2023-2024

Employee Benefits



🖸 billtrust

Here's where to find...

Who is eligible?	3
Making changes	3
How to enroll	3
Enrollment deadlines	3
Medical	4
How to be a smart consumer	5
Health savings account (HSA)	6
Flexible spending account (FSA)	7
Dental	8
Vision	9
Employee Contributions	10
Life and disability insurance	11
Additional benefits	12
Additional benefits cont'd	13
Billtrust Match Grant Programs	15
Gym Benefits	16
Glossary of terms	17
Contacts	18

BENEFITS GUIDE 2023-2024

Billtrust appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, please contact <u>benefits@</u> <u>billtrust.com</u>. You can also find more information through our benefits portal, which can be found on <u>HR Central</u> under "Manage my Benefits".

WHO IS ELIGIBLE?

Benefits are available to all full-time employees working a minimum of 30 hours per week and their dependents. New hires are eligible to enroll in benefits on their first day of employment. All employee benefits will become effective on June 1, 2023.

Eligible dependents include:



Spouse or Domestic Partner



Your children from birth to age 26

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

HOW TO ENROLL

To sign up for benefits, visit <u>HR Central</u> and navigate to "Manage my Benefits" under the Myself Menu. Make sure to enroll before your enrollment period ends!

MAKING CHANGES

You may only make changes to your elections during open enrollment each year or during the year if you experience a qualifying event. Qualifying 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 31 calendar 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.

ENROLLMENT DEADLINES

Type of Employee/Dependent Enrollment opportunity		Coverage effective date
Current Employee	Annually during the enrollment period	Start of plan year
New hire	Must enroll within 30 days of hire	Date of Hire
Qualified life event	Changes must be made within 31 calendar days of life event	Date of life event

MEDICAL



EFFECTIVE JUNE 1, 2023, THE MEDICAL PLANS WILL BE ADMINISTERED THROUGH UNITEDHEALTHCARE USING THE CHOICE PLUS NETWORK.

Eligibility

Full-time employees, working at least 30 hours per week, become eligible for benefits on the first of the month following their date of hire.

Dependent Coverage

In addition to electing coverage for yourself, you may elect to cover your spouse, domestic partner, and/or your child(ren) up to age 26 (unless noted otherwise).

Medical Benefits

Coverage, choice, and cost are factors you should consider before selecting a medical plan. There are three available plan options for your selection. A summary of the plans are below. For a complete and detailed description of covered services, please see the plan benefit summaries or SBCs.

Medical Plan Summary

Medical	UHC Choice Plus		UHC Choice	UHC HDHP w/HSA
	In-network	Out-of-network	In-network Only	In-network
Calendar Year Deductible Individual/Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$250 / \$500	\$2,500 / \$5,000
HSA Employer Contribution (see pg]6 for details on the HSA) – Individual / Family	Not applicable		Not applicable	\$750 / \$1,500
Annual Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000	\$6,000 / \$15,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Coinsurance	80%	60%	90%	80%
Physician Office Visits Primary Care Physician Specialist	\$25 copay \$50 copay	Covered 60% ¹ Covered 60% ¹	\$15 copay \$25 copay	Covered 80% ¹ Covered 80% ¹
Preventive Care	\$0 copay	Covered 60% ¹	\$0 copay	Covered 100%
Emergency Care Urgent Care Center Emergency Room	Covered 80% Covered 80%	Covered 60% ¹ Covered 60% ¹	25 copay per visit \$100 copay per visit	Covered 80% ¹ Covered 80% ¹
Inpatient Hospital Services	Covered 80% ¹	Covered 60% ¹ Covered 60% ¹	Covered 90% ¹	Covered 80% ¹
Outpatient Surgery	Covered 80% ¹	Covered 60% ¹ Covered 60% ¹	Covered 90% ¹	Covered 80% ¹
Laboratory and Radiology Services ² In Outpatient Facility	Covered 80% ¹	Covered 60% ¹	Covered 90% ¹	Covered 80% ¹
Prescription drugs	In-network	Out-of-network	In-network Only	In-network
Retail Pharmacy (up to a 30-day supply) Generic Brand preferred Brand non-preferred	\$15 copay \$35 copay \$75 copay	60% (no deductible is applicable)	\$15 copay \$35 copay \$75 copay	Deductible first, then: \$15 copay \$35 copay \$75 copay
Mail order (90-day supply) Generic Brand preferred Brand non-preferred	\$37.50 copay \$87.50 copay \$187.50 copay	60% (no deductible is applicable)	\$37.50 copay \$87.50 copay \$187.50 copay	Deductible first, then \$37.50 copay \$87.50 copay \$187.50 copay

