

Employee Benefits Guide

Plan Year 2024

MEDICAL | RX | DENTAL | VISION | LIFE / AD&D | DISABILITY | EAP | FSA | CI | AI | HI | 401K



ELIGIBILITY & ENROLLMENT

BENEFIT ELIGIBILITY

All regular, full-time employees who work a minimum of 30 hours or more per week are eligible for medical, dental, and vision insurance benefits on the first of the month following your hire date. Company-paid and voluntary life and disability insurance is effective the first of the month after completing 60 days of employment. Dependents eligible for coverage include your spouse or domestic partner and any of your children up to age 26. You can enroll in benefits during your new hire waiting period 30 days from their date of hire, during open enrollment, and within 30 days of a Qualifying Event.

IF YOUR NEEDS CHANGE

The decisions you make with regard to your health care benefits, life, and disability coverage remain in effect throughout the year. However, as events occur in your life, your benefits needs may also change. If you experience a "life event" you can make certain changes to these benefits. The chart below lists the instances in which you can change these benefits, and the specific IRS-defined qualifying change in status. Some benefits may have more stringent restrictions regarding changes. Contact the benefits office for specific plan information.

Important Note: You only have 30 days from the date of the life event to make a change. Changes will require you to provide appropriate documentation as applicable (e.g. birth certificate, marriage license, divorce papers, etc.). To make changes, please log in to your Dayforce Self-Service Portal. Additional documents may be requested.

SITUATION	APPLICABLE QUALIFYING EVEN CHANGE
ADDING A DEPENDENT	<ul style="list-style-type: none"> • Marriage. • Birth or adoption of a child. • Receipt of a qualified medical child support order requiring that coverage for a dependent child is provided.
REMOVING A DEPENDENT	<ul style="list-style-type: none"> • Divorce (including annulment). • Death of a Spouse or Child. • A dependent child reaching max age of coverage.
CHANGE IN HEALTH CARE COVERAGE	<ul style="list-style-type: none"> • You or your spouse or dependent child becomes entitled to Medicare or Medicaid. • A change in employment status (yours or your spouse's) that results in a loss or gain of coverage. • You, your spouse, or dependent child become eligible for other health care coverage. • A significant change in contributions under your spouse's employer's plan as defined by the plan administrator. • A change in benefit elections by your spouse during his or her employer's annual open enrollment (held at a different time other than the Alumus open enrollment).
OTHER EVENTS	<ul style="list-style-type: none"> • A change in your dependent care situation (applies to Dependent Care FSA only). • Moving, which results in you no longer living in an area where your elected medical plan is available. • A dependent moving to the U.S. from another country.

MEDICAL

MEDICAL DEFINITIONS

The following terms are defined to help you understand your medical benefits summaries:

Deductible: The annual deductible must be paid in full before coinsurance is applied in some instances. Copays do not apply toward the deductible.

Coinsurance: After the deductible has been satisfied, the plan will pay according to the coinsurance level shown and according to the benefits for in and out-of-network coverage. Coinsurance (sharing of costs between the insurance carrier and member) will continue to apply until a member has reached the coinsurance maximum for the health plan.

Coinsurance Maximum: In-network, this is the maximum amount a member will have to pay under the health plan, excluding the deductible and copays. For the out-of-network benefits, the member is also responsible for those charges above usual, customary, and reasonable charges.

Out-of-pocket Limit: The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100 percent of the allowed amount. The out-of-pocket limit includes all of your network payments.

Preventive Care: Routine health care, including screenings, checkups, and patient counseling to prevent or discover illness, disease, or other health problems.

Formulary: Each insurance carrier has developed a formulary, which is a list of quality, generic, and brand medications included in their prescription drug program. Each formulary drug is reviewed for safety, effectiveness, and quality, and is based on the Food and Drug Administration (FDA) guidelines.

Internet Access: You have access to Blue Cross Blue Shield website 24 hours a day, seven days a week at www.azblue.com

Customer Service: Contact toll free at 866-455-8727



MEDICAL WELLNESS



MEDICAL BENEFITS: BCBS

The Company offers employees a choice of two medical benefit options through Blue Cross Blue Shield. The plans are available nationwide to all employees living within the United States. Both medical plans have the same excellent network of providers. When in-network providers are used, out-of-pocket expenses are lower, and no claim forms are required. Members may also choose to go outside of the provider network for health care services. Members choosing out-of-network benefits will have reduced benefits and higher out-of-pocket expenses.

