



2026 EMPLOYEE BENEFITS GUIDE

January 1, 2026 – December 31, 2026





Each day, every member of our team plays a vital role in bringing our mission and core values to life. It is with sincere pleasure that we acknowledge your invaluable contributions by offering a comprehensive benefits package for you and your loved ones.

We invite you to review the benefits information provided in this guide. Our benefit plans serve as just one of the number of ways we can show our care for you and your family.

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Important Contacts

Our benefit contacts and carrier partners work closely with Human Resources to make sure your benefit needs are taken care of quickly and completely. If you have questions or need more information about your benefits, reach out to the appropriate contacts listed below.

If you have questions, please contact:

Katy Leigh

Brown & Brown Account Executive
 (615) 507-1418 | Katy.Leigh@bbrown.com

Liz Reeves

Brown & Brown Account Manager
 (629) 215-8388 | Liz.Reeves@bbrown.com

Javier Martinez

Human Resources Director
 (615) 321-2037 ext. 802 | Javier.Martinez@sfmtservice.com

Benefit	Carrier	Phone	Website
Medical	BlueCross BlueShield of Tennessee	(800) 565-9140	www.bcbst.com
NO COST Telemedicine <i>For those enrolled in Medical coverage</i>	Teladoc	(800) 835-2362	https://bcbst.com/teladoc/
NO COST Telemedicine <i>For those waiving Medical coverage</i>	First Stop Health	(888) 691-7867	www.fshealth.com
Health Savings Account (HSA)	Paylocity	(800) 631-3539	https://access.paylocity.com/
Dental	Mutual of Omaha	(800) 927-9197	www.mutualofomaha.com/dental
Vision	Mutual of Omaha	(833) 279-4358	www.mutualofomaha.com/vision
Life and AD&D	Mutual of Omaha	(800) 877-5176	www.mutualofomaha.com
Disability	Mutual of Omaha	(800) 877-5176	www.mutualofomaha.com
Accident & Critical Illness	Allstate Benefits <i>part of The Standard</i>	(800) 521-3535	https://mybenefits.standard.com/

Eligibility & Mid-Year Changes

Benefits Eligibility

All *full-time* employees who work at least 30 hours per week are eligible to participate in our benefit plans. Eligible participants include employee, spouse, and dependent children up to age 26.

- The coverage you elect during Open Enrollment begins **January 1, 2026**.
- As a new hire with *SFM* or *Serva Security*, coverage begins on the **first day of the month following your hire date**.
- As a new hire with *ServiceFM*, coverage begins on the **first day of the month following 60 days of regular employment**.
- Coverage ends if you no longer meet eligibility requirements, contributions are discontinued, or the Group Insurance Policy is terminated.

Changing Your Benefits Outside Of Open Enrollment

The benefits you elect during the **2026** benefits plan year will remain in effect through **December 31, 2026**. You cannot make changes to the benefits you elect until the next open enrollment period unless you have a qualifying event. The Health Insurance Portability And Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events. If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date, if there is a loss of other coverage. If you experience a qualified "change in status," you must make any associated enrollment or benefit changes within **30 days** of the event except for a Medicare or Medicaid entitlement event, in which case you must make changes within 60 days of the event. You have the right to elect coverage during the plan year if your or your dependent's Medicaid/Children's Health Insurance Program (CHIP) coverage terminates due to discontinuation of eligibility under the program or if you become eligible for a Medicaid/CHIP premium assistance subsidy (if available in your state) providing you request enrollment within 60 days of the loss of coverage or eligibility for premium subsidy.

Qualifying Life Events

A qualifying event is a personal event that may require you to either add or remove coverage for yourself and/or your dependents.

Qualifying Life Events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a dependent child
- Death of a dependent spouse or child
- Gain or loss of coverage for you or your eligible dependents
- Reaching age 26 for dependent children

Important Deadline For Qualifying Event Changes

You must make any coverage change within 30 days of the qualifying event. Report this change to Human Resources, with as much information as you have, within the **30-day** deadline, except for a Medicare or Medicaid entitlement event, in which case you must make changes within 60 days of the event.

You must include documentation to substantiate your qualifying event. If you miss the deadline, or do not provide the supporting documentation, changes will not be approved. Please contact Human Resources within **30 days** if you have any questions or believe that you may qualify for an election change.

Reviewing and Updating Your Beneficiaries

Regularly updating beneficiary designations for financial accounts like life insurance and retirement plans is crucial to ensuring assets go to intended recipients.

There are primary beneficiaries, who receive assets and benefits first, and contingent beneficiaries, who receive them if the primary beneficiaries are unavailable.

To avoid common errors, update beneficiary designations after significant life changes, such as marriage, divorce, death of a spouse or child, birth of a child or similar event that alters your family. You should also update your beneficiary listing if a beneficiary changes their name (e.g. marriage).

Seek guidance from your HR department, Brown & Brown Account Executive, or legal counsel if you are unsure of how to make changes to your beneficiaries.

Company Identifier: SFMSERVICE

Step 1: Visit: www.employeenavigator.com

New users: Click on the registration link in the e-mail sent by your admin or select "Register as a New User" on Employee Navigator's login screen to create a new account and choose your unique username and password.

Returning users: Log in with the username and password you previously registered with. You may reset a forgotten password on the login screen if needed.

Step 2: Welcome!

After you log in for the first time, click "Continue" or "Let's Begin" to complete your required tasks.

Step 3: Onboarding (if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed outstanding tasks, click Start Enrollment.

Step 4: Personal Information

After clicking Start Enrollment, you will need to complete personal & dependent information before moving to your benefit elections.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under Who Am I Enrolling?

Below your dependents, you can view the plans available to you as well as the cost per pay for each benefit. To elect a benefit, click Select Plan underneath the plan cost.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to include further details.

