



Employee Benefit Guide

Plan Year: January 1, 2024 to December 31, 2024



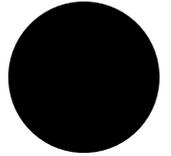


Use this interactive guide to explore your benefit options.

Just click on each section to quickly and easily find the benefit information you need.



Benefits Overview



Team Allied offers a comprehensive Employee Benefits program to meet the needs of you and your family. This guide provides information to help you make your enrollment decisions. During benefits enrollment, you have the opportunity to review your coverage needs, consider the benefits plans available to you, and select those that will provide the most value to you and your family.

What Plans are Offered

Medical Insurance

- Kaiser Permanente Base Plan & Buy Up Plan
- Blue Shield of CA Base Plan & Buy Up Plan

HRA | FSA

- HealthEquity

Dental Insurance

- Guardian Core & Buy Up Plans

Vision Insurance

- Guardian

Basic Life and AD&D | Disability Insurance

- Guardian

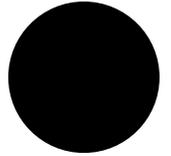
Voluntary Plans

- Guardian Voluntary Life and AD&D
- Guardian Accident & Critical Illness Insurance

Value-Added Features

- WorkLife Employee Assistance Program
- TravelAid Travel Assistance Program
- LegalShield & IDShield Identity Theft Protection

Cost of Coverage



Per Paycheck	Employee Only	Employee + Spouse/DP	Employee + Child(ren)	Employee + Family
Medical Insurance: Kaiser Permanente CA				
Base Plan: Employee Cost	\$91.84	\$269.76	\$236.33	\$357.87
Employer Cost	\$195.15	\$304.20	\$280.24	\$474.39
Buy Up Plan: Employee Cost	\$118.22	\$304.00	\$279.68	\$440.80
Employer Cost	\$219.55	\$371.55	\$328.32	\$538.75
Medical Insurance: Blue Shield				
Base Plan: Employee Cost	\$108.13	\$285.79	\$275.19	\$387.38
Employer Cost	\$361.99	\$792.67	\$522.47	\$971.84
Buy Up Plan: Employee Cost	\$162.19	\$417.15	\$351.24	\$562.19
Employer Cost	\$397.10	\$866.38	\$598.05	\$1,055.62
Dental Insurance: Guardian				
Core Plan: Employee Cost	\$11.83	\$30.19	\$38.10	\$56.43
Employer Cost	\$9.24	\$12.32	\$14.53	\$22.50
Buy Up Plan: Employee Cost	\$13.87	\$34.21	\$40.08	\$60.26
Employer Cost	\$8.06	\$10.05	\$12.88	\$19.17
Vision Insurance: Guardian VSP				
Employee Cost	\$4.16	\$6.99	\$7.14	\$11.29
Employer Cost	\$0	\$0	\$0	\$0
Accident Insurance: Guardian				
Employee Cost	\$5.11	\$8.55	\$8.95	\$12.40
Employer Cost	\$0	\$0	\$0	\$0

All rates are based on 26 pay periods per year.

Eligibility & Enrollment



How To Enroll

Step 1: Log in to the Paycom app or www.paycom.com

Step 2: Within the Notification Center, select “Benefits Enrollment”

Step 3: Click “Start Enrollment”

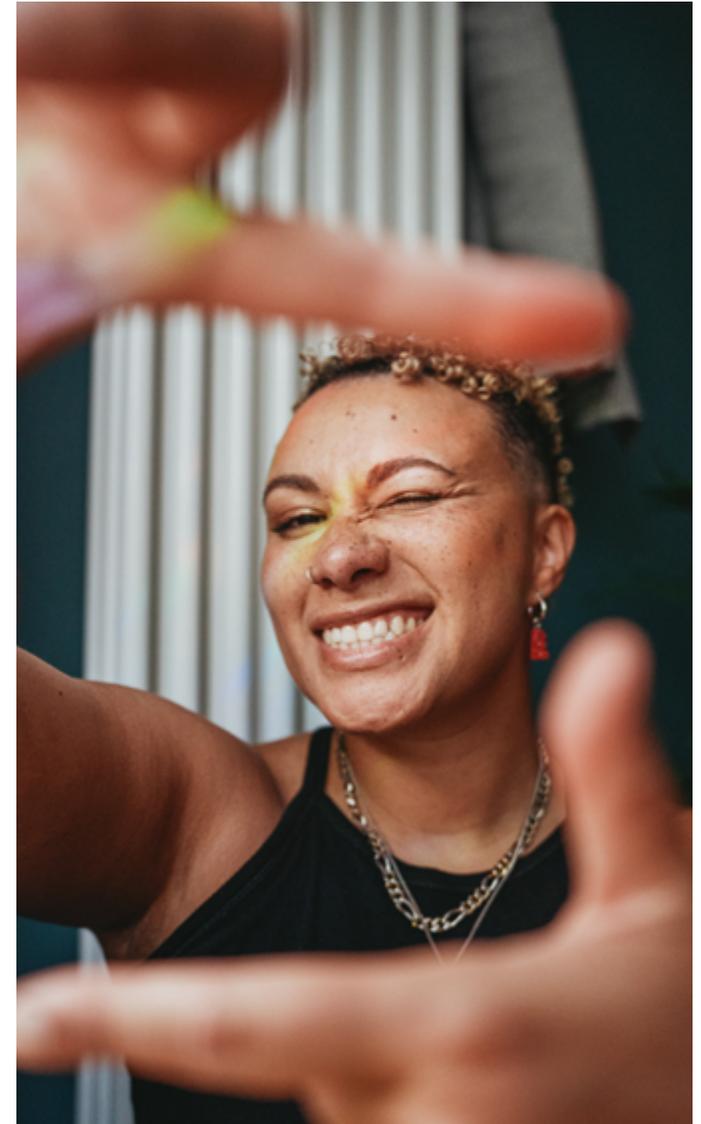
Step 4: After entering any dependents, electing or declining coverage, click “Finalize”, then “Sign and Submit”.

