



HUMAN
RESOURCES



2025 Benefits Open Enrollment



Your Open Enrollment 2025

Medical, Dental and Vision Benefit Costs

- > Employee Contributions Per Plan
- > Basic & Core Medical Plans
- > Surest Copay Plan
- > UHC Dental and Vision Options

2025 Plan Out-of-Pocket Costs



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Employee Medical Contributions*

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Basic Medical Plan	\$ 29.54	\$129.23	\$105.23	\$162.92
Core Medical Plan	\$ 56.31	\$205.38	\$158.31	\$263.08
Surest Medical Plan	\$112.61	\$284.76	\$223.85	\$380.77

Employee Dental Contributions*

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$8.77	\$16.15	\$20.31	\$32.31

Employee Vision Contributions*

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$1.85	\$3.69	\$4.62	\$6.46

* Rates are shown as biweekly payroll deductions

2025 Plan Out-of-Pocket Costs



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Basic vs. Core HSA Plans

BASIC HSA	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible (Individual/Family): All individual deductible amounts will count towards meeting the family deductible, but <i>an individual will not have to pay more than the individual deductible amount.</i>	\$4,000/\$8,000	\$8,000/\$16,000
Employer Annual HSA Contributions	EE = \$2,050 EE/SP = \$2,550	EE/CH = \$3,050 FAM = \$3,050
Coinsurance Percentage	100%	50%
Annual Out-of-Pocket Maximum	\$6,650/\$13,300	\$12,000/\$24,000
PCP/Specialist/Speech, Physical, etc. therapies (after deductible)	100%	Deductible, then 50%
Emergency Room (after deductible)	100%	Deductible, then 50%
Retail Pharmacy Co-Pay (after deductible)	\$10/ \$40 / \$85 / \$250	
Mail-Order Pharmacy Co-Pay (after deductible)	\$25 / \$100/ \$212.50	
CORE HSA	IN-NETWORK	OUT-OF-NETWORK*
Annual Deductible (Individual/Family): No one in the family is eligible for benefits until the family coverage deductible is met.	\$2,000/\$4,000	\$3,200/\$6,400
Employer Annual HSA Contributions	EE = \$1,050 EE/SP = \$1,300	EE/CH = \$1,550 FAM = \$1,550
Coinsurance Percentage	100%	70%
Annual Out-of-Pocket Maximum	\$4,000/\$8,000	\$7,200/\$14,400
PCP/Specialist/Speech, Physical, etc. therapies Co-Pay (after deductible)	\$25/\$50	70%
Emergency Room Co-Pay (after deductible)	\$250	\$250
Retail Pharmacy Co-Pay (after deductible)	\$10 / \$40 / \$85 / \$250	
Mail-Order Pharmacy Co-Pay (after deductible)	\$25 / \$100 / \$212.50	



> Who is eligible for an HSA?

- Must be enrolled in the Basic or Core plans (cannot be enrolled in any non-HDHP plans)
- Must NOT be enrolled in Medicare (Part A or B)
- 6 months prior to acquiring Medicare you cannot contribute tax-free funds into an HSA bank account
- Must not be claimed as a dependent on another individual's tax return

Annual Contribution Rules

2025 Limit:

\$4,300 for individuals &
\$8,550 for families*

The annual IRS limits are inclusive of the contribution from Victory Capital Management.

Additional Funding

Those 55 years of age or older in 2025, but not enrolled in Medicare benefits, can fund an additional \$1,000/year “catch-up” contribution!

In 2025, Victory Capital Management **will contribute \$2,050 (EE), \$2,550 (EE/SP), \$3,050 (EE/CH OR FAM) for the Basic plan.**
(Assuming you meet the eligibility requirements.)

In 2025, Victory Capital Management **will contribute \$1,050 (EE), \$1,300 (EE/ SP), \$1,550 (EE/CH OR FAM) for the Core Plan.**
(Assuming you meet the eligibility requirements.)

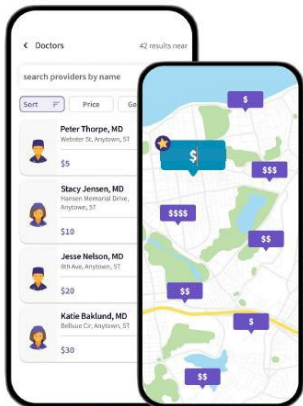
2025 Plan Out-of-Pocket Costs



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Surest Copay Plan

MEDICAL – PPO	IN-NETWORK	OUT-OF-NETWORK*
Annual Deductible (Individual/Family): All individual deductible amounts will count towards meeting the family deductible, but an individual will not have to pay more than the individual deductible amount.	\$0	\$0
Employer Annual HSA Contribution	N/A	
Coinsurance Percentage	0%	0%
Annual Out-of-Pocket Maximum	\$5,000/\$10,000	\$10,000/\$20,000
PCP/Specialist Co-Pay	\$15-\$100 Copay	\$300
Emergency Room Co-Pay	\$500	\$500
Retail Pharmacy Co-Pay	\$10- \$20/ \$60 /\$90	
Mail-Order Pharmacy Co-Pay (after deductible)	\$25-\$50/\$150/\$225	



Providers and prices are fictional. Prices are representative of member copays, no deductible.

Surest is a new approach to medical coverage. This plan does not have a deductible or coinsurance, instead you pay a copay for your services.

With this plan, you will be able to see the cost for service **BEFORE** you receive care to help manage your health care costs.

Surest is part of the national UnitedHealthcare Choice Plus Network, so you will have access to providers, hospitals & clinics across the country.



Clear, upfront copays you can see before you receive care



Large national network of providers and hospitals



\$0 deductible and no coinsurance

See a doctor 24/7

24/7 Virtual Visits

- Get access to by phone or video, 24/7.
- See or talk to a board-certified doctor from your phone, mobile device* or computer
- Doctors can diagnose and treat a wide range of non-emergency medical conditions, including bladder infection, bronchitis, cold/flu, pink eye, and more.
- Access your 24/7 Virtual Visits benefit directly from myuhc.com or the UnitedHealthcare app – giving you 24/7 access to care covered under your health plan benefits.

