



Welcome to your FlexWork benefits



**2026 enrollment guide for
True Blue Inc.**

Welcome

This enrollment guide will help you learn more about your health benefits and choose the plans that best fit your needs. You'll also have a chance to explore additional wellness programs and resources, many of which are included in your plan at no extra cost.

What coverage is available?

Your UnitedHealthcare FlexWork® benefits are designed to help you care for your health with:

- Preventive medical plan

Who is eligible to enroll?

Benefits are available to employees and their eligible dependents. Employees must be covered to elect dependent coverage.

Answers and support



UnitedHealthcare FlexWork

1-855-892-2401

Monday–Friday

7:30 a.m.–8 p.m. CT



Learn more about your
FlexWork Plan

uhc.care/TrueBlueBrainshark

FlexWork Preventive Medical Plan, Minimum Essential Coverage

UnitedHealthcare FlexWork Preventive Medical Plan, Minimum Essential Coverage (MEC) is a limited medical plan designed to make being healthier more accessible and affordable. The plan covers preventive services¹ at no cost to you.

Key features



\$0 cost benefits

- Health care reform preventive services and medications¹
- Unlimited \$0 copay Emotional Support Line visits
- Optum Perks™ Discount Pharmacy Card
- MedCents Advocacy bill negotiation services for non-covered medical bills



Benefits from day one

- All benefits are effective on your first day of coverage
- Medical and preventive pharmacy benefits included



Nationwide provider and pharmacy access

- UnitedHealthcare Choice network
- 1.7 million+ medical providers and facilities²
- 75,000+ pharmacies³
- Plan covers services rendered by network providers and pharmacies only. Out-of-network services are not covered unless required by law.
- Walgreens® is a preferred pharmacy – you may save more when you use it



Other features



No pre-existing condition exclusions



Member ID card to present to your medical provider



No annual or lifetime dollar limits



Pretax payroll deductions help to lower your taxable income



FlexWork is a limited medical plan and does not provide comprehensive coverage and therefore may not be suitable for everyone.

¹ See complete list of ACA Preventive services within this benefits guide.

² UnitedHealthcare Employer and Individual network statistics, ending Q3 2024.

³ UnitedHealthcare pharmacy network count, accessed December 2021: uhc.com/employer/health-plans/pharmacy/total-cost-management/retail-pharmacy-networks.

FlexWork Limited Medical Plans

Benefit and cost summary¹

Medical plan general description	Limited Preventive Medical Plan	
Deductible, coinsurance	First-dollar coverage; \$0 deductible, 0% coinsurance	
Network access	UnitedHealthcare Choice PPO (medical)	
Covered benefits (in network only ¹)	Member cost	Annual limit
Health care reform preventive services and prescriptions ²	\$0 copay	Visit limits per preventive guidelines
PCP and specialist physician office and telehealth visits	Not covered	
Diagnostic laboratory tests	Not covered	
Minor Diagnostic labs and imaging (Lab, X-ray, etc.)	Not covered	
Urgent care	Not covered	
Major imaging (MRI, PET, CT, etc.)	Not covered	
Emergency room visits Includes radiology, anesthesiology and pathology services	Not covered	
Hospital admissions Includes radiology, anesthesiology, pathology and mental health/ substance use disorder services	Not covered	
Chiropractor, acupuncture	Not covered	
Pharmacy benefits		
FlexWork Limited Pharmacy Benefit	• PPACA \$0 Cost-share Preventive Medications • Retail only, no mail order • Optum Perks Pharmacy Discount Card included	
Weekly deductions ³		
Employee only	\$10.50	
Employee and spouse	\$21.00	
Employee and child(ren)	\$17.64	
Employee and family	\$31.15	

¹ Plan option and cost summary is for illustrative purposes. Official plan documents will prevail over the indications of this benefit guide. See additional disclosures about this plan.

² Refer to the Prescription Drug List to determine eligible \$0 cost preventive drugs.

³ Employee must be covered to elect dependent coverage. Rates are based on covered members' age.