Qualifying Life Event (QLE)

The plan and dependent elections that you make when you are hired or during annual Open Enrollment are effective for the entire plan year unless you experience a Qualifying Event (marriage, birth, adoption, or loss of coverage). A QLE will allow for changes to be made to your plan elections. Proof of a QLE is required by the Benefits Team.

Examples of QLEs are:

- Marriage, divorce or annulment
- Birth, adoption, fostering a child or stepchild, issuance of court order requiring employee to provide coverage for child
- Child reaches age 26
- Death
- Change in the employee’s and/or dependent’s employment status



Eligibility & Enrollment



Who is Eligible?

All your healthcare benefits become available to you on the 1st of the month following 30 days of employment. To be eligible for benefits you must work a minimum of 30 hours per week on a regular basis and be hired into a regular full-time position.

If you are not currently eligible for benefits, but in the future your employment status changes to an eligible class, you will be allowed to join the plan on the first of the month following 30 days of eligible employment.

Eligible Dependents

Our benefit plans are available to you and your family members. You can enroll yourself, your spouse or registered domestic partner, and eligible children of you, your spouse or your registered domestic partner. Eligible children under the plan include biological, adopted, or children of whom you have legal custody, up to the age of 26. If your child is disabled before the age of 26, they may be eligible for continued coverage while disabled beyond age 26.

Waiving Coverage

If you elect to waive your coverage options, you must submit your declination through Paycom and provide a reason for waiving coverage. Please keep in mind that you will not be allowed to enroll in any of the offered plans if you later change your mind unless you experience a qualified event (see the page 5).

Making Changes

If you experience a qualifying event you have 30 days to notify the Benefits Administrator and make changes to your elections.

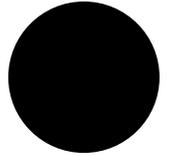
Reduction of Hours

If you experience a loss in hours and you are not regularly working the required 30 hours per week to maintain eligibility, you will lose coverage. You will be eligible for continuation of coverage when applicable.

If You Leave Your Job

In the event that your employment with Team Allied ends, qualified beneficiaries will be offered COBRA continuation coverage. You will receive election paperwork and be given the opportunity to continue to cover yourself or your previously enrolled dependents on the plan.

Medical Insurance



Blue Shield of CA

As an eligible employee of Team Allied, you may choose to enroll in one of the two Blue Shield of CA medical plans. Please note that the charts on the following pages are intended for comparison purposes only. For a comprehensive listing of all terms and conditions of coverage under each plan, please refer to the Evidence of Coverage Booklet.

To find coverage near you, visit www.blueshieldca.com. Select 'Find a doctor' and select 'Doctors & Specialists'. Enter your location. Select plan by entering '2024' for the Plan Year. Enter 'Blue Shield of California PPO Network' for the Plan type.

Plans offered through Blue Shield of CA:

- Base Plan
- Buy Up Plan

The Preferred Provider Organization (PPO) medical option offers discounted rates when you obtain medical care within the PPO network. You may use providers outside of the network, but your deductible and coinsurance will be higher.

Kaiser Permanente

If you live in California, you also have an HMO or HMO with an HRA option administered by Kaiser Permanente. The prescription coverage for the Kaiser plans is administered by Kaiser Permanente as well.

To find coverage near you, visit kp.org/locations. Select your region, search 'Doctors & Locations', enter your location and search.

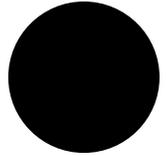
Plans offered through Kaiser Permanente:

- Base Plan
- Buy Up Plan

For residents of California, the HMO option offers coverage for services provided by network providers and facilities only. There are no benefits for out-of-network services, except in emergencies.

Medical Insurance

Blue Shield of CA

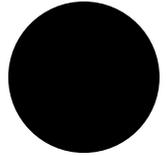


Blue Shield of CA

	Base Plan	Buy Up Plan
In-Network		
Annual Deductible: <i>Individual / Family</i>	\$2,000 / \$4,000	\$500 / \$1,500
Annual Out-of-Pocket Maximum: <i>Individual / Family</i>	\$7,000 / \$14,000	\$3,000 / \$6,000
Annual HRA Funds: <i>Individual / Family</i>	\$750 / \$1,500	\$0
Physician & Specialist Office Visit	\$30	\$15
Teledoc Physician Visit	No Charge	No Charge
Preventive Care	No Charge	No Charge
X-Ray / Lab	\$30 after deductible	\$15 after deductible
Emergency Room	\$150 + 30%	\$150 + 10%
Urgent Care	\$30	\$15
Hospital-Inpatient	30% after deductible	10% after deductible
Hospital-Outpatient	30% after deductible	15% after deductible
Prescriptions		
Tier 1: Generic	\$15	\$15
Tier 2: Preferred Brand Name	\$30	\$30
Tier 3: Non-Preferred Brand Name	\$45	\$45
Tier 4: Specialty	30% up to \$250 / script	30% up to \$250 / script

