

# WELCOME TO OPEN ENROLLMENT!

Making wise decisions about your benefits requires planning. The best thing you can do is "shop" for benefits carefully, using the tools provided.

Wendy'sprovides our employees with exceptional benefit options to meet your needs and optimize your savings. All changes made within our Open Enrollment period will be effective March 1, 2024.





### WHAT WE OFFER

Wendy's offers many benefits that protect you physically, mentally, and financially. Open Enrollment is the time to make any necessary changes to the following benefits, including the addition or deletion of family members to your plans.



#### Health Reimbursement Arrangement



Congratulations! Your Employer Classic Foods, LLC. has established a Health Reimbursement Arrangement "HRA Plan" to help you pay for your out-of-pocket medical expenses.

The Plan is funded by Employer Contributions. No Employee Salary Deductions are allowed in this plan. If you received a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

#### HOW DO I RECEIVE REIMBURSEMENTS?

During the course of the Coverage Period, you may submit requests for reimbursement of expenses you have incurred. However, you must make your requests for reimbursements no later than 90 days after the end of the Coverage Period.

The Administrator will provide you with acceptable forms for submitting these requests for reimbursement. In addition, you must submit to the Administrator proof of the expenses you have incurred and that they have not been paid by any other health plan coverage. If the request qualifies as a benefit or expense that the Plan has agreed to pay, you will receive a reimbursement payment soon thereafter.

Remember reimbursements made from the Plan are generally not subject to federal income tax or withholding. Nor are they subject to Social Security taxes.

Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at <u>www.participant.nbsbenefits.com</u> for reimbursement.



#### **BUY-DOWN - TRADITIONAL PPO PLAN**

# • Employee must submit all EOB's to NBS to receive the \$1,000 deductible benefit and \$5,850 out of pocket.

#### WHY PARTICIPATE IN AN HRA?

Think of an HRA like a "**Medical Expense Account**". Here are some useful tips:

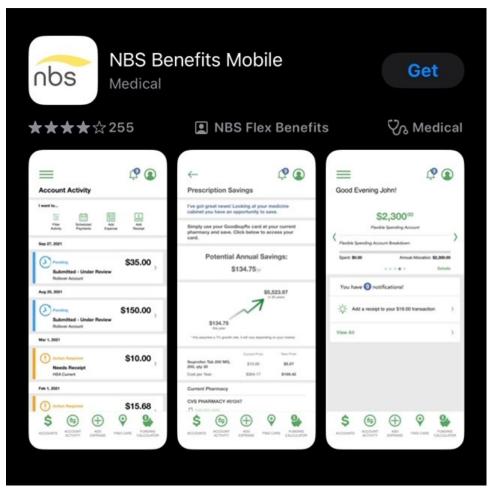
- Classic Foods funds the account for those electing coverage through the Blue Cross of Idaho PPO Plan.
- You will use these funds to pay down your deductible. Money is used specifically for medical deductible.
- Customer Service Center Please contact the NBS customer service center by emailing service@nbsbenefits.com or call (855) 399-3035.
- For more detailed information, contact GBS of Idaho.

HRA Claim Form NBS

### Download the App!

Account access is easy Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and				
account history in r	real time.			
NBS mobil	le app			
View account balances	Submit claims			
View claims	Sedit personal information			
View plan information	View reimbursement history			
🕑 Contact us	Pay providers			

## Apple Device



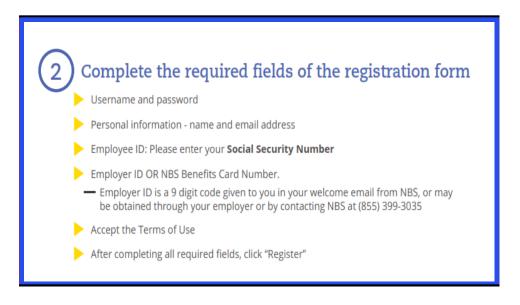
#### Android Device

	NBS Bene	fits Mobile Services, LLC
<b>3.9★</b> 174 reviews ©	<b>10K+</b> Downloads	Everyone ①
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#### About this app

National Benefit Services, LLC

Medical



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Wendy's is renewing with Blue Cross of Idaho. The PPO allows for flexibility to see In-Network and Out-of-Network providers.