Through Behavioral Health virtual care, you may have a real-time, audio- and video-enabled session with a behavioral health provider

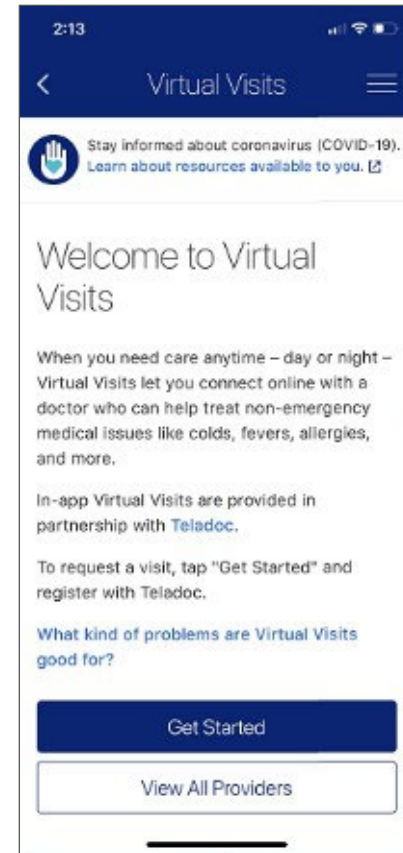
Use a behavioral health virtual visit for needs such as:

- Anxiety
- Bipolar disorder
- Depression
- Neuro-development disorders
- Substance disorders



Get started

Visit ableto.com/exploremore or scan the code with your smartphone



NOTE: There is a cost for this service



*Data rates may apply



What's NEW for 2025?

Program Length: January 1, 2025 to December 15, 2025

Program Steps: Complete Step 1 and Step 2 to receive your Medical Premium Discount in 2026!

STEP 1: Required: Complete your Biometric Screening

Form upload and/or results from your doctor, or carrier will be required for submission

STEP 2: Your Choose Wellness

You must complete 4 of 5 activities below, in addition to the Step 1

1. Complete your Age Gender Appropriate Screening

Download and upload the form within this step

2. Complete your Dental Screening

Download and upload the form within this step

3. Complete the SparkUniversity Course

4. Receive 1,000 SparkPoints

5. Complete the SparkAmerica Fall Fit City Challenge

**As a reminder: Employees and Spouses must have separate accounts to receive the discount.*

Support and details to come in 2025 about your wellness program from your Human Resources team!



The Deadline is Approaching Quickly to Complete Your 2024 Wellness Program

December 15, 2024

Complete 3 of 4 Wellness Options within your portal today!

1. Tobacco/Nicotine Attestation
2. Complete and Upload Your Biometric Screening
3. Earn 1,000 Sparkpoints
4. SparkAmerica Fit City Challenge

Please note the challenge is not currently available (Dates: September 1 - September 30)



Questions about your portal?

Reach out to PeopleOne Health's support team

Hours Mon. - Fri. 9AM to 5PM EST (excluding holidays):

Email: support@peopleonehealth.com

Phone: 1 (888) 330-6891

or your Human Resources team

**As a reminder: Employees and Spouses must have separate accounts to receive the discount.*

2025 Plan Out-of-Pocket Costs



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Dental Plan Out-of-Pocket Costs

DENTAL	IN-NETWORK	OUT-OF-NETWORK*
Annual Deductible (does not apply to Preventive & Diagnostic)	\$25/\$50	\$25/\$50
Annual Maximum (per person) (does not apply to Preventive & Diagnostic)	\$2,500	\$2,500
Preventive & Diagnostic <ul style="list-style-type: none"> Exams, Cleanings, Bitewing x-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 14) Sealants 	100%	100%
Remaining Basic (Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Repair of Dentures)	80%	80%
Crowns & Prosthodontics	60%	60%
Orthodontic Benefits (child & adult) (subject to a \$2,500 lifetime maximum per person)	50%	50%



Vision Plan Out-of-Pocket Costs

VISION	IN-NETWORK	OUT-OF-NETWORK*
Exams**	\$10	N/A
Frames***	\$150 allowance, 30% off balance	\$98
Lenses**	\$15	N/A
Lens Options (UV Coating, Tint, Other Add-Ons)	100%	Up to \$70
Contacts**	Medically necessary – 100% <i>Elective – Up to \$150</i>	Medically necessary – Up to <i>\$210 Elective – Up to \$140</i>

*Out-of-Network charges are subject to reasonable and customary rates established by the carrier. Costs in excess of these rates are the responsibility of the member.

** Every Calendar Year

*** Every Other Calendar Year



- > Find a Dentist
 - www.uhc.com/find-a-doctor
 - Dental plan: National Options PPO 30
- > Out of network: UCR 95th

Find UnitedHealthcare doctors, dentists and providers

With UnitedHealthcare health insurance plans, you'll have access to a large provider network that includes more than 1.3 million physicians and care professionals and 6500 hospitals and care facilities nationwide. ¹ Sign in to your member account or search our guest directory to find a provider that's right for you.

Member provider search

Sign in to find providers in your network 

Guest provider search

Shopping for a plan or unable to sign in? No problem. Just choose a plan type and see a general list of providers.