Medical Insurance

Kaiser Permanente



Kaiser Permanente – CA Only

	Base Plan	Buy Up Plan
In-Network		
Annual Deductible: <i>Individual / Family</i>	\$2,000 / \$4,000	\$750 / \$1,500
Annual Out-of-Pocket Maximum: <i>Individual / Family</i>	\$4,000 / \$8,000	\$3,000 / \$6,000
Annual HRA Funds: <i>Individual / Family</i>	\$750 / \$1,500	\$0
Physician & Specialist Office Visit	\$20 after deductible	\$15
Teledoc Physician Visit	No Charge	No Charge
Preventive Care	No Charge	No Charge
X-Ray / Lab	\$10 after deductible	\$10 after deductible
Emergency Room	20% after deductible	20% after deductible
Urgent Care	\$20 after deductible	\$25
Hospital-Inpatient	20% after deductible	20% after deductible
Hospital-Outpatient	20% after deductible	20% after deductible
Prescriptions: Retail/Mail Order		
Tier 1: Generic	\$10 / \$20	\$10 / \$20
Tier 2: Preferred Brand Name	\$30 / \$60	\$30 / \$60
Tier 4: Specialty	20% up to \$250 / script	20% up to \$250 / script

Health Reimbursement Account (HRA)

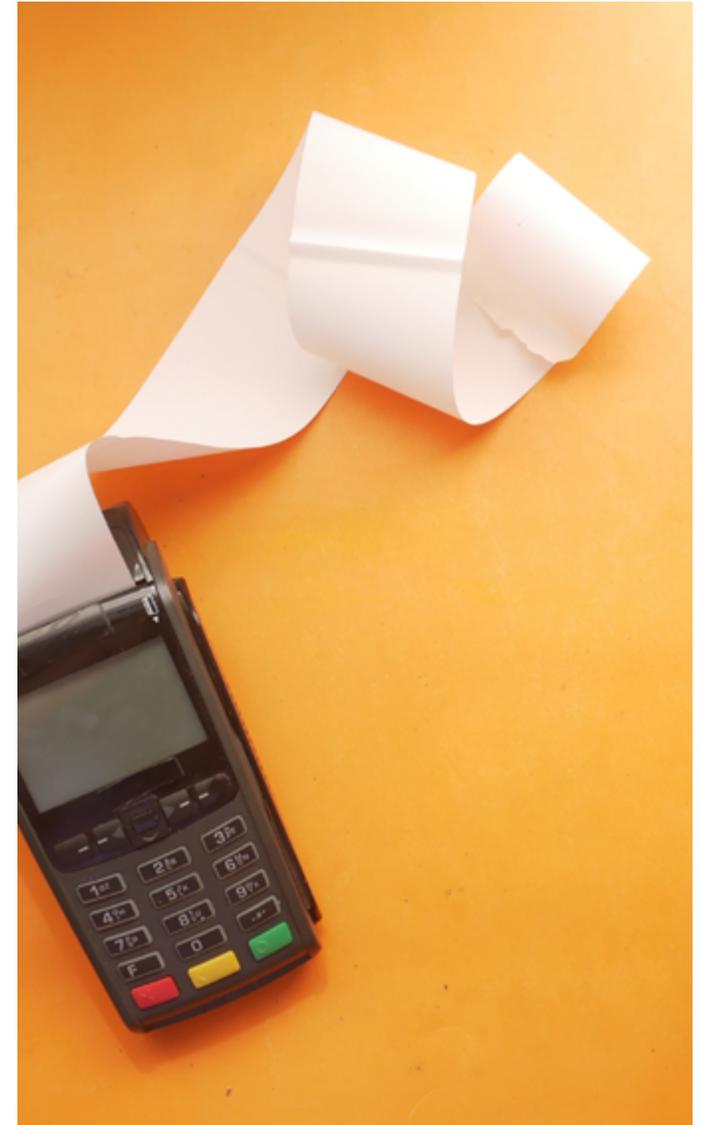
HealthEquity

If you enroll in either the **Blue Shield** or **Kaiser Permanente Base Plans** you will be automatically enrolled into the Team Allied sponsored Health Reimbursement Account (HRA), administered by HealthEquity. **All Buy-Up plans are excluded from the HRA.**

These HRA funds from Team Allied are available to help you pay for medical, dental and vision expenses for you and your dependents enrolled in the **Blue Shield** or **Kaiser Permanente Base Plans**.

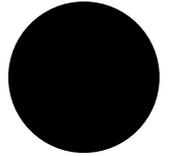
The HRA reimbursement maximum for the plan year is \$750 for an individual and \$1,500 for family.

Once you are enrolled you will receive a debit card from HealthEquity loaded with your HRA funds. If a provider will not accept your debit card as payment, you may always submit a manual claim for reimbursement through the HealthEquity mobile app. Remember, keep all receipts from your debit card transactions.



Flexible Spending Account (FSA)

HealthEquity



You can choose to participate in up to two different FSAs administered by HealthEquity.

Health Care FSA

FSAs allow you to put money aside tax-free that can be used for qualified medical, dental and vision expenses. FSA funds are available at the beginning of the year and can be used any time during the plan year.

Please note: If you do not use it, you lose your FSA funds. You may contribute up to \$3,200 for 2024 but you should only contribute the amount of money you expect to pay out of pocket that year.

Dependent Care FSA

Dependent Care FSAs allow you to contribute pre-tax dollars for qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).

IMPORTANT: You must enroll each year to participate

Unused funds will not be carried over to the following year, so re-elections are needed to participate again. You have until March 15th to submit incurred claims for reimbursement, and you also have until March 31st to submit plan year claims for reimbursement.

HealthEquity Mobile App

HealthEquity provides on-the-go account access for viewing balances and recent transactions. Submit claims, upload receipts/EOBs and more! Download the app from the Apple app store or Google Play.

Dental Insurance

Guardian



About Your Dental Benefit

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

To find a provider, go to www.guardianlife.com and hover over 'Connect with us', select 'Find a provider'. Check the 'PPO: DentalGuardPreferred' box, enter location and search.