You will pay less when using the Blue Cross of Idaho ChoiceDocs and In-Network PPO providers.

#### **PLAN AT-A-GLANCE**

In-Network You Pay	¢				Out-of-Network You Pay			
Calendar Year Deducti (Self / Fan	····· + ··,			\$9,000 Self / \$18,000 Family			9,000 Family	
Out-of-pocket max (Self	/ Famil	ly)	\$8,80	0,	/\$17,600	\$17,6	\$17,600 / \$35,200	
Office Visits								
Primary Care			\$20/\$40	)C	орау		50% AD	
Specialist	\$40/\$60 Copay					50% AD		
Routine Labs	30% AD					50% AD		
Routine X-Ray	30% AD				50% AD			
Mental Health/Subs Outpatient Ser Inpatient Ser	rvices			\$40 Copay, 30% AD		50% AD		
Emergency Room Ambulance (Air or Ground)					50 AD % AD		\$350 AD 30% AD	



### PHARMACY

Deductible	\$500
Tier 1-Preferred Generic Tier 2-Non-Preferred Generic Tier 3-Preferred Brand Name	\$15 copay \$25 copay
Tier 4-Non-Preferred	\$45 copay
Tier 5-Preferred Specialty Tier 6-Non-Preferred Specialty	\$60 AD 30% AD
	50% AD



### **Premiums Blue Cross Class 1**

Status				
Fully Monthly Premium				
Employee Cost Per Month				
Employee Cost Per Pay Period				
Employee				
\$480.00				
\$61.49				
\$28.38				
Employee & Spouse				
\$960.00				
\$122.97				
\$56.76				
Employee +1 Child				
\$912.00				
\$116.44				
\$53.75				

Employee + Children	
\$912.00	
\$116.44	
\$53.75	
Family	
\$1,392.00	
\$177.92	
\$82.12	

### Premiums Blue Cross Class 2

Status				
Fully Monthly Premium				
Employee Cost Per Month				
Employee Cost Per Pay Period				
Employee				
\$480.00				
\$122.97				
\$56.76				
Employee & Spouse				
\$960.00				
\$491.89				
\$227.03				
Employee +1 Child				
\$912.00				
\$452.67				
\$208.93				

Employee + Children	
\$912.00	
\$452.67	
\$208.93	
Family	
\$1,392.00	
\$821.59	
\$379.20	

### Premiums Blue Cross Class 3

Status				
Fully Monthly Premium				
Employee Cost Per Month				
Employee Cost Per Pay Period				
Employee				
\$480.00				
\$122.97				
\$56.76				
Employee & Spouse				
\$960.00				
\$737.83				
\$340.54				
Employee +1 Child				
\$912.00				
\$672.47				
\$310.37				

Employee + Children	
\$912.	00
\$672.	47
\$310.	37
Family	
\$1,392	2.00
\$1,289	0.33
\$595.	08



#### **KNOW YOUR PROVIDER NETWORK**

You have access to specific doctors and facilities within Blue Cross of Idaho Preferred PPO Network. When you access in-network doctors and facilities, you will have the best coverage and savings. If you see providers out-of-network, you will have much higher out-of-pocket costs as they can balance-bill you for the difference.

#### Where Do I Go?

**Preferred PPO Network Providers** 



## **VISION CARE BENEFITS**

Classic Foods offers vision Coverage through Blue Cross of Idaho. Their Vision Care Providers are ready to give you excellent optical care to help you see more clearly.

	ne Network? a Provider	Blue Cross of Idaho Provider Search
	PLAN-A	T-A-GLANCE
	,	Vision Coverage You Pay
General Eye Exan		Copayment, as applicable, then BCI 100% of Maximum Allowance
Prescri ption Glasse s	100% of Maximu Medically Necessa	ayment, as applicable, then BCI pays m Allowance for Basic Lenses and ry Contact Lenses (in lieu of glasses). des Frame allowance of
Elective Contact Lenses	allowance for n	ntact Lens fitting and evaluation and \$130 naterials in place of benefits for Prescribed Lenses and Frame.
	r Services No Eye Exam Vision Lens Bifocals Trifocals Frame Contacts	Dr-Participating Reimbursement Up to \$45 Up to \$45 Up to \$65 Up to \$90 Up to \$47 Up to \$130

#### **USER TOOLS**

**Using Your Benefits** 

After you sign up, we give you simplified access and tools to manage your plan. Download the app or go to the web portal to view cards, find providers, or request a predetermination of benefits.