HELPFUL HIGHLIGHTS

MyBlue Member Portal

Visit Member Resources to explore coverage and provider information even before your plan is active. Find tips and tools to help you choose a doctor, manage your costs, know your care options, and more. Get started at [azblue.com](https://www.azblue.com). Once you receive your ID card, you can register on the member portal to check claims status and details, track deductibles, review benefits online, and compare hospitals and contracted health care providers by name, specialty, or location.

Finding a Medical Provider in our Blue Cross Blue Shield (BCBS) PPO Network

- Log in to your MyBlue account at [azblue.com/MyBlue](https://www.azblue.com/MyBlue) and click on the search link under Find Doctors, Hospitals, and Facilities. You will be able to search for a provider who is in your plan's network by name, type (area of specialization), or distance from your location.
- It's always good to find out if providers are in your plan's network before you see them. If you have a PPO plan, providers who are not in your plan's network will cost you more.
- When talking with a provider, always ask, "Are you contracted to take my BCBSAZ plan?" Most providers are in a BCBSAZ network—but not all providers are in every BCBSAZ plan's network. That is why it is important to ask if they participate in your plan.
- You can also call the number on the back of your member ID card to make sure a provider you're planning to see is on your network.
- If you want to search for providers before you enroll you can go to [azblue.com](https://www.azblue.com) and click on "Find a Doctor" and select the Statewide/National PPO Network.

Preventive Care

All the medical plans cover In-Network preventive care at 100% (no deductible applies). This includes routine health care services to maintain your health and prevent disease, including services such as annual physical exams, well-woman exams, and certain immunizations. Services received from out-of-network providers are subject to the out-of-network deductible.

What isn't Preventive

If abnormal test results or a diagnosis are determined during a preventive care service the visit would be considered diagnostic. An example of diagnostic care would be having a polyp removed during a colonoscopy.



MEDICAL BENEFITS



BCBS MEDICAL PPO \$5,000

BCBS MEDICAL PPO \$2,000

In-Network

Out-of-Network

In-Network

Out-of-Network

Coinsurance

After Deductible	BCBS pays 80% You pay 20%	BCBS pays 50% You pay 50%	BCBS pays 80% You pay 20%	BCBS pays 50% You pay 50%
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Annual Deductible (per calendar year)

Individual	\$5,000	\$10,000	\$2,000	\$4,000
Family	\$10,000	\$20,000	\$4,000	\$8,000

Out-of-Pocket Maximum (Includes deductible and coinsurance)

Individual	\$8,000	\$16,000	\$7,000	\$14,000
Family	\$16,000	\$32,000	\$14,000	\$28,000

Office Visit

Preventive Services	100% coverage	Deductible, 50%	100% coverage	Deductible, 50%
Primary Care Office Visit	\$20 copay	Deductible, 50%	\$20 copay	Deductible, 50%
Specialty Office Visit	\$35 copay	Deductible, 50%	\$35 copay	Deductible, 50%
Inpatient Hospitalization	Deductible, 20%	Deductible, 50%	Deductible, 20%	Deductible, 50%
Outpatient Hospitalization	Deductible, 20%	Deductible, 50%	Deductible, 20%	Deductible, 50%
Virtual Office Visit	\$0	Deductible, 50%	\$0	Deductible, 50%

Hospital Services

Urgent Care	\$75 copay	Deductible, 50%	\$75 copay	Deductible, 50%
Emergency Room Visit	\$400 copay	\$400 copay	\$400 copay	\$400 copay
Labs & Imaging Tests (e.g., X-rays)	Deductible, 20%	Deductible, 50%	Deductible, 20%	Deductible, 50%
Major Diagnostic Services (MRI, CT, PET, etc.)	Deductible, 20%	Deductible, 50%	Deductible, 20%	Deductible, 50%

Prescription Drugs

Tier 1	\$5 Copay		\$5 Copay	
Tier 2	\$35 Copay		\$35 Copay	
Tier 3	\$60 Copay	Not Covered	\$60 Copay	Not Covered
Specialty (Tier A, B, C, D)	\$60, \$110, \$160, \$210		\$60, \$110, \$160, \$210	
Mail Order	2 x Copay		2 x Copay	

Maximum Lifetime

Unlimited

Unlimited

MEDICAL BENEFITS



BCBS MEMBER RESOURCES

24/7 Nurse Line: (866) 422-2729

Health problems rarely happen when it's convenient. That's why at BCBSAZ we make getting answers to your health questions as easy as possible with Nurse On Call. For no additional cost, you can talk to a registered nurse anytime— days, nights, weekends, and holidays—from wherever you are. Caring nurses can talk to you about your symptoms and help you decide if you should take care of your issues at home or seek care from your primary care provider, an urgent-care center, or the Emergency Room.