	Core Plan	Buy Up Plan
Deductible <i>Individual</i>	\$25	\$25
Annual Maximum <i>Per Member</i>	\$1,500	\$2,000
Preventive Services <i>Routine Exams, Cleanings, Topical Fluoride, X-Rays</i>	Covered at 100%	Covered at 100%
Basic Services <i>Fillings, Periodontics, Oral Surgery, Endodontics</i>	Covered at 80%	Covered at 80%
Major Services <i>Crowns, Bridges, Dentures, Inlays, Onlays and</i>	Covered at 50%	Covered at 50%
Orthodontia	Covered at 50%	Covered at 50%
Lifetime Orthodontia Maximum	\$1,000	\$1,000
Maximum Rollover*		
Rollover Threshold	\$700	\$800
Rollover Amount	\$350	\$400
Rollover In-Network Amount	\$500	\$600
Rollover Account Limit	\$1,250	\$1,500

*Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Vision Insurance

Guardian



Team Allied's vision insurance entitles you to specific eye care benefits. Vision insurance can help you maintain your vision as well as detect various health problems. The Guardian VSP vision policy covers routine eye exams and other procedures. It provides specified dollar amounts and discounts for the purchase of eyeglasses and contact lenses.

To find a Guardian VSP provider, go to www.guardianlife.com and hover over 'Connect with us', select 'Find a provider'. In the upper right hand click 'Find a vision provider', click 'VSP' enter location and search.

	In-Network	Out-of-Network
Eye Exam (Every 12 months)	\$20	Amount over \$39
Materials	\$20	
Lenses (Every 12 months)		
Single Vision	\$0	Amount over \$23
Bifocal	\$0	Amount over \$37
Trifocal	\$0	Amount over \$49
Lenticular	\$0	Amount over \$64
Frames (Every 12 months)	80% of amount over \$130	Amount over \$46
Contact Lenses (Every 12 months)		
Evaluation and Fitting	15% off UCR	No discounts
Elective	Amount over \$130	Amount over \$100
Medically Necessary	\$0	Amount over \$210

Life & Disability Insurance

Guardian



Life insurance can help provide for your loved ones in the event of your death. Team Allied provides you with the following life and accidental death and dismemberment (AD&D) insurance benefits at no cost to you, through Guardian.

Please be sure to review your beneficiary information and update if needed through the Paycom app.

Employee's Life and AD&D Insurance Benefits

Benefit	Age Reduction	AD&D Benefit	Guarantee Issue
100% of your annual salary, to a maximum of \$200,000 with a minimum amount of \$10,000	35% at age 65 50% at age 70	Enhanced AD&D	Up to \$200,000



Life & Disability Insurance

Guardian



Short-Term Disability

Team Allied provides short-term disability income benefits to full-time Employee-Owners **that reside outside of California**. Short-term disability (STD) insurance coverage is designed to protect an individual's partial wages during a time of injury or illness (that is not work-related) that would prohibit the individual from working. This benefit is administered by Guardian.

Please note, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Max Weekly Benefit	Benefits Begin	Guarantee Issue	Max Benefit Duration
60% of salary to a maximum of \$1,500 / week	After 8 days	\$1,500	12 weeks

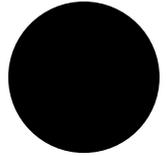
Long-Term Disability

Long-term disability is offered to all full-time Employee-Owners. Long-Term Disability (LTD) pays you a portion of your earnings if you cannot work for an extended period of time due to ailness or injury. Benefits are reduced by other sources of disability income you may qualify for such as Social Security and Workers' Compensation.

Max Monthly Benefit	Benefits Begin	Guarantee Issue	Max Benefit Duration
60% of salary to a maximum of \$6,000 / month	After 91 days	\$6,000	To age 65

Voluntary Benefits

Guardian



Voluntary Life and AD&D Insurance

While Team Allied provides basic Life/AD&D insurance, depending on your personal circumstances, you may want to consider buying supplemental coverage.

With voluntary Life/AD&D insurance, you are responsible for paying the full cost of coverage through semi-monthly payroll deductions.

Please note: Employee-Owners must enroll in voluntary coverage in order to obtain voluntary spouse and/or child coverage and the spouse coverage may not exceed 100% of the coverage the employee elected.

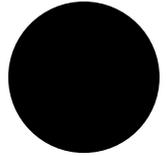
During Open Enrollment, employees with existing Vol Life/AD&D coverage can increase their coverage by \$50,000 without EOI –not to exceed the Guarantee Issue amount, \$200,000.

Age	Rate Per \$1,000		
	EE	SP/DP	Child
Under 30	\$0.085	\$0.850	\$0.167
30-34	\$0.089	\$0.089	
35-39	\$0.114	\$0.114	
40-44	\$0.164	\$0.164	
45-49	\$0.263	\$0.263	
50-54	\$0.424	\$0.424	
55-59	\$0.644	\$0.644	
60-64	\$0.947	\$0.947	
65-69	\$1.595	\$1.595	
70-74	\$3.266	\$3.266	
AD&D Rate	\$0.040 for all		

	Life Benefit	AD&D Benefit	Guarantee Issue
Employee Coverage	\$10,000 increments up to \$400,000	Maximum 1 times life amount	<65 \$200,000 65-69 \$50,000 70+ \$10,000
Spouse Coverage	\$5,000 increments up to \$250,000	Maximum 1 times life amount	<65 \$25,000 65-69 \$10,000
Child(ren) Coverage	\$5,000 or \$10,000	Maximum 1 times life amount	\$10,000

Voluntary Benefits

Guardian



Critical Illness Insurance

Critical Illness Insurance is designed to provide financial support in the face of life's unexpected health challenges. To help with being prepared for the unforeseen, this Critical Illness Insurance plan offers you financial security when you need it most.