UHC- Finding In-network Providers

To locate United Healthcare providers, visit <u>www.uhc.com</u> and click "Find a Doctor". Choose "Plan through my employer", choose type of provider by clicking on "Find a Provider", "Find a Pharmacy", etc. Make sure you select the UHC Choice Plus network when prompted for the Plan type. Members can call 1.866.633.2446 for more information. Click <u>HERE</u> for information on the UHC mobile app.

HOW TO BE A SMART CONSUMER

Pharmacy

- To find an in-network pharmacy go to <u>welcometouhc.com</u> and click on the Benefits tab, then select Pharmacy Benefits.
- Scroll down to the Learn About Covered Medications section and select the correct formulary you wish to search, for example the Advantage 3-tier).
- Enter the drug name in the search bar or search the index.
- Ask if a generic/mail order is available.
- Generic contraceptives and diaphragms are covered and available at no cost.
- See if your drug has a Patient Assistance Program.

Cost Estimator

UNITEDHEALTHCARE

The UHC Cost Estimator tool is a personalized online tool to help you make more informed healthcare decisions.

- Start with what you need: Look up a symptom, treatment, or test.
- Choose your care path: Learn about the care, cost, and time to treat your condition. The care path allows you to see the appointments, tests and follow-up care involved.
- See the big picture: Learn about the costs ahead of time to help you plan. Create a customestimate based on your plan details and preferred provider facilities.

The UHC Cost Estimator tool is available on the United Healthcare app and <u>myuhc.com</u>.

Mobile App

Register for your personalized website on myuhc. com[®] and download the UnitedHealthcare[®] app. These digital tools are designed to help you understand your benefits and make informed decisions about your care.

Find care and compare costs for providers and services in your network

- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits Connect with providers by phone or videoto discuss common medical conditions and get prescriptions, prescriptions*,* if needed*
- View your health care financial account(s) such as HSA, FSA or HRA
- Compare prescription costs and order refills



Virtual Primary Care

Get to know a PCP, virtually

A primary care provider is the doctor who knows you best, the one you turn to for everything from routine checkups to help with chronic or complex health conditions.

Now, through myuhc.com[®] or the UnitedHealthcare[®] app, you can choose to connect remotely with a virtual PCP — and their team of health care professionals.*

Make an appointment 24/7 to start your virtual primary care relationship today.**

You can see the same virtual PCP for:

- Preventive care
- Follow-up visits
- Checkups for ongoing conditions like asthma, diabetes and more

Find more about virtual primary care by going to <u>uhc.com/virtualvisits</u>

HEALTH SAVINGS ACCOUNT (HSA)

UnitedHealthcare

Optum Financial[®]

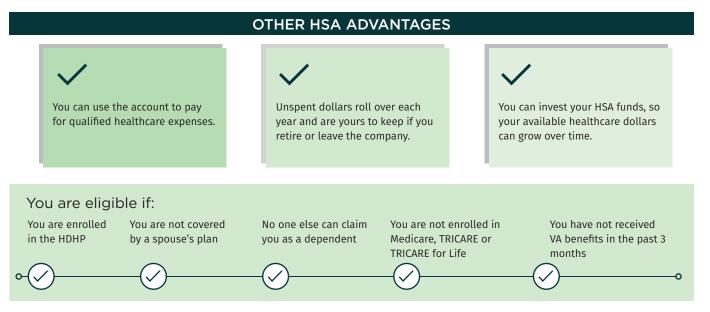
AVAILABLE TO PARTICIPANTS IN THE UHC HDHP PLAN.