Cost for Procedures Tool

Life has enough surprises. Why should medical bills be one of them? Blue Cross® Blue Shield® of Arizona's Online Cost for Procedures Tool can help you avoid those types of surprises. Use this tool before getting care to help you make an informed decision about many common medical tests and procedures. Login to your [MyBlue](#) account to utilize the tool.

Sharecare

Blue Cross® Blue Shield® of Arizona has partnered with Sharecare to provide you with simple tools to manage all your health and wellness needs in one place. You'll start by taking the RealAge health assessment to get a measure of the true age of your body in terms of health and vitality, versus your calendar age. The program then delivers personalized insights, challenges, daily tracking, and one-of-a-kind tools to help you reduce your RealAge and live healthier, no matter where you are in your health journey. Learn what you need to be healthier with tips on how to eat better, exercise smarter, reduce stress, and more.

Ovia Health

Fertility, Pregnancy, and parenting education and support. To learn more, log in to azblue.sharecare.com, go to the Achieve section, then Programs, select the program that's right for you, and download the Ovia App.

BlueCare Anywhere

Available to members enrolled in a medical plan. Visit with a board-certified doctor, counselor, or psychiatrist whenever and wherever you need one. Then, start feeling better! Connect easily on weekends and holidays- any day, any time by computer or your mobile device. Visit BlueCareAnywhereAZ.com

Blue 365 Discounts

Blue365® - A national discount program featuring healthy deals and discounts exclusively for our members. Once you register at Blue365Deals.com/BCBSAZ with your BCBSAZ ID number, you will see special offers from top national brands in fitness, nutrition, personal care, and more.



DENTAL BENEFITS



DENTAL BENEFITS: Delta Dental

The Company offers employees dental coverage through the Delta Dental PPO and Premier Networks. There are two plans available. You will see a few differences between the plans listed here. When in-network providers are used, out-of-pocket expenses are lower, and no claim forms are required. Dentists who belong to the Delta Dental PPO network offer the lowest agreed-upon fees, which translates to the greatest cost savings for you. See the plan summaries for more details.

	PPO LOW PLAN	PPO HIGH PLAN
	PPO Network	PPO Network
Annual Benefit Maximum	\$1,000	\$1,250
Annual Deductible (Per Calendar Year)	Individual: \$75 Family: \$225 (Waived for Preventive Care)	Individual: \$50 Family: \$150 (Waived for Preventive Care)
Preventive Care (Basic Cleanings / Exams) 2 Per Year	100% 100%	
Basic Care (Restorations / General Services / Simple Extractions / Periodontics / Endodontics)	80% 80%	
Major Care (Inlays / Onlays / Crowns / Implants / Dentures)	50%	50%
Orthodontia (Child Only Age 19)	Not Covered	50% up to a lifetime maximum of \$1,000

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves, and you are responsible for that difference.

Finding a Dental Provider in our Delta Dental PPO & Premier Provider Network

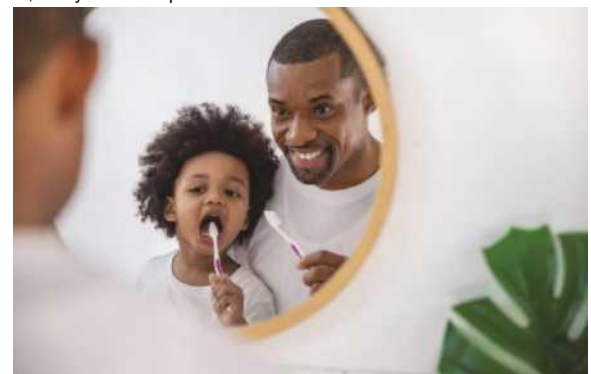
Step 1: Visit deltadentalaz.com/member

Step 2: Click on Find A Dentist in the upper right to access the search tool.

Step 3: Start with the specialty, network, and location filters. Then click Find dentists.

Step 4: Click on the More Options dropdown box for a more detailed search.

Step 5: Browse through the search results to obtain more information on the provider matches.



VISION BENEFITS



VISION BENEFITS: Vision Service Plan (VSP) vision care

Vision Insurance is provided through Vision Service Plan. The VSP Choice Plan is a full-service plan that offers choice, flexibility, and maximum value through a VSP Network Provider. Login to vsp.com to find an in-network provider.