Step 7: Review and Confirm Elections

On the enrollment summary page, review the benefits you selected to ensure they are correctly reflected. Click Sign & Agree to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

Terms and Definitions

Before reviewing our benefits, take a look at some terms that may be helpful in understanding and comparing the plans offered to you. By learning a few key insurance terms, you'll be more informed and better able to understand what, exactly, goes into your insurance coverage.



Deductible: The amount of healthcare costs you have to pay for with your own money before your plan will start to pay anything.



Embedded Deductible: An embedded deductible assigns a separate deductible to each covered individual within a family, with benefits applied after the individual deductible is met. This may or may not apply to your plans.



Coinsurance: After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 50%, your coinsurance share of the cost is 50%. You are billed for your coinsurance after your visit.



Copay: A set fee you pay instead of coinsurance for some healthcare services, i.e. a doctor's office visit. You pay the copay at the time you receive care.



Out-of-Pocket Maximum: Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.



In and Out-of-Network: In-network services will always be the lowest cost option. Out-of-network services will cost more or may not be covered.



Balance Billing: In-network providers are not allowed to bill more than the plan's allowable charge, but out-of-network providers are. For example, if the provider fee is \$100 but the plan allows only \$70, an out-of-network provider may bill YOU the extra \$30. This is called balance billing.

Employee Contributions

Below is a breakdown of the costs of our medical, dental, vision, and accident plans. Age, salary-based, and tobacco use-based rates will be shown **in Employee Navigator**.

Our benefit package is designed under “Section 125” of the IRS Code. This allows you to take advantage of federal and state laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, any required contributions for **medical, dental, vision, and HSA** will be made with pre-tax dollars.

REMINDER: You may only change your pre-tax benefit elections once per year, during open enrollment, unless you experience a qualified “change in status.”

BlueCross BlueShield of Tennessee Medical Cost Per 24 Deductions	BCBST Copay Plan Network S	BCBST Copay Plan Network P	BCBST HDHP Network S	BCBST HDHP Network P
Employee Only	\$130.62	\$148.18	\$79.01	\$91.70
Employee + Spouse	\$384.01	\$419.42	\$248.88	\$281.02
Employee + Child(ren)	\$334.64	\$371.39	\$216.88	\$249.44
Employee + Family	\$563.81	\$606.16	\$359.69	\$413.69

The medical plans offered by **SFM** through **BlueCross BlueShield of Tennessee** are considered affordable under the Affordable Care Act (ACA). If you waive group medical coverage for yourself and apply for health insurance through the Marketplace exchange, you will not be eligible for subsidies. Please refer to your Annual Benefit Notices Packet for the Health Insurance Marketplace Coverage Notice for additional information.

Mutual of Omaha Dental Cost Per 24 Deductions	
Employee Only	\$13.78
Employee + Spouse	\$30.32
Employee + Child(ren)	\$24.81
Employee + Family	\$45.19

Mutual of Omaha Vision Cost Per 24 Deductions	
Employee Only	\$1.88
Employee + Spouse	\$3.25
Employee + Child(ren)	\$3.38
Employee + Family	\$5.19

Allstate Accident Cost Per 24 Deductions	
Employee Only	\$5.78
Employee + Spouse	\$10.00
Employee + Child(ren)	\$14.50
Employee + Family	\$19.20

Medical In-Network

Our medical plan benefits are provided through **BlueCross BlueShield of Tennessee's Network S or Network P**. The table below outlines how some of the most common services are paid at in-network providers and facilities. You will pay less for care when you see an in-network provider.

Find a medical provider: bcbst.com/findadoctor

Medicare-eligible? Please review the Medicare D FAQs and your annual notices packet, **found on Employee Navigator or available from Human Resources** before making your decision, as it can impact how much you pay for Medicare prescription drug coverage in the future.

In-Network Medical Benefits	Copay Plan Available with Network S OR Network P	High Deductible (HDHP) Plan Available with Network S OR Network P
Calendar Year Deductible Resets January 1		
Individual / Family	\$3,000 / \$6,000 Embedded	\$5,000 / \$10,000 Embedded
Calendar Year Out-of-Pocket Maximum (includes deductibles, copays, coinsurance)		
Individual / Family	\$6,000 / \$12,000	\$7,000 / \$14,000
Coinsurance		
Plan Pays / You Pay	50% / 50% After Deductible	50% / 50% After Deductible
Preventive Care	Covered at 100%	
Primary Care Office Visit	\$35 Copay	You pay 50% after deductible
Specialty Office Visit	\$75 Copay	You pay 50% after deductible
Virtual Visits - Teladoc	No Charge	No Charge
Urgent Care	\$75 Copay	You pay 50% after deductible
Emergency Room	\$250 Copay	You pay 50% after deductible
Inpatient / Outpatient Hospital Services	You pay 50% after deductible	You pay 50% after deductible
Outpatient Diagnostic X-Ray & Lab Services	\$25 Copay	You pay 50% after deductible
Major Lab – MRI, PET/CAT Scans	You pay 50% after deductible	You pay 50% after deductible
Prescription Drugs (30-Day Supply)		
Preventive	N/A	\$10 / \$35 / \$60
Tier 1 Generic	\$10 Copay	You pay 50% after deductible
Tier 2 Preferred Brand	\$35 Copay	You pay 50% after deductible
Tier 3 Non-Preferred Brand	\$50 Copay	You pay 50% after deductible
Tier 4 Preferred Specialty	\$100 Copay	You pay 50% after deductible
Rx Mail Order (90-Day Supply)	3X Retail	You pay 50% after deductible

Please refer to your plan documents for full details and exclusions.