Health and wellness resources

Once your plan becomes active, you'll have access to these wellness programs and health support services, and other useful tools and discount programs – all at **no additional cost to you.**



MedCents Consumer Advocacy

If you're enrolled in any UnitedHealthcare medical plan and receive a bill beyond what your plan covers, MedCents can help. A MedCents advocate will guide you through the necessary steps, negotiate a reduction in your bill or help arrange easier payment terms.



Hearing discounts

UnitedHealthcare Hearing offers access to hundreds of name-brand and private-label hearing aids at significant savings. You'll also get convenient ordering options and personalized care.



Optum Perks Pharmacy Discount Card

Save on medications not covered by your pharmacy plan and get discounts of up to 80% on most FDA-approved medications. perks.optum.com/discount-card.



UnitedHealthcare Discount Marketplace

Find ways to stay healthy and enjoy thousands of negotiated prices on items such as health and wellness, apparel, auto, beauty, personal care, cell phone, virtual learning, electronics, entertainment, everyday savings, flowers and food. Visit flexwork.uhc.com for details.

Preventive care for children and adults

Focusing on regular preventive care can help you—and your family—stay healthier

Preventive care can help you avoid potentially serious health conditions and/or obtain early diagnosis and treatment. Generally, the sooner your doctor can identify and treat a medical condition, the better the outcome.

Under the Affordable Care Act (ACA),* most health plans provide coverage for certain preventive health care services at 100%, without any cost to you. Just obtain your preventive care from a health plan network provider. Diagnostic (non-preventive) services are also covered, but you may have to pay a copayment, coinsurance or deductible.

High-level summary of health care reform mandated preventive benefits – covered at 100% of the allowed amount with \$0 copays, network only

Adults**

Abdominal aortic aneurysm	Screening for adults who are 65–75 years old and have ever smoked
Alcohol misuse	Screenings during wellness examinations, with brief counseling intervention for certain people
Annual wellness exam	Includes flu vaccinations, body mass index assessment and blood pressure for all adults
Blood pressure	Screening for all adults at wellness examination
Cholesterol	Screening for adults who are 40–75 years old
Colorectal cancer	Screening for adults over 45–75 years old
Depression	Screening for adults in a primary care setting
Diabetes	Screening for adults who are 35–70 years old and are overweight or obese, or with history of gestational diabetes
Diet	Behavioral counseling for adults with higher cardiovascular disease risk factors, in a primary care setting
Falls prevention	Counseling for community-dwelling older adults during wellness exam
Hepatitis B virus infection	Screening during pregnancy and for people at high risk
Hepatitis C virus infection	Screening for all adults who are 18–79 years old
Human immunodeficiency virus (HIV)	Screening for all adults
Immunization and vaccinations	Vaccines and immunizations that are FDA-approved and have explicit ACIP recommendations for routine use. For more information, visit cdc.gov/vaccines
Lung cancer screening	With low-dose CT scan with prior authorization for people who are 50–80 years old with a history of smoking 20 packs per year
Obesity	Screening and counseling for all adults at each wellness examination
Sexually transmitted infection (STI)	Behavioral counseling for prevention for adults who are sexually active or otherwise at increased risk, in a primary care setting
Syphilis	Screening for higher-risk adults
Tobacco use/cessation	Screening and behavioral counseling for adults who smoke, in a primary care setting (refer to pharmacy vendor for pharmacotherapy for tobacco cessation)
Tuberculosis	Screening for people at increased risk

*Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age and other health factors. UnitedHealthcare also covers other routine services that may require a copay, coinsurance or deductible. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

** These guidelines are based, in part, on the requirements of the Patient Protection and Affordable Care Act, and recommendations of the U.S. Preventive Services Task Force (USPSTF), the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services, and the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions that may not be covered as a preventive benefit. These guidelines do not necessarily reflect the vaccines, screenings or tests that will be covered by your benefit plan. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