	BENEFIT	FREQUENCY
Well Vision Exam	\$10 Copay	One exam every 12 months
Prescription Glasses	\$25 Copay	See Frame & Lenses
Prescription Glasses - Frames	<ul style="list-style-type: none"> • \$170 featured frame brands allowance • \$150 frame allowance • 20% savings on amount over allowance • \$150 Walmart / Sam's Club frame allowance • \$80 Costco frame allowance 	One set every 12 months
Prescription Glasses - Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal and lined trifocal lenses • Impact-resistant lenses for dependent children 	One set every 12 months
Contacts (Instead of Glasses)	<ul style="list-style-type: none"> • \$150 allowance for contacts; copay does not apply • Up to \$60 copay for contact lens exam (fitting & evaluation) 	Once every 12 months
Primary Eyecare	<ul style="list-style-type: none"> • \$0 copay for retinal screening for members with diabetes • \$20 copay per exam for additional exams & services for members with diabetes, glaucoma, or age-related macular degeneration • Treatment & diagnosis of eye conditions, including pink eye, vision loss, and cataracts • Limitations & coordination with your medical coverage may apply. 	As needed
Lightcare	<ul style="list-style-type: none"> • \$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts; \$25 copay 	One set every 12 months

EXTRA SAVINGS:

Glasses & Sunglasses

- Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.
- 20% savings on additional glasses & sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam.

Routine Retinal Screening

- No more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision Exam.

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.



LIFE & AD&D BENEFITS



GROUP TERM LIFE: Mutual of Omaha

Each regular full-time employee working at least 30 hours per week has a 100% company-paid term life and AD&D policy through Mutual of Omaha. This chart provides you with a brief summary of the key benefits of the life coverage available.

LIFE & AD&D BENEFITS

BENEFIT AMOUNT	\$10,000
AGE REDUCTIONS	35% benefit reduction at age 65, with an additional 15% reduction at age 70. Age reductions apply to the benefit amount after proof of good health.
DURING DISABILITY	If you become disabled before age 60, coverage will continue, and premium may be waived.
ACCELERATED BENEFIT	If you are terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.
CONVERSION	If you terminate employment, you may be able to convert coverage to an individual policy.



VOLUNTARY TERM LIFE & AD&D: Mutual of Omaha

All active, full-time employees who work at least 30 hours per week have the option to elect additional life and AD&D insurance for themselves, their spouse, and children. The rates for the benefits that you elect for yourself and your spouse are based on your age or spouse's age and benefit amount. You have the option to convert or port your life coverage if your employment ends. **NEW HIRES:** As a new employee, you are eligible and have a one-time opportunity to purchase life insurance up to the Guaranteed Issue amount without any medical questions. If you do not elect coverage at this time, you will be able to purchase life insurance during the next open enrollment but will be subject to evidence of insurability (a medical questionnaire).

BENEFITS	EMPLOYEE	SPOUSE	CHILD(REN)
BENEFIT AMOUNT	You may choose to purchase benefits in increments of \$10,000 up to a lesser of 5x your salary or \$500,000	You may choose to purchase benefits in increments of \$5,000 up to a maximum of \$100,000 not to exceed 50% of employee amount	For eligible children 14 days or older, you may choose to up to \$10,000
MINIMUM	\$10,000	\$5,000	\$2,000
GUARANTEE ISSUE	\$200,000	\$40,000	\$10,000
MAXIMUM	\$500,000	100% of Employee amount up to \$100,000	\$10,000
AGE REDUCTIONS	50% benefit reduction at age 70		Not Applicable

VOLUNTARY BENEFITS



VOLUNTARY SHORT-TERM DISABILITY: Mutual of Omaha

Short-term disability coverage is through Mutual of Omaha and is an employee-paid voluntary product. Premiums are based on employee age and amount of coverage. Short-Term Disability provides active full-time employees, working at least 30 hours per week, with weekly short-term disability (STD) benefit payments if they are unable to work because of a covered non-occupational accident or sickness.

BENEFITS

WEEKLY BENEFIT	60% of your predisability earnings up to \$1,500
BENEFIT AMOUNT	Primary Weekly Benefit less other income sources
DEFINITION OF EARNINGS	Earnings Prior to Disability, Annual Salary
ELIMINATION PERIOD	Benefits begin on the 8th day for accident and 8th day for sickness
BENEFIT PAYMENT PERIOD	Up to 25 weeks
PRE-EXISTING CONDITIONS	The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.