A health savings account (HSA) is a tax-advantaged savings account that can be used for your qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions based on your needs.

Did you know an HSA provides triple tax benefits? The money you contribute is pre-tax, and the interest that accumulates in the account is tax-free. In addition, money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses. Like a savings account, you will only be able to withdraw funds that are in the account.

There is also an exclusive offer for United Healthcare clients who add an Optum Financial health savings account. There is a \$0 maintenance fee per account per month and \$25 one-time contribution when the employer and/or employee contributes \$250, Optum Financial will make a one-time \$25 contribution into the employee's Optum Financial HSA

As an added benefit, Billtrust will contribute \$750 for individual and \$1500 for family annually to your account.



How Do I Access / Make Contributions to My HSA?

You can manage your HSA at <u>myuhc.com</u>. You'll set up your payroll contributions during your enrollment period and can make changes at any time throughout the year (although it may take between 1–2 payroll periods for any changes to be processed).

How Much Can Be Deposited into an HSA in 2023?

<55*

Up to \$3,850 for individual
Up to \$7,750 for family
*Not enrolled in Medicare

The maximum contribution increases by \$1,000 *Not enrolled in Medicare



FLEXIBLE SPENDING ACCOUNTS (FSA)



BAKERTILLY

Billtrust lets you redirect a portion of your pay, through payroll deduction, into Flexible Spending Accounts (FSAs). The money that goes into your FSA is deducted from your pay on a pre-tax basis (before Federal and Social Security taxes are applied). Because you do not pay these taxes on money that goes into your FSA, you decrease your taxable income and potentially increase your spendable income. There are two types of FSAs available to you – Health Care and Dependent Care.

Health Care FSA

You may deposit up to \$3,050 per plan year into a Health Care FSA. This type of FSA allows you to pay for IRSallowed health expenses not covered by your insurance with pre-tax funds. Examples of eligible expenses include deductibles, copays, coinsurance, orthodontia, vision care expenses (e.g. eyeglasses or contact lenses), and hearing care expenses (e.g. a hearing exam or a hearing aid).

Limited Purpose FSA (For HSA Participants)

If you are enrolled in a Health Savings Account (HSA), you cannot enroll in a standard Health Care FSA per IRS regulations. However, you can enroll in a Limited Purpose FSA. You can use your Limited Purpose FSA to pay for a variety of dental and vision care products and services for you, your spouse, and your dependents. You may deposit up to \$3,050 per plan year into the Limited Purpose FSA.

Dependent Care FSA

You may deposit up to \$5,000 per plan year into a Dependent Care FSA (\$2,500 if you are married and you and your spouse file individual income tax returns). Eligible expenses include, but are not limited to, payments to day care centers, preschool costs (up to, but not including, kindergarten), after school care, and elder care. Our FSAs are administered by Baker Tilly Vantagen





DENTAL



Billtrust offers you and your eligible dependents the opportunity to enroll in dental coverage through UHC this year. Dental coverage helps you maintain good dental health through affordable options for preventive care including regular checkups and other dental work.

Our dental plan is similar to medical coverage in that, when using a network dentist, your out-of-pocket costs are lower. This is because the network dentists have agreed to charge lower fees, and your plan's network services cover a larger share of the charges. If you choose to use a dentist who doesn't participate in the network, while the benefit is the same, your out-of-pocket costs will be higher, and you are subject to any charges above reasonable and customary. To find a network dentist, visit UnitedHealthcare at <u>myuhc.com</u>.

You will receive a dental ID card at your home address, and virtual ID cards will be available through the myuhc app after June 1, 2023.