Expanded women's preventive health services	
Bacteriuria	Screening for pregnant women
Breast cancer	Medications for risk reduction (counseling) for women at high risk, but low risk for adverse effects
Breastfeeding	Support, counseling and supplies during pregnancy and after birth. Includes a personal-use electric breast pump.
Cervical cancer	Screenings (Pap smear) for women who are 21-65
Chlamydia/gonorrhea	Screening for sexually active women who are 24 and younger, and older women at increased risk
Contraception	FDA-approved for women, including education and counseling
Domestic violence	Screening for intimate partner violence for women, during wellness examination
Gestational diabetes mellitus	Screening during pregnancy
Hepatitis B	Screening during pregnancy for people at high risk
Human papillomavirus (HPV) DNA test	For women who are 30 and older
Mammography	Mammography screenings
Osteoporosis	Screening for women over age 65 and younger women at increased risk
Perinatal counseling	Perinatal depression counseling for pregnant or postpartum women at risk
Pregnancy counseling	Healthy weight gain during pregnancy counseling with nutritional counseling for pregnant women
Rh incompatibility	Screening during pregnancy
Well-woman visits	Including routine prenatal visits
Children***	
Alcohol, tobacco and drug use	Assessments for adolescents
Anemia	Anemia screenings
Autism and developmental	Screening for children under age 3
Fluoride	Application by primary care physician for children under age 6
Hearing screening	Screening by primary care physician
Immunization and vaccinations	For more information, visit cdc.gov/vaccines
Lead	Screening for children at risk of exposure
Newborn screening	Includes metabolic screening panel, phenylketonuria (PKU), hypothyroid and sickle cell
Obesity	Screenings and counseling for children on promoting improvements in weight
Sexually transmitted infections	Behavior counseling during well-child examination to prevent sexually transmitted infections
Tuberculosis	Screenings for certain children at high risk
Well-child exam	Includes psychosocial, depression and behavioral assessments

Questions?

To find covered preventive medications, visit flexwork.uhc.com and select FlexWork Support at the bottom of the screen

*** Development, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Discuss with your doctor how these guidelines may be right for your child, and always consult your doctor before making any decisions about medical care. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for your specific coverage. Source: Centers for Disease Control and Prevention, Recommended immunization schedules for children and adolescents aged 18 years or younger - United States, 2020, at: <https://www.cdc.gov/vaccines/schedules/index.html>.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: uhc_civil_rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Department of Health and Human Services:

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at:
hhs.gov/ocr/complaints/index.html

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意: 如果您說中文 (Chinese), 我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LŪ'U Y: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تامدخ نإف (Arabic)، قى برعلا ثدحت تنك اذا: هي بنت
مقرب لاصتال اى جري. كل حاتم قى ناجملا قى وغلل ادعاسملا
لى لى جردملا يى ناجملا فتاهلا
كب عصاخلا قى برعلا ققابط

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

است، خدمات امداد زبانی به طور رایگان در اختیارتان
شناسایی شما قی شده تماس توجه: اگر زبان شما فارسی
شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت
بگیری رید.

ध्यान दे: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'qdí ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.



Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

Noninsurance services are offered only on specific lines of coverage and are not insurance. These services may be modified or terminated at any time, may not be available in all states and may vary depending on state laws and regulations. Not available in New York and Washington. Person must reside within the United States. An employee residing in Hawaii or Puerto Rico is not an Eligible Person.

All trademarks are the property of their respective owners.

Benefit summaries are illustrative. For complete coverage details, please review your Summary of Benefit Coverage (SBC) or Summary Plan Description (SPD) document carefully to be sure the plan is right for your needs. This plan has exclusions, limitations and terms under which the policy may be continued in force or discontinued.

UnitedHealthcare FlexWork Limited Medical (MEC) Plans

Plans have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call 1-855-892-2401 or visit flexwork.uhc.com

UnitedHealthcare Hearing is provided through UnitedHealthcare and offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility.

UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

The MedCents Advocacy Program is separate from your health plan, amounts paid for non-covered services will not apply to your health plan's annual out-of-pocket limit.