

Employee Benefits



Exit
Information

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Exit Information


When does benefits coverage end?


Last day of the month	Benefit plan type	Benefit carrier	Continued benefits option employee paid
Coverage ends at 11:59 on the last day of the month that your employment ends	Medical & Dental	Regence	COBRA
	Vision	VSP	COBRA
	Telehealth	Recuro	COBRA
	Fertility Family Forming	Carrot	COBRA
	Type II Diabetes Care	Tula Health	Portable individual plan
	Identity Theft	LegalShield	Portable individual plan
	Therapy, Bloom & Move	Sword	None
	Mental Health	Spring Health	None
	Wellness	WebMD	None
Same day	Benefit plan type	Benefit carrier	Continued benefits option employee paid
Coverage ends at 11:59 on the same day that your employment ends	Group & voluntary life	Guardian	Convert
	Accident insurance	Guardian	Portable individual plan
	Critical illness	Guardian	Portable individual plan
	Hospital indemnity	Guardian	Portable individual plan
	Group AD&D	Guardian	None
	Voluntary STD	Guardian	None
	Group LTD	Guardian	None
	Voluntary LTD	Guardian	None
	Flexible Spending Accounts	NBS	COBRA
	*Submit eligible expenses for reimbursement within 60 days after your termination date. Expenses must be incurred prior to your final day of employment		
*Converted or portable benefit coverage is NOT included in COBRA coverage. Contact benefit carrier directly to discuss possible options for individual coverage, that would then be paid directly by you to the carrier			
401(k) & Health Savings	Benefit plan type	Benefit carrier	Vested savings dollars take with you
Vested savings dollars take with you	Health Savings Accounts	Health Equity	Take with you
	*You may leave your HSA funds with HealthEquity if you choose. You will be responsible for the monthly service fee. To close the account, contact HealthEquity		
	401(k)	Charles Schwab	Vested \$ take with you
	*Company contributions vested funds take with you, non-vested funds are forfeited		

COBRA coverage cost

If you were participating in the medical, telehealth, dental, vision or carrot insurance, you will receive insurance continuation information (COBRA) from **APA Benefits Inc** via US Mail. Through COBRA, you may continue the same coverage as you had for yourself or your covered dependents for up to 18 months (or longer in limited cases in accordance with COBRA). Please contact APA Benefits directly by phone at **(801) 561-4980 x112** should you have any questions upon receiving the information, also if you elect COBRA and have payment or eligibility questions. COBRA rates are listed below.

Medical COBRA Coverage


 Monthly COBRA Medial Cost Traditional \$1,100 Deductible					
Focal Point	<ul style="list-style-type: none"> Employee \$ 687.90 	Value Care	<ul style="list-style-type: none"> Employee \$ 729.63 	Participating	<ul style="list-style-type: none"> Employee \$ 736.58
	<ul style="list-style-type: none"> Employee & Family \$1,817.43 		<ul style="list-style-type: none"> Employee & Family \$1,946.79 		<ul style="list-style-type: none"> Employee & Family \$2,126.47


Monthly COBRA Medial Cost  Health Savings Account (HSA) \$1,600 Deductible					
Focal Point	<ul style="list-style-type: none"> Employee \$ 617.42 	Value Care	<ul style="list-style-type: none"> Employee \$ 653.69 	Participating	<ul style="list-style-type: none"> Employee \$ 704.06
	<ul style="list-style-type: none"> Employee & Family \$1,598.80 		<ul style="list-style-type: none"> Employee & Family \$1,711.22 		<ul style="list-style-type: none"> Employee & Family \$1,867.34

Monthly COBRA Medial Cost Health Savings Account (HSA) \$2,600 Deductible					
Focal Point	<ul style="list-style-type: none"> Employee \$547.33 	Value Care	<ul style="list-style-type: none"> Employee \$ 578.16 	Participating	<ul style="list-style-type: none"> Employee \$ 620.97
	<ul style="list-style-type: none"> Employee & Family \$1,381.54 		<ul style="list-style-type: none"> Employee & Family \$1,477.08 		<ul style="list-style-type: none"> Employee & Family \$1,609.78

Monthly COBRA Medial Cost Health Savings Account (HSA) \$5,000 Deductible					
Focal Point	<ul style="list-style-type: none"> Employee \$487.77 	Value Care	<ul style="list-style-type: none"> Employee \$ 536.02 	Participating	<ul style="list-style-type: none"> Employee \$ 589.62
	<ul style="list-style-type: none"> Employee & Family \$1,276.92 		<ul style="list-style-type: none"> Employee & Family \$1,403.20 		<ul style="list-style-type: none"> Employee & Family \$1,543.53