LONG-TERM DISABILITY INSURANCE (LTD): Mutual of Omaha

Long-term disability coverage is through Mutual of Omaha and is an employer-paid product. LTD provides additional income security to all active full-time employees who are unable to work because of an extended illness or disability.

BENEFITS

MONTHLY BENEFIT	60% of your predisability earnings up to \$6,000
BENEFIT AMOUNT	Primary monthly benefit less other income sources
DEFINITION OF EARNINGS	Earnings Prior to Disability, Annual Salary
ELIMINATION PERIOD	180 Days
OWN OCCUPATION PERIOD	2 Years
BENEFIT PAYMENT PERIOD	To Social Security Normal Retirement Age
PRE-EXISTING CONDITION	The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.

DISABILITY BENEFITS



GROUP ACCIDENT POLICY: Mutual of Omaha

Group Accident coverage is a simple way to add extra protection for unexpected costs due to an accident/injury. It can complement existing medical coverage and help narrow gaps in coverage caused by out-of-pocket expenses such as deductibles, copayments, and non-covered medical services.

BENEFITS:

- Initial Care Emergency: Emergency Room (\$200), Urgent Care (\$125), Initial Physician Office Visit (\$100), Ambulance (up to \$1,500)
- Specific Injury: Fractures (Surgical up to \$6,000/ Non-surgical up to \$3,000), Dislocations(Surgical up to \$9,000/ Non-Surgical up to \$4,500), Lacerations(\$800), Burns (\$15,000), Dental (\$300)
- Hospital, Surgical & Diagnostic: Admission (\$1,500), Daily Confinement 365 days per accident (\$300 per day), ICU Confinement 15 days per accident (\$600), 30 days of Rehab per accident (\$150 per day), Surgical (\$2,000), and Diagnostic (\$300)
- Follow Up Care, Additional benefits, and Catastrophic Benefits are included as well. See the benefits summary for more details.



GROUP CRITICAL ILLNESS POLICY: Mutual of Omaha

Group Critical Illness coverage is a smart way to bridge the gaps in medical coverage. This lump-sum benefit payout can help address the financial consequences of certain covered conditions.

BENEFITS:

- 100% benefit payment per insured for initial diagnosis of: heart attack, stroke, major organ transplant, end-stage renal failure, bone marrow transplant, sudden cardiac arrest, invasive cancer, coma, cerebral palsy, structural congenital defects, congenital metabolic disorders, and Type 1 diabetes.
- 50% benefit payment for bone marrow transplant
- 25% benefit payment for heart valve surgery, coronary artery bypass surgery, aortic surgery, ARS, and non-invasive cancer.
- \$100 Annual benefit of \$100 for a health screening test.

COVERAGE GUIDELINES:

- Employee: \$5,000 increments up to \$40,000. Guarantee Issue \$40,000.
- Spouse: \$5,000 increments up to \$40,000. Guarantee Issue \$40,000 (up to 100% of employee's CI Principal sum up to \$40,000).
- Child(ren): \$5,000 (Guarantee Issue \$5,000) (25% of employee's CI Principal sum up to \$5,000).

Subject to any reductions, Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

Advocacy services give an employee who has been diagnosed with a medical condition access to skilled clinicians and nurses for personalized, problem-solving assistance in a one-on-one setting. Call 1-866-372-5577 Monday - Friday 7 A.M. to 7 P.M. CST or email careadvocates@gilsbar.com for assistance.

VOLUNTARY BENEFITS



GROUP HOSPITAL INDEMNITY POLICY: Mutual of Omaha

Focus on recovery during a hospital stay - not your out-of-pocket costs. A hospital confinement due to an illness or injury can happen to anyone. Chances are when it occurs you will have unplanned expenses to pay. Will you be prepared? Hospital Indemnity coverage benefit payments are made directly to you, no matter what other coverage you may have, and can be used however you choose. These benefit payments can help pay for out-of-pocket healthcare costs or other household expenses which can pile up during a hospital stay. Hospital Indemnity coverage helps provide financial peace of mind.

BENEFITS

Hospital Admission & Confinement

- Hospital Admission \$1,000 per day
- Daily Hospital Confinement \$1,000 per day
- ICU Admission \$2,000 per day
- Daily ICU Confinement \$200 per day
- Daily Newborn Nursery Care Confinement (up to 2 days per policy year) \$75 per day Note: Admission benefits are payable up to a combined total of 2 days per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU

admission benefits.