Dental	Passive PPO Primary Plan		Incentive PPO Plan		DHMO Plan
	In-network	Out-of-network	In-network	Out-of-network	In-Network Only
Annual Deductible (Individual/Family)	\$50 / \$150		\$50 / \$150	\$75 / \$225	Fee Schedule
Office Visit Copay	Not A	pplicable	Not Applicable	Not Applicable	Fee Schedule
Annual Benefit Maximum	\$1,000 per person		\$1,000 per person	\$1,000 per person	Fee Schedule
Orthodontia Lifetime Maximum	\$1,000 per person		Not Covered	Not Covered	Fee Schedule
Benefit Description	You Pay		You Pay	You Pay	You Pay*
Preventive Services		0%	0%	0%	Fee Schedule
Basic Services	Covered 80%		Covered 80%	Covered 80%	Fee Schedule
Major Services	50% ¹		50% ¹	50% ¹¹	Fee Schedule
Orthodontia ²	Ę	50% ¹	N/A	N/A	Fee Schedule

¹The annual deductible applies.

²Orthodontia is covered only for children (up to age 18).

*See Fee Schedule for specific costs associated with services. Visit www.uhc.com to find an in-network dentist. Click on Find a Doctor, then Find Dental providers.



VISION

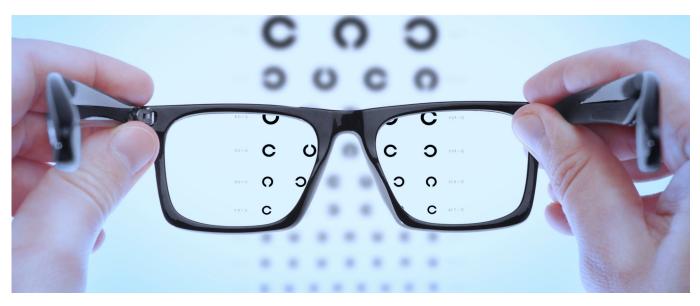


Our vision plan will be offered through UHC Now. The vision plan covers eye exams, lenses, frames and contact lenses. By visiting a UHC Now vision provider, your out of pocket cost will be lower.

UnitedHealthcare provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Visit any doctor with your Full Feature plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

Service Frequency	United Healthcare Vision		
Service mequency	In-network	Out-of-network	
Eye Exam Lenses OR Contact Lenses Frames	Once every 12 months Once every 12 months Once every 24 months		
Benefit Description	Member Cost	Plan Allowance	
Your Network Is:	UnitedHealthcare Vision Network		
Eye Exam	\$10 copay	Covered up to \$35	
Lenses Single Vision Lined Bifocal Lined Trifocal	Covered 100% after eye exam	Covered up to \$25 Covered up to \$40 Covered up to \$86	
Frames	30% off balance over \$130 allowance1 Covered up to \$45		
Contact Lenses (in lieu of glasses)	10% Balance over \$150 allowance	Up to \$128	



EMPLOYEE PAYROLL CONTRIBUTIONS

Medical/Rx



	UHC Choice Plus		UHC Choice		UHC HDHP w/HSA		
	Monthly Cos	t to Employee	Monthly Cos	Monthly Cost to Employee		Monthly Cost to Employee	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	
Employee	\$272.45	\$463.89	\$156.38	\$347.82	\$111.67	\$303.11	
EE + Spouse/ Domestic Partner	\$923.40	\$1,114.84	\$546.14	\$737.58	\$467.37	\$658.81	
EE + Spouse/Domestic Partner (No Coverage)	\$773.40	\$964.84	\$396.14	\$587.58	\$317.37	\$508.81	
EE + Child(ren)	\$697.24	\$888.68	\$264.52	\$455.96	\$217.20	\$408.64	
Family	\$1,900.41	\$2,091.85	\$909.36	\$1,100.80	\$744.31	\$935.75	
Family (No coverage)	\$1,750.41	\$1,941.85	\$759.36	\$950.80	\$594.31	\$785.75	