Employee Critical Illness benefit amounts allow for you to choose a lump sum benefit of \$5,000 to \$20,000 in increments of \$5,000. For spousal coverage, you may choose a lump sum benefit of \$2,500 to \$10,000 in increments of \$2,500, up to 50% of the employee benefit. Children receive 25% of the employee's lump sum benefit.

Condition	First Occurrence	Second Occurrence
Cancer		
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%

Employee Monthly Rate

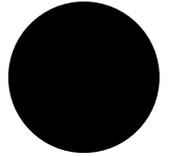
Age	\$5,000	\$10,000	\$15,000	\$20,000
<30	\$2.15	\$4.30	\$6.45	\$8.60
30 - 39	\$3.60	\$7.20	\$10.80	\$14.40
40 - 49	\$7.15	\$14.30	\$21.45	\$28.60
50 - 59	\$14.65	\$29.30	\$43.95	\$58.60
60 - 69	\$25.40	\$50.80	\$76.20	\$101.60
70+	\$40.70	\$81.40	\$122.10	\$162.80

Spouse Monthly Rate

Age	\$2,500	\$5,000	\$7,500	\$10,000
<30	\$1.08	\$2.15	\$3.23	\$4.30
30 - 39	\$1.80	\$3.60	\$5.40	\$7.20
40 - 49	\$3.58	\$7.15	\$10.73	\$14.30
50 - 59	\$7.33	\$14.65	\$21.98	\$29.30
60 - 69	\$12.70	\$25.40	\$38.10	\$50.80
70+	\$20.35	\$40.70	\$61.05	\$81.40

Voluntary Benefits

Guardian



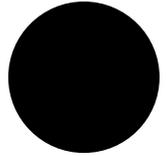
Accident Insurance

Accidents can happen any time. Guardian Accident insurance helps pay for expenses related to unexpected accidents and injuries. The benefit amount is determined by the injury and medical care received and is paid in a lump sum amount.

Benefits	
Benefit Amounts	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000
Dismemberment <i>Loss of Hand, Foot, Sight</i>	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment <i>Loss of Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot</i>	25% of AD&D benefit
Hospital Admission	\$1,000
Hospital Confinement	\$25 per day, up to 10 days after a 3 day elimination period
Ambulance	\$200
Air Ambulance	\$1,000
Emergency Room Treatment	\$200
Fractures	Schedule up to \$6,000
Laceration	Schedule up to \$400
Concussions	\$200

Voluntary Benefits

LegalShield | IDShield



LegalShield

- Personal Legal Advice: Unlimited number of issues
- Letters/Calls Made on Your Behalf
- Contracts/Documents Reviewed: Up to 15 pages each for personal legal matters
- Will Preparation: Will, Living Will, Healthcare/Financial Power of Attorney
- Civil Trial Defense: For covered situations
- IRS Audit Assistance
- Family/Domestic Services: (Uncontested: divorce, adoption, separation, name change)
- Traffic Ticket Assistance
- Emergency Access

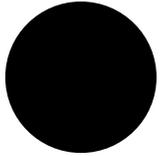
IDShield

- Credit score
- SSN
- Passport
- Driver's License
- Medical ID
- Email Addresses
- Loans
- Credit Cards
- Bank Accounts
- Dark Web
- Social Media
- Privacy and Reputation Management
- \$3 million protection policy
- Trend Micro Maximum Security
- VPN Proxy One
- Password Manager
- Full-Service Identity Restoration
- Unlimited Consultation and Guidance
- Licensed Private Investigators

Plan	Pay Period Deductions
LegalShield	\$10.13
Individual IDShield	\$5.98
Family IDShield	\$10.59
LegalShield & Individual IDShield	\$16.11
LegalShield & Family IDShield	\$19.34

Voluntary Benefits

LegalShield | IDShield



Credit Counseling and Education

Dual LegalShield and IDShield Members receive the additional benefit of Credit Counseling and Education

- Advice on managing your finances to maintain or develop health credit.
- Your LegalShield Law Firm will advocate for you in the complicated world of credit matters, including sending a letter to the credit bureaus on your behalf when a bona fide error is found on your credit report
- The New Dual LegalShield and IDShield Plan will give you peace of mind with full support for all credit-related matters

MEMBERPERKS

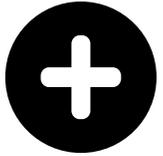
Your LegalShield and IDShield Memberships also includes MEMBERPERKS with hundreds of merchants and thousands of discounts. Member can access savings at both national and local companies on everyday purchases such as tickets, electronics, apparel, travel, and more. Members have the opportunity to save on average, over \$2,000 per year.