HealthEquity

FLEXIBLE SPENDING ACCOUNT (FSA): HealthEquity

Flexible Spending Accounts (FSA) provide you with a before-tax method of paying for certain qualified expenses. After you decide how much you want to set aside each pay period for your medical and/or dependent care spending account(s), the money is deducted on a pre-tax basis thus eliminating the federal income tax, social security tax, and state tax on the amount you allocate to your spending accounts. A feature of the Flexible Spending Account is a debit card that virtually eliminates paying upfront for eligible expenses.

If you have questions regarding your Flexible Spending Account through HealthEquity, please call (866) 382-3510.

The Medical Spending Account allows you to use pre-tax dollars to be reimbursed for out-of-pocket health care expenses that are not covered by a health, dental, or vision insurance policy. Examples include deductibles and copays for health, prescription drugs, dental or vision services, LASIK surgery, and certain over-the-counter supplies. The maximum annual amount you can set aside in a Medical Spending Account is \$3,200. There may be certain instances that would preclude you from enrolling in a medical FSA - please consult your tax specialist.

The Dependent Care Spending Account allows you to use pre-tax dollars for work-related daycare expenses of your children or dependent adults. The maximum annual amount you can set aside in a Dependent Care Spending Account is up to \$5,000 (or \$2,500 if married and filing separately and is prorated based on the number of months left in the plan year). The Dependent Day Care Spending Account is the alternative to the Federal Childcare Tax Credit.

401(K) BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP): Mutual of Omaha



For long-term disability members.

Life is stressful, and sometimes the constant challenges can become overwhelming. When you have unresolved problems, it can take a serious toll on both your work and home life. To help you through difficult times, we offer an Employee Assistance program as part of our long-term disability plan. The program offers members and their families personal and confidential

face to face visits with a counselor at no cost to you. assistance:

Mutual of Omaha's EAP helps employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial matters
- Healthy lifestyles
- Work and life transitions
- Financial Wellness Tool

To contact Mutual of Omaha's EAP, please visit mutualofomaha.com/eap or call 800-316-2796



With just one call, you can also get the following types of

EAP Benefits:

The Member Assistance program provides confidential support whenever you need it at no cost to you. The program includes the following services:

- **Three** face-to-face or video sessions with a counselor (per household per calendar year)
- Access to EAP professionals 24 hours a day, seven days a week
- Provides information and referral resources
- Service for employees and eligible dependents
- Access to a library of educational articles, handouts, and resources via mutualofomaha.com/eap
- Legal assistance and financial resources
- Resources for substance use, dependent or elder care, and more

Additional Benefits:

- **Travel Assistance:** Services available for business and personal travel. For inquiries within the U.S. call toll-free: 1-800-856-9947. Outside the U.S. call collect: (312) 9353658
- **Will Prep Services:** Log on to www.willprepservices.com and use the code MUTUALWILLS to register.
- **Identity Theft Assistance:** Access ID Theft Assistance services by calling AXA Assistance toll-free at (800) 8569947.
- **Hearing Assistance Program:** Includes discounted hearing testing, low price guarantee, 60-day risk-free trial period, and 2 years of batteries with purchase. To activate call 1-888-534-1747 or visit amplifonusa.com/mutualofomaha
- **Mutual of Omaha Mortgage:** As a Mutual of Omaha member, your exclusive offer includes a discounted mortgage rate and reduced lender fees! Visit mutualmortgage.com/workplace-solutions or call 844-844-0719

401(k) RETIREMENT: Empower Retirement Services

The Sante Operations, LLC 401(k) Profit Sharing and Employee Retirement Plan, administered by Empower Retirement, provides a convenient way to save and invest for your future while providing valuable tax savings today. You can begin contributing to the Plan the first of the quarter after 60 days of service.

ELIGIBILITY:

- Age 18 or over
- Two months of service for salary deferrals
- Effective dates: January 1, April 1, July 1 and October 1.
- If you are a part-time employee over the age of 18-year-old and have two months of service time, you are eligible to enroll in the 401K beginning of the following quarter.

AUTO ENROLLMENT & ESCALATION:

Once you meet the eligibility criteria, Alumus will automatically enroll you in the plan at 1% of your pay. Employees are able to increase their contribution greater than 1%, or opt-out of the plan at any time by visiting the plan's website and declining enrollment. Every January 1st your contribution increases by 1% of your pay up to a limit of 10%. It is also your right to decline auto escalation.