Dental

	Passive PPO Primary Plan	Incentive PPO Plan	DHMO Plan
	Monthly Cost to Employee	Monthly Cost to Employee	Monthly Cost to Employee
Employee	\$22.00	\$0.00	\$0.00
EE + Spouse/Domestic Partner	\$45.00	\$25.00	\$0.00
EE + Child(ren)	\$52.00	\$30.00	\$0.00
Family	\$72.00	\$43.00	\$0.00

Vision

	Monthly Cost to Employee
Employee	\$4.36
EE + Spouse /Domestic Partner	\$7.11
EE + Child(ren)	\$7.26
Family	\$11.61

LIFE & DISABILITY

NEW YORK LIFE



Basic Life and AD&D Insurance

As an eligible employee, you are automatically provided with Basic Life and AD&D Insurance. Your benefit amount is equal to one times your base annual earnings up to a maximum of \$500,000. This coverage is provided by Billtrust at no cost to you.

Voluntary Life and AD&D Insurance

If you need additional financial protection, you may purchase Voluntary Life Insurance for yourself and your eligible dependents. If you elect this coverage, you will be responsible for paying 100% of the benefit cost. The following outlines your coverage options.

Employee Coverage: Coverage may be purchased in \$10,000 increments up to five times your base annual earnings up to a maximum of \$500,000. The Guarantee Issue Amount is \$250,000 for employees under age 70.

Spouse Coverage: Coverage may be purchased up to a maximum of 50% of the Employee Voluntary Life Insurance amount. The Guarantee Issue amount is \$50,000 for spouses under age 60.

Child Coverage: You may purchase a flat amount of either \$5,000 or \$10,000 of coverage for each of your children between the ages of 6 months and 19 years (up to 25 years if a full-time student). Dependent children from birth to 6 months are covered with a \$500 benefit.

Voluntary Short-Term Disability

Short-Term Disability coverage is provided through New York life. You may choose the amount you would like to receive for your weekly benefit (increments of \$10 subject to a minimum of \$100 and a maximum of 60% of your salary or \$1,500 per week). Benefits become payable on the 15th day (from the date of injury or illness) and extend for up to 24 weeks. If you elect this coverage, you will be responsible for paying 100% of the benefit cost.

Long-Term Disability

If you remain disabled for 180 consecutive days, you can apply for Long-Term Disability benefits. If your request is approved, you will receive a benefit that equals 60% of your basic monthly earnings up to a maximum of \$10,000 per month. This coverage is provided by Billtrust at no cost to you.

ADDITIONAL BENEFITS

Cancer and Accident Insurance



Billtrust provides all full-time employees with an option to purchase cancer and/or accident insurance coverage through SunLife. If you elect this coverage, you will be responsible for paying 100% of the benefit cost.

Commuter Accounts

You have the opportunity to enroll in Commuter Accounts that allow you to pay for your work-related transportation costs on a pre-tax basis. You may contribute up to \$300 per month (\$3,600 per year) to a Parking Account and up to \$300 per month (\$3,600 per year) to a Mass Transit Account.

Paid Parental Leave

Billtrust offers parental leave benefits to support employees as they strive to balance their work and family life, particularly surrounding the birth or adoption of a child. The Paid Parental Leave benefit provides up to twelve (12) weeks of 100% paid parental leave following the birth or adoption of a child. This benefit will run concurrently with Family Medical Leave Act (FMLA) leave, in cases where an employee is eligible for FMLA leave. This benefit will be paid in accordance with the employees regular pay schedule.

Paid Disability Leave

In order to protect the income of employees who need to be away from work for an extended period of time due to a non-work related injury or illness, Billtrust provides a Paid Disability Leave Benefit. Eligible employees can receive 100% of base salary for up to the first four (4) weeks of a leave of absence due to an approved, doctor certified injury or illness per calendar year. This benefit will be paid in accordance with the employees regular pay schedule.