OF IDAHO

Wendy's recognizes the importance of good oral hygiene and it's overall health benefits. Your mouth is the gateway to the health of the body. That is why Wendy's offers Dental Coverage through Delta Dental.

What's the Network?

#### Delta Dental of Idaho

Find a Provider



Video Link: <u>https://www.youtube.com/embed/2p4SFh1IIIs?</u>

PLAN-AT-A-GLANCE							
PPO/Premier PPO In- PPO 50 Rollover Max Plan Features k You Pay		l Ne	emier In- twor k u Pay	of-Network 'ay			
Calendar Year Deductible \$25/\$50/\$50 Per Person \$75/\$150/\$150 Family							
Annual	Max	\$1,00	20 \$7		750	\$500	
Preventive		100% Covered			0%	20%	
Basic	2	20%	40%			60%	

Major	50	0%	100% 100%					
Dependent Eli <u>c</u>	gibility	Eligib	le children must be	e under age 26				

## **Premiums Delta Dental Class 1**

Status									
Fully Monthly Premium									
Employee Cost Per Month									
Employee Cost Per Pay Period									
Employee									
\$38.24									
\$3.75									
\$1.73									
Employee & Spouse									
\$75.22									
\$7.38									
\$3.41									
Employee +1 Child									
\$68.61									
\$6.73									
\$3.11									

Employee + Children	
\$117.93	
\$11.57	
\$5.34	
Family	
\$154.97	
\$15.19	
\$7.01	

## **Premiums Delta Dental Class 2**

Status								
Fully Monthly Premium								
Employee Cost Per Month								
Employee Cost Per Pay Period								
Employee								
\$38.24								
\$7.49								
\$3.46								
Employee & Spouse								
\$75.22								
\$29.25								
\$13.50								
Employee +1 Child								
\$68.61								
\$25.35								
\$11.70								

Employee + Children	
\$117.93	
\$54.37	
\$25.10	
Family	
\$154.97	
\$76.15	
\$35.15	

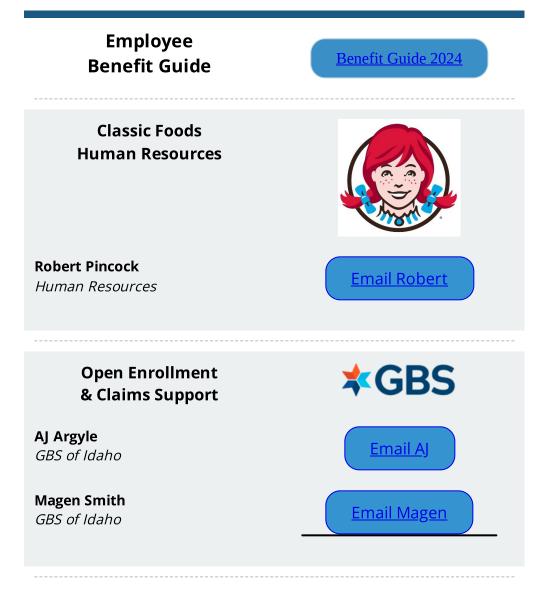
## **Premiums Delta Dental Class 3**

Status								
Fully Monthly Premium								
Employee Cost Per Month								
Employee Cost Per Pay Period								
Employee								
\$38.24								
\$7.50								
\$3.47								
Employee & Spouse								
\$75.22								
\$43.76								
\$20.20								
Employee +1 Child								
\$68.61								
\$37.27								
\$17.21								

Employee + Children	
\$117.93	
\$85.63	
\$39.53	
Family	
\$154.97	
\$121.94	
\$56.28	

# **GOT QUESTIONS?**

Healthcare is confusing! Luckily we have some of the best in the business to help get your questions answered. Here are some resources to point you in the right direction!





## THE END!

## Ready to Enroll?

Contact Human Resources to complete your enrollment.