Medical Out-of-Network

For your convenience, the table below outlines how some of the most common services are paid at out-of-network providers and facilities. You will pay less for care when you see an in-network physician.

Out-of-Network Medical Benefits	Copay Plan <i>Available with Network S OR Network P</i>	High Deductible (HDHP) Plan <i>Available with Network S OR Network P</i>
Calendar Year Deductible		
Individual / Family	\$6,000 / \$12,000	\$10,000 / \$20,000
Calendar Out-of-Pocket Maximum (includes deductibles, copays, coinsurance)		
Individual / Family	\$18,000 / \$36,000	\$21,000 / \$42,000
Preventive Care	You pay 50% after deductible	You pay 50% after deductible
PCP Office Visit	You pay 50% after deductible	You pay 50% after deductible
Specialty Office Visit	You pay 50% after deductible	You pay 50% after deductible
Virtual Visits - Teladoc	You pay 50% after deductible	You pay 50% after deductible
Urgent Care	You pay 50% after deductible	You pay 50% after deductible
Emergency Room	\$250 Copay	You pay 50% after deductible
Inpatient / Outpatient Hospital Services	You pay 50% after deductible	You pay 50% after deductible
Outpatient Diagnostic X-Ray & Lab Services	You pay 50% after deductible	You pay 50% after deductible
Major Lab – MRI, PET/CAT Scans	You pay 50% after deductible	You pay 50% after deductible
Prescription Drugs (30-Day Supply)		
Tier 1 Generic	You pay 50% after deductible	You pay 50% after deductible
Tier 2 Preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Tier 3 Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Tier 4 Preferred Specialty	Not Covered	Not Covered

Please refer to your plan documents for full details and exclusions.

In-Network Hospitals

Nashville | 37212

The lists below are based on the most recent recorded data from the BCBST website. This list is based on hospitals within 50 miles of the zip code above. Always verify the provider and facility before you seek treatment. When traveling outside of Tennessee, all BlueCross BlueShield facilities will be considered in-network.

Find a medical provider: bcbst.com/findadoctor

Network S	Network P
<p><i>Hospitals within 50 miles of 37212</i></p>	<p><i>Hospitals within 50 miles of 37212</i></p>
<ul style="list-style-type: none"> • Ascension Saint Thomas Hickman Hospital • Ascension Saint Thomas Hospital • Ascension Saint Thomas Rutherford Hospital • Ascension Saint Thomas Stones River Hospital LLC • Houston County Community Hospital • Macon County General Hospital • Marshall Medical Center • Maury Regional Medical Center • Nashville General Hospital • Riverview Regional Medical Center • Select Specialty Hospital Nashville LLC • St Thomas Hospital for Spinal Surgery • Sumner Regional Medical Center • Tennova Healthcare Clarksville • Trousdale Medical Center • TrustPoint Hospital • Vanderbilt Bedford Hospital • Vanderbilt Children’s Hospital • Vanderbilt University Medical Center • Vanderbilt Wilson County Hospital • Williamson Medical Center 	<ul style="list-style-type: none"> • Ascension Saint Thomas Hickman Hospital • Ascension Saint Thomas Hospital • Ascension Saint Thomas Rutherford Hospital • Ascension Saint Thomas Stones River Hospital LLC • Centennial Medical Center at Ashland City • Horizon Medical Center • Houston County Community Hospital • Macon County General Hospital • Marshall Medical Center • Maury Regional Medical Center • Nashville General Hospital • NorthCrest Medical Center • Riverview Regional Medical Center • Select Specialty Hospital Nashville LLC • St Thomas Hospital for Spinal Surgery • Sumner Regional Medical Center • Tennova Healthcare Clarksville • TriStar Centennial Medical Center • TriStar Hendersonville Medical Center • TriStar Skyline Medical Center • TriStar Southern Hills Medical Center • TriStar Stonecrest Medical Center • TriStar Summit Medical Center • Trousdale Medical Center • TrustPoint Hospital • Unity Medical Center • Vanderbilt Bedford Hospital • Vanderbilt Children’s Hospital • Vanderbilt University Medical Center • Vanderbilt Wilson County Hospital • Williamson Medical Center

PREVENTIVE HEALTHCARE FOR MEDICAL ENROLLEES

Take Control of Your Health—At No Cost to You.

Preventive care is one of the most important steps you can take to maintain your health and well-being. Not to mention, it's covered at 100%, meaning there's no out-of-pocket cost for you or your family—even if you have a plan with a higher deductible. Whether it's an annual check-up, vaccinations, or screenings, preventive care ensures that health issues are caught early, giving you peace of mind and reducing future healthcare expenses.

What Can Preventive Care Include?

Preventive Care for Adults	Preventive Care for Children
<p>Annual Wellness Visits: A chance to check in with your doctor and discuss your overall health, family history, and lifestyle habits.</p> <p>Blood Pressure, Cholesterol, and Diabetes Screenings: Early detection is key for managing chronic conditions.</p> <p>Vaccinations: Flu shots, tetanus boosters, and more to keep you protected against diseases.</p> <p>Cancer Screenings: Mammograms and colonoscopies are essential for early detection.</p> <p>Smoking Cessation Programs: Get help to quit smoking without worrying about the cost.</p>	<p>Well-child Visits: Regular check-ups to track your child's growth and development.</p> <p>Immunizations: Protecting your children from preventable diseases like measles, polio, and whooping cough.</p> <p>Vision and Hearing Screenings: Early testing can help identify issues that may affect your child's ability to learn and grow.</p> <p>Developmental Screenings: Helping you and your doctor ensure your child is hitting important milestones.</p>

Why is preventive care important?