Search as a guest 



Find dental providers

Find a dentist 



Find mental health providers

Find mental health/behavioral health providers 



Find vision care providers

Find a vision care provider 



Find in-network pharmacies

Find a network pharmacy 



Pharmacy Benefits

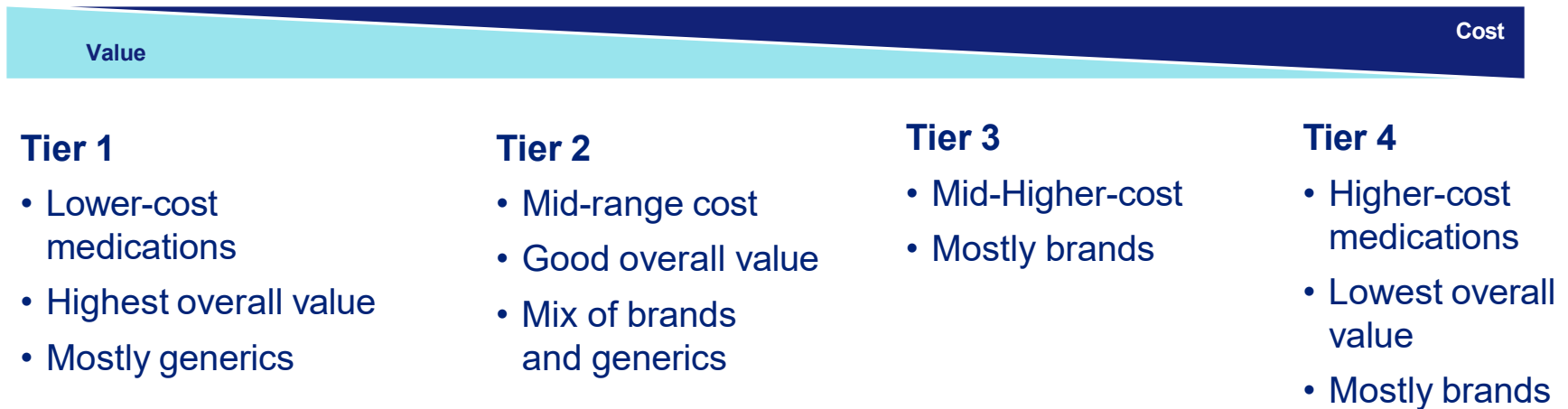
OptumRx is your UnitedHealthcare
plan's pharmacy care services manager

OptumRx is committed to helping provide
you with easier and lower-cost ways
to get the medication you need

United
Healthcare

How prescriptions are covered for Core & Basic Plans

The UnitedHealthcare **Prescription Drug List (PDL)** is a list of commonly prescribed medications covered by the plan. Medications are placed into tiers that represent the cost you pay out of pocket.



Advantage of using home delivery



Free shipping



Get up to a 3-month supply for medications you take regularly



May cost less than retail



Refill reminders and 24/7 access to a pharmacist



Prescription drugs under Surest



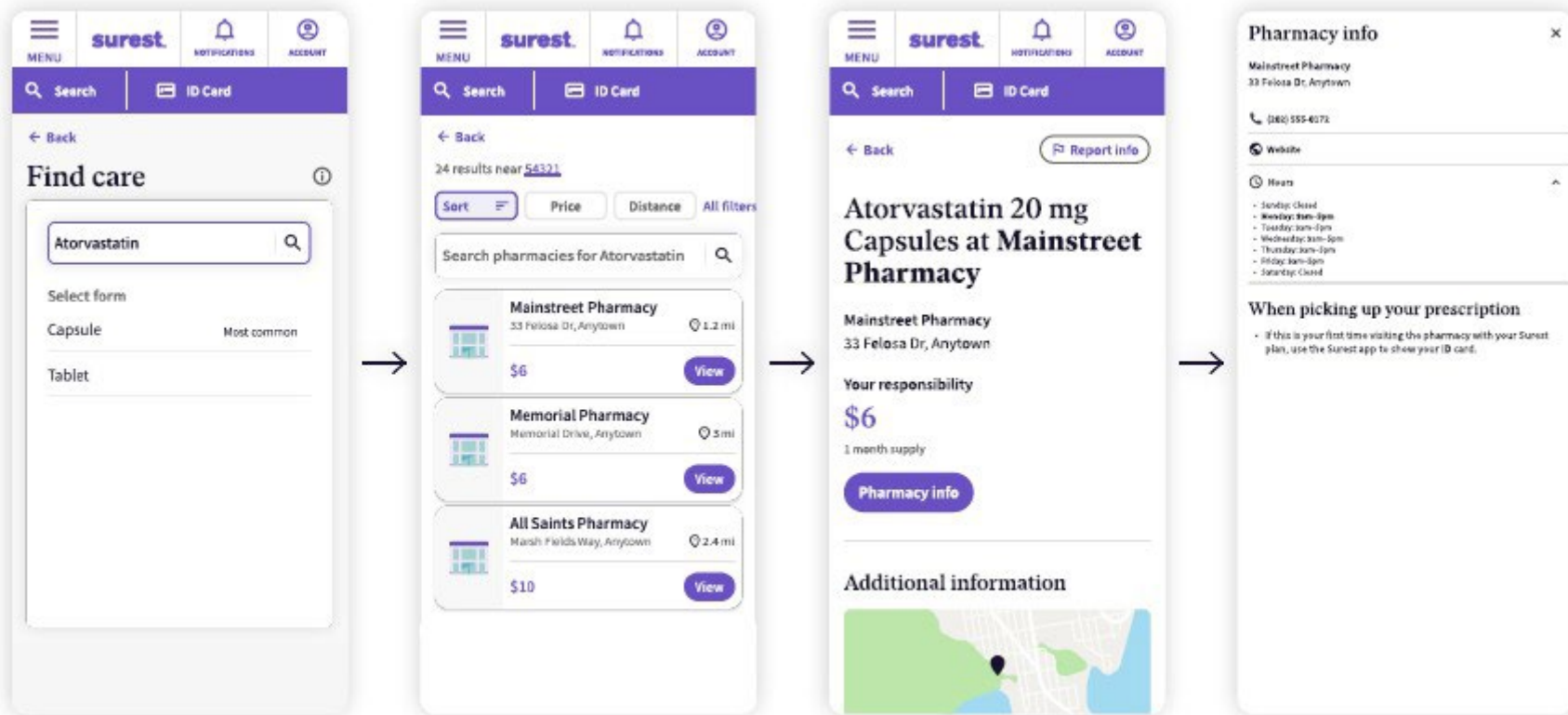
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> Comparing costs

- Sign into your member account on the Surest app or Benefits.Surest.com
- Shopping around is part of the intuitive Surest plan design. When you can check prices in advance and compare options, you have opportunities to save!
- *If the cost at the pharmacy is less than the assigned copay, you'll pay the lower cost*

> More Questions?

- Call Surest Member Services at 866-683-6440, Monday- Friday, 6 am-9 pm CT



App screenshots are for illustrative purposes only.





Your Open Enrollment 2025

Flexible Spending Accounts



- > Limits
- > Types of Accounts



Health FSA (Employees not participating in the Core, Basic, or HDHP through spouses)

Limited FSA (Basic/Core Plan participants)

- > Current participants are eligible to carryover up to \$640 of remaining monies into the 2025 Plan year. In 2025, you can roll over up to \$660 of unused Health Care FSA funds from 2025 to 2026.
- > Current deductions will cease at the end of 2024.
- > A new election must be made to participate in the 2025 plan year.