401(k) Plan

Billtrust provides all employees the option of contributing a percentage of their pre-tax and/or post-tax income to the Billtrust 401(k) and Profit Sharing plan. The 401(k) plan is managed by Nationwide. Employees are eligible to join the plan on their date of hire. Billtrust will contribute a per pay match on eligible participant contributions at the rate of \$.50 on the \$1.00 up to the first 6% contributed. This matching contribution will be subject to a four year, 25% per year, vesting schedule. Employees can choose to invest their money in numerous different preselected funds and contribute up to \$22,500 per calendar year* (CY2023). Employees over the age of 50 may defer additional amounts up to \$7,500 in CY2023*, as catchup contributions.

*Annual deferral amount may change from year to year

WeWork

All employees have access to work through WeWork. WeWork has over 500 locations globally and gives employees access to work space, meeting room, High-speed Wi-Fi, unlimited coffee and tea, etc. Click <u>here</u> to get started and to learn more about this great benefit.

Sabbatical Program

Billtrust offers a paid Sabbatical Program that rewards longevity and commitment to Billtrust by providing employees with an extended amount of time away from work to relax and rejuvenate, so they return feeling refreshed and energized. Billtrust wants employees to completely disconnect from the workplace, so checking email and voicemail during the time away will be strictly prohibited. This is a time for the company to be challenged by their absence, and for the employee to take the time to do something meaningful to them. The Sabbatical Program provides employees with four (4) weeks of consecutive paid time off. Part time employees eligible for sabbatical will be paid based upon their regularly scheduled workweek at the time sabbatical is taken. Billtrust employees will also receive a stipend of \$2,500 to cover expenses while on sabbatical. Employees are eligible after 7 years of employment and then 5 years after the start of their last sabbatical. For more information visit <u>HR Central</u>.

ADDITIONAL BENEFITS

Benefit	Description	Contact information	Who pays?
Employee Assistance Program	 We are pleased to offer an Employee Assistance Program to assist you and your family through difficult times. Unlimited access to Master's-level counselors by phone 24/7. Up to 3 face-to-face visits with a counselor at no cost. Unlimited access to helpful tools and resources online. Referrals available. 	New York Life Phone: (800) 344-9752 Website: <u>guidanceresources.com</u> Web ID: NYLGBS	Employer Paid
Health & Wellness	 The goal of this program is to encourage and support a healthy lifestyle for our employees. Billtrust will reimburse registration fees for up to three (3) completed fitness events per employee, per calendar year. The maximum annual reimbursement amount per employee is \$150 with an overall program maximum of \$2,500 per quarter (\$10,000 per calendar year). All regular full time and part time (minimum of 30 hours per week) employees are eligible to participate in this program. You must be actively employed at the time of the event, as well as, at the time of reimbursement. Eligible events include one-time fitness activities including a walk/run, an individual sport tournament, or an introductory fitness class. Non-eligible events include recurring event fees, team registration fees, personal trainers, ongoing specialty fitness classes, and gym membership dues. Reimbursement payments for eligible events will be processed on a monthly basis. The steps to request a reimbursement are simple. Just complete the Health & Wellness Reimbursement Program Form, which can be found on HR Central and submit to (benefits@billtrust.com) along with a copy of your registration receipt and proof of event completion (<i>i.e. proof of time for a race</i>). Billtrust will then confirm eligibility of the employee and the event to approve the reimbursement payment on a monthly basis. 	Benefits@billtrust.com	Employer Paid

Benefit	Description	Contact information	Who pays?
Identify Theft Protection	Every online transaction leaves a trace behind, taking on a life of its own, which can put your credit and identity at risk. New York Life can help monitor your credit and protect your identity.	New York Life guidanceresources.com Registration Web ID: NYLGBS	Discounted rate available
Legal Plan	 With a legal plan, you can rest assured that whether you're facing a legal issue that's big, small or somewhere in between, you'll have access to legal advice and services when you need them. This plan also includes ID Theft where you'll get: Unlimited legal assistance by phone Step-by-step guidance from an attorney to complete the restoration process Financial information from a financial professional to address credit issues 	LegalConnect Phone: (800)-344-9752 Website: guidanceresources.com Wed ID: NYLGBS	Discounted rates available



Billtrust Matching Grants Program Guidelines

• Billtrust is proud to support the generosity of our employees through our matching and volunteer grants program, **Billtrust for Good**. This document covers program guidelines and addresses FAQs on matching grants, volunteering, and features of the Billtrust for Good site. For further assistance or to present ideas for collaborating with customers on social impact initiatives, contact **corporateresponsibility@billtrust.com**.