Telehealth, Vision & Dental COBRA Cost

 Monthly COBRA Cost Telehealth - Vision - Family Planning					
Telehealth Recuro	<ul style="list-style-type: none"> Employee & Family \$ 2.91 	Vision VSP	<ul style="list-style-type: none"> Employee \$ 5.92 	Family Planning Carrot	<ul style="list-style-type: none"> Employee & Spouse \$ 956.25
			<ul style="list-style-type: none"> Employee & Family 16.01 		

Monthly COBRA Cost  Dental			
Base Dental Regence	<ul style="list-style-type: none"> Employee \$ 32.74 Employee & Spouse \$ 68.75 Employee & Children \$ 72.01 Employee & Family \$ 114.65 	Buy-up Dental Regence	<ul style="list-style-type: none"> \$Employee \$ 38.45 Employee & Spouse \$ 80.781 Employee & Children \$ 84.56 Employee & Family \$ 134.64

* Includes the 2% fee for administrative charges to manage the COBRA plans

COBRA process

1. You will receive the official COBRA notification paperwork from APA Benefits at your last known address on file with Clyde Companies approximately three weeks from your last day of employment. If you do not receive the paperwork in a timely manner, please email the Clyde Companies Benefits team at benefits@clydeinc.com
 2. Carefully review the paperwork once it is received.
 3. If you **DO** want to elect COBRA coverage, follow the instructions and timeline as outlined in the COBRA information packet mailed to you. You will need to complete the enrollment forms and send them with your first month's payment to APA Benefits before the due date. **You will not have another chance to enroll.**
 4. If you do **NOT** want to elect COBRA coverage, you can dispose of the notification paperwork and are required to do nothing.
- * **Converted or portable benefit coverage is NOT included in COBRA coverage.** Contact the benefit carrier directly to discuss possible options for individual coverage, this would then be paid directly by you to the carrier.

Additional information and resources

401(k) retirement plan

If you were a participant in the Clyde Companies 401(k) plan, you may call **Charles SCHWAB** at **(800) 724-7526** or access their website at www.workplace.schwab.com for further information regarding your distribution options and to obtain the necessary forms.

Company contributions that are 100% vested are available within your fund balance. Non-vested Company contributions are forfeited upon termination. Clyde Company contributions vesting timeline is as follows: 2 years for 401(k) match and 3 years for Profit Sharing.

You may elect to leave your plan assets in the Clyde Companies plan only if your fund balance is \$5,000 or more. If your balance is below \$5,000, you should transfer your balance out of the Clyde Companies plan as quickly as possible. If you do not make a voluntary decision by the end of the calendar year, that your employment ends, Clyde Companies will cash out your vested account balance to you, and all appropriate state and federal tax and penalty rules would apply.

If you have an outstanding loan, and do not immediately pay the loan in full, the loan balance will be considered a taxable distribution out of the plan, payable to you, and be subject to all appropriate state and federal tax and penalty rules. You will receive a 1099 at year-end to include in your tax filing.

* Please note it can take up to three weeks before Charles SCHWAB receives termination information.

Health savings account (HSA)

If you have a Health Savings Account, you may continue to use the funds for qualified expenses even after you are no longer a Clyde Companies employee. You may choose to leave your HSA funds with HealthEquity, but you will be responsible for the monthly service fee. To close or transfer the account, contact HealthEquity at **(866) 346-5800** or at www.myhealthequity.com.

Flexible spending accounts (FSA)

If you have been participating in the Flexible Spending Accounts, medical and/or childcare reimbursement, you have 60 days past your termination date to submit for reimbursement. Services eligible for reimbursement must be incurred prior to your final day of employment. All remaining funds left after your run-out period are forfeited. You may obtain additional claim forms and check your balance by contacting National Benefits Services (nbs) at **(800) 274-0503** or at www.nbsbenefits.com.

* Please note, if you have a remaining balance in your Health FSA/Dependent FSA after the filing deadline, your balance will be forfeited.

Employee assistance program

All Clyde Companies employees and their family members will continue coverage in the Guardian EAP until 11:59 pm on the last day of the month in which their employment has ended. The EAP contact number is **(855) 239-0743** and the website is www.guidanceresources.com

Group & voluntary life insurance

If you have been covered by our group life insurance plan for at least one year, you may be able to convert to an individual policy by contacting Guardian at **(888) 482-7342** to receive additional information. You must make the request within 30 days of your effective employment end date. We also suggest contacting your personal insurance agent to compare other life insurance options. Benefits terminate at 11:59 pm on the date your employment ends.

Short-term & long-term disability

Benefits terminate at 11:59 pm on the date your employment ends. If you are terminated while receiving disability benefits, your benefits will continue until Guardian deems you no longer eligible.