Dependent Care Account

- > Current deductions will cease at the end of 2024.
- > A new election must be made to participate in the 2025 plan year. The current limit for 2025 is \$5,000 (Self/Married - \$5,000; Married but filing separately - \$2,500).
- > There are no carry over of benefits.

Commuter Benefits (Parking & Transit)

- > If you are actively participating in the Commuter Benefits FSA, your elections will continue unless you make a change through the Navia website.
- > Any unused funds in this account at the end of 2024 will be automatically rolled-over to 2025 (no limit).

Must enroll on the Navia website: www.naviabenefits.com – Company code RML.



FLEXIBLE SPENDING ACCOUNT (FSA)	LIMIT
Health FSA – Medical/Limited	\$3,300/annually
Dependent Care	\$5,000/annually

You can roll over up to \$660 of unused Health Care FSA funds from 2025 to 2026. Any unused Health Care FSA funds above \$660 at the end of the year are forfeited.

Transit Benefit	\$325/monthly, pretax*
Parking Benefit	\$325/monthly, pretax*

*Participants are eligible to contribute above \$325/mo. as an after-tax payroll deduction.



Unum Benefits

Employer-Paid Benefits

TERM LIFE/AD&D INSURANCE

- **Life Benefit Amount:** 2.5x your annual earnings to a maximum of \$750,000
- AD&D Benefit Amount Matches life amount
- Coverage is 100% employer-paid
- Benefit Reductions: Original benefit reduces to 65% at age 65; to 50% at age 70

Additional Accidental Death & Dismemberment Benefits (AD&D)

Education Benefit— Provides up to \$24,000 (6% to \$6,000/year) for the financial support of surviving, unmarried children

Repatriation Benefit— Pays up to \$5,000 to pay for the preparation and transportation of the deceased to a chosen mortuary, when death is the result of an accident which occurs more than 100 miles from the insured's primary residence. Repatriation benefits are paid following payment of the AD&D benefit.

Seatbelt Benefits— 10% of the full amount of your AD&D insurance benefit to a maximum of \$25,000

Airbag Benefits— 5% of the full amount of your AD&D insurance benefit to a maximum of \$5,000

Exposure and Disappearance Benefit— Provides coverage if the insured employee is injured and unavoidably exposed to the elements and as a result of the exposure, suffers a covered loss.

Common Carrier Benefit— Doubles the amount of AD&D benefit payable when the insured employee's death is the result of a non-occupational injury that occurs while insured is a passenger in a public passenger carrier (bus, subway, airplane, etc.)

Child Care Benefit— Pays an annual benefit amount for child care to the insured employee, their spouse or their spouse's authorized representative on behalf of each of the insured employee's qualified children if the insured employee or their spouse dies: as a result of an accidental bodily injury; and within 365 days after the date of the accident causing the accidental bodily injury; the accident causing the insured employee's or their spouse's accidental bodily injury occurred while they were insured under the plan; proof is furnished to Unum that the child is a qualified child.

LTD

- **Monthly Benefit Amount:** 60% of your monthly earnings to a maximum benefit of \$15,750 per month. The monthly benefit may be reduced or offset by other sources of income.
- **Elimination Period:** Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.
- **Definition of Disability:**
 - You are disabled when Unum determines that: You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury and are not working; or
 - You have a 20% or more loss of indexed monthly earnings while working
 - You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.
- **Duration of Benefits:** The duration of your benefit payments is based on your age when your disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability. If your disability occurs before age 62, benefits could be payable up to the Social Security Normal Retirement Age. If your disability occurs at or after age 62, your benefits would be paid according to the benefit duration schedule.

STD

- **Weekly Benefit Amount:** 60% of your weekly base earnings to a maximum benefit of \$2,500 per week. The weekly benefit may be reduced or offset by other sources of income.
- **Elimination Period:** Your elimination period is 0 days for a disability due to an accident or injury and 7 days for disabilities due to illness. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.
- Please note that maternity is not covered under this plan because Victory Capital Management provides a full 8-week maternity benefit.
- **Definition of Disability:**
 - You are considered disabled when Unum determines that, due to sickness or injury:
 - You are limited from performing the material and substantial duties of your regular occupation and you are not working; and
 - You are working but you have lost 20% or more in weekly earnings.
 - You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.
- **Duration of Benefits:** Your STD benefits are payable for the period during which you continue to meet the definition of disability. Your short-term disability benefit could be paid for up to 13 weeks.

If you experienced a medical emergency while traveling, would you know who to call?

Whenever you travel 100 miles or more from home – to another country or just another city – be sure to pack your worldwide emergency travel assistance phone number!

Use your travel assistance phone number to access:

- Hospital admission assistance
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Referrals to Western-trained, English-speaking medical providers
- Passport replacement assistance

With the Assist America Mobile App, you can:

- Call Assist America's operation Center from anywhere in the world with the touch of a button
- Access pre-trip information and country guides
- Search for local pharmacies (U.S. only)
- Download a membership card
- View a list of services
- Search for the nearest U.S. embassy
- Read Assist Alerts

24/7 services anywhere in the world

Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year and can connect you with pre-qualified, English speaking and Western-trained medical providers anywhere in the world.



Download and
activate the app
today from the Apple
App Store or Google Play.

Reference Number:
01-AA-UN-762490



Employee Assistance Program with Health Advocate

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer. Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

Who is covered?

Unum's EAP services are available to all eligible employees, their spouses, dependent children, parents and parents-in-law.



Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:

1-800-854-1446
(multi-lingual)

www.unum.com/lifebalance



A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more

* The consultants must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Voluntary Employee-Paid Benefits

- Visit <https://flimp.live/2b7mwoj62> for more information!