EMPLOYEE CONTRIBUTION:

- Max of \$23,000 for 2024
- If you are 50 years or older, you can contribute an additional \$7,500
- Can contribute up to 90% of income
- 100% immediate vesting for employee contributions
- Employees earning in excess of \$150k, should contact Foster & Wood for advice on eligible contribution levels

FINANCIAL ADVISORS:

Through Foster & Wood Investment Fiduciaries, our plan's advisor, participants have access to personalized financial advice, including one on one counseling. Associates can call or email Tim Wood or Dave Foster with questions about our plan, how to most appropriately invest given their situation and tolerance for risk, or any other questions about investing and retirement you might have. Unlike many advisors, Foster & Wood serves our plan as a fiduciary. Because they do not have any conflicts of interest, any advice they provide is solely in the associate's best interest given their family's situation.



401(K) BENEFITS

401(k) RETIREMENT: Empower Retirement Services

COMPANY MATCHING!

25% on the first 4% you contribute. 4% from you earns 1% from Alumus!

Company matching is subject to a vesting schedule. You are always 100% vested in money you contribute.

- 1 year or less of service - 0%
- 2 years of service - 40%
- 3 years of service - 60%
- 4 years of service - 80%
- 5 years of service and more - 100%

Example: Joe makes \$1,280 every two weeks and invests 1% of his pay. \$12.80 will be invested in his 401k and he will also receive an Alumus match of 25 cents for every dollar he contributes, which is \$3.20. If he invests 4% of his pay, \$51.20 will go into his account from his pay. He will receive an Alumus match of 25 cents for every dollar he contributes, or \$12.80. If he invests more than 4% of his pay, which is recommended, more money will go into his account from his pay, but he will not receive any additional match from Alumus above the \$12.80 he gets for saving 4%.

CONTRIBUTIONS

EMPLOYEE CONTRIBUTIONS

The Company contributes a significant portion toward the cost of your benefits. Below you will find the Employee Contribution Amounts. Basic Life and AD&D and Long-Term Disability are 100% company-paid.

MEDICAL

BCBS PPO \$2000

BCBS PPO \$5,000

PER PAY PERIOD PLAN COST

Employee Only	\$107.00	\$41.00
Employee + Spouse	\$490.00	\$385.00
Employee + Child(ren)	\$167.50	\$91.50
Employee + Family	\$585.50	\$382.50

DENTAL

PER PAY PERIOD PLAN COST

DELTA DENTAL LOW PLAN

DELTA DENTAL HIGH PLAN

VISION

PER PAY PERIOD PLAN COST

VSP

Employee Only	\$5.62	\$10.25	Employee Only	\$2.04
Employee + Spouse	\$15.62	\$26.31	Employee + Spouse	\$5.83
Employee + Child(ren)	\$19.11	\$37.03	Employee + Child(ren)	\$6.47
Employee + Family	\$30.72	\$58.98	Employee + Family	\$11.36

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for Voluntary Short-Term Disability coverage in the worksheet below using the example as a guide.

MONTHLY CALCULATION

PREMIUM

EXAMPLE (40-year-old employee making \$40k/year)

List your weekly earnings (Maximum is \$2,500)	\$	\$769.23
Multiply by the premium factor		0.0420000
Your Estimated Monthly Premium* \$		\$32.31

AGE

PREMIUM FACTOR

< 30	0.0672000
30 -34	0.0762000
35 -39	0.0642000
40 -44	0.0420000
45 -49	0.0414000
50 -54	0.0468600
55 -59	0.0552000
60 -64	0.0683400
65 -69	0.0683400
70+	0.0846600