Voluntary accident insurance

The policy is a limited benefit accident insurance policy which only provides benefits for accidents as defined or other optional benefits described by Guardian. You can request coverage under the portability policy. Your request form and initial premium payment should be submitted within 31 days from the date accident insurance under the prior plan ends. Contact Guardian at **(800) 541-7846** to obtain a Group Accident Insurance Portability form and discuss options for individual coverage.

Critical illness insurance

Critical illness insurance through Guardian critical illness portability policy is available in certain circumstances when insurance under a critical illness insurance plan offered by an employer end. Under Guardian's group critical illness portability policy. Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis. Contact Guardian at **(801) 541-7846** to obtain a Group Critical Illness Insurance Portability form and discuss options for individual coverage.

Hospital indemnity

Hospital indemnity insurance through Guardian's hospital indemnity portability policy is available in certain circumstances when insurance under a accident insurance plan offered by an employer end. Contact Guardian at **(800) 541-7846** to obtain a Group Hospital Insurance Portability form and discuss options for individual coverage.

Legal shield

If you have elected to purchase Identity Theft services benefits and wish to continue your identity theft plan, you may be able to arrange for portable enrollment within 30 days of the date your employment concludes. To apply for portable enrollment, Contact the LegalShield Customer Service team at **(800) 654-7757** and arrange for coverage and payment.

Paid Time Off (PTO) leave

Full-time and eligible employees accrue paid time off (PTO). The following points describe the details of the PTO policy when dealing with separation of employment:

Employees who voluntarily terminate from the company forfeit their accrual status. Employees who are laid off will retain their accrual status unless recall exceeds one calendar year.

- PTO is paid to the employee at straight time, not at the overtime rate.
- Employees who leave the Company are paid out any accrued unused PTO balance in a lump sum.

* Please note individual State may have additional requirements.

Correct address

If your address changes, please complete the attached form and send to the address on the form, Clyde needs your correct address for the following reasons.

COBRA

In order to forward your COBRA paperwork to you promptly, you must keep your address current. If your address changes, please complete the attached form and send to the address on the form.

Final paycheck or W2

If you have any questions regarding your final paycheck or W2, call the Payroll Department directly. In order to forward your W2 to you promptly, you must keep your address current. If your address changes, please complete the attached form and send to the address on the form.

Carrier contact information

- **Regence** - Medical & Dental
Customer Service: 866-240-9580
www.regence.com
- **HealthEquity** - Health Savings Account (HSA)
Customer Service: 877-694-3942
www.myhealthequity.com
- **National Benefits Services** - Flex
Spending, Health Care FSA, Dependent Care FSAS, Limited Dental/Vision FSA (Section 125 Plan)
Customer Service: 800-274-0503
www.nbsbenefits.com
- **Recuro Health** - Telehealth
Customer Service: 855-673-2876
www.recurohealth.com
- **WebMD** - Wellness Program
Customer Service: 8000-865-9051
www.webmdhealth.com
- **Spring Health** - Mental Health
Customer Service: 855-629-0554
www.care.springhealth.com
- **Sword** - Physical Therapy, Bloom & Move Expert
Customer Service: 385-308-8034
www.swordhealth.com
- **Carrot** - Fertility & Family Forming
Customer Service: 888-817-9040
www.get-carrot.com/start
- **APA Benefits Inc.** Consolidated Omnibus Budget Reconciliation Act (**COBRA**)
Temporary extension of health coverage, member covers cost.
Customer Service: 801-561-4980 x112
<http://cobrapoint.benaissance.com/>
- **Clyde Companies Benefits Support**
If you have questions or need further information, please contact the Total Rewards Team at benefits@clydeinc.com or your local HR Team.
- **Tula Health** - Type II Diabetes Care
Customer Service: 855-567-4677
www.tula-health.com
- **VSP** - Vision
Customer Service: 800-877-7195
www.vsp.com
- **Guardian** - Life, Disability Short & Long-Term, AD&D, Supplemental Insurance Accident, Hospital Indemnity & Critical Illness
Customer Service: 888-482-7342
Group ID: 00055294
CO. Paid State FMLA #894859
www.guardianlife.com
- **Charles SCHWAB** - 401(k)
Customer Service: 800-724-7526
www.workplace.schwab.com
- **LegalShield** - Identity Theft Protection
Customer Service: 800-654-7757
www.legalshield.com
- **Soltis** - Retirement Advisors
Customer Service: 800-735-1601
www.solitisadvisors.com
- **Senior Benefits Insurance Services**
Retirement Advisors
Customer Service: 801-523-6081
www.srbenco.com

Address change form

Return the completed form to:

CLYDE Companies Attention:
Total Rewards Department
730 North 1500 West
Orem, UT 84057

Please keep your employee record current. We will send your W-2 to your last address on file. The post office will not forward your W-2.

Company Name: _____

Employee Name: _____

Date of Birth: _____

New Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____