For reviewing benefits, go to: <https://shieldbenefits.com/aes>



Value-Added Features

WorkLife



Employee Assistance Program

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

How the EAP can help

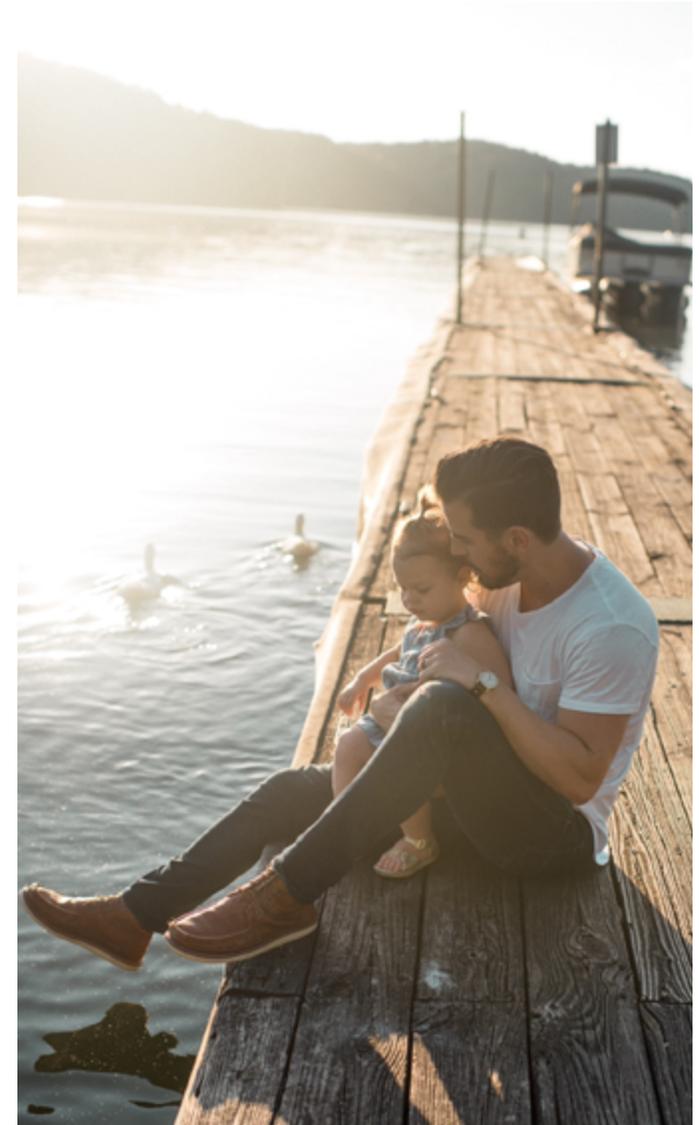
- Consultative services are available to provide direct support and assistance
- Work/life assistance that can help you save money and balance commitments
- Access legal and financial assistance and resources – including WillPrep Services

Contact Information

Phone: 800.386.7055

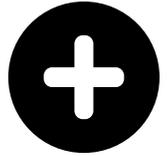
Website: worklife.uprisehealth.com

Access code: worklife



Value-Added Features

Wellvolution



Take control of your health with Wellvolution – the digital platform that guides you in your health journey. Get lifestyle-based tools and support to lose weight, treat diabetes, support mental health, and more. Clinically proven programs, designed for you - at no cost to **Blue Shield of California members**.

Wellvolution can help you feel your best with:

- Best-in-class digital mental and physical health programs
- Personalized coaching and support

Explore your options on the Wellvolution platform - including healthy recipes, on-demand exercise videos, and more.

Our library of apps and programs – both digital and in-person – can help you:

- Prevent and treat diseases like diabetes, obesity, and heart disease
- Lose weight
- Stop smoking

Contact Information

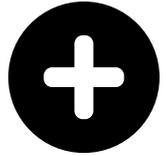
Phone: 866.671.9644

Website: [wellvolution.com](https://www.wellvolution.com)

1. Create your Wellvolution account.
2. Select your health goal
3. Answer a brief questionnaire to help Wellvolution recommend a program based on your health needs

Value-Added Features

Guardian



Travel Assistance

TravelAid provides an emergency response network around-the-clock and around-the-world (domestic and international) to ensure that business travelers are not left on their own when they need help the most, whether for a medical emergency or to replace travel documents. This benefit is at no cost to you.

Travel Planning

- Travel intelligence, alerts and destination information
- Pre-travel immunization information, health planning, and travel medical kits
- International medical insurance and claims administration
- Preventive security training, assessments, and contingency planning
- Executive protection services

Specialized Security Resources

- Available for sensitive and complex emergency security situations
- Available at all times for a safe and speedy response
- Embassy and consular assistance

Medical Transportation Services

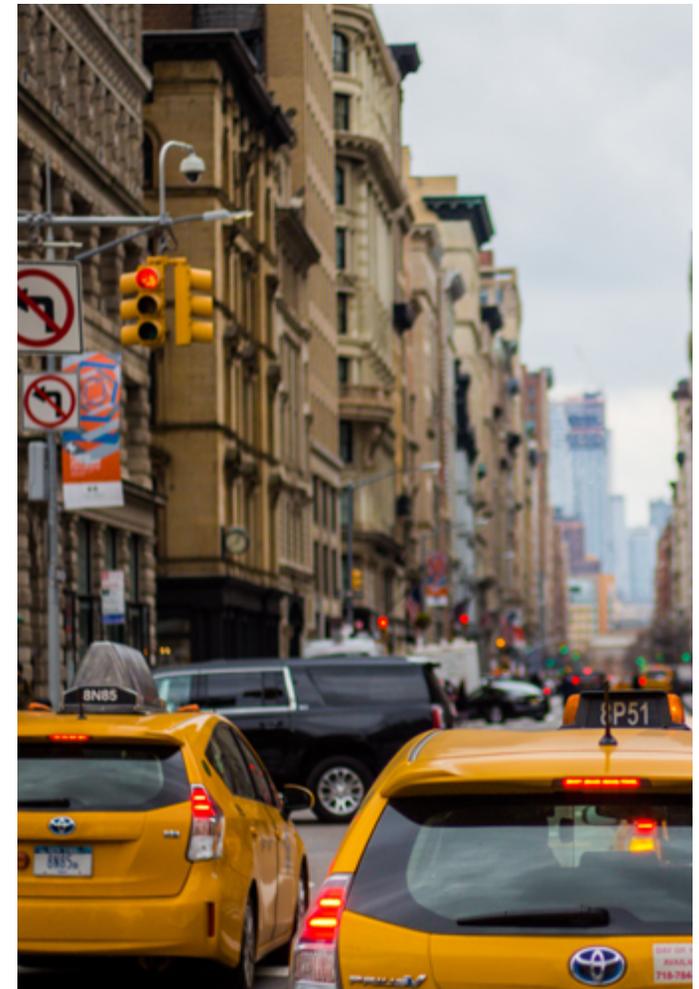
- Qualified and responsive personnel worldwide
- Up-to-date equipment and technology
- International and regional providers