Preventive care isn't just about today—it's about your future. By taking advantage of the preventive services covered under your plan, you are:



- **Saving money:** Preventive care is covered 100%, so you won't pay anything out of pocket for these important services.
- **Catching health issues early:** Conditions like high blood pressure, diabetes, and cancer are much easier to manage when they are detected early.
- **Maintaining overall wellness:** Regular check-ups and screenings can help you stay on top of your health and avoid emergency situations later on.

Remember: Preventive care is available at no cost to you and your family, so take full advantage of it! Whether you're scheduling an annual check-up, taking your kids in for their well-child visits, or getting a recommended screening, preventive healthcare is a smart, easy way to protect your health without worrying about the cost.

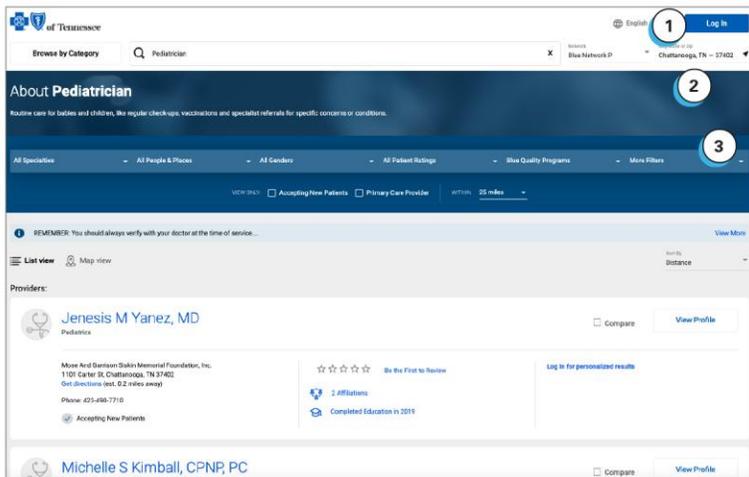
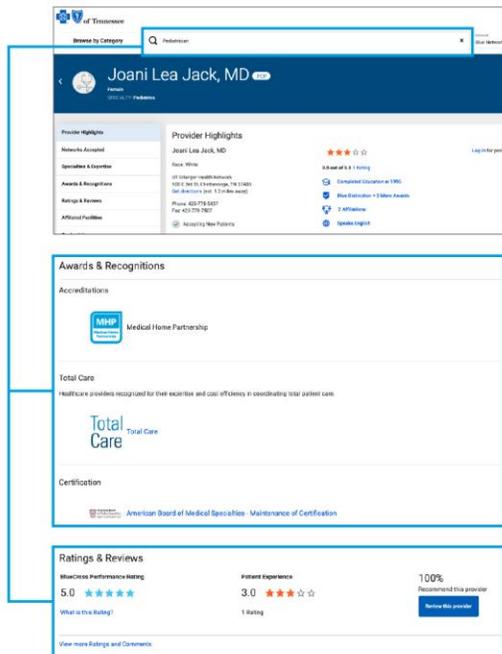
Finding a Doctor in Your Network Is as Easy as 1-2-3



Go to **bcbst.com/findadoctor**.

Choose network providers in three quick steps.

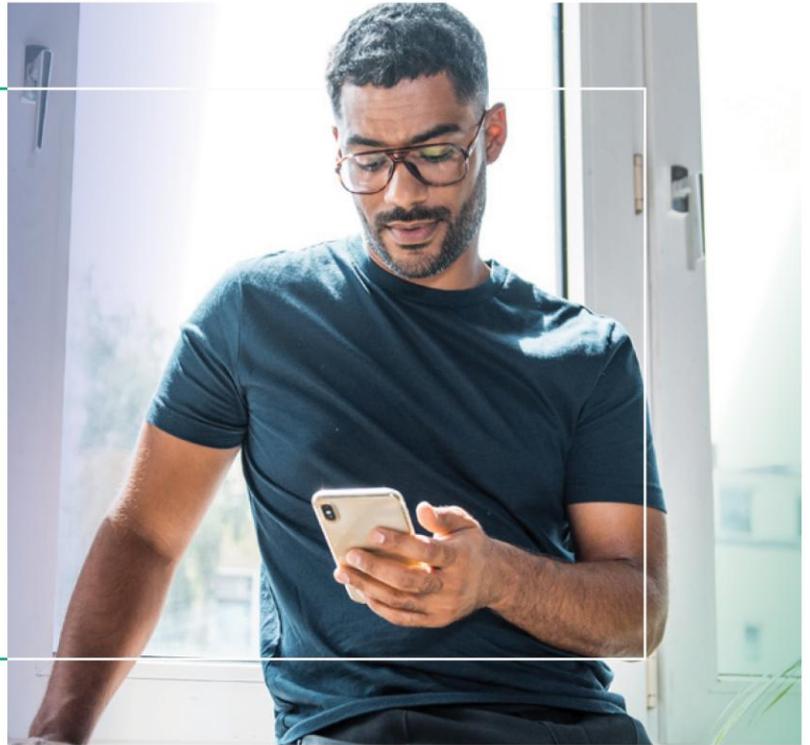
- 1 Log in to include your network information when you begin your search.
- 2 Browse by category or search by provider name, specialty, etc.
- 3 Narrow your results by using the filter on the top of the search results page.



Know what you are looking for?

Use the search bar to see specifics about your doctor or facility, view quality scores, read reviews posted by other members and estimate the cost of a procedure.

The BCBSTNSM Mobile App: Power in the Palm of Your Hand



The BlueCross BlueShield of Tennessee app makes it easier than ever to get the health information you need, when you need it.