Who can have it?	Life plan design	AD&D plan design
<p>Employee must be actively at work</p>	<ul style="list-style-type: none"> Choose from \$10,000 to \$750,000 in \$10,000 increments 	<p>Up to \$750,000 of AD&D coverage for yourself in \$10,000 increments.</p>
<p>Spouse Available with purchase of employee coverage</p>	<ul style="list-style-type: none"> Get up to \$250,000 of coverage in \$1,000 increments. Spouse coverage cannot exceed the lesser of 100% of the employee coverage amount or \$250,000. 	<p>Up to \$250,000 of AD&D coverage for your spouse in \$1,000 increments, if eligible.</p>
<p>Child Available with purchase of employee coverage for eligible children, step-children, legally adopted children and grandchildren, ages 14 days through 26 years.</p>	<ul style="list-style-type: none"> Get up to \$10,000 of coverage in \$1,000 increments. One policy covers all children until their 19th birthday; up to 26th birthday for full time students. The maximum benefit for children from live birth to 6 months is \$1,000. 	<p>Up to \$10,000 of coverage for your children in \$1,000 increments.</p>

► **What is Accidental Death and Dismemberment insurance?** *This benefit could be paid in addition to the life benefit if you or a covered dependent die in a covered accident or suffer a covered dismemberment or disability.*

Group Critical Illness Insurance product highlights

Protection for employees and their families

Helps lessen the financial impact of out-of-pocket medical costs related to serious illness or health event

Covered conditions include:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Cancer • Heart attack • Stroke* • Benign brain tumor • Blindness • Coronary bypass surgery (pays 25% of lump sum benefit) | <ul style="list-style-type: none"> • Kidney failure • Major organ failure • Permanent paralysis • Occupational HIV • Coma • Carcinoma in situ (pays 25% of lump sum benefit) |
|--|--|

Children are covered for the same conditions* plus:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Cerebral palsy • Cleft lip/palate • Cystic fibrosis | <ul style="list-style-type: none"> • Down syndrome • Spina bifida |
|---|---|

Multiple benefit payments (all covered conditions will pay a benefit). The diagnoses must be at least 90 days apart, and the conditions can't be related to each other.

Critical Illness Plan Summary



- Lump-sum benefit paid directly to claimant
- 30-day benefit waiting period
- 12/12 pre-existing condition exclusion (waived for those employees who are currently enrolled in critical illness with Unum)
- Benefit choices: \$10,000, \$20,000, or \$30,000
- All coverage levels are guaranteed at this enrollment without medical questions
- Annual \$50 Wellness Benefit for all covered individuals



Dependent coverage

- Spouse coverage available when employee participates in plan
- Spouse benefit: 50% of the employee coverage amount
- Children covered automatically at 50% of employee benefit at no additional cost

Please refer to the policy for complete definitions of covered critical illnesses.

THIS IS A LIMITED POLICY.

Pricing can be found within UKG

Group Accident Insurance product highlights

Protection for employees and their families

Plan Summary

- Helps lessen the financial impact of out-of-pocket medical costs related to an accident
- Pays a lump-sum benefit directly to the claimant based on the type of injury sustained or type of treatment provided: **50+ benefits**

- On/Off job Plan Type



Wellness Benefit of **\$50**

- 26 covered screenings and tests
- Benefit available to all covered individuals
- Easy claim filing via phone
- No issue age restrictions for employee
- Dependent Children: Newborn to 26th birthday
- Coverage is portable
- No maximum number of benefit payments; employees can file claims for multiple covered incidents

<u>Injury</u>	\$	<u>Injury</u>	\$
ER Visit	\$100	Concussion	\$200
Hospital Admission	\$1,200	Dislocation	Up to \$3,375
Fracture	Up to \$4,500	Ambulance	\$300 / \$1,000
Wellness Benefit	\$50	General Surgery	Up to \$1,500
X-Ray / MRI	\$50 / \$200	Follow-up Visit	\$75

Accident Coverage (Includes \$50 Annual Wellness Benefit)

Per Pay Cost	Employee	Employee + Spouse	Employee + Child(ren)	Employee, Spouse + Child(ren)
Bi-Weekly	\$4.96	\$8.81	\$10.48	\$14.33

*For illustrative purposes only; costs of treatment and benefit amounts may vary. Other non-medical expenses not reflected.

Group Hospital Indemnity

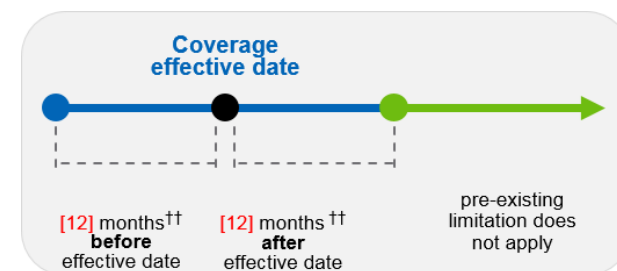
Plan Summary



- Medical insurance covers many of the costs associated with a hospital stay and outpatient surgery, but you could still be left with significant out-of-pocket expenses
- **\$1,000** for a covered hospital admission once per calendar year
- **\$100** for each day of your covered hospital stay to a maximum of 365 days per calendar year
- **\$100** for each day you spend in intensive care up to a maximum of 30 days per calendar year
- Annual Wellness Benefit of \$50
 - 26 covered screenings and tests
 - Benefit available to all covered individuals
 - Easy claim filing via phone
- No issue age restrictions for employee
- Dependent Children: Newborn to 26th birthday
- Coverage is portable

Hospital Coverage (Bi-Weekly Cost)	
Tier	Employee
Single	\$6.29
EE + Spouse	\$13.02
EE + Children	\$9.62
Family	\$16.35

This plan will not pay benefits for a claim resulting from a pre-existing condition. Under this 12/12 plan, a pre-existing condition: Includes any sickness or injury or symptoms of a sickness or injury, whether diagnosed or not, for which the insured received medical treatment, consultation, care or services including diagnostic measures, took prescribed drugs or medicine or had been prescribed drugs or medicine to be taken during the 12 months just prior to his or her coverage effective date, and for which the date of covered loss is in the first 12 months after his or her coverage effective Date.



Wellness Benefit

- ▶ Each covered individual will automatically receive the health screening benefit rider, which can pay \$50 annual for a covered health screening test. The wellness benefit is included with the Accident, Critical Illness coverage & Hospital Indemnity.
- ▶ If you and/or a dependent enroll in one or more coverages, you can receive a \$50 wellness benefit for each plan for a qualifying health test/screening (for a maximum of \$150 per covered individual per calendar year).