PROGRAM OVERVIEW

- All current, full-time employees can request matching grants for their personal charitable contributions. Eligible donations include money and securities, which Billtrust matches at a 1:1 ratio, as well as volunteer hours towards community projects for which Billtrust provides a \$10 for every hour of volunteering. Billtrust will match employee requests until December 31 or until the budget of \$100,000 is reached.
- Employees should visit Billtrust for Good to log donations and volunteering throughout the year and all 2023 requests must be submitted no later than December 31, 2023.

MATCHING GRANTS - ELIGIBILITY

- Donations of money and securities to eligible organizations are matched 1:1, up to \$1,000 USD per year, per full-time employee. There is no minimum amount for individual match requests.
- In order to be eligible to receive matching grants from Billtrust, an organization must be a recognized 501 (c) 3 public charity in the United States and comply with our Equal Employment Opportunity (EEO) and anti-discrimination policy.

HOW TO REQUEST A MATCHING GRANT:

- 1. Use SSO to log in to the Billtrust for Good website to:
- Request a matching grant for a donation you already made directly to a charity
- Make a one time or recurring donation via credit card or PayPal (payroll deductions coming soon!) and get the match automatically
- 2. Follow the prompts to submit your request. If the donation is more than \$100, you will be required to upload proof of your donation.
- 3. All requests will be reviewed and processed at the beginning of each month. You will receive an e-mail confirming that your request has been processed by the 10th of the month after which you requested your matching grant.

Billtrust does not match the following, and approvals are at the discretion of Corporate Responsibility:

- In-kind donations of goods, materials or services
- Pledges for future donations
- Contributions to private foundations
- Contributions to individuals, including contributions to GoFundMe and other crowdfunding platforms
- Contributions to or from donor advised funds (DAFs) or other charitable investment funds
- Contributions from friends or family members of Billtrust employees
- Payments for services, tickets, materials, registration fees, memberships, or any other benefit received. If a portion of the purchase is above fair market value to make a donation, you may request a match for the tax-deductible donation amount
- Contributions to churches, synagogues, mosques, ministries, other houses of worship, or religious organizations, unless for specific social programs that:
- Have a formal secular mission statement and separate program budget; and
- Offer services to eligible participants without regard to theior willingness to participate in religious activities

VOLUNTEER GRANTS - ELIGIBILITY:

New in 2023, Billtrust also provides volunteer grants of \$10 for every hour you log on Billtrust for Good, within your \$1,000 per year allowance. Volunteer time must be contributed to organizations that comply with Billtrust's non-discrimination Equal Employment Opportunity and Affirmative Action policies. Service provided for the following beneficiaries can be logged on the Billtrust for Good website:

- Registered public charities
- Schools
- Public sector entities (e.g., public libraries).

Eligible volunteer service includes volunteer activities that benefit the general community, including but not limite<u>d to:</u>

- Mentoring or tutoring
- Non-profit board service
- Hands on activities like painting or serving food at a shelter
- Pro bono services (e.g., marketing plan for non-profit)
- Volunteering as a poll worker for elections (must be in a bipartisan capacity)

The following activities do not qualify for grants:

- Participating in an informational session about a cause in which no direct volunteer service is contributed
- Preparation or participation for charity runs/walks/cycles
- Political volunteer activities with candidates, legislators, or for partisan political organizations
- Volunteer service provided by friends or family members of Billtrust employees
- Volunteer service not yet performed
- Volunteer service for religious or non-secular programming

HOW TO LOG VOLUNTEER HOURS TO EARN GRANTS:

- Log in to the Billtrust for Good website, and hover over 'Volunteer' and select Track Volunteer Time.
- Follow the prompts to provide information on the charity and your volunteering. The quickest way to identify a charity is by EIN (9 digit Tax ID you can find in a Google search).
- 3. After you submit, you will see a confirmation page. Corporate Responsibility must approve all volunteer hours, and submissions are reviewed on a weekly basis. Once your submission is approved, you will receive an email confirmation.