With our fresh, user-friendly design you get:

- › **Live Online Chat:** Get help from a live agent on your care team
- › **All Your Details in One Place:** All your plan coverage and costs up front
- › **Digital ID Card:** See and share your Member ID card with a single tap
- › **Find Care and Costs:** Find providers near you and how much you'll likely pay for their care
- › **Easy Telehealth Access:** Easy-to-find link to make virtual doctor appointments



Scan the QR code or visit the App Store[®] or Google Play[®] to download the app for free. Log in using your [bcbst.com](https://www.bcbst.com) username and password.





Sign up
starting
01/01/26

Rewards

It's easy to earn rewards by making healthy decisions. Choose your healthy activities and watch your rewards add up. The more you do, the more you'll earn—up to \$300 in Rewards Cash in 2026.

What you can earn each quarter:

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	Total rewards per quarter
Points	1,000	4,000	10,000	15,000	
Rewards	Great Job!	\$25	Keep It Up!	\$50	\$75

Rewards Cash annual max: \$75 x 4 quarters = \$300

Use your Rewards Cash!



Visit the store Donate it Get a gift card

Ways to earn:

Look for **How to Earn** in your account for a complete list of all the ways you can earn points.

	Do healthy things:	Earn points:
Getting started	First time using Personify mobile app	100
	Complete the personal health assessment *required to begin earning points	250
	Connect/sync first activity device	100
Daily	Upload steps from your activity tracker (per 1,000 steps)	10
	Do your Daily Cards (2 per day)	40
	Track your Healthy Habits (3 per day)	30
	Track sleep nightly	20
	Sleep > 7 hours in a night	50
	Sync 30 active minutes	100
	Complete Journey step	20
Monthly	★ Complete 10 Daily Cards in a month	100
	★ Complete 20 Daily Cards in a month	200
	★ Track Healthy Habits 20 days in a month	200
	★ Track sleep 20 days in a month	200
	★ 20-Day Triple Tracker: 10,000 steps/30 active minutes/30 workout minutes	500
	Take validated measurements and report it monthly	100
	Complete a video or audio experience (up to 4 per month)	50
Quarterly	Set your interests once per quarter	50
Yearly	Annual Preventative Exam	250
	Cancer Screenings (Cervical, Mammogram, Colon and Prostate)	250
	Flu Shot	100
	A1c	150
	Kidney Function Test	150

★ Earn bonus points!

Signing in and completing activities daily really pays off. Look for activities with a star. Engaging in these activities multiple times in a month earns you extra points.

Who's eligible?

All subscribers and enrolled spouses are eligible to participate in the wellbeing program and earn rewards.

Beginning 01/01/26, sign up at
join.personifyhealth.com/BCBST

Start Saving Today With Our Member Discount Program



As a BlueCross member, you get exclusive discounts on well-being products and services through our members-only discount program.

They're available from big national chains, and your local favorites. For example, join our gym membership program to work out at any one of 10,000 facilities nationwide for only \$19 to join and \$19-99 a month*.



You can see all available discounts by logging in at [bcbst.com/memberdiscounts](https://www.bcbst.com/memberdiscounts), or through the **BCBSTNSM** app.

Find discounts on things like:

- › Apparel & Footwear
- › Fitness
- › Hearing & Vision
- › Home & Family
- › Nutrition
- › Personal Care
- › Travel

These discounts change often, so you can check back frequently, or opt in to get a weekly email full of new discounts for you.

Health Savings Account

If you are enrolled in one of our **High Deductible (HDHP) Plan Options** and have elected a Health Savings Account (HSA) through **Paylocity**, your contributions are tax-exempt, meaning you save on both FICA and Federal taxes when contributing through payroll. Your HSA funds can be used to pay for unreimbursed medical, dental or vision expenses for you and your dependents, whether or not they are covered by your health plan. You can even use funds to pay for COBRA, long-term care, and Medicare (but not Medigap) premiums. Your HSA works like a personal bank account – no 'use-it or lose-it' rule. Funds remain in your account until needed, even if you change jobs or retire.

Did you know? The company matches up to \$600 of your HSA contributions!

To empower you with greater control over your healthcare expenses and provide a pathway for future financial security, our High Deductible Health Plan (HDHP) is accompanied by a Health Savings Account (HSA). The HSA serves as a valuable tool for you to save for various healthcare needs, and we will generously match your HSA contributions, dollar-for-dollar, **up to \$600 per year**, or \$50 per month.

Who is eligible to open and fund an HSA?

Anyone who is:

- covered by a qualified HDHP; and
- not covered under another medical plan that is not a qualified HDHP – including Medicare, Medicaid, TriCare, VA and/or a Health Care Flexible Spending Account (FSA), including a spouse's FSA.

How much can I contribute to an HSA? The IRS sets a contribution limit every calendar year.

For 2026, the contribution limits are:

- \$4,400 for Individual Coverage – just you on the plan
- \$8,750 for Family Coverage – you and any number of dependents
- *This limit includes both what you contribute and any contributions made by your employer.*

If you're age 55 or older, you can contribute up to \$1,000 more than the limits listed here

What if I establish an HSA mid-year? Your HSA contributions are generally determined on a monthly basis. If you establish an HSA mid-year, you're allowed to make the full year's contribution, provided you are eligible on December 1 of that year and you remain eligible to make HSA contributions throughout the next calendar year.

How do I make contributions to my HSA? You can contribute to your HSA through payroll deductions.

Where can I find a list of qualified expenses? Refer to the list found at [irs.gov](https://www.irs.gov) – search Publication 502.

When can I start using the funds in my HSA?

You can use the funds in your HSA once they are available. You can reimburse yourself for qualified HDHP expenses months or even years later if you retained receipts and your HSA was established when the expense occurred.

Can I use my HSA to pay for non-qualified expenses? Non-qualified expense withdrawals are subject to income tax and a 20% penalty until age 65. After age 65, non-qualified expense withdrawals are penalty-free, but remain subject to income tax.

