance



Disability Insurance



Benefits Key Terms Explained



Health Savings Account (HSA)



Minimum Essential Coverage



Contacts

Medical Plan(s)

UnitedHealthcare

Member services: 833.822.7259
Website: www.myuhc.com

Prescription Services

Capital Rx

Member services: 833.202.5951
Website: https://mycapitalrx.judi.health/

Dental Plan

UnitedHealthcare

Member services: 833.822.7259
Website: www.myuhc.com

Vision Plan

UnitedHealthcare

Member services: 800.638.3120
Website: www.myuhcvision.com

Health Savings Account (HSA)

Bank of America

Member services: 800.718.6710

Website: https://myhealth.bankofamerica.com

Voluntary Life/AD&D Insurance

Aflac

Member services:
800.433.3036
Website: https://www.aflacgroupinsurance.com

Base Short Term Disability & Supplemental Health Insurance (Fixed Indemnity/ Accident/Critical Illness/ Hospital Indemnity)

Voya

Member services: 800.955.7736
Website: https://presents.voya.com/EBRC/TrueBlue

Cancer Detection & Genetic Screening

Genomic Life

Member services: 844.694.3666
Website: www.genomiclife.com

Legal Plan

MetLife

Member services: 800.821.6400
Website: www.legalplans.com

Identity & Fraud Protection

MetLife & Aura

Member services: 844.931.2872
Website: www.my.aura.com/start

Auto & Home Insurance

Farmers

Member services: 800.438.6381
Website: www.myautohome.farmers.com

Employee Discount Programs

LifeMart

Member services:
discountmember.lifecare.com
(Registration Code: 1TB)

MyLife Savings Marketplace

Member services:
trueblue.savings.workingadvantage.com

Annual notices are available here:
https://online.flippingbook.com/view/632304410/

Support Line

Member Services
866.299.6738

General Website
http://www.memberbenefitlogin.com/tbassociates

Notes

Notes







The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.