To submit a new cause or charity for the program, go to Nominate a Cause under 'Quick Links' in the main navigation bar. Complete the form and a representative at the organization will be contacted to provide further information.

Contact corporateresponsibility@billtrust.com with questions about Billtrust for Good.

GYM BENEFITS

Physical fitness reimbursement program



Get rewarded for exercising with the Sweat Equity Program

You may earn up to \$200 every 6 months for meeting program exercise requirements.

- Complete 50 qualifying cardio workouts:
 - ✓ Gym visits
 - Classes
- Complete in a consecutive 6-month period

To participate twice during your policy year:

- ✓ begin your first period on the first day your policy is effective and complete the program 6 months later
- begin your second period 1 day after your first period ends and complete it 6 months later, on the last day of your current policy

Note: Sweat Equity participation dates must occur within your current benefits policy year. If your policy year does not align with the calendar year (Jan. 1 – Dec. 31), your Sweat Equity period(s) will not align with the calendar year.

How it works

- 1. Decide on a qualifying cardio (aerobic) workout that you'll enjoy and find a public facility with the equipment or classes that promote cardiovascular wellness.
- 2. Your reimbursement period begins on the date of your first fitness facility visit, class or event and ends 6 months later.
- 3. Submit a reimbursement form to receive your earnings.

You can start a new reimbursement period 1 day after your previous reimbursement period ends.

So many ways to help get fit and rewarded

Examples of qualifying fitness facilities, classes and events:

- Boxing/kickboxing
- CrossFit
- Indoor rock climbing
- Marathons
- Martial arts

Examples of cardiovascular equipment:



- Elliptical trainer/cross-trainer
- Rowing machine
- Stair climber

Questions?



To learn more, see the program flier and reimbursement form at <u>myuhc.com</u> • Personal training

- Pilates
- Standard gym, including YMCAs and community centers where fitness services are offered
- Yoga
- Stationary bicycle
- Treadmill



Call the toll-free member number on your health plan ID card

- Fitness events
- Any mix of these options

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 pays a certain percentage of the total bill, and you pay 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 is a type of medical plan that requires the member to reach a deductible prior to having services covered by coinsurance. All expenses paid by the 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 innetwork providers.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is 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 for those services.

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.

CONTACTS

Medical Plan(s) UnitedHealthcare

Member services: 866-633-2446 Website: <u>www.myuhc.com</u>

Prescription Services

UnitedHealthcare

Member services: 877-699-5710 Website: welcometouhc.com

Dental UnitedHealthcare

Member services: 877-816-3596 Website: <u>www.myuhc.com</u>

Vision UnitedHealthcare

Member services: 800-638-3120 Website: <u>www.myuhc.com</u>

Health Savings Account (HSA)

UnitedHealthcare

Member services: 866-234-8913 Website: <u>www.myuhc.com</u>

Flexible Spending Account (FSA)

Bakertilly

Member services: 860-226-6808 Website: <u>www.bakertilly.com</u>

Life & Disability New York Life

Member services: 800-225-5695 Website: <u>www.newyorklife.com</u>

Wellness UnitedHealthcare

Member services: 855-215-0230 Website: <u>myuhc.com</u>

Accident Sunlife

Member services: 800-247-6875 Website: <u>www.sunlife.com/us</u>

Cancer Sunlife

Member services: 800-247-6875 Website: <u>www.sunlife.com</u>

HR Department

Email: <u>Benefits@billtrust.com</u>

Annual notices are available here: 2023 BillTrust Annual Notice Packet General Website Benefits@billtrust.com

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.