What happens to my HSA if I leave my employer?

The HSA is yours to keep. If you continue to meet the eligibility criteria for funding the account, you can continue making contributions to your HSA. If you are no longer eligible to fund the account, you're still eligible to spend the money (tax-free) on qualified expenses.

Can I use the money in my HSA to pay for my dependents' health care expenses? You can use the money in your HSA to pay for the health care expenses belonging to your eligible spouse and/or dependent children – even if they are not covered as your dependents. Refer to Internal Revenue Code Section 152 to determine if your spouse and/or child is an eligible dependent.

Can couples establish a "joint" HSA and both make contributions, including "catch-up" Contributions? "Joint" HSAs are not permitted. Each spouse should consider establishing an HSA in his or her own name. This allows you to both make catch-up contributions when you are age 55 or older.

WELCOME TO YOUR NEW HSA!

The purpose of this letter is to welcome you, and to provide you with an overview of the benefits you'll receive as a Paylocity Health Savings Account account holder. WEX Health Inc is the custodian of the Paylocity HSA and investment accounts. Our experience and focus on excellent administration and customer services processes, along with our trusted partners and great technology, help to bring you these benefits:

- Convenient access to your HSA via a user-friendly portal to manage online election change and expense tracking
- Integrated investment portal, meaning only one username and password to remember
- Choice of multiple recognized mutual funds in several investment categories
- Automatic transfers between cash and investment accounts so your funds are always available and you don't need to remember to move funds between accounts
- Easy access to your funds with debit card and direct deposit online distributions
- Paperless administration and online Account Summary Reports

HOW TO USE YOUR ACCOUNT FUNDS:

Debit Card: You may use your Paylocity Benefit Card to access HSA funds to pay for eligible medical expenses. This debit card can be used at any healthcare eligible merchant that complies with IIAS for healthcare related items. Using your Card helps you keep cash in your wallet and makes paying for qualified healthcare expenses with your HSA funds easy.



Mobile: Conveniently manage your healthcare information anywhere, anytime with the Paylocity Benefit Account Mobile App. The mobile app makes it easy for you to check account balances, submit claims, and more, on-the-go. Rest easy knowing no sensitive account information is ever stored on the device and secure encryption is used to protect all transmissions.

For additional questions, please contact the Paylocity Customer Service Team at (800) 631-FLEX or BATHSAoperations@paylocity.com.

Wishing you good health and well-being!

REQUIRED NEXT STEPS

Please reference the following instructions to setup your HSA Account:

1. Your **Paylocity Benefit Card** will arrive (in a separate mailing) in about 7-10 business days. *If you already have a TPA service with Paylocity, you will not receive a new card.*
2. **To finish setting up your HSA, you must log into the Self Service Portal.**

Once logged into the Self Service Portal:

1. Click on Spending Accounts.
2. Read and Accept the Custodial Agreement, Electronic Disclosure, and Patriot Act Requirements.
3. Click on the Account Settings Tab at the top of the screen.
 - a. Enter Beneficiary information.
 - b. Review/add Dependent(s).
 - c. Enter personal bank account information for Online Account Transfers.
 - i. Primary method of payment is Debit Card.
 - ii. Alternate Method of Payment will be the bank account identified as your Main Account.
4. Access HSA Forms in the Self Service Portal
 - a. Click Spending Accounts.
 - b. Select Knowledge Base from the Help drop down menu.
 - c. Search HSA Resources for Paylocity Flex Services.

Available at no cost to employees who are enrolled in medical coverage.

Talk to Doctors Anytime You Need Them



Use Teladoc™ Health when it's not an emergency, and you can't get to a doctor's office. **It's available 24/7, and you'll typically pay less than you would for a visit to the office or urgent care clinic.**

Teladoc Health can be used for things like:

- › Allergies, cold, fever and flu
- › Earaches
- › Nausea and vomiting
- › Constipation or diarrhea
- › Mental health support
- › Pink eye
- › Sinus or respiratory issues
- › Urinary tract infections
- › Skin conditions (rashes or insect bites)



How do I use Teladoc Health?

You can get started using online video chat or our free BCBSTN app. Just have your Member ID card ready. It's easy to get started. Register by logging in to our BCBSTN app or at bcbst.com/Teladoc and choosing **Talk With a Doctor Now**. You can also call **1-800-TELADOC**.

The first time you use Teladoc Health, you'll need to fill out a short medical history survey and create an account. The next time you use it, you can just log in through our app and talk to a doctor in minutes.



24/7 care when you need it.

Get convenient care for your body and mind – all via phone or video. First Stop Health is available to all eligible employees and their immediate family members. That's right, it's \$0 to use our service!



On-demand doctor visits

Getting the care you need shouldn't be a pain. Board-certified doctors are available 24/7 via phone or video!



Diagnosis & treatment

Get immediate support, including prescriptions when appropriate* for:

- Sore Throat
- Cough
- Sinus Issues
- Skin Rash
- UTI
- Rx Refill*
- Pink Eye
- Fever
- Earache
- Cold & Flu
- Medical Questions
- And more!

Activate your account



Use the last 4 digits of your SSN to claim your account!

Available at no cost to employees who waive medical coverage.

Dental

Our dental plan benefits are provided through **Mutual of Omaha's Mutually Preferred Network**. The table below outlines how some of the most common services are paid at in-network and out-of-network providers and facilities. You will pay less for care when you see an in-network provider, as you may be subject to balance billing when using an out-of-network dental provider.