Worldwide Physician and Hospital Referrals

- Qualified hospitals and facilities
- Multi-lingual services at medical facilities
- Patient accommodations and accessibility

Emergency Response

- 24/7 multi-lingual assistance operations
- Emergency travel arrangements
- Emergency prescription replacement
- Lost document assistance



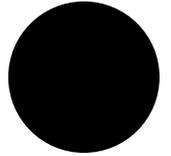
Contact Information



Provider	Coverage	Phone	Website/Email
Blue Shield	Medical	888.256.1915	blueshieldca.com
Kaiser Permanente	Medical	800.464.4000	kp.org
HealthEquity	HRA & FSA	866.735.8195	healthequity.com/learn
Guardian	Dental Vision Life & Disability	888.600.1600	guardiananytime.com
WorkLife	Employee Assistance Program	800.386.7055	worklife.uprisehealth.com Access code: worklife
Guardian - TravelAid	Travel Assistance		www.GuardianAnytime.com
Wellvolution	Health Program	866.671.9644	wellvolution.com
LegalShield IDShield	Identity Theft Protection	408.507.0338	terripiazza.benefitspro@gmail.com
Katherine Ott	NFP Contact for Help	702.763.9476	katherine.ott@nfp.com
Nicole Canfield	NFP Contact for Help	702.284.7940	nicole.canfield@nfp.com

Required Notices & Federal Mandates

HIPAA Notice of Special Enrollment Rights



If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Tiffany Tervo, SR HR Manager, at Tiffany.Tervo@Team-Allied.com.



Required Notices & Federal Mandates

Women's Health & Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: **please review plan documents.**

If you would like more information on WHCRA benefits, call your Plan Administrator contact Tiffany Tervo, SR HR Manager, at **Tiffany.Tervo@Team-Allied.com**.

Women's Health and Cancer Rights Act Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at Tiffany Tervo, SR HR Manager, at **Tiffany.Tervo@Team-Allied.com** for more information.



Required Notices & Federal Mandates

Premium Assistance Under Medicaid & The Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

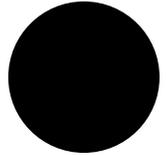
If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.



Required Notices & Federal Mandates

CHIP Contact Information

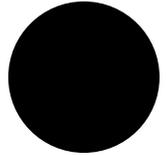


If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

State	Website	Phone
Alabama	http://myalhipp.com/	1 855-692-5447
Alaska	The AK Health Insurance Premium Payment Website: myakhipp.com/ Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	1-866-251-4861
Arkansas	myarhipp.com/	1-855-692-7447
California	dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx	1-800-541-5555
Colorado	Health First Colorado Website: healthfirstcolorado.com CHIP: colorado.gov/pacific/hcpf/child-health-plan-plus	1-800-221-3943// State Relay 711 CHIP: 1-800-359-1991 // State Relay 711
Florida	https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html	1-877-357-3268
Georgia	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	1-678-564-1162 Ext. 2131
Indiana	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ All other Medicaid: http://www.indianamedicaid.com	1-800-438-4479 1-800-403-0864
Iowa	Medicaid Website: https://dhs.iowa.gov/ime/members Hawki Website: http://dhs.iowa.gov/Hawki	Medicaid: 1-800-338-8366 Hawki: 1-800-257-8563
Kansas	https://www.kancare.ks.gov/	1-800-792-4884
Kentucky	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx // Email: KIHIPPPROGRAM@ky.gov	1-855-459-6328
Louisiana	medicaid.la.gov or ldh.la.gov/lahipp	Medicaid: 1-888-342-6207 LaHIPP: 1-855-618-5488
Maine	maine.gov/dhhs/ofc/public-assistance/index.html	1-800-442-6003
Massachusetts	mass.gov/eohhs/gov/departments/masshealth/	1-800-862-4840
Minnesota	mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-	1-800-657-3739
Missouri	dss.mo.gov/mhd/participants/pages/hipp.htm	1-573-751-2005
Montana	dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084 // 1-855-632-7633
Nebraska	ACCESSNebraska.ne.gov	Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178

Required Notices & Federal Mandates

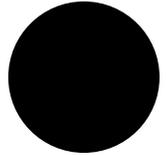
CHIP Contact Information



State	Website	Phone
Nevada	dhcfp.nv.gov/	1-800-992-0900 1-603-271-5218
New Hampshire	dhhs.nh.gov/oii/hipp.htm	Toll free number for the HIPP Program: 1-800-852-3345, Ext. 5218
New Jersey	Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP Website: njfamilycare.org/index.html	Medicaid: 1-609-631-2392 CHIP: 1-800-701-0710
New York	health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina	https://medicaid.ncdhhs.gov/	1-919-855-4100
North Dakota	nd.gov/dhs/services/medicalserv/medicaid/	1-844-854-4825
Oklahoma	insureoklahoma.org	1-888-365-3742
Oregon	http://healthcare.oregon.gov/Pages/index.aspx // http://www.oregonhealthcare.gov/index-es.html	1-800-699-9075
Pennsylvania	dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx	1-800-692-7462
Rhode Island	http://www.eohhs.ri.gov/	1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)
South Carolina	http://www.scdhhs.gov	1-888-549-0820
South Dakota	http://dss.sd.gov	1-888-828-0059
Texas	http://gethipptexas.com/	1-800-440-0493
Utah	Medicaid Website: medicaid.utah.gov/ CHIP Website: health.utah.gov/chip	1-877-543-7669
Vermont	http://www.greenmountaincare.org/	1-800-250-8427
Virginia	https://www.coverva.org/hipp/	Medicaid: 1-800-432-5924 CHIP: 1-855-242-8282
Washington	https://www.hca.wa.gov/	1-800-562-3022
West Virginia	http://mywvhipp.com	1-855-699-8447
Wisconsin	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	1-800-362-3002
Wyoming	https://wyequalitycare.acs-inc.com/	1-307-777-7531

Required Notices & Federal Mandates

Premium Assistance Under Medicaid & CHIP



To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Service

Centers for Medicare & Medicaid Service

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 615

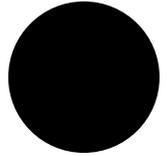
Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



Glossary of Terms



Affordable Care Act (ACA): The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum: Total dollar amount a plan pays during a calendar year toward the covered expenses of each person enrolled.