Some covered tests include:

- Colonoscopy
- Mammography
- Pap smear
- Skin cancer biopsy
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine LDL and HDL levels
- Stress test on a bicycle or treadmill

A full list of tests will be included with your policy.

You can file your claim online with a one-time registration on unum.com, by mail or over the phone. Simply call 1-800-635-5597 for more information.

You will need to provide the following information:

- First and last name of the employee and claimant (the employee might not be the claimant)
- Employee's Social Security number or policy number
- Name and date of the test
- Physician's name and the facility name where the test was performed



benefits.legalshield.com/victorycap



Cost Savings with LegalShield

Lawyers are expensive! The hourly rate for a lawyer costs anywhere between \$110 to \$350.

Legal Need	Typical Cost
General Legal Consultation (per hour)	\$300
Will Preparation	\$1,500
Representation in a Traffic Matter	\$1,000
Prepare Purchase/Selling Agreement	\$500
Review Lease/Rental Agreement	\$750
Prepare a Prenuptial Agreement	\$2,000
Total:	\$6,050
Total Savings with LegalShield:	More than \$5,000

LegalShield is only \$18.50 a month and provides direct access to a dedicated provider law firm.

Average cost basis for typical lawyer costs are associated with the Philadelphia region. Exact costs are determined by law firms. The average hourly rate of a lawyer is based on LegalShield Provider Law Firms lowest and highest hourly rates.

LegalShield Plan Coverage



Estate Planning

- Living Will/Wills
- Power of Attorney
- Probate
- Living Trusts/Trusts
- Codicils



Family

- Adoption
- Paternity
- Conservatorship
- Domestic Violence Protection
- Guardianship
- Juvenile Court Proceedings
- Immigration Assistance
- Name Change
- Incompetency Defense
- Juvenile Defense
- Prenuptial Agreements
- Administrative Hearing



Financial

- Consumer Credit Services
- Affidavits
- Bankruptcy
- Consumer Protection
- Contracts/
Financial Disputes
- Debt Collection
- IRS Audit Protection
- Rental Agreements
- Medicaid/Medicare Disputes
- Habeas Corpus
- Civil Litigation
- Identity Theft
- Personal Property Disputes
- Promissory Notes
- Small Claims Assistance
- Social Security Disputes
- Tax Audit Protection
- Veterans Benefits Disputes



Auto

- Driver's License Restoration
- Moving Traffic Violations/
Traffic Tickets
- Property Damage Claims
- Motor Vehicle
Property Damage



Home

- Contractor Disputes
- Deeds
- Eviction and
Tenant Issues
- Foreclosure
- Neighbor Disputes/
Easements
- Refinancing
- Purchase/Sale of House
- Real Estate Contracts/
Financial Disputes
- Small Claims Assistance
- Zoning Applications
- Mortgages
- Boundary Title Disputes
- Home Equity Loans
- Property Tax Assessments



General Services

- Office Consultation
- Telephone Advice
- Document Review
- 24/7 Emergency Legal Access
- Mobile App
- Demand Letters/Phone Calls
- 25% Discount



A comprehensive credit reporting, credit monitoring, identity theft protection program and much more!

This service is 100% Company paid for all employees, spouses, and dependent children. You are automatically enrolled in this plan.

Monitoring and Detection

IDShield helps safeguard your most important information.

- Dark Web and Internet Monitoring
- Child Monitoring
- Identity Threat Alerts
- Sex Offender Monitoring and Alerts
- Username/Password (Credentials) Monitoring
- Continuous Credit Monitoring and credit threats
- Address Changes
- Application Alerts
- Deceased Family Monitoring
- Financial Account Monitoring and Alerts
- Monthly Credit Score Tracker with Experian
- More

Consultation Services and Support Tools

IDShield is your go-to partner for all things related to identity protection.

- Personalized **Risk Assessment**
- **Credit Monitoring** Insights
- **Security** Best Practices
- Review of **Identity Theft Trends**
- **Fraud Alert** and **Credit Freeze** Assistance
- Unsolicited offers for credit cards and insurance **reduction**

IDShield Mobile App

Download the app to access your plan from anywhere.

- Receive real-time identity threat and credit inquiry alerts
- Track your monthly credit score
- Directly access an identity theft specialist (24/7 emergency access)
- Track and edit your monitored information
- And more!

For questions about the plan, call Customer Care, at 888-807-0407 from 7am to 7pm CST (Mon to Fri)

Genetics for life

Your genome may be the most important factor in driving your health but is often ignored.

Genomic Life makes it easy to obtain genetic information to prevent, diagnose, and treat disease.

When you become a Genomic Life member, you will have access to genetic testing that will unlock insights into your proactive health and inherited risks for disease.

member.genomiclife.com



Proactive Genetic Testing



Genetic Health Screen

Informs genetic predisposition for actionable conditions

Analyzes 147 genes, identifying elevated health risks for cancer, cardiac disease, and other critical illnesses



Carrier Screening

Identifies critical recessive traits for expectant parents

Uncovers genetic insights from both partners during family planning which help mitigate the risk of serious illness in offspring