Find a dental provider: <https://www.mutualofomaha.com/dental>

Dental Benefits	Mutually Preferred Network & Out-of-Network
Calendar Year Deductible	
Individual / Family	\$50 / \$150
Calendar Year Maximum	\$2,000
Preventive Services <i>(applies to calendar year maximum)</i> such as cleanings, x-rays, and exams	No cost to you
Basic Services such as fillings and extractions	You pay 20% after deductible
Major Services such as crowns and implants	You pay 50% after deductible
Hearing Discount Program	
<p>The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call (888) 534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more!</p>	



Please refer to your plan documents for full details and exclusions.

Vision

Our vision plan benefits are provided through **Mutual of Omaha** powered by the **EyeMed Network**. The table below outlines how some of the most common services are paid at both in-network and out-of-network providers and facilities. You will pay less for care when you see an in-network provider.

Find a vision provider: <https://www.mutualofomaha.com/vision>

Vision Benefits	EyeMed Network	Out-of-Network Reimbursements
Exams & Screenings (Once Every 12 Months)		
Exam	\$10 copay	Up to \$37
Retinal Screening (Subject to Provider Availability)	Up to \$39 copay	Not applicable
Standard Eyeglass Lenses & Frames (Once Every 12 Months)		
Single Vision Lenses	\$25 copay	Up to \$20
Lined Bifocal Lenses	\$25 copay	Up to \$36
Lined Trifocal Lenses	\$25 copay	Up to \$64
Lined Lenticular Lenses	\$25 copay	Up to \$64
Standard Progressive Lenses	Additional \$65 copay	Up to \$36
Frames	\$200 allowance + 20% off remaining balance	Up to \$79
Contact Lenses in Lieu of Eyeglass Lenses (Once Every 12 Months)		
Elective Conventional	\$200 allowance + 15% off remaining balance	Up to \$136
Medically Necessary	Covered in full	Up to \$210
Contact Lens Fitting and Exam	Up to \$40 copay + 10% off retail price	Not applicable
Hearing Discount Program		
The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call (888) 534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more!		



Please refer to your plan documents for full details and exclusions.

Life and Accidental Death & Dismemberment (AD&D)

All eligible employees receive a Life and AD&D insurance benefit of \$15,000. This benefit is provided through **Mutual of Omaha** at *no cost to you*. Group Life and AD&D Insurance benefits reduce by 50% at age 70.

Voluntary Life and AD&D Insurance

Additional Voluntary Life and AD&D is available for purchase through **Mutual of Omaha**. *When first eligible, you can enroll in the coverage amounts below without Evidence of Insurability (EOI) if you do so within 31 days. Any amount above the Guarantee Issue will require EOI, which you must complete and submit within 31 days of applying. If you choose Voluntary Life Insurance, your Voluntary AD&D coverage will match your Life Insurance amount.*

During Open Enrollment, employees may increase voluntary life coverage by 2 increments, not to exceed the Guarantee Issue amount, without EOI; any amount in excess will require an EOI.

Coverage is available for you and your dependent(s). You must elect coverage for yourself before electing coverage for dependents. In order for your children to receive this coverage, they *must* be added as dependents in Employee Navigator.

Rates for this coverage can be found in **Employee Navigator**. Spouse rates are based on employee age.

Coverage	Benefit Amounts	Guarantee Issue Applies to newly eligible only
Employee	5x annual salary in increments of \$10,000 up to a maximum of \$100,000	\$100,000
Spouse <i>terminates when employee reaches age 70</i>	increments of \$5,000 up to a maximum of \$25,000; Not to exceed 100% of employee benefit	\$25,000 Not to exceed 100% of employee benefit
Children	\$10,000	\$10,000

Voluntary Life and AD&D Insurance benefits reduce by 35% at age 70, 55% at age 75, 70% at age 80, 80% at age 85, and 85% at age 90.

Certain benefits might include active work requirements under which insurance coverage does not begin unless and until an employee is actively at work. Notwithstanding anything in the Benefit Guide to the contrary, all active work and/or active employment requirements applicable under a plan must be satisfied. Furthermore, insurance coverage for eligible dependents may be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy.

Conversion and portability options are available, please reach out to Human Resources for more information within 30 days of your exit.

Please refer to your plan documents for full details and exclusions.



Don't Forget to Update Your Beneficiaries!

Life moves fast. You probably named a beneficiary when you signed up for life insurance, a retirement plan, or a financial account. But when's the last time you checked it? Keeping this info updated ensures the right people benefit when the time comes.

»»» What is a Beneficiary?

A **beneficiary** is the person (or group of people) who will receive your life insurance payout, retirement savings, or other financial assets after you pass away, and there are two types of beneficiaries:

Primary Beneficiary: The first in line to receive the proceeds. You can name more than one, and they'll share the assets.

Contingent Beneficiary: The backup plan. These individuals only receive assets if the primary beneficiary can't (for example, if they've passed away).

Your beneficiary choices overrule your will. If your beneficiary information isn't current, your assets might end up going to someone you didn't intend—like an ex or a distant relative. Worse, if no one is listed, the money follows a default order (spouse > children > parents > siblings). *Keeping your beneficiary info updated saves your loved one's stress, time, and potential drama later.*

To review or update your beneficiaries, log in to:
www.employeenavigator.com

Update Your Info After Major Events Like:



Getting married or divorced



Having or adopting a child



The death of a beneficiary



Beneficiary name change

How to Update Your Beneficiaries

Updating your beneficiaries is easier than you think! Just reach out to your Human Resources department to start the process.

Keeping your beneficiary info current doesn't take long, but it can save a ton of hassle for your loved ones.

Take five minutes today to check—it's worth it!

Disability

Our Short-Term Disability (STD) insurance and Long-Term Disability (LTD) insurance are provided on a voluntary basis through **Mutual of Omaha**, and you are responsible for paying the cost of these coverages through post-tax payroll deduction. Rates for this coverage can be found in **Employee Navigator**.