Beneficiary: A person designated by you, the participant of a benefit plan, to receive the benefits of the plan in the event of the participant's death.

- Primary Beneficiary – A person who is designated to receive the benefits of a benefit plan in the event of the participant's death
- Contingent Beneficiary – A person who is designated to receive the benefits of a benefit plan in the event of the Primary Beneficiary's death

Charges: The term "charges" means the actual billed charges. It also means an amount negotiated by a provider, directly or indirectly, if that amount is different from the actual billed charges.

Coinsurance: A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

Conversion: an Associate changes or "converts" her / his Group Life coverage to an Individual Life Insurance policy without having to answer any medical questions. Conversion is for an Associate who is leaving her / his job, reducing hours, or has reached the age when coverage may be reduced or eliminated, and still wants to maintain the protection that life insurance provides.

Copayment: A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible: Total dollar amount, based on the allowed amount, you must pay out of pocket for covered medical expenses each calendar year before the plan pays for most services. The deductible

does not apply to network preventive care and any services where you pay a copayment rather than coinsurance.

Dependents: Dependents are your:

- Lawful spouse through a marriage that is lawfully recognized.
- Dependent child (married or unmarried) under the age of 26 including stepchildren and legally adopted children.
- Proof of relationship documentation will be required in order to add dependents to your plan(s). Employees will receive request for documentation.

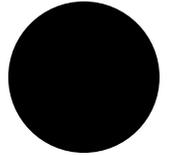
Dependent Verification Services (DVS): Service used to verify dependent proof of relationship when adding dependents to benefit plans.

Emergency Services: Medical, psychiatric, surgical, hospital, and related health care services and testing, including ambulance service, that are required to treat a sudden, unexpected onset of a bodily injury or serious sickness that could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life, or permanent impairment to bodily functions in the absence of immediate medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts, and broken bones.

The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the hospital, or the final diagnosis – whichever reasonably indicated an emergency medical condition – will be the basis for the determination of coverage provided such symptoms reasonably indicate an emergency.

Evidence of Insurability (EOI): Proof that you are insurable based on the requirements of the insurance carrier. For example, the results of a blood test or a doctor's signature on a form may be required for you to be covered by/for Optional Life insurance.

Glossary of Terms



Explanation of Benefits: The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs are your responsibility.

Brand Formulary Drugs: The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Generic Drugs: These drugs are usually most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs: Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Health Reimbursement Account (HRA): The Health Reimbursement Account (HRA) is an employer-funded account that reimburses you for eligible out-of-pocket medical expenses. The HRA is only available to employees who are enrolled in the HRA Plan.

In-Network: The term "in-network" refers to health care services or items provided by your Primary Care Physician (PCP) or services/items provided by another participating provider and authorized by your PCP or the review organization. Authorization by your PCP or the review organization is not required in the case of mental health and substance abuse treatment other than hospital confinement solely for detoxification.

Network: A group of health care providers, including dentists, physicians, hospitals and other health care providers, that agrees to accept pre-determined rates when serving members.

Out-of-Network: The term "out-of-network" refers to care that does not qualify as in-network.

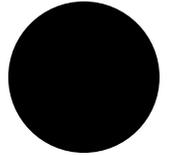
Emergency Care: That meets the definition of "emergency services" and is authorized as such by either the PCP or the review organization is considered in-network.

Non-Formulary Drugs: These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Out-of-Pocket Maximum: The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

Participating Provider: A hospital, physician, or any other health care practitioner or entity that has a direct or indirect contractual arrangement with Cigna to provide covered services with regard to a particular plan under which the participant is covered.

Glossary of Terms



Portability: an Associate carries or “ports” her/his current Group Life coverage after employment ends, without having to answer any medical questions. Portability is for an Associate who is leaving her / his job and still wants to maintain the protection that life insurance provides.

Pre-tax Plan: A plan for active employees that is paid for with pre-tax money. The IRS allows for certain expenses to be paid for with tax-free dollars. The state takes premiums out of your check before taxes are calculated, increasing your spendable income and reducing the amount you owe in income taxes. Consequently, the IRS has tax laws that require you to stay in the plans you select for a full plan year (January through December). You can only make changes during Open Enrollment or if you have a qualifying event.

Post-Tax: An option to have the payment to your benefits deducted from your gross pay after your taxes have been withheld. Therefore, your tax contributions will be calculated based on a higher amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a higher amount.

Primary Care Physician (PCP): The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Primary Care Dentist (PCD): The term “Primary Care Dentist” means a dentist who (a) qualifies as a participating provider in general practice, referrals, or specialized care; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for dental care for you or any of your insured dependents.

Proof of Relationship Documentation: Documents that show a dependent is lawfully your dependent. Documents can include marriage certificates, birth certificates, adoption agreements, previous years’ tax returns, court orders, and/or divorce decrees showing your or your spouse’s responsibility for the dependent.

Provider: Any type of health care professional or facility that provides services under your plan.

Qualifying Event: an occurrence that qualifies the Subscriber to make an insurance coverage change outside of the Open Enrollment

Specialty Drugs: prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually. Team Allied can change employee-offered benefits as part of this package at our discretion.