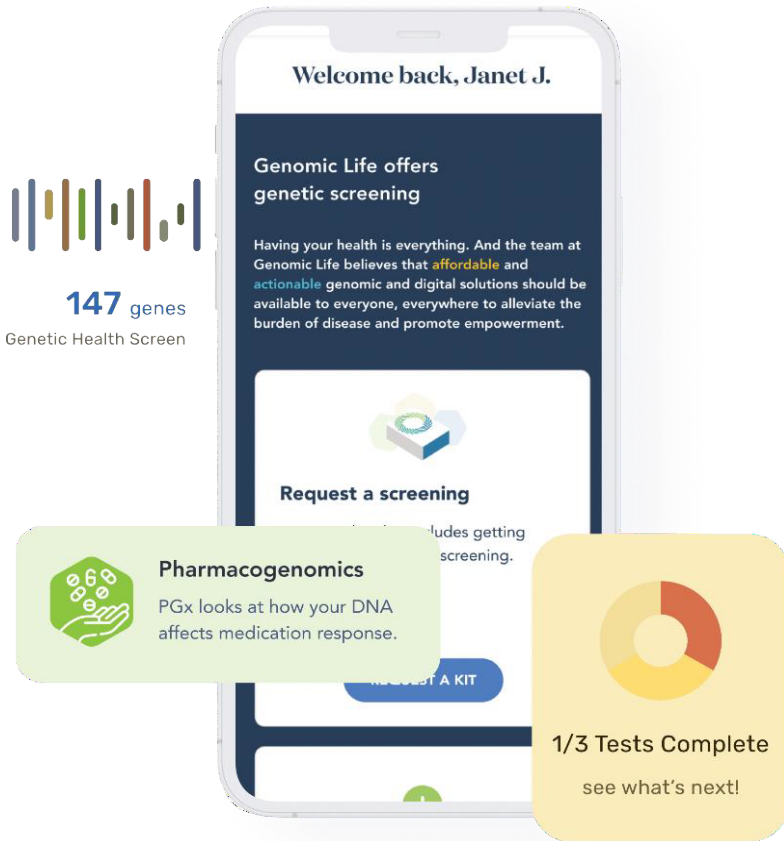


Pharmacogenomics

Highlights drug-gene interactions and efficacy

Analyzes the unique way an individual responds to medications to optimize treatment, maximize effectiveness, and minimize side effects

It's Simple



1

Create an account on the Genomic Life Platform – use our membership: member.genomiclife.com

2

Order one or all of our genetic tests – all genetic testing will be included in your membership

3

Manage results – review your results with a team of experts

BIWEEKLY COST

Up to age 50:

EE = \$8.31 EE+SP = \$16.62

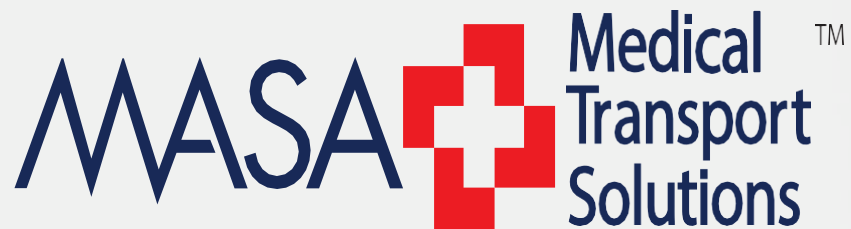
Age 50-64:

EE = \$10.15 EE+SP = \$20.31

Age 65+:

EE = \$12 EE+SP = \$24

Working Together to Bring Peace of Mind to You and Your Family



Any Ground. Any Air. Anywhere.™



EMERGENT PLUS MEMBERSHIP

4 MUST HAVE benefits for ONLY \$14/Month

Covers spouse and all legal dependents until 26th birthday!



Emergent Air Transport

MASA will work with the provider after the health plan pays its part with the end goal of the member owing zero out-of-pocket.* Covered by all providers in all 50 states and Canada for both emergent air transports from a scene and emergent interfacility.



Repatriation

In the event the member is hospitalized more than 100 miles from home and expected to be hospitalized for an extended period, MASA can arrange for a transport back to a hospital closer to home for the continued acute care of the illness or injury that occurred away from home.



Emergent Ground Transport

MASA will work with the provider after the health plan pays its part so the member will owe zero out-of-pocket for the emergent transport from a scene or emergent interfacility. Transports by all providers in all 50 states and Canada are covered.



Non-Emergent Inter-Facility

If the member is in one hospital and needing to be transported to another hospital for a higher level of care, however, it is not immediately life-threatening, then MASA is to arrange the transport. Member is guaranteed no out-of-pocket regardless of the disposition of the claim by the health plan.

*MASA has been successful by working with the providers to settle claims to a zero balance over 99.5% of the time. In the rare event a provider will not work with MASA, MASA will pay the member directly \$20,000 in lieu of paying the provider. MASA will then work as an advocate, guiding the member through the process --- with a successful track record of member settling with the provider for the \$20,000 or less!



Emergent Premier Membership

\$19/Month

Our Emergent Premier membership plan includes:

Emergency Ground Ambulance Coverage²

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage²

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage²

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation Near Home Coverage³

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

Minor Return Transportation Coverage³

In the event your minor child traveling with you is left unattended due to your emergency transport, MASA coordinates services and covers expenses to return your child safely home.

Did you know?

51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.



Pet Return Transportation Coverage³

If you are traveling with your pets and an emergency occurs requiring your medical transport, MASA coordinates services and covers expenses for returning up to two pets to your home

Post Admission Continued Care Transportation Coverage¹

Should you need care in a rehabilitation facility, skilled nursing facility, long-term care facility, hospice, or at home after an emergency, your out-of-pocket expenses for transport are eased with MASA.

Sick While Away From Home Expense Protection⁴

Should you contract a communicable disease while traveling away from home, your out-of-pocket expenses are eased with MASA.

Platinum Membership

\$39/Month

Covers spouse and all legal dependents until 26th birthday!

All Emergent Plus Benefits

Includes all the Emergent Plus benefits with the Non-emergent interfacility and repatriation benefits being worldwide coverage.

Return Transportation

If more than 100 miles away from and hospitalized for at least 24 hours, upon being discharged, MASA can purchase a plane ticket home.