In the event you become disabled from an injury or sickness unrelated to work, disability income benefits are provided as a source of income. You are not eligible to receive Short-term disability benefits if you are receiving workers' compensation benefits.

Please note: If you waive Long-Term Disability when initially eligible, you will be required to submit a health questionnaire to Mutual of Omaha if electing in the future.

Voluntary Short-Term Disability	Benefits
Benefits Begin	On the 15 th day of disabling injury or illness
Benefits Payable	11 weeks
Percentage of Income Replaced	60% of weekly earnings while meeting the definition of disability
Maximum Weekly Benefit	Up to \$1,000 per week
Pre-existing Condition Limitation	Any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a claim during the first 12 months of coverage, would not be covered.

Voluntary Long-Term Disability	Benefits	
Benefits Begin	On the 91 st day of disabling injury or illness	
Benefits Payable	Age at Disability	Maximum Benefit Period
	Under 65	5 years
	65-68	to age 70
	69 and Over	1 year
Percentage of Income Replaced	60% of monthly earnings while meeting the definition of disability	
Maximum Monthly Benefit	Up to \$6,000 per month	
Own Occupation Period	2 years	
Pre-existing Condition Limitation	Any condition that you receive medical attention for in the 12 months prior to your effective date of coverage that results in a claim during the first 12 months of coverage, would not be covered.	

Benefit amounts may be reduced by other income such as sick leave and state disability income.

Certain benefits might include active work requirements under which insurance coverage does not begin unless and until an employee is actively at work. Notwithstanding anything in the Benefit Guide to the contrary, all active work and/or active employment requirements applicable under a plan must be satisfied.

Please refer to your plan documents for full details, other income reductions, and exclusions.

Accident

Accidents can happen at any time, and treatment and recovery can be costly. If you're covered by Accident Insurance from **Allstate Benefits (part of The Standard)**, you will receive a cash benefit when you receive treatment for a covered injury off-the-job. As a voluntary benefit, you pay the cost of this coverage through post-tax payroll deduction.

While more than 50 specified accident-related injuries are covered under the policy, the table below provides a brief highlight of some of the most common accident-related treatments.

Voluntary Accident	Benefits <i>Benefits are paid once per accident unless otherwise noted here or in the plan documents</i>
Wellness Benefit Every year, each family member who has accident coverage can receive a wellness benefit for getting a covered health screening test	\$50 per participant per year
Initial Hospital Confinement (pays once per year)	\$1,250
Daily Hospital Confinement (pays daily)	\$250
Intensive Care (pays daily)	\$500
Emergency Room Treatment	\$200
Air Ambulance	\$600
Ground Ambulance	\$200
Burn Benefit	Up to \$1,000
Coma with Respiratory Assistance Benefit	\$20,000
Dislocation Benefit	Up to \$4,000
Fracture Benefit	Up to \$4,000
Occupational or Speech Therapy (pays daily)	\$60
X-Ray	\$200

Certain benefits might include active work requirements under which insurance coverage does not begin unless and until an employee is actively at work. Notwithstanding anything in the Benefit Guide to the contrary, all active work and/or active employment requirements applicable under a plan must be satisfied. Furthermore, insurance coverage for eligible dependents may be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy.

Portability options are available. Contact Human Resources within 30 days of your exit for more information about taking your coverage with you after employment ends.

Some conditions, limitations, and exclusions will affect your eligibility to receive benefit payments from this voluntary plan. Please refer to your plan documents for full plan details and exclusions.

Critical Illness

A serious illness can be life-changing and can incur unexpected expenses that are not covered by your health insurance. Recovering from an illness may slow you down, but it won't slow down your monthly bills. Critical Illness Insurance from **Allstate Benefits (part of The Standard)** can help protect your finances by paying a cash benefit if you are diagnosed with a covered critical illness. Plus, you can use this benefit however you'd like. As a voluntary benefit, you pay the cost of this coverage through payroll deduction.

Rates are based on age and tobacco usage and can be found in **Employee Navigator**. In order for your children to receive this coverage, they *must* be added as dependents during enrollment.

Please note: If you waive Critical Illness coverage when initially eligible, you may be required to submit a health questionnaire to Allstate Benefits if electing in the future.

Voluntary Critical Illness Benefits	Option 1	Option 2
Maximum Benefit	\$10,000	\$20,000
Wellness Benefit	\$25 per participant per year	
Invasive Cancer	\$10,000	\$20,000
Benign Brain Tumor	\$10,000	\$20,000
Carcinoma In Situ	\$2,500	\$5,000
Skin Cancer	\$250	\$250
Heart Attack or Stroke	\$10,000	\$20,000
End Stage Renal Failure	\$10,000	\$20,000
Major Organ Transplant	\$10,000	\$20,000
Advanced Alzheimer's/Parkinson's Disease	\$10,000	\$20,000
Coma	\$10,000	\$20,000
Paralysis or Complete Loss of Hearing, Sight, or Speech	\$10,000	\$20,000

Certain benefits might include active work requirements under which insurance coverage does not begin unless and until an employee is actively at work. Notwithstanding anything in the Benefit Guide to the contrary, all active work and/or active employment requirements applicable under a plan must be satisfied. Furthermore, insurance coverage for eligible dependents may be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy.

Portability options are available. Contact Human Resources within 30 days of your exit for more information about taking your coverage with you after employment ends.

Some conditions, limitations, and exclusions will affect your eligibility to receive benefit payments from this voluntary plan. Please refer to your plan documents for full plan details and exclusions.

Conflicts with Plan Documentation

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

Annual Notices

*Employees can access these notices on **Employee Navigator**. You may also request a printed copy of the required notices by contacting Human Resources.*