*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

CONTRIBUTIONS

VOLUNTARY TERM LIFE & AD&D COVERAGE PREMIUMS

Voluntary Term Life and

Mutual Of Omaha (Monthly 12 Payroll Deductions Per Year)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 -29	\$0.77	\$1.54	\$2.31	\$3.08	\$3.85	\$4.62	\$5.39	\$6.16	\$6.93	\$7.70
30 -34	\$0.91	\$1.82	\$2.73	\$3.64	\$4.55	\$5.46	\$6.37	\$7.28	\$8.19	\$9.10
35 -39	\$1.27	\$2.54	\$3.81	\$5.08	\$6.35	\$7.62	\$8.89	\$10.16	\$11.43	\$12.70
40 -44	\$1.76	\$3.52	\$5.28	\$7.04	\$8.80	\$10.56	\$12.32	\$14.08	\$15.84	\$17.60
45 -49	\$2.65	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90	\$18.55	\$21.20	\$23.85	\$26.50
50 -54	\$4.22	\$8.44	\$12.66	\$16.88	\$21.10	\$25.32	\$29.54	\$33.76	\$37.98	\$42.20
55 -59	\$6.85	\$13.70	\$20.55	\$27.40	\$34.25	\$41.10	\$47.95	\$54.80	\$61.65	\$68.50
60 -64	\$10.58	\$21.16	\$31.74	\$42.32	\$52.90	\$63.48	\$74.06	\$84.64	\$95.22	\$105.80
65 -69	\$19.54	\$39.08	\$58.62	\$78.16	\$97.70	\$117.24	\$136.78	\$156.32	\$175.86	\$195.40
70+	\$38.14	\$76.28	\$114.42	\$152.56	\$190.70	\$228.84	\$266.98	\$305.12	\$343.26	\$381.40

Voluntary Term Life and AD&D Spouse

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 -29	\$0.39	\$0.77	\$1.16	\$1.54	\$1.93	\$2.31	\$2.70	\$3.08	\$3.47	\$3.85
30 -34	\$0.46	\$0.91	\$1.37	\$1.82	\$2.28	\$2.73	\$3.19	\$3.64	\$4.10	\$4.55
35 -39	\$0.64	\$1.27	\$1.91	\$2.54	\$3.18	\$3.81	\$4.45	\$5.08	\$5.72	\$6.35
40 -44	\$0.88	\$1.76	\$2.64	\$3.52	\$4.40	\$5.28	\$6.16	\$7.04	\$7.92	\$8.80
45 -49	\$1.33	\$2.65	\$3.98	\$5.30	\$6.63	\$7.95	\$9.28	\$10.60	\$11.93	\$13.25
50 -54	\$2.11	\$4.22	\$6.33	\$8.44	\$10.55	\$12.66	\$14.77	\$16.88	\$18.99	\$21.10
55 -59	\$3.43	\$6.85	\$10.28	\$13.70	\$17.13	\$20.55	\$23.98	\$27.40	\$30.83	\$34.25
60 -64	\$5.29	\$10.58	\$15.87	\$21.16	\$26.45	\$31.74	\$37.03	\$42.32	\$47.61	\$52.90
65 -69	\$9.77	\$19.54	\$29.31	\$39.08	\$48.85	\$58.62	\$68.39	\$78.16	\$87.93	\$97.70

Voluntary Term Life and AD&D All Children

Mutual Of Omaha (Monthly 12 Payroll Deductions Per Year)

Mutual Of Omaha (Monthly 12 Payroll Deductions Per Year)

\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00

Please note that the premium amounts presented may vary slightly from the amounts provided on your enrollment form, due to rounding.

CONTRIBUTIONS

ADDITIONAL VOLUNTARY BENEFITS

Accident

Mutual Of Omaha

Monthly Cost

Employee Only	\$13.38 (\$0.44 per day)
Employee + Spouse	\$22.54 (\$0.74 per day)
Employee + Child(ren)	\$30.87 (\$1.01 per day)
Employee + Family	\$40.02 (\$1.32 per day)

Hospital Indemnity

Mutual Of Omaha

Monthly Cost

Employee Only	\$22.48 (\$0.74 per day)
Employee + Spouse	\$42.90 (\$1.41 per day)
Employee + Child(ren)	\$41.16 (\$1.35 per day)
Employee + Family	\$53.38 (\$1.75 per day)

Critical Illness

Mutual Of Omaha (12 Payroll Deductions Per Year)

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000
0 -29	\$1.75	\$3.50	\$5.25	\$7.00	\$8.75	\$10.50	\$12.25	\$14.00
30 -39	\$2.95	\$5.90	\$8.85	\$11.80	\$14.75	\$17.70	\$20.65	\$23.60
40 -49	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00	\$42.00	\$48.00
50 -59	\$11.40	\$22.80	\$34.20	\$45.60	\$57.00	\$68.40	\$79.80	\$91.20
60 -69	\$22.65	\$45.30	\$67.95	\$90.60	\$113.25	\$135.90	\$158.55	\$181.20
70 -79	\$41.95	\$83.90	\$125.85	\$167.80	\$209.75	\$251.70	\$293.65	\$335.60
80+	\$59.65	\$119.30	\$178.95	\$238.60	\$298.25	\$357.90	\$417.55	\$477.20