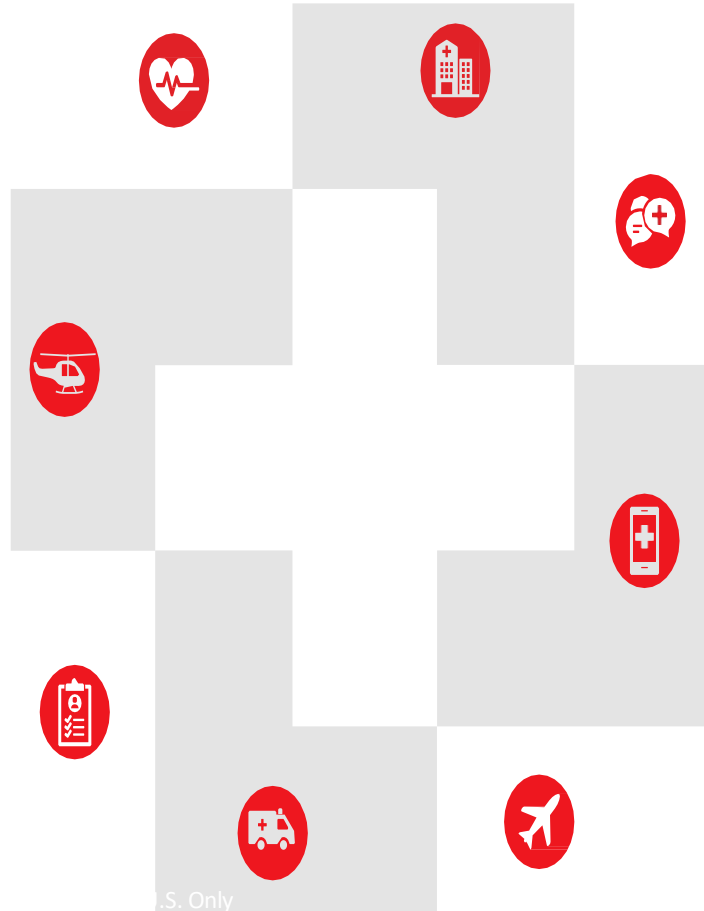
Mortal Remains Return

If more than 100 miles from home, MASA can arrange and pay for the transport of the remains to the closest commercial airport to member's primary residence.

Escort Transportation

MASA can arrange for a family member or friend to accompany member during transport.

Worldwide Coverage



U.S. Only

Organ Transplant Transportation

In the event the member is in need for an organ transplant, MASA will arrange transport to the organ or the organ to the member.

Basic Coverage Area

U.S., Canada, Mexico, Bahamas, Caribbean (excluding Cuba)

Requires member to be 100 miles or further from residence

Pet Return

MASA can arrange to transport domestic pet back to the closest commercial airport to member's primary address.

Vehicle Return Health Joy

If the member is unable to drive vehicle back due to illness or injury, MASA will arrange for the vehicle back to the member's residence.

Minor Children/Grandchildren Return

If result of illness or injury of member a minor child/grandchildren being left unattended, MASA will arrange for the transport of the minor to a guardian.

Visitor Transportation

If hospitalized for 7 days or longer, MASA will arrange for the transport of a family member or friend to the closest commercial airport to where member is hospitalized.

Compare Plans

	Emergent Plus plan	Emergent Premier plan	Platinum plan
Emergency Ground Ambulance Coverage	● ²	● ²	● ²
Emergency Air Ambulance Coverage	● ²	● ²	● ²
Hospital to Hospital Ambulance Coverage	● ²	● ²	● ²
Repatriation to Hospital Near Home Coverage	● ²	● ³	● ⁴
Post Admission Continued Care Transportation Coverage		● ¹	
Sick While Away From Home Expense Protection		● ⁴	
Minor Return Transportation Coverage		● ³	● ³
Pet Return Transportation Coverage		● ³	● ³
Patient Return Transportation Coverage			● ⁴
Companion Transportation Coverage			● ³
Hospital Visitor Transportation Coverage			● ³
Mortal Remains Transportation Coverage			● ⁴
Vehicle & RV Return Coverage			● ³
Organ Retrieval & Organ Recipient Transportation Coverage			● ¹

Coverage territories

1: United States only.

2: United States, Canada.

3: United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

4: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or under certain U.S. travel advisories as long as the member has provided ten (10) day notice.

Disclaimers

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums and benefits vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masamts.com/masa-mts-disclaimers>

FL residents: MASA provides insurance coverage whereby Medical Air Services Association of Florida, Inc. is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 and is doing business as MASA with its principal place of business at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324.

Nationwide Pet Insurance



Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

Nationwide offers two plans for you to choose from: My Pet Protection[®] and My Pet Protection[®] with Wellness500.¹

My Pet Protection is a medical plan that offers an annual benefit of \$7,500 for eligible veterinary bills related to accidents, injuries and illnesses, including emergency clinics and specialists.

My Pet Protection with Wellness500 offers the same protection as our medical plan, but includes coverage for preventive care. With this plan, up to \$500 of the annual \$7,500 benefit can be used for wellness, including checkups, flea and heartworm preventives, vaccinations, spay and neuter and more.

Both plans are guaranteed issuance,² have a \$250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.³

	My Pet Protection [®]	My Pet Protection [®] with Wellness500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more	✓	✓

Get a quote at [PetsNationwide.com](https://www.petsnationwide.com)

877-738-7874



Your Open Enrollment 2025

401(k) Plan

- > Contributions
- > Rollovers
- > Participant Loans



Enroll or make contribution changes at www.tcgservices.com

Employee Contributions

- > Employees are eligible to enroll in the plan on their date of hire.
- > Employees can make up to 100% pre-tax or Roth contributions from eligible payroll on a biweekly basis.
- > The IRS contribution limits for 2025 will be \$23,500; participants 50+ can contribute an additional \$7,500.
- > Participants may change deferral amounts or investment elections at any time.

Automatic Salary Deferral Contributions

- > Employees will be automatically enrolled in this Plan when they are eligible to participate and will have 6% of their salary withheld automatically as a pretax deferral, unless voluntary salary deferrals are elected otherwise prior to their first pay period.

Employer Contributions

- > Employer Matching Contributions – After the 1st year of service you will begin to receive dollar-for-dollar employer matching contributions, up to 6% of your contributions. Employees are immediately vested in the employer portion.
- > Discretionary annual profit sharing.

Rollovers from other Plans

- > The plan will allow rollover contributions from other eligible plans. You are eligible to rollover funds upon date of hire.

Participant Loans

- > Participants are eligible to take up to 50% of their vested plan balance up to a maximum of \$50,000.
- > Participants are eligible to have 2 outstanding loans.
- > Repayments are payroll deducted on an after-tax basis.

Student Loan Repayment – 401(k) Match

- > A matching contribution, up to 6% of compensation, based on the student loan payment amount, will be made to the participants VCM 401(k) account starting in 2025.

YEAR-END CHECKLIST



HUMAN
RESOURCES

Complete online enrollment in your UltiPro Account:

>>Menu>>Myself>>Open Enrollment

Questions or concerns?

Reach out to:

VICTORY CAPITAL

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216-898-2576

Sharri Hall-Carger

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210-694-9687

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